



Official NAIC Annual Statement Blank

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For the 2018 reporting year

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ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2018

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2018

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ANNUAL STATEMENT
For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code, NAIC Company Code, Employer's ID Number, Organized under the Laws of, State of Domicile or Port of Entry, Country of Domicile, Commenced Business, Statutory Home Office, Main Administrative Office, Mail Address, Primary Location of Books and Records, Internet Web Site Address, Statutory Statement Contact.

Table with 4 columns: Name, Title, Name, Title. Section header: OFFICERS. Rows 1-4.

Table with 4 columns: Name, Title, Name, Title. Section header: DIRECTORS OR TRUSTEES.

State of
County of

The officers of this reporting entity being duly sworn, each depose and swear 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 true and correct 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 enclosed, and has 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 laws 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 lines for 1, 2, 3 and Printed Name lines for 1, 2, 3.

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

Subscribed and sworn to before me this ... day of ... 2018.

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 accrued.....				
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.....				
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-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
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) (including \$..... Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$..... Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Column 1) (including \$..... Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provisions for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....		
6.2 Not yet apportioned.....		
7. 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, Column 1, sum of Lines 4 and 14).....		
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$..... assumed and \$..... ceded.....		
8.3 Interest maintenance reserve (IMR, Line 6).....		
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$..... accident and health \$..... and deposit-type contract funds \$.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....		
12. Transfers to Separate Accounts due or accrued (net) (including \$..... accrued expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....		
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....		
16. Amounts held for fieldworkers' account, including \$..... fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$..... and \$..... thereon.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 1).....		
21.2 Reinsurance in unauthorized and certified (\$.....) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....		
21.6 Funds held under coinsurance.....		
21.7 Derivatives.....		
21.8 Payable for securities.....		
21.9 Payable for securities lending.....		
22. Aggregate write-ins for liabilities.....		
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....		
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....		
26. Aggregate write-ins for other than liabilities and surplus funds.....		
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....		
29. Unassigned funds.....		
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$..... in Separate Accounts statement).....		
31. Totals (Lines 25 + 30) (Page 4, Line 28, Col. 3).....		
DETAILS OF WRITE-INS		
2201.		
2202.		
2203.		
2298. Summary of remaining write-ins for Line 22 from overflow page.....		
Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....		
2601.		
2602.		
2603.		
2698. Summary of remaining write-ins for Line 26 from overflow page.....		
2699. Totals (Lines 2601 through 2603 plus 2698) (Line 26 above).....		
2801.		
2802.		
2803.		
2898. Summary of remaining write-ins for Line 28 from overflow page.....		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....		

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....		
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.....		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$.....		
14. Surrender benefits and withdrawals for life contracts.....		
15. Interest and adjustments on contract or deposit-type contract funds.....		
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....		
18. Totals (Lines 10 to 17).....		
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Column 1 less Column 5).....		
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....		
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....		
23. Increase in loading on deferred and uncollected premiums.....		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		
25. Aggregate write-ins for deductions.....		
26. Totals (Lines 18 to 25).....		
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....		
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....		
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....		
30. Net realized capital gains (losses) less capital gains tax of \$..... (excluding \$..... transferred to the IMR).....		
31. Net income (Lines 29 + 30).....		
SURPLUS ACCOUNT		
32. Surplus December 31, prior year (Page 3, Line 30, Col. 2).....		
33. Net income from operations (Line 31).....		
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....		
37. Change in liability for reinsurance in unauthorized and certified companies.....		
38. Change in reserve on account of change in valuation basis (increase) or decrease.....		
39. Change in asset valuation reserve.....		
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statements.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Change in surplus as a result of reinsurance.....		
45. Aggregate write-ins for gains and losses on surplus.....		
46. Net change in surplus for the year (Lines 33 + 45).....		
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....		
DETAILS OF WRITE-INS		
08.301.....		
08.302.....		
08.303.....		
08.398 Summary of remaining write-ins for Line 8.3 from overflow page.....		
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 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).....		
4501.....		
4598 Summary of remaining write-ins for Line 45 from overflow page.....		
4599 Totals (Lines 4501 through 4503 plus 4598) (Line 45 above).....		

CASH FLOW

Cash from Operations	1 Current Year	2 Prior Year
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)		
Cash from Investments		
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)		
Cash from Financing and Miscellaneous Sources		
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		
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)		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		
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 on non-cash transactions:

20.0001		
20.0002		
20.0003		
20.9996		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1					7 Total (Cols 2 through 6)	8 Fraternal	9 Expense
	2 Life Insurance	3 Individual Annuities	4 Supplementary Contracts	5 Insurance Accident and Health	6 Aggregate of All Other Lines of Business			
1. Premiums and annuity considerations for life and accident and health contracts.....								
2. Considerations for supplementary contracts with 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.....								
Totals (Lines 1 to 8.3).....								
9. Death benefits.....								
10. Matured endowments (excluding guaranteed annual pure endowments).....								
11. Annuity benefits.....								
12. Disability benefits and benefits under accident and health contracts, including premiums waived.....								
13. Surrender benefits and withdrawals for life contracts.....								
14. Interest and adjustments on contract or deposit-type contract funds.....								
15. Payments on supplementary contracts with life contingencies.....								
16. Increase in aggregate reserve for life and accident and health contracts.....								
17. Totals (Lines 10 to 17).....								
18. Commissions on premiums and annuity considerations and deposit-type contract funds (direct business only).....								
19. Commissions and expense allowances on reinsurance assumed.....								
20. General insurance expenses and fraternal expenses.....								
21. Insurance taxes, licenses and fees.....								
22. Increase in loading on deferred and uncollected premiums.....								
23. Net transfers to or (from) Separate Accounts net of reinsurance.....								
24. Aggregate write-ins for deductions.....								
25. Totals (Lines 18 to 25).....								
26. Net gain from operations before refunds to members (Line 9 minus Line 26).....								
27. Refunds to members.....								
28. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....								
29. DETAILS OF WRITE-INS.....								
08.301.....								
08.302.....								
08.303.....								
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....								
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 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).....								

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)				
1. Reserve December 31, prior year				
2. Tabular net premiums or consideration				
3. Present value of disability claims incurred				XXX
4. Tabular interest				
5. Tabular less actual reserve released				
6. Increase in reserve on account of change in valuation by				
6.1 Change in excess of VM-20 deterministic/stochastic reserve			XXX	
7. Other increases (net)				
8. Totals (Lines 1 to 7)				
9. Tabular cost				XXX
10. Reserves released by death			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				

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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-INS		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 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

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-INS					
0901.
0902.
0903.
0998. Summary of remaining write-ins for Line 9 from overflow page
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)

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

	1	2	3	4	5	6	7	8
	Total	Life Insurance	Individual Annuities	Insurance Accident and Health	Aggregate of All Other Lines of Business	Total (Cols 2 through 5)	Fraternal	Expense
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)								
10. Single premiums and considerations:								
10.1 Direct								
10.2 Reinsurance assumed								
10.3 Reinsurance ceded								
10.4 Net								
RENEWAL								
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)								
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 – REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	Insurance					6 Total (Cols 2 through 5)	7 Fraternal	8 Expense
	1 Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business			
REFUNDS APPLIED (included in 1)								
21. To pay renewal premiums.....								
22. All other.....								
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
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.....								
26.3 Net ceded less assumed.....								
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....								
28. Single.....								
29. Renewal.....								
30. Deposit-type contract funds.....								
31. Totals (to agree with Page 6, Line 19)								

Not for Distribution

EXHIBIT 2 – GENERAL EXPENSES

	Insurance			4 Aggregate of All Other Lines of Business	5 Investment	6 Fraternal	7 Total
	1 Life	2 Accident and Sickness	3 Health Other				
1. Rent							
2. Salaries and wages							
3.11 Insured benefit plans for employees							
3.12 Insured benefit plans for fieldworkers							
3.21 Uninsured benefit plans for employees							
3.22 Uninsured benefit plans for fieldworkers							
3.31 Other employee welfare							
3.32 Other fieldworker 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 certificate 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							
5.8 Lodge supplies less \$..... from sales							
6.1 Books and periodicals							
6.2 Bureau and association dues							
6.3 Insurance, except on real estate							
6.4 Miscellaneous losses							
6.5 Collection and bank service charges							
6.6 Sundry general expenses							
7.1 Field expense allowance							
7.2 Fieldworkers' balances charged off (less \$..... recovered)							
7.3 Field conferences other than local meetings							
8.1 Official publication							
8.2 Expense of supreme lodge meetings							
9.1 Real estate expenses							
9.2 Investment expenses not included elsewhere							
9.3 Aggregate write-ins for expenses							
10. General expenses incurred							
11. General expenses unpaid December 31, prior year						(a)	(b)
12. General expenses unpaid December 31, current year							
13. General expenses paid during year (Lines 10+11-12)							
DETAILS OF WRITE-INS							
09.301							
09.302							
09.303							
09.398	Summary of remaining write-ins for Line 9.3 from overflow page						
09.399	Totals (Lines 09.301 through 09.303 plus 09.398) (Line 9.3 above)						

(a) Show the distribution of this amount in the following categories: 1. Charitable \$.....; 2. Institutional \$.....; 3. Educational \$.....; 4. Educational \$.....; 5. Religious \$.....; 6. Membership \$.....; 7. Other \$.....; 8. Total \$.....

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

EXHIBIT 3 – TAXES, LICENSES AND FEES

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

EXHIBIT 4 – DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
	1. Applied to pay renewal premium	
2. Applied to shorten the endowment premium-paying period		
3. Applied to provide paid-up addl. premium		
4. Applied to provide paid-up annuities		
5. Total (Lines 1 to 4)		
6. Paid in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund		
9. Total (Lines 5 to 8)		
10. Amounts and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividend or refund		
13. Provision for unpaid dividend contracts		
14. Amount provisioned for deferred dividend contracts not included in Line 13.		
15. Total (Lines 9+10+11+12+13+14)		
17. Total dividend or refunds (Line 9 + 15 - 16)		
DETAILS OF WRITE-INS		
0801		
0802		
0803		
0898	Summary of remaining write-ins for Line 8 from overflow page	
0899	Totals (Lines 0801 through 0803 plus 0898) (Line 8 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 6%, 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 Special (Page 4, line 6) ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)	xxx	xxx	.....
DEFERRED-TYPE CONTRACTS (Exhibit 7)	.....	.....	.....
0399999 Subtotal	xxx	xxx	.....
9999999 TOTAL (Column 4 only)	.....	.....	.....

EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Collectively Renewable	Other Individual Contracts				7 All Other
			3 Non- Cancelable	4 Guaranteed Renewable	5 Non- Renewable for Stated Reasons Only	6 Other Accident Only	
ACTIVE LIFE RESERVE							
1. Unearned premium reserves
2. Additional contract reserves (a)
3. Additional actuarial reserves - Asset/liability analysis
4. Reserve for future contingent benefits
5. Aggregate write-ins for reserves
6. Totals (Gross)
7. Reinsurance ceded
8. Totals (Net)
CLAIM RESERVE							
9. Present value of amounts not yet due on claims
10. Additional actuarial reserves - Asset/liability analysis
11. Reserve for future contingent benefits
12. Aggregate write-ins for reserves
13. Totals (Gross)
14. Reinsurance ceded
15. Totals (Net)
16. TOTAL (Net)
17. TABULAR FUND INTEREST
DETAILS OF WRITE-INS							
0501.
0502.
0503.
0598. Summary of remaining write-ins for Line 5 from overflow page
0599. Totals (Lines 0501 through 0503 + 0598) (Line 5 above)
1201.
1202.
1203.
1298. Summary of remaining write-ins for Line 12 from overflow page
1299. Totals (Lines 1201 through 1203 + 1298) (Line 12 above)

(a) Attach statement as to valuation standard used in calculating this reserve, specify the basis, interest rates and method.

EXHIBIT 7 – DEPOSIT – TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 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 assumed
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 beginning of the year
11. Net change in reinsurance assumed
12. 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 – PART 1 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
Liability End of Current Year

	1		2		3		4		5		6		7		8		9		10		11	
	Total		Industrial Life	Life Insurance	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Group Annuities	Group	Accident and Health Credit (Group and Individual)	Other									
1. Due and unpaid:																						
1.1 Direct																						
1.2 Reserve 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																						
2.2 Other																						
2.21 Direct																						
2.22 Reinsurance assumed																						
2.23 Reinsurance ceded																						
2.24 Net																						
3. Incurred but unreported:																						
3.1 Direct																						
3.2 Reinsurance assumed																						
3.3 Reinsurance ceded																						
3.4 Net																						
4. TOTALS																						
4.1 Direct																						
4.2 Reinsurance assumed																						
4.3 Reinsurance ceded																						
4.4 Net																						

(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 net reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$....., Individual Annuities \$....., Credit Life (Group and Individual) \$....., Life Insurance \$....., Group Annuities \$....., Accident and Health \$..... and Other \$..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$....., Credit Life (Group and Individual) \$....., Accident and Health \$..... are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

**EXHIBIT 8 – PART 2 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
Incurred During the Year**

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

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... 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 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.4, \$..... in Line 1.8, \$..... in Line 1.4, and \$..... in Line 6.1 and \$..... in Line 6.4.

(d) Includes \$..... premiums waived under total and permanent disability benefits.

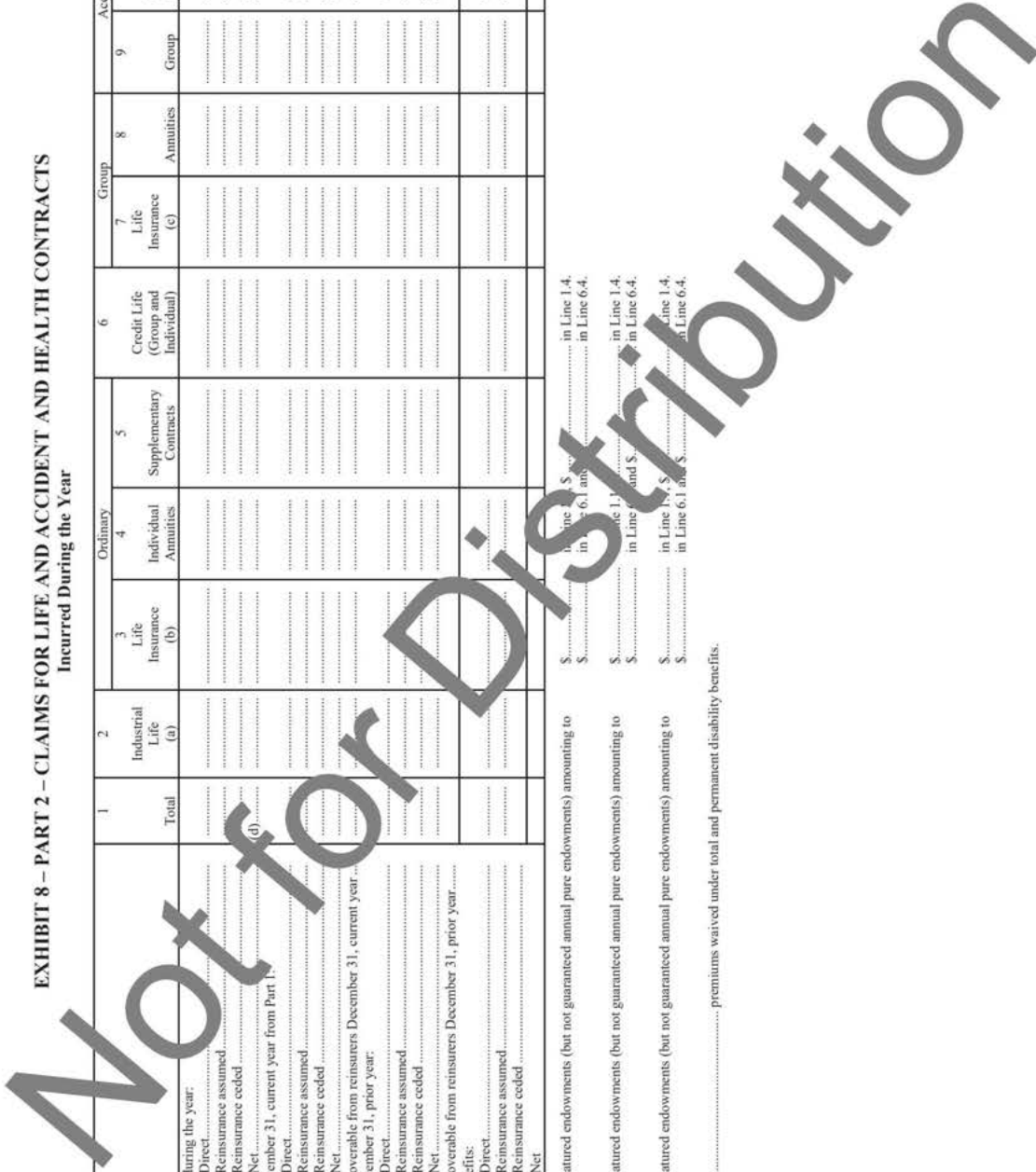


EXHIBIT OF NONADMITTED ASSETS

	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 liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			
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-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page.....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....			
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).....			

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

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

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

- 6.1 Has the reporting entity had its 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 all information _____
- 7.1 Does a foreign (United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2.1 State the percentage of foreign control _____ %
- 7.2.2 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

GENERAL INTERROGATORIES

- 8.1 Is the reporting entity 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 reporting entity 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	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 reporting entity 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 Regulation) or substantially similar state law or regulation? Yes [] No []
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the reporting entity 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 the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] 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/certificate?
- 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 If yes, 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 or for 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 indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - c. Compliance with applicable governmental laws, rules and regulations;
 - d. The prompt and full reporting of violations to an appropriate person or persons identified in the code; and
 - e. Accountability and adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 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)

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No
- 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 To 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 To 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 \$ _____
- 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 securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on the balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 24.04 Does the reporting entity's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No N/A
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ _____
- 24.07 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
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A
- 24.09 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

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 24.103 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

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? If no, attach a description with this statement.

Yes No N/A

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 I, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements in the NAIC *Financial Condition Examiners Handbook*?

Yes No

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

GENERAL INTERROGATORIES

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 of 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 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 assets? Yes No

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

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

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
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 Description	2 Statement (Admitted) Value	3 Fair Value	4 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 and methods utilized in determining the fair values:

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

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 in 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:

GENERAL INTERROGATORIES

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 []

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? [] No []

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ _____
- 35.2 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
	\$
	\$
	\$
	\$

- 36.1 Amount of payments for legal expenses, if any? \$ _____
- 36.2 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
	\$
	\$
	\$
	\$

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ _____
- 37.2 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 – FRATERNAL INTERROGATORIES

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 _____

2.1 Does this reporting entity have Separate Accounts? Yes [] No []

2.2 If yes, has a Separate Accounts Statement been filed with this Department? Yes [] No [] N/A []

2.3 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? \$ _____

2.4 State the authority under which Separate Accounts are maintained:.....

2.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No []

2.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No []

2.7 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 net debit amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" \$ _____

3. Is the reporting entity organized and conducted on the lodge system with a democratic form of work and representative form of government? Yes [] No []

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

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

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

7.1 How often are regular meetings of the governing body held?.....

7.2 When was the last regular meeting of the governing body held?.....

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

7.4 How many members of the governing body attended the last regular meeting?.....

7.5 How many of the same were delegates of the subordinate branches?.....

8. How are the expenses of the governing body covered?.....

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

10. What are the qualifications for membership?.....

11. What are the limitations for admission?.....

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

13. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No []

14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No []

15.1 Are notices of the payments required sent to the members? Yes [] No [] N/A []

15.2 If yes, to the members for the purpose for which the money is to be used? Yes [] No []

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

 16.11 First Year _____ %

 16.12 Subsequent Years _____ %

GENERAL INTERROGATORIES

- 17.1 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 []
- 17.2 If so, what amount and for what purpose?..... Yes [] No []
- 18.1 Does the reporting entity pay an old age disability benefit? Yes [] No []
- 18.2 If yes, at what age does the benefit commence? Yes [] No []
- 19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No []
- 19.2 If yes, when?..... Yes [] No []
20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [] No []
- 21.1 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 []
- 21.2 If so, was an additional reserve included in Exhibit 5? Yes [] No []
- 21.3 If yes, explain..... Yes [] No []
- 22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No []
- 22.2 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, or payment, 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 []
23. 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 10 of the statement? Yes [] No []
24. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity, only:
- 24.1 Amount of loss reserves established by these annuities during the current year? \$ _____
- 24.2 List the name and location of the insurance company purchasing the annuities and the stated net value on the purchase date of the annuities.

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

- 25.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 25.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 25.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 25.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
- 26.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []
- 26.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
	\$ _____
	\$ _____
	\$ _____

GENERAL INTERROGATORIES

27.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] NA []

27.2 If the answer to 27.1 is yes, please provide the following:

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

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

28.1 Direct Premium Written _____
 28.2 Total Incurred Claims \$ _____
 28.3 Number of Covered Lives _____

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

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

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

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 2018	2 2017	3 2016	4 2015	5 2014
<u>Life Insurance in Force</u> (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....					
1.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated			XXX	XXX	XXX
<u>New Business Issued</u> (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....					
<u>Premium Income</u> (Exhibit 1, Part 1)					
3. Life insurance—first year (Line 9.4, Column 2)					
4. Life insurance—single and renewal (Lines 10.4 and 19.4, Column 2)					
5. Annuity (Line 20.4, Column 3).....					
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....					
<u>Balance Sheet</u> (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....					
10. Total Liabilities excluding Separate Accounts business (Page 3, Line 23).....					
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....					
11.1 Excess VM-20 Deterministic / Stochastic Reserve over NPR related to Line 1.1			XXX	XXX	XXX
12. Aggregate reserve for accident and health certificates (Page 3, Line 2)					
13. Deposit-type contract funds (Page 3, Line 3).....					
14. Asset Valuation Reserve (Page 3, Line 21.1)					
15. Surplus (Page 3, Line 30).....					
<u>Cash Flow</u> (Page 5)					
16. Net cash from operations (Line 11)					
<u>Risk-Based Capital Analysis</u>					
17. Total adjusted capital					
18. 50% of the calculated RBC amount					
<u>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</u> (Page 2, Col. 3) (Item No. = Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....					
20. Stocks (Lines 2.1 and 2.2).....					
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....					
24. Contract loans (Line 6).....					
25. Derivatives (Line 7)					
26. Other invested assets (Line 8).....					
27. Receivables for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11)					
30. Cash, cash equivalents and invested assets (Line 12).....	100%	100%	100%	100%	100%
<u>Investments in Subsidiaries and Affiliates</u>					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 13, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 14, Col. 1).....					
34. Affiliated short-term investments (Total included in Schedule DA Verification, Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....					
38. Total investment in subsidiaries and affiliates included in Lines 31 to 36 above.....					
<u>Total Nonadmitted Assets and Admitted Assets</u>					
39. Total nonadmitted assets (Page 2, Line 28, Column 2).....					
40. Total admitted assets (Page 2, Line 28, Col. 3).....					
<u>Investment Income</u>					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....					
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....					
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total investment income (Lines 41, 42 and 43).....					

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2018	2 2017	3 2016	4 2015	5 2014
<u>Benefits and Reserve Increases</u> (Page 6)					
45. Total certificate benefits—life (Lines 10, 11, 12, 13 and 14 Column 7 less Line 13, Column 5)					
46. Total certificate benefits—accident and health (Line 13, Column 5).....					
47. Increase in life reserves (Line 17, Column 2).....					
48. Increase in accident and health reserves (Line 17, Column 5).....					
49. Refunds to members (Line 28, Column 1).....					
<u>Operating Percentages</u>					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6, Column 1, Line 1) x 100.0.....					
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) / ½ (Exhibit of Life Insurance, Column 2, Lines 1 & 21)] x 100.0.....					
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2)					
<u>Accident and Health Reserve Adequacy</u>					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
<u>Net Gains from Operations After Refunds to Members by Lines of Business</u> (Page 6, Line 29)					
57. Life insurance (Column 2)					
58. Annuity (Column 3).....					
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....					
61. Aggregate of all other lines of business (Col.....					
62. Fraternal (Column 8).....					
63. Expense (Column 9).....					
64. Total (Column 1).....					

NOTE: If a party to a merger has the two most recent years of this exhibit restated due to a merger in compliance with the disclosure requirements of SSAP 3—Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain.....

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF
NAIC Group Code _____

DURING THE YEAR
NAIC Company Code _____

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities	
1. Life insurance	.....	.....
2. Annuity considerations	.....	.....
3. Deposit-type contract funds	.....	.....
4. Other considerations	.....	.....
5. Total (Lines 1 to 4)	.....	.....
DIRECT REFUNDS TO MEMBERS			
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 Total (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 Total (Sum of Lines 7.1 to 7.3)	.....	.....
8. Total (Line 6.5 plus Line 7.4)	.....	.....
DIRECT CLAIMS AND BENEFITS PAID			
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. Total	.....	.....
DETAILS OF WRITE-INS			
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)	.....	.....
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 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)	.....	.....	.....
POLICY EXHIBIT			
20. In force December 31, prior year	.....	.....	.....
21. Issued during year	.....	.....	.....
22. Other changes to in force (net)	.....	.....	.....
23. In force December 31, current year	.....	.....	.....

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively renewable certificates
Other individual certificates:					
25.1 Non-cancelable
25.2 Guaranteed renewable
25.3 Non-renewable for stated reasons only
25.4 Other accident only
25.5 Marine Title VIII exemption from state taxes or fees
25.6 All other
25.7 Totals (Sum of Lines 25.1 to 25.6)
26. Totals (Lines 24 + 25.7)

EXHIBIT OF LIFE INSURANCE
(\$000 Omitted for Amounts of Life Insurance)

	1 Number of Certificates	2 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 refunds during year	XXX	
8. Aggregate write-ins for increases		
9. Totals (Line 1 plus Line 6 to Line 8)		
Deductions during year:		
10. Death		
11. Maturity		
12. Disability		
13. Expiry		
14. Surrender		
15. Lapse		
16. Conversion		
17. Decreased (net)		
18. Reinsurance		
19. Aggregate write-ins for decreases		
20. Totals (Lines 10 to 19)		
21. In force end of year (a) (Line 9 minus 20)		
22. Reinsurance ceded end of year	XXX	
23. Line 21 minus Line 22	XXX	
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)		
1901.		
1902.		
1903.		
1998. Summary of remaining write-ins for Line 19 from overflow page		
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)		

(a) 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 the amount \$ Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? YES [] NO [] If not, how do general expenses met?

EXHIBIT OF NUMBER OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS, ANNUITIES AND ACCIDENT & HEALTH INSURANCE

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident and Health Insurance
1. In force end of prior year				
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Totals (Lines 2 to 4)				
Deductions during year:				
6. Decreased during year (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)				
9. In force end of year (Line 5 minus Line 8)				
Amount of deposit				XXX
Income not payable:				
10. Amount of income payable				XXX
Deferred fully paid:				
11. Account balance	XXX	XXX		XXX
Deferred not fully paid:				
12. Account balance	XXX	XXX		XXX

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

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2018
2. 2019
3. 2020
4. 2021
5. 2022
6. 2023
7. 2024
8. 2025
9. 2026
10. 2027
11. 2028
12. 2029
13. 2030
14. 2031
15. 2032
16. 2033
17. 2034
18. 2035
19. 2036
20. 2037
21. 2038
22. 2039
23. 2040
24. 2041
25. 2042
26. 2043
27. 2044
28. 2045
29. 2046
30. 2047
31. 2048 and later
32. Total (Lines 1 to 31)

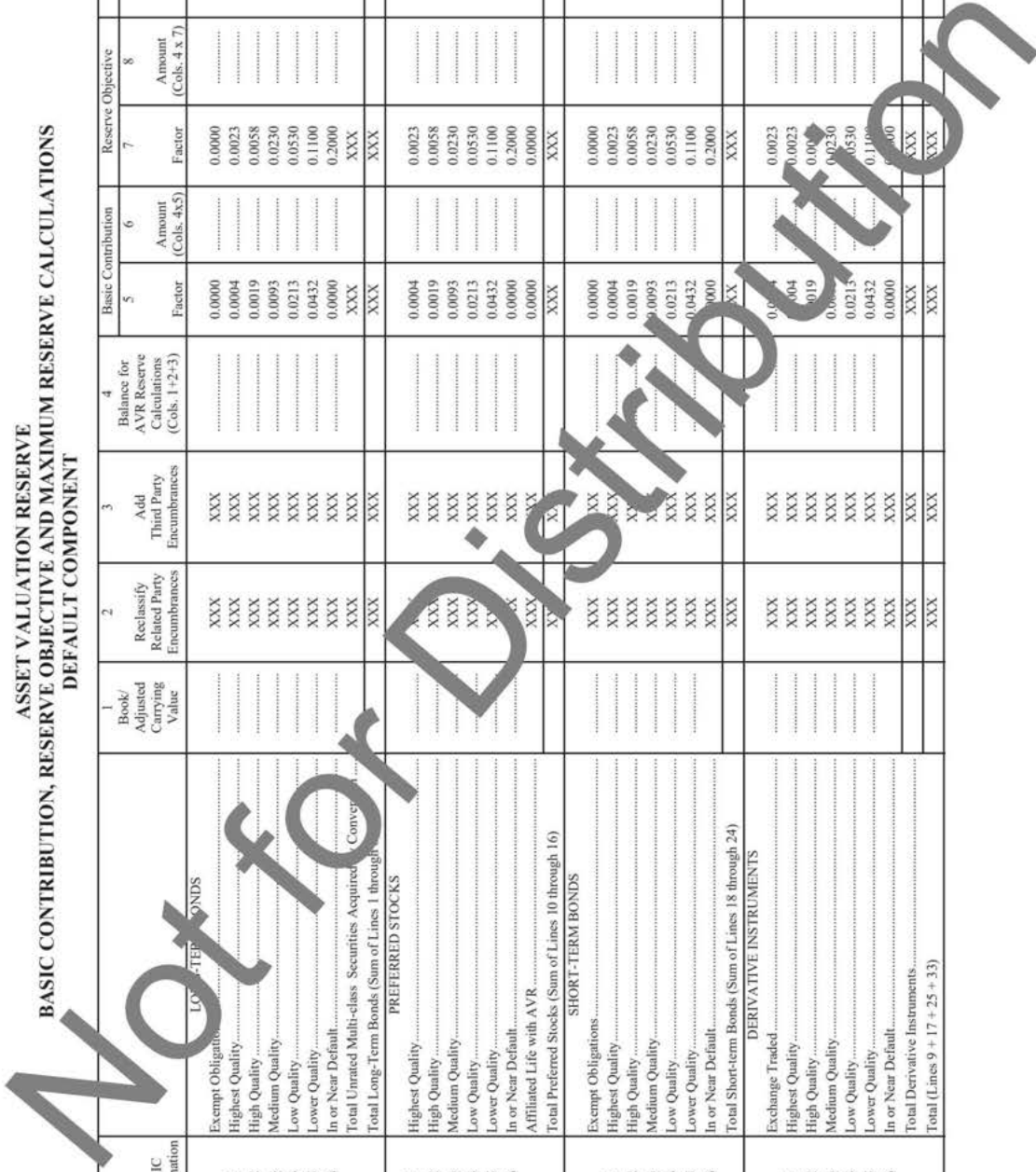
ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....							
2. Realized capital gains/(losses) net of taxes- General Account.....							
3. Realized capital gains/(losses) net of taxes-Separate Accounts.....							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account.....							
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts.....							
6. Capital gains credited/(losses charged) to contract benefits, payment 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)							

Not for Distribution

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

Line Number	NAIC Designation	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)	5 Basic Contribution		7 Reserve Objective		9 Maximum Reserve	
						Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS											
1	Exempt Obligation.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000		
2	Highest Quality.....		XXX	XXX		0.0004	0.0023	0.0030	0.0030		
3	High Quality.....		XXX	XXX		0.0019	0.0058	0.0090	0.0090		
4	Medium Quality.....		XXX	XXX		0.0093	0.0230	0.0340	0.0340		
5	Low Quality.....		XXX	XXX		0.0213	0.0530	0.0750	0.0750		
6	Lower Quality.....		XXX	XXX		0.0432	0.1100	0.1700	0.1700		
7	In or Near Default.....		XXX	XXX		0.0000	0.2000	0.2000	0.2000		
8	Total Unrated Multi-class Securities Acquired by Conversion.....		XXX	XXX		XXX	XXX	XXX	XXX		
9	Total Long-Term Bonds (Sum of Lines 1 through 8).....		XXX	XXX		XXX	XXX	XXX	XXX		
PREFERRED STOCKS											
10	Highest Quality.....		XXX	XXX		0.0004	0.0023	0.0030	0.0030		
11	High Quality.....		XXX	XXX		0.0019	0.0058	0.0090	0.0090		
12	Medium Quality.....		XXX	XXX		0.0093	0.0230	0.0340	0.0340		
13	Low Quality.....		XXX	XXX		0.0213	0.0530	0.0750	0.0750		
14	Lower Quality.....		XXX	XXX		0.0432	0.1100	0.1700	0.1700		
15	In or Near Default.....		XXX	XXX		0.0000	0.2000	0.2000	0.2000		
16	Affiliated Life with AVR.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000		
17	Total Preferred Stocks (Sum of Lines 10 through 16).....		XXX	XXX		XXX	XXX	XXX	XXX		
SHORT-TERM BONDS											
18	Exempt Obligations.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000		
19	Highest Quality.....		XXX	XXX		0.0004	0.0023	0.0030	0.0030		
20	High Quality.....		XXX	XXX		0.0019	0.0058	0.0090	0.0090		
21	Medium Quality.....		XXX	XXX		0.0093	0.0230	0.0340	0.0340		
22	Low Quality.....		XXX	XXX		0.0213	0.0530	0.0750	0.0750		
23	Lower Quality.....		XXX	XXX		0.0432	0.1100	0.1700	0.1700		
24	In or Near Default.....		XXX	XXX		0.0000	0.2000	0.2000	0.2000		
25	Total Short-term Bonds (Sum of Lines 18 through 24).....		XXX	XXX		XXX	XXX	XXX	XXX		
DERIVATIVE INSTRUMENTS											
26	Exchange Traded.....		XXX	XXX		0.0004	0.0023	0.0030	0.0030		
27	Highest Quality.....		XXX	XXX		0.0019	0.0058	0.0090	0.0090		
28	High Quality.....		XXX	XXX		0.0093	0.0230	0.0340	0.0340		
29	Medium Quality.....		XXX	XXX		0.0213	0.0530	0.0750	0.0750		
30	Low Quality.....		XXX	XXX		0.0432	0.1100	0.1700	0.1700		
31	Lower Quality.....		XXX	XXX		0.0000	0.2000	0.2000	0.2000		
32	In or Near Default.....		XXX	XXX		XXX	XXX	XXX	XXX		
33	Total Derivative Instruments.....		XXX	XXX		XXX	XXX	XXX	XXX		
34	Total (Lines 9 + 17 + 25 + 33).....		XXX	XXX		XXX	XXX	XXX	XXX		

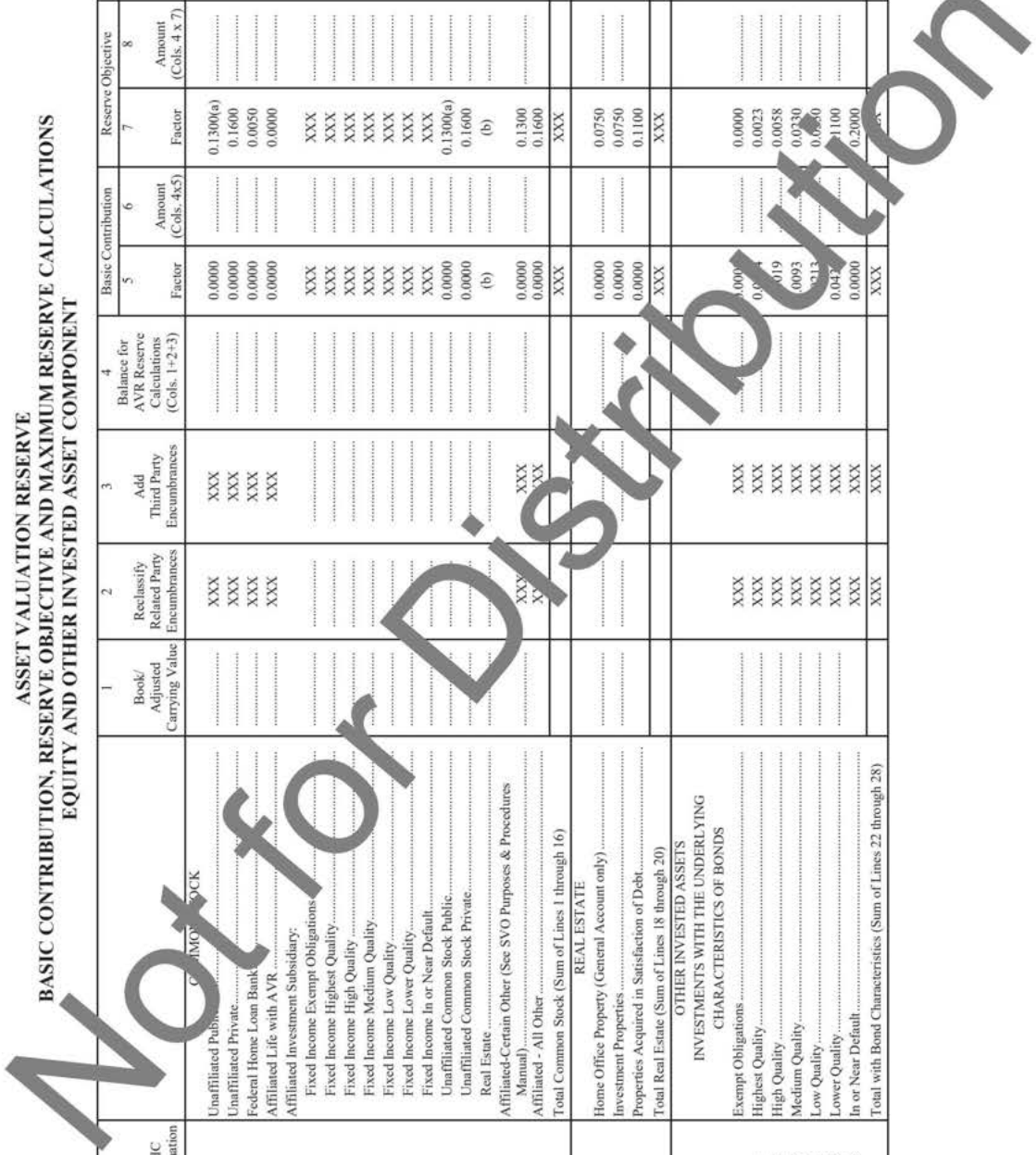


**ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT**

Line Number	NAIC Designation	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)	5 Basic Contribution Amount (Cols. 4x5) Factor	6 Reserve Objective Amount (Cols. 4 x 7) Factor	7 Reserve Objective Amount (Cols. 4 x 7) Factor	8 Maximum Reserve Amount (Cols. 4 x 9) Factor	9 Maximum Reserve Amount (Cols. 4 x 9) Factor	10 Maximum Reserve Amount (Cols. 4 x 9)
		REAL ESTATE LOANS									
		In Good Standing									
		Farm Mortgages - CM1 - Highest Quality									
35				XXX		0.0010	0.0050	0.0065			
36				XXX		0.0035	0.0100	0.0130			
37				XXX		0.0060	0.0175	0.0225			
38				XXX		0.0105	0.0300	0.0375			
39				XXX		0.0160	0.0425	0.0550			
40				XXX		0.0003	0.0006	0.0010			
41				XXX		0.0013	0.0030	0.0040			
42				XXX		0.0003	0.0006	0.0010			
43				XXX		0.0010	0.0050	0.0065			
44				XXX		0.0035	0.0100	0.0130			
45				XXX		0.0060	0.0175	0.0225			
46				XXX		0.0105	0.0300	0.0375			
47				XXX		0.0160	0.0425	0.0550			
		Overdue, Not in Process:									
48				XXX		0.0420	0.0760	0.1200			
49				XXX		0.0005	0.0012	0.0020			
50				XXX		0.0025	0.0058	0.0090			
51				XXX		0.0005	0.0012	0.0020			
52				XXX		0.0420	0.0760	0.1200			
		In Process of Foreclosure:									
53				XXX		0.0000	0.1700	0.1700			
54				XXX		0.0000	0.0040	0.0040			
55				XXX		0.0000	0.0130	0.0130			
56				XXX		0.0000	0.0040	0.0040			
57				XXX		0.0000	0.1700	0.1700			
58				XXX		XXX	XXX	XXX			
59				XXX		0.0000	0.0100	0.0130			
60				XXX		XXX	XXX	XXX			
		Total Mortgage Loans on Real Estate (Lines 58 + 59)									

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

Line Number	NAIC Designation	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)	5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Maximum Reserve Amount (Cols. 4 x 9)
	COMMON STOCK										
1	Unaffiliated Public.....		XXX	XXX		0.0000	0.1300(a)	0.1300(a)	0.1300(a)	0.1300(a)	
2	Unaffiliated Private.....		XXX	XXX		0.0000	0.1600	0.1600	0.1600	0.1600	
3	Federal Home Loan Bank.....		XXX	XXX		0.0000	0.0050	0.0050	0.0080	0.0080	
4	Affiliated Life with AVR.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000	0.0000	
	Affiliated Investment Subsidiary:										
5	Fixed Income Exempt Obligations.....					XXX	XXX	XXX	XXX	XXX	
6	Fixed Income Highest Quality.....					XXX	XXX	XXX	XXX	XXX	
7	Fixed Income High Quality.....					XXX	XXX	XXX	XXX	XXX	
8	Fixed Income Medium Quality.....					XXX	XXX	XXX	XXX	XXX	
9	Fixed Income Low Quality.....					XXX	XXX	XXX	XXX	XXX	
10	Fixed Income Lower Quality.....					XXX	XXX	XXX	XXX	XXX	
11	Fixed Income In or Near Default.....					XXX	XXX	XXX	XXX	XXX	
12	Unaffiliated Common Stock Public.....					0.0000	0.1300(a)	0.1300(a)	0.1300(a)	0.1300(a)	
13	Unaffiliated Common Stock Private.....					0.0000	0.1600	0.1600	0.1600	0.1600	
14	Real Estate.....					(b)	(b)	(b)	(b)	(b)	
15	Affiliated-Certain Other (See SVO Purposes & Procedures Manual).....		XXX	XXX		0.0000	0.1300	0.1300	0.1300	0.1300	
16	Affiliated - All Other.....		XXX	XXX		0.0000	0.1600	0.1600	0.1600	0.1600	
17	Total Common Stock (Sum of Lines 1 through 16)					XXX	XXX	XXX	XXX	XXX	
	REAL ESTATE										
18	Home Office Property (General Account only).....					0.0000	0.0750	0.0750	0.0750	0.0750	
19	Investment Properties.....					0.0000	0.0750	0.0750	0.0750	0.0750	
20	Properties Acquired in Satisfaction of Debt.....					0.0000	0.1100	0.1100	0.1100	0.1100	
21	Total Real Estate (Sum of Lines 18 through 20)					XXX	XXX	XXX	XXX	XXX	
	OTHER INVESTED ASSETS										
	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22	Exempt Obligations.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000	0.0000	
23	Highest Quality.....		XXX	XXX		0.0000	0.0023	0.0023	0.0030	0.0030	
24	High Quality.....		XXX	XXX		0.0000	0.0058	0.0058	0.0090	0.0090	
25	Medium Quality.....		XXX	XXX		0.0093	0.0730	0.0730	0.0340	0.0340	
26	Low Quality.....		XXX	XXX		0.0012	0.0650	0.0650	0.0750	0.0750	
27	Lower Quality.....		XXX	XXX		0.0412	0.1100	0.1100	0.1700	0.1700	
28	In or Near Default.....		XXX	XXX		0.0000	0.2000	0.2000	0.2000	0.2000	
29	Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX	XXX	XXX	XXX	XXX	



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

Line Number	NAIC Designation	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)	5 Basic Contribution		7 Reserve Objective		10 Maximum Reserve	
						Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS											
30	1	.....	.....	.....	.....	0.0004	.....	0.0023	.....	0.0030	.....
31	2	.....	XXX	XXX	.....	0.0019	.....	0.0058	.....	0.0090	.....
32	3	.....	XXX	XXX	.....	0.0093	.....	0.0230	.....	0.0340	.....
33	4	.....	XXX	XXX	.....	0.0213	.....	0.0530	.....	0.0750	.....
34	5	.....	XXX	XXX	.....	0.0432	.....	0.1100	.....	0.1700	.....
35	6	.....	XXX	XXX	.....	0.0000	.....	0.2000	.....	0.2000	.....
36		Affiliated Life with AVR	XXX	XXX	.....	0.0000	.....	0.0000	.....	0.0000	.....
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	XXX	XXX	.....	XXX	.....	XXX	.....	XXX	.....
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS											
In Good Standing Affiliated:											
38		Mortgages - CM1 - Highest Quality	.....	XXX	.....	0.0010	.....	0.0050	.....	0.0065	.....
39		Mortgages - CM2 - High Quality	.....	XXX	.....	0.0035	.....	0.0100	.....	0.0130	.....
40		Mortgages - CM3 - Medium Quality	.....	XXX	.....	0.0060	.....	0.0175	.....	0.0225	.....
41		Mortgages - CM4 - Low Medium Quality	.....	XXX	.....	0.0105	.....	0.0300	.....	0.0375	.....
42		Mortgages - CM5 - Low Quality	.....	XXX	.....	0.0160	.....	0.0425	.....	0.0550	.....
43		Residential Mortgages - Insured or Guaranteed	.....	XXX	.....	0.0003	.....	0.0006	.....	0.0010	.....
44		Commercial Mortgages - All Other	.....	XXX	.....	0.0013	.....	0.0030	.....	0.0040	.....
45		Commercial Mortgages - Insured or Guaranteed Overdue, Not in Process Affiliated:	.....	XXX	.....	0.0003	.....	0.0006	.....	0.0010	.....
46		Farm Mortgages	.....	XXX	.....	0.0420	.....	0.0760	.....	0.1200	.....
47		Residential Mortgages - Insured or Guaranteed	.....	XXX	.....	0.0005	.....	0.0012	.....	0.0020	.....
48		Residential Mortgages - All Other	.....	XXX	.....	0.0025	.....	0.0058	.....	0.0090	.....
49		Commercial Mortgages - Insured or Guaranteed	.....	XXX	.....	0.0005	.....	0.0012	.....	0.0020	.....
50		Commercial Mortgages - All Other In Process of Foreclosure Affiliated:	.....	XXX	.....	0.0420	.....	0.0760	.....	0.1200	.....
51		Farm Mortgages	.....	XXX	.....	0.0000	.....	0.1700	.....	0.1700	.....
52		Residential Mortgages - Insured or Guaranteed	.....	XXX	.....	0.0000	.....	0.0040	.....	0.0040	.....
53		Residential Mortgages - All Other	.....	XXX	.....	0.0000	.....	0.0130	.....	0.0130	.....
54		Commercial Mortgages - Insured or Guaranteed	.....	XXX	.....	0.0000	.....	0.0040	.....	0.0040	.....
55		Commercial Mortgages - All Other	.....	XXX	.....	0.0000	.....	0.1700	.....	0.1700	.....
56		Total Affiliated (Sum of Lines 38 through 55)	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
57		Unaffiliated - In Good Standing With Covenants	.....	XXX	.....	.....	.....	.....	.....	(e)	.....
58		Unaffiliated - In Good Standing Defeased With Government Securities	.....	XXX	.....	0.0010	.....	0.0050	.....	0.0065	.....
59		Unaffiliated - In Good Standing Primarily Senior	.....	XXX	.....	0.0035	.....	0.0100	.....	0.0130	.....
60		Unaffiliated - In Good Standing All Other	.....	XXX	.....	0.0060	.....	0.0175	.....	0.0225	.....
61		Unaffiliated - Overdue, Not in Process	.....	XXX	.....	0.0420	.....	0.0760	.....	0.1200	.....
62		Unaffiliated - In Process of Foreclosure	.....	XXX	.....	0.0000	.....	0.1700	.....	0.1700	.....
63		Total Unaffiliated (Sum of Lines 57 through 62)	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....

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

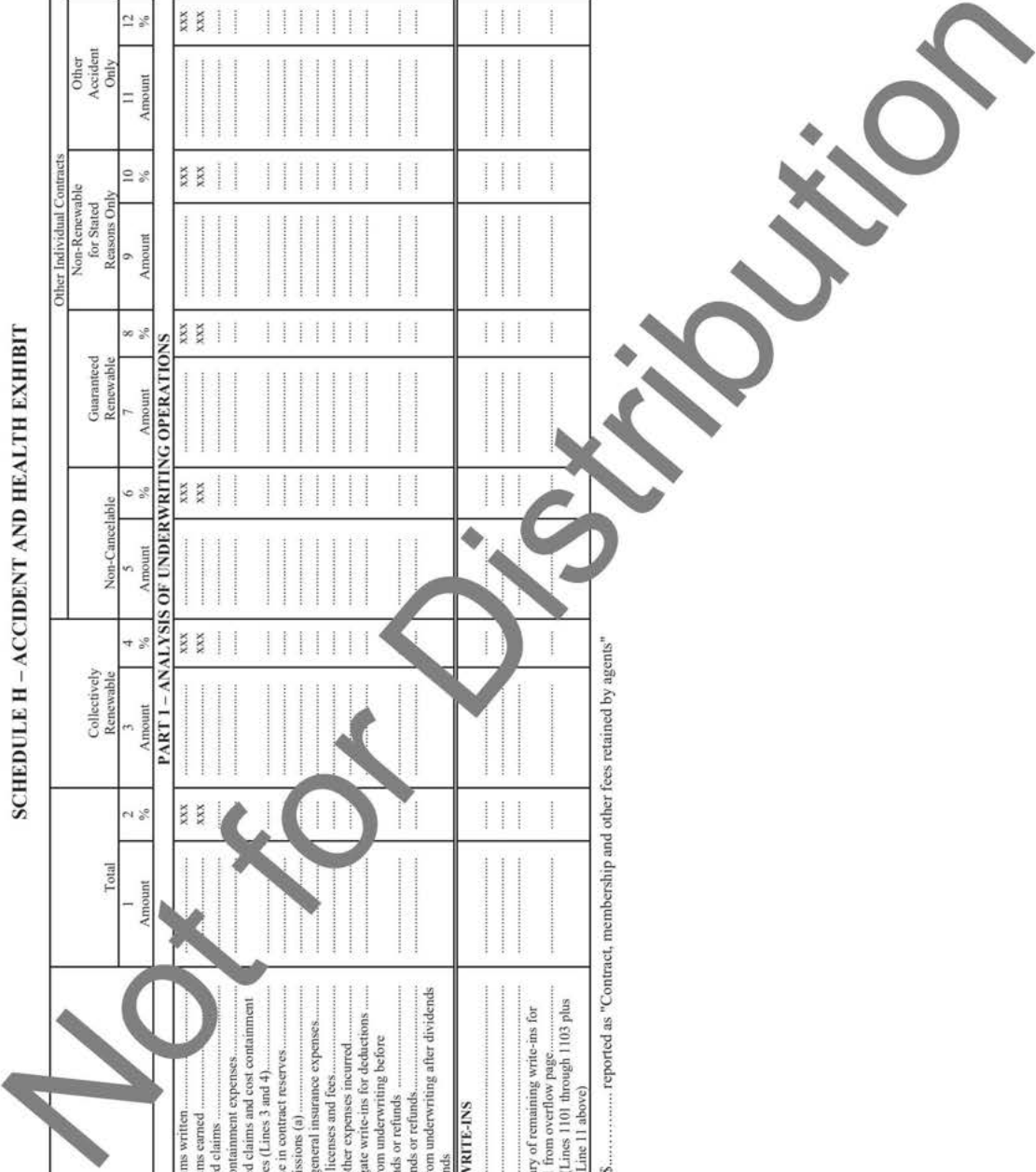
Line Number	NAIC Designation	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Basic Contribution		7 Reserve Objective		10 Maximum Reserve	
						Factor	Amount (Cols. 4&5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK											
65	Unaffiliated Public.....	.....	XXX	XXX	.....	0.0000	.....	0.1300(a)	.....	0.1300(a)	.....
66	Unaffiliated Private.....	.....	XXX	XXX	.....	0.0000	.....	0.1600	.....	0.1600	.....
67	Affiliated Life with AVR.....	.....	XXX	XXX	.....	0.0000	.....	0.0000	.....	0.0000	.....
68	Affiliated Certain Other (See SVO Policies & Manual).....	.....	XXX	XXX	.....	0.0000	.....	0.1300	.....	0.1300	.....
69	Affiliated Other - All Other.....	.....	XXX	XXX	.....	0.0000	.....	0.1600	.....	0.1600	.....
70	Total with Common Stock Characteristics (Sum of Lines 65 through 69)	.....	XXX	XXX	.....	XXX	.....	XXX	.....	XXX	.....
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE											
71	Home Office Property (General Account only).....	.....	.....	.....	.....	0.0000	.....	0.0750	.....	0.0750	.....
72	Investment Properties.....	.....	.....	.....	.....	0.0000	.....	0.0750	.....	0.0750	.....
73	Properties Acquired in Satisfaction of Debt.....	.....	.....	.....	.....	0.0000	.....	0.1100	.....	0.1100	.....
74	Total with Real Estate Characteristics (Sum of Lines 71 through 73)	.....	.....	.....	.....	XXX	.....	XXX	.....	XXX	.....
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 Income Housing Tax Credit.....	.....	.....	.....	.....	0.0273	.....	0.0600	.....	0.0975	.....
80	Total LIHTC (Sum of Lines 75 through 79)	.....	.....	.....	.....	XXX	.....	XXX	.....	XXX	.....
ALL OTHER INVESTMENTS											
81	NAIC 1 Working Capital Finance Investments.....	.....	XXX	.....	.....	0.0000	.....	0.0037	.....	0.0037	.....
82	NAIC 2 Working Capital Finance Investments.....	.....	XXX	.....	.....	0.0000	.....	0.0120	.....	0.0120	.....
83	Other Invested Assets - Schedule BA.....	.....	XXX	.....	.....	0.0000	.....	0.1300	.....	0.1300	.....
84	Other Short-Term Invested Assets - Schedule DA.....	.....	XXX	.....	.....	0.0000	.....	0.1300	.....	0.1300	.....
85	Total All Other (Sum of Lines 81, 82, 83 and 84)	.....	XXX	.....	.....	XXX	.....	XXX	.....	XXX	.....
86	Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	.....	.....	.....	.....	XXX	.....	XXX	.....	XXX	.....

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
 (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		Collectively Renewable		Non-Cancelable				Guaranteed Renewable		Other Individual Contracts			
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Premiums earned.....
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-INS														
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page.....
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....

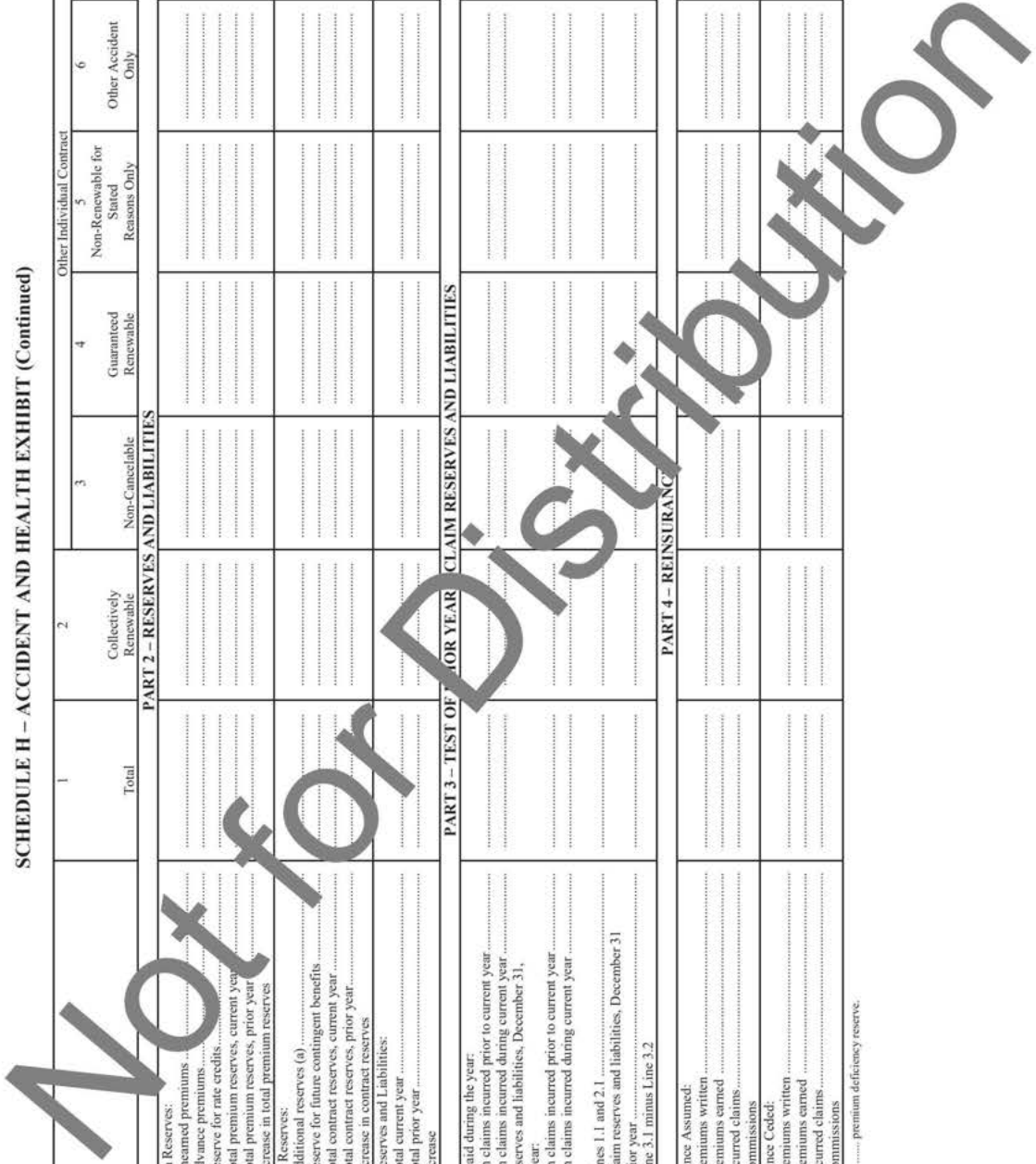
(a) Includes \$..... reported as "Contract, membership and other fees retained by agents"



SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Collectively Renewable	Other Individual Contract			7 All Other
			3 Non-Cancellable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	
PART 2 – RESERVES AND LIABILITIES						
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						
PART 3 – TEST OF YEAR FOR YEAR CLAIM RESERVES AND LIABILITIES						
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						
PART 4 – REINSURANCE						
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						

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

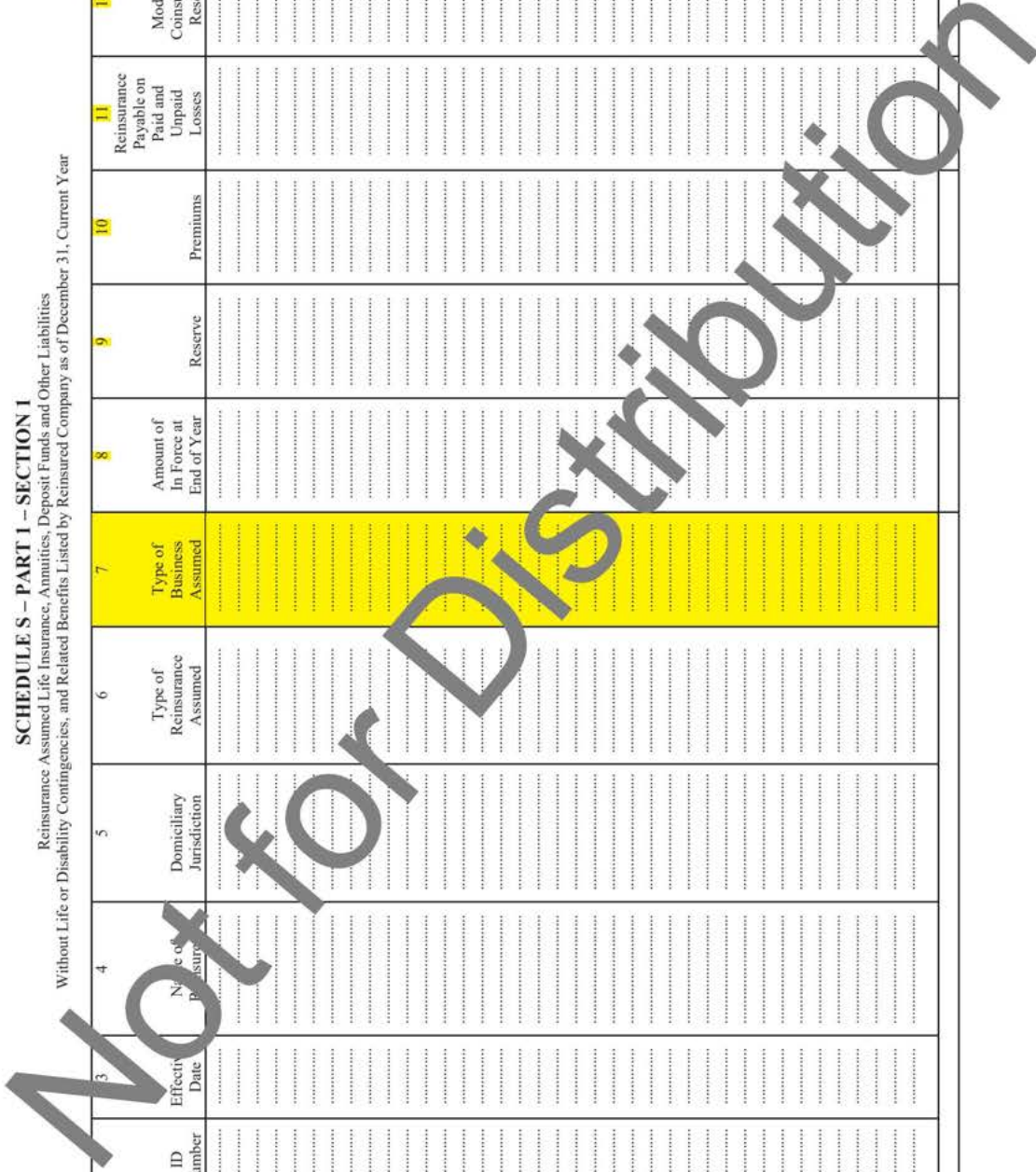


SCHEDULE H – PART 5 – HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 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 1 – SECTION 1
 Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
 Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 Totals												



SCHEDULE S – PART 1 – SECTION 2
 Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Insurer	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
99999999	Totals											

SCHEDULE S – PART 3 – SECTION 2
 Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

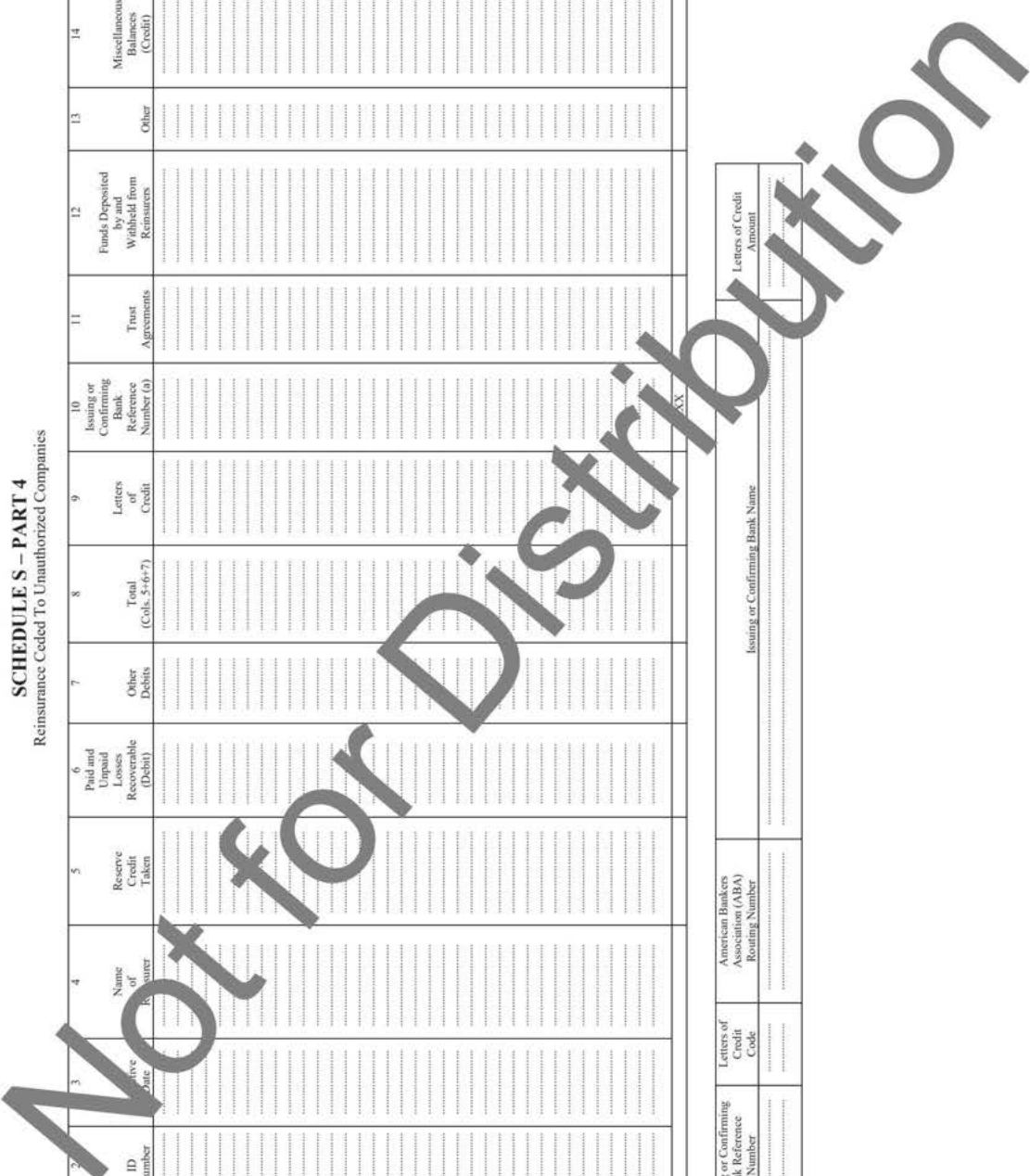
1 NAIC Company Code	2 ID Number	3 Effe Date	4 Name Country	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	11 Outstanding Surplus Relief		13 Modified Consurance Reserve	14 Funds Withheld Under Consurance
										Current Year	Prior Year		
9999999 Totals													

Not for Distribution

SCHEDULE S – PART 4
 Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13 +14 but not in Excess of Col. 8
9999999 Totals														

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
-----	---	------------------------	---	---------------------------------	--------------------------



SCHEDULE S – PART 5
Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
NAC	ID	Effective	Name of (Domestic)	Reinsurer	Reinsurer	Certified	Percent	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer
Company	Number	Date	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer
Code	Number	Date	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer	Reinsurer
9999999	Totals																								

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name

SCHEDULE S – PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
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. Refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
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. 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.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)			
2. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15)			
4. Net credit for ceded reinsurance	XXX		
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)			
LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9. Contract reserves (Lines 1 and 2)			
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)			
12. Member refunds/reserves (Lines 5 through 6)			
13. Premium & annuity considerations received in advance (Line 7)			
14. Other contract liabilities (Line 8)			
15. Reinsurance in unauthorized companies (Line 21.2 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 21.3 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 21.2 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 21.3 inset amount)			
19. All other liabilities (balance)			
20. Total liabilities excluding Separate Accounts (Line 23)			
21. Separate Account liabilities (Line 24)			
22. Total liabilities (Line 25)			
23. Capital & surplus (Line 30)		XXX	
24. Total liabilities, capital & surplus (Line 31)			
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves			
26. Claim reserves			
27. Member refunds/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 payables/offsets			
41. Total net credit for ceded reinsurance			

Not for Distribution

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
 Allocated by States and Territories

States, Etc.	1 Active Status (a)	Life Contracts		Direct Business Only		6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations	4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations		
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	XXX					
59. Subtotal.....		XXX					
90. Reporting entity contributions for employee benefits plan.....		XXX					
91. Dividends or refunds applied to purchase payments on annuities.....		XXX					
92. Dividends or refunds applied to shorten endowment premium paying period.....		XXX					
93. Premium or annuity consideration waived under disability or other contract provisions.....		XXX					
94. Aggregate other amounts not allocated by State.....		XXX					
95. Totals (Direct Business).....		XXX					
96. Plus reinsurance assumed.....		XXX					
97. Totals (All Business).....		XXX					
98. Less reinsurance ceded.....		XXX					
99. Totals (All Business) Less Reinsurance Ceded.....		XXX					
DETAILS OF WRITE-INS							
58001.....		XXX					
58002.....		XXX					
58003.....		XXX					
58004.....		XXX					
58005.....		XXX					
58006.....		XXX					
58007.....		XXX					
58008.....		XXX					
58009.....		XXX					
58010.....		XXX					
9401.....		XXX					
9402.....		XXX					
9403.....		XXX					
9498. Summary of remaining write-ins for Line 94 from overflow page.....		XXX					
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above).....		XXX					

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

(a) Active Status Codes

- L - Licensed or Chartered - Licensed insurance carrier or domiciled ERG
- E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N - None of the above - Not allowed to write business in the state
- R - Registered - Non-domiciled ERG
- Q - Qualified - Qualified or accredited reinsurer

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 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					Totals
	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	
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						
59. Totals						

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

PART 1 – ORGANIZATIONAL CHART

Not for Distribution

SCHEDULE Y
PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers, Public Entities or Affiliates	Shareholdings	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Incomes/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliates(s)	Management Agreements and Service Contracts	Incomes/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999	Control Totals								XXX			

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 state of domicile 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

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 Supplemental Investment Risks Interrogatories be filed by April 1?

JUNE FILING

7. Will an audited financial report be filed by June 1?
8. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

AUGUST FILING

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

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
11. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
12. 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?
13. Will the statement on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?
14. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
15. 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?
16. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?
17. 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?
18. 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?
19. 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?
20. 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?
21. 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?
22. Will the C-3 RBC Certification required by C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?
23. 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?
24. 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?
25. Will the actuarial certification required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?
26. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
27. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
28. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?

**SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES**

- 29. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
 - 30. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
 - 31. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
 - 32. 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?
 - 33. 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?
 - 34. 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?
 - 35. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?
- APRIL FILING**
- 36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?
 - 37. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
 - 38. Will the Interest Sensitive Life Insurance Products Report be filed with the state of domicile and the NAIC by April 1?
 - 39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
 - 40. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and with the NAIC by April 1?
 - 41. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and with the NAIC by April 1?
 - 42. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
 - 43. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?
 - 44. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII SD be filed with the state of domicile by April 30?
 - 45. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
 - 46. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?
- AUGUST FILING**
- 47. Will Management's Report of Internal Control over Financial Reporting be filed with the state of domicile by August 1?

Explanation:

Bar code:

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities						
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA						
1.512 Issued or guaranteed by FNMA and FHLMC						
1.513 All other						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521						
1.523 All other						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated non-U.S. securities (including Canada)						
2.3 Affiliated securities						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt)						
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral)				XXX	XXX	XXX
10. Money market funds and short-term investments						
11. Other invested assets						
12. 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 acquisition (Part 2, Column 7).....	_____
2.2	Additional investment made after acquisition (Part 2, Column 8).....	_____
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 12.....	_____
3.2	Totals, Part 3, Column 11.....	_____
4.	Accrual of discount.....	_____
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 9.....	_____
5.2	Totals, Part 3, Column 8.....	_____
6.	Total gain (loss) on disposals, Part 3, Column 18.....	_____
7.	Deduct amounts received on disposals, Part 3, Column 15.....	_____
8.	Deduct amortization of premium and mortgage interest points and commitment fees.....	_____
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:	
9.1	Totals, Part 1, Column 13.....	_____
9.2	Totals, Part 3, Column 13.....	_____
10.	Deduct current year's other-than-temporary impairment recognized:	
10.1	Totals, Part 1, Column 11.....	_____
10.2	Totals, Part 3, Column 10.....	_____
11.	Book value/recorded investment including accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____
12.	Total valuation allowance.....	_____
13.	Statement value (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 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, net of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(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
BONDS					
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, Bank Loans and Hybrid Securities (unaffiliated)	8. United States.....	.....	.....	.....	.....
	9. Canada .....	.....	.....	.....	.....
	10. Other Countries .....	.....	.....	.....	.....
	11. Totals	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	12. Totals	.....	.....	.....	.....
	13. Total Bonds	.....	.....	.....	.....
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States.....	.....	.....	.....	.....
	15. Canada .....	.....	.....	.....	.....
	16. Other Countries .....	.....	.....	.....	.....
	17. Totals	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	18. Totals	.....	.....	.....	.....
	19. Total Preferred Stocks	.....	.....	.....	.....
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States.....	.....	.....	.....	.....
	21. Canada .....	.....	.....	.....	.....
	22. Other Countries .....	.....	.....	.....	.....
	23. Totals	.....	.....	.....	.....
Parent, Subsidiaries and Affiliates	24. Totals	.....	.....	.....	.....
	25. Total Common Stocks	.....	.....	.....	.....
	26. Total Stocks	.....	.....	.....	.....
	27. Total Bonds and Stocks	.....	.....	.....	.....

Not for Distribution

SCHEDULE D – PART IA – SECTION 1
 Qualification 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 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)
1. U.S. Governments												
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						
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						

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

	1	2	3	4	5	6	7	8	9	10	11	12
	Over 1 Year Through 1 Year	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 (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Hybrid Securities												
7.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. Bank Loans												
10.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not for Distribution

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	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)
11. Total Bonds Current Year												
11.1 NAIC 1									XXX	XXX		
11.2 NAIC 2									XXX	XXX		
11.3 NAIC 3									XXX	XXX		
11.4 NAIC 4									XXX	XXX		
11.5 NAIC 5									XXX	XXX		
11.6 NAIC 6									XXX	XXX		
11.7 Totals									XXX	XXX		
11.8 Line 11.7 as a % of Col. 7								XXX				
12. Total Bonds Prior Year												
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				
12.6 NAIC 6							XXX	XXX				
12.7 Totals							XXX	XXX				
12.8 Line 12.7 as a % of Col. 9										XXX		
13. Total Publicly Traded Bonds												
13.1 NAIC 1											XXX	XXX
13.2 NAIC 2											XXX	XXX
13.3 NAIC 3											XXX	XXX
13.4 NAIC 4											XXX	XXX
13.5 NAIC 5											XXX	XXX
13.6 NAIC 6											XXX	XXX
13.7 Totals											XXX	XXX
13.8 Line 13.7 as a % of Col. 7											XXX	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11												XXX
14. Total Privately Placed Bonds												
14.1 NAIC 1											XXX	XXX
14.2 NAIC 2											XXX	XXX
14.3 NAIC 3											XXX	XXX
14.4 NAIC 4											XXX	XXX
14.5 NAIC 5											XXX	XXX
14.6 NAIC 6											XXX	XXX
14.7 Totals											XXX	XXX
14.8 Line 14.7 as a % of Col. 7											XXX	XXX
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11												XXX

(a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ _____ current year of bonds with Z designations. \$ _____ prior year of bonds with Z designations. \$ _____ prior year of bonds with 7* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because it had not received a regulatory review.
 (c) Includes \$ _____ current year of bonds with 5G1 designations. \$ _____ prior year of bonds with 5* or 5G1 designations and \$ _____ prior year of bonds with 6* designations. "5G1" 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

	1	2	3	4	5	6	7	8	9	10	11	12
	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 117	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations.....						XXX						
1.2 Residential Mortgage-Backed Securities.....						XXX						
1.3 Commercial Mortgage-Backed Securities.....						XXX						
1.4 Other Loan-Backed and Structured Securities.....						XXX						
1.5 Totals.....						XXX						
2. All Other Governments												
2.1 Issuer Obligations.....						XXX						
2.2 Residential Mortgage-Backed Securities.....						XXX						
2.3 Commercial Mortgage-Backed Securities.....						XXX						
2.4 Other Loan-Backed and Structured Securities.....						XXX						
2.5 Totals.....						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations.....						XXX						
3.2 Residential Mortgage-Backed Securities.....						XXX						
3.3 Commercial Mortgage-Backed Securities.....						XXX						
3.4 Other Loan-Backed and Structured Securities.....						XXX						
3.5 Totals.....						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations.....						XXX						
4.2 Residential Mortgage-Backed Securities.....						XXX						
4.3 Commercial Mortgage-Backed Securities.....						XXX						
4.4 Other Loan-Backed and Structured Securities.....						XXX						
4.5 Totals.....						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations.....						XXX						
5.2 Residential Mortgage-Backed Securities.....						XXX						
5.3 Commercial Mortgage-Backed Securities.....						XXX						
5.4 Other Loan-Backed and Structured Securities.....						XXX						
5.5 Totals.....						XXX						
6. Industrial and Miscellaneous												
6.1 Issuer Obligations.....						XXX						
6.2 Residential Mortgage-Backed Securities.....						XXX						
6.3 Commercial Mortgage-Backed Securities.....						XXX						
6.4 Other Loan-Backed and Structured Securities.....						XXX						
6.5 Totals.....						XXX						
7. Hybrid Securities												
7.1 Issuer Obligations.....						XXX						
7.2 Residential Mortgage-Backed Securities.....						XXX						
7.3 Commercial Mortgage-Backed Securities.....						XXX						
7.4 Other Loan-Backed and Structured Securities.....						XXX						
7.5 Totals.....						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations.....						XXX						
8.2 Residential Mortgage-Backed Securities.....						XXX						
8.3 Commercial Mortgage-Backed Securities.....						XXX						
8.4 Other Loan-Backed and Structured Securities.....						XXX						
8.5 Totals.....						XXX						

Not for Distribution

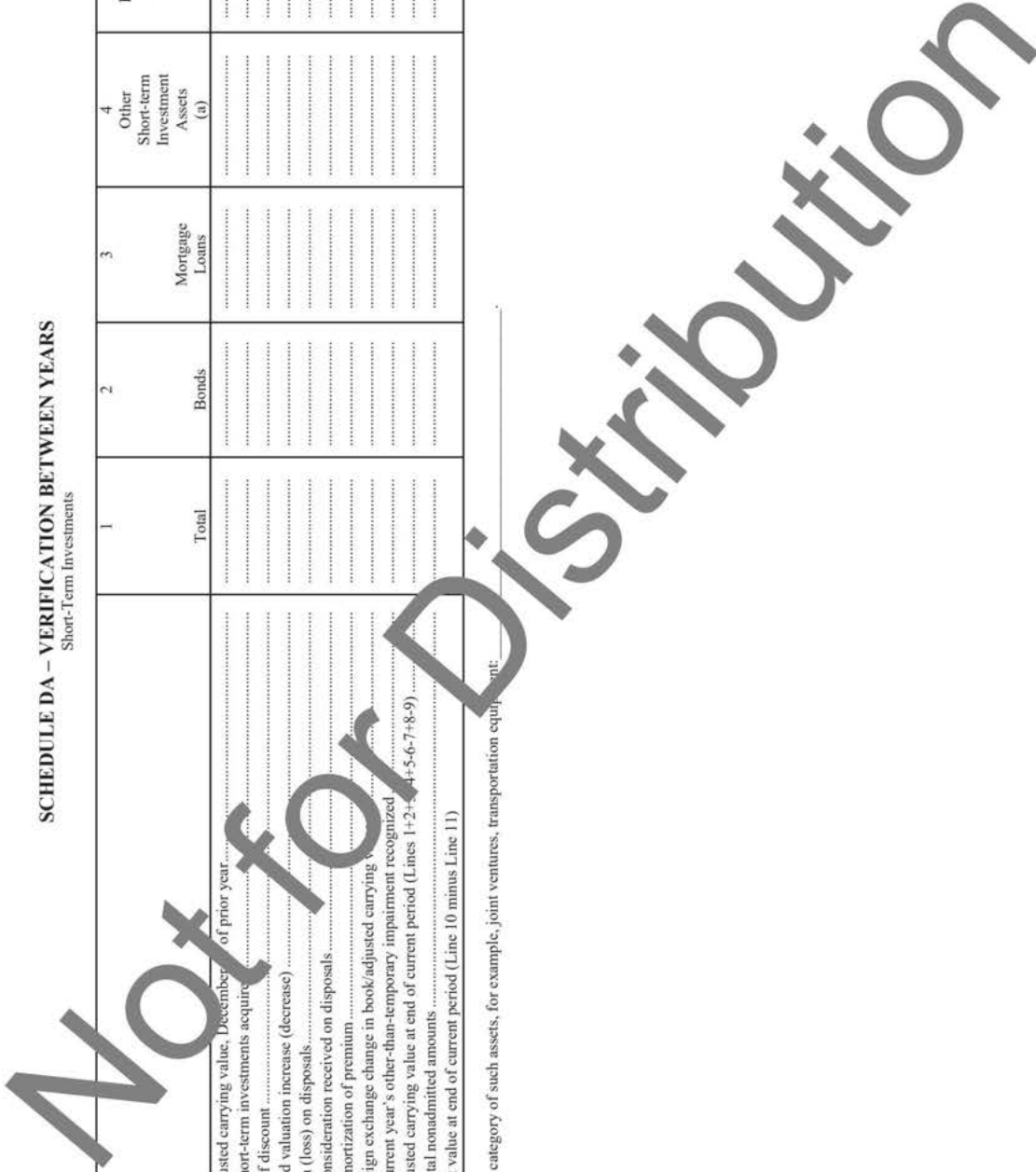
SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11	12
	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 117	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.3 Totals	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
10. Bank Loans												
10.1 Bank Loans - Issued						XXX			XXX	XXX		
10.2 Bank Loans - Acquired						XXX			XXX	XXX		
10.3 Totals						XXX			XXX	XXX		
11. Total Bonds Current Year												
11.1 Issuer Obligations						XXX			XXX	XXX		
11.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
11.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
11.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
11.6 Bank Loans						XXX			XXX	XXX		
11.7 Totals						XXX			XXX	XXX		
11.8 Lines 117 as a % of Col. 7								XXX	XXX	XXX		
12. Total Bonds Prior Year												
12.1 Issuer Obligations						XXX			XXX	XXX		
12.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.6 Bank Loans						XXX			XXX	XXX		
12.7 Totals						XXX			XXX	XXX		
12.8 Line 127 as a % of Col. 9								XXX	XXX	XXX		XXX
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations						XXX			XXX	XXX		
13.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
13.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
13.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
13.6 Bank Loans						XXX			XXX	XXX		
13.7 Totals						XXX			XXX	XXX		
13.8 Line 137 as a % of Col. 7								XXX	XXX	XXX		XXX
13.9 Line 137 as a % of Line 117, Col. 7, Section 11								XXX	XXX	XXX		XXX
14. Total Privately Placed Bonds												
14.1 Issuer Obligations						XXX			XXX	XXX		
14.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
14.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
14.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
14.6 Bank Loans						XXX			XXX	XXX		
14.7 Totals						XXX			XXX	XXX		
14.8 Line 147 as a % of Col. 7								XXX	XXX	XXX		XXX
14.9 Line 147 as a % of Line 117, Col. 7, Section 11								XXX	XXX	XXX		XXX

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 during year.....
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, 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 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 9, 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.	Total gain (loss) on termination recognized, Section 2, Column 22	_____
5.	Considerations received/(paid) on terminations, Section 2, Column 15	_____
6.	Amortization:	
6.1	Section 1, Column 19	_____
6.2	Section 2, Column 21	_____
7.	Adjustment to the book/adjusted carrying value of hedged item:	
7.1	Section 1, Column 20	_____
7.2	Section 2, Column 23	_____
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Section 1, Column 18	_____
8.2	Section 2, Column 20	_____
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6+7+8)	_____
10.	Deduct nonadmitted assets	_____
11.	Statement value at end of current period (Line 9 minus Line 10)	_____

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
Futures 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 and Relative Cash Change Column)	_____
3.1	Add:	
	Change in variation margin on open contracts – Hedged effective hedges:	
3.11	Section 1, Column 15, current year minus	_____
3.12	Section 1, Column 15, prior year	_____
	Change in the 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	_____
3.3	Subtotal (Line 3.1 plus 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)	_____
4.3	Subtotal (Line 4.1 minus Line 4.2)	_____
5.	Terminations (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 – PART C – SECTION 1
 Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

1 Number	Replication (Synthetic Asset) Transactions					Components of the Replication (Synthetic Asset) Transactions								
	2 NAIC Designation or Other Description	3 Notional Amount	4 Book/Adjusted Carrying Value	5 Fair Value	6 Effective Date	7 Maturity Date	8 Description	9 Book/Adjusted Carrying Value	10 Fair Value	11 CUSIP	12 Description	13 NAIC Designation or Other Description	14 Book/Adjusted Carrying Value	15 Fair Value
<p>999999999 Totals</p>														

Not for Distribution

SCHEDULE DB – PART C – SECTION 2
 Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
7. Ending Inventory										

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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 (Lines 13 plus Line 14 minus Line 15)	_____

Not for Distribution

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 _____.

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SCHEDULE A – PART 1
 Showing All Real Estate OWNED December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Description of Property	Code	City	Lot/Block	Deed Reference	Days of Year	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Change in Book/Adjusted Carrying Value Less Encumbrances	Current Year's Change in Encumbrances	Total Change in B/A/C/V, (13+1)-(12)	Total Foreign Exchange Change in B/A/C/V	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
069999 Totals																

SCHEDULE A – PART 3
 Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Description of Property	City	State	Disposal Date	Net Proceed	Original Cost	Expended for Additions, Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A/C/V (11-9-10)	Total Foreign Exchange Change in B/A/C/V	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred	
0399999 Totals																				

Not for Distribution

SCHEDULE B – PART 1
 Showing All Mortgage Loans Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation
3399999	Totals													XXX

General Interrogatory:

1. Mortgages in good standing \$..... unpaid taxes \$..... interest due and unpaid.
2. Restructured mortgages \$..... unpaid taxes \$..... interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure \$..... unpaid taxes \$..... interest due and unpaid.
4. Mortgages in process of foreclosure \$..... unpaid taxes \$..... interest due and unpaid.

SCHEDULE B – PART 3
 Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Loan Number	City	State	Loan Type	Date Acquired	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10-11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	
0599999	Totals																

Not for Distribution

SCHEDULE BA – PART 1
 Showing Other Long-Term Invested Assets OWNED 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
CUSIP Identification	Name or Description	Code	State	Name of Vendor or General Partner	NAC, Division and Administrative Symbol/Market Indicator	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/ Adjusted Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) Accretion	Current Year's Capitalized Other Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in B./A./C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership	
469999	Totals																		XXX

SCHEDULE BA – PART 2
 Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1 CUSIP Identification	2 Name Description	3 Location		4 State	5 Name of Vendor or General Partner	6 Date Originally Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Amount of Encumbrances	11 Percentage of Ownership
469999	Totals										XXX

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SCHEDULE BA – PART 3
 Showing Other Long-Term Invested Assets Disposed, Transferred or Repaid During the Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
CISIP Identification	Name or Description	City	Date	Name of Purchaser or Issuer of Bond	Date Originally Acquired	Disposal Date	Book/Adjusted Cost Basis Value, Prior Year	Identified Valuation Increase (Decrease)	Current Year's (Depreciation or Amortization) (Amortization)/Accretion	Current Year's Capital Gains Impairment Recognized	Capitalized Interest and Other	Total Change in B.A.C.V. (9+10-11+12)	Total Exchange Change in B.A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income	
4699999 Funds																				

SCHEDULE D – PART 1
 Showing All Long-Term BONDS Owned 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
CUSIP Identification	Description	Code	Bond CUSIP	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Per Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Foreign Exchange Change in B.A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
8199999	Total Bonds																				

Not for Distribution

SCHEDULE D – PART 2 – SECTION 1
 Showing All PREFERRED STOCKS Owned December 31 of Current Year

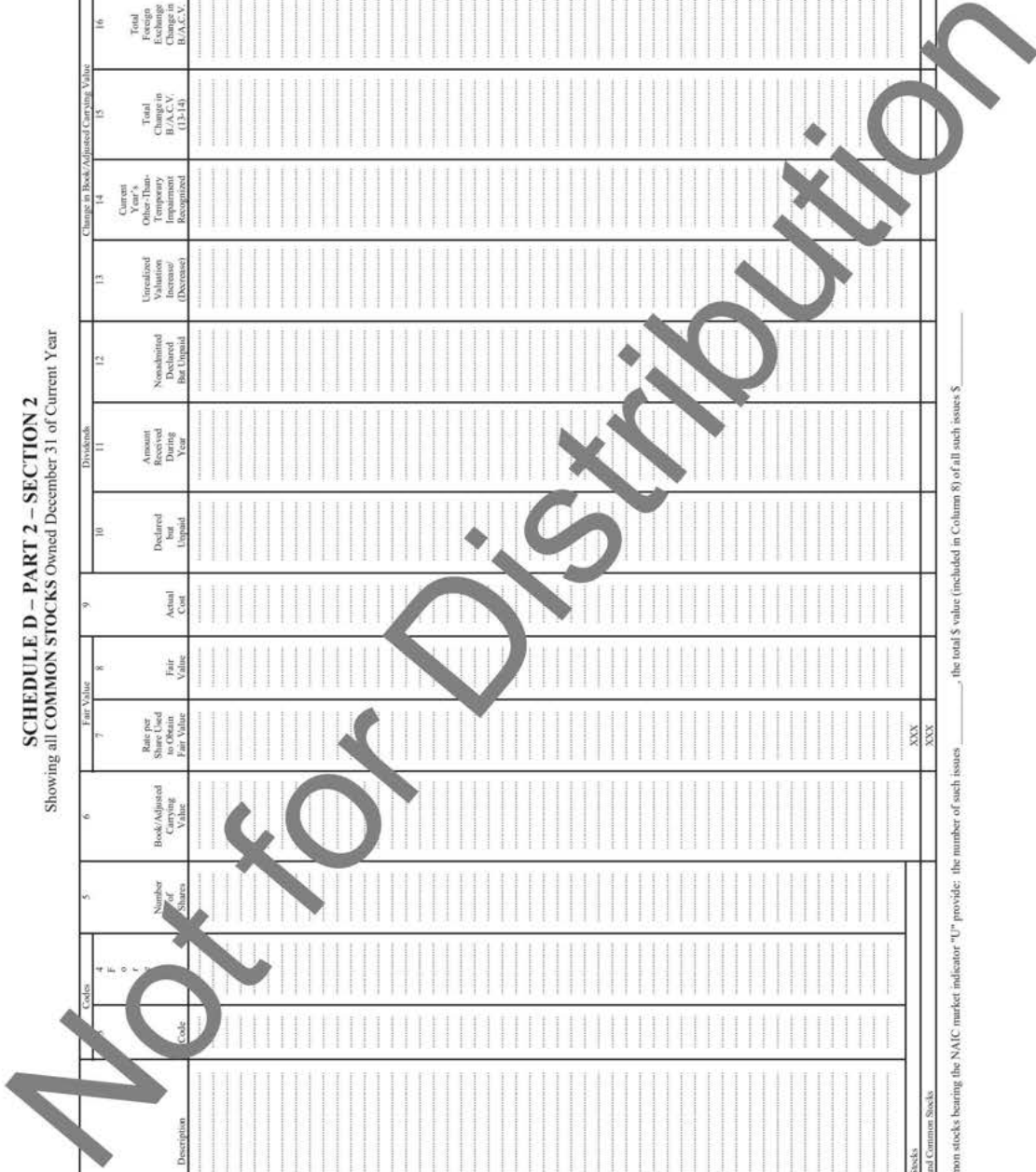
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Code	Number of Shares	Par Value Per Share	Rate Per Share	Book/Carrying Value	Rate per Share Used to Fair Value	Fair Value	Fair Value	Actual Cost	Deducted but Unpaid	Amount Received During Year	Nonadmitted Dividend But Unpaid	Unrealized Increase/Decrease	Current (Amortization) Accretion	Current Year's Other-Than-Impairment Recognized	Total Change B.A.C.V. (15-16-17)	Total Foreign Exchange Change in B.A.C.V.	NAC Designation and Symbol Matrix Indicator	Date Acquired
8999999	Total Preferred Stocks							XXX											XXX	XXX

Not for Distribution

SCHEDULE D – PART 2 – SECTION 2
 Showing all COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Code	4 Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	7 Rate per Share Used to Obtain Fair Value	8 Fair Value	9 Actual Cost	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.	17 NAIC Market Indicator (D)	18 Date Assigned
9799999	Total Common Stocks																XXX	XXX
9899999	Total Preferred and Common Stocks																XXX	XXX

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues _____, the total \$ value (included in Column 8) of all such issues \$ _____



SCHEDULE D – PART 4
 Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Trade Date	Number of Shares Purchased	Number of Shares Sold	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization/ Accretion)	Current Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (1/1/17-12/31)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Book/ Adjusted Carrying Value at Disposal Date	Dividends Received During Year	Stated Maturity Date
999999	XXXXXX					XXX														XXX

Not for Distribution

SCHEDULE D – PART 6 – SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code	5 ID Number	6 NAIC Valuation Method	7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	8 Total Amount of Such Intangible Assets	9 Book / Adjusted Carrying Value	10 Nonadmitted Amount	11 Stock of Such Company Owned by Insurer on Statement Date		12 % of Outstanding
										Number of Shares	XXX	
1999999 Totals												
											XXX	XXX

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

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 Amount of Intangible Assets Included in Amount Shown Column 8, Section 1	5 Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date		6 % of Outstanding
				Number of Shares	XXX	
0399999 Total						
						XXX

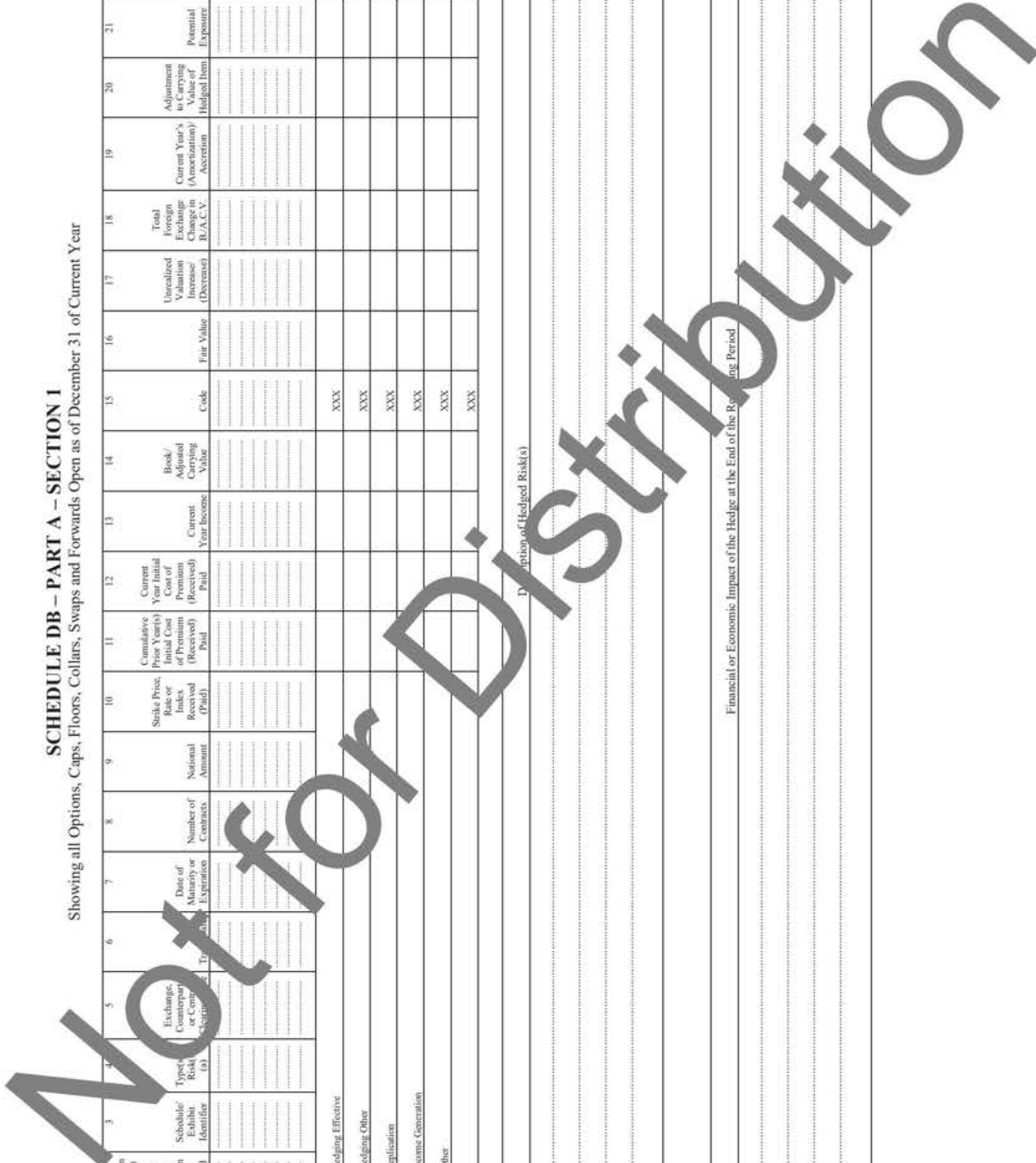
SCHEDULE DB – PART A – SECTION 1

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 of Hedged Instrument Used for Income Recognition or Replicated	Type of Risk (a)	Schedule Exhibit Identifier	Exchange, Derivative or Contract	Contract or Component	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Interest Received (Paid)	Cumulative Prior Year(s) Initial Cost (Received) (Paid)	Current Year Initial Cost of (Received) (Paid)	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Value Increase/ (Decrease)	Total Foreign Exchange Change in E.A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Value of Hedged Item	Potential Exposure	Credit Default Reference Entity	Hedge Effectiveness At Inception	Hedge Effectiveness at Year-end
139999999 Subtotal - Hedging Effective													XXX								XXX	XXX
140999999 Subtotal - Hedging Other													XXX								XXX	XXX
141999999 Subtotal - Replicative													XXX								XXX	XXX
142999999 Subtotal - Income Generation													XXX								XXX	XXX
143999999 Subtotal - Other													XXX								XXX	XXX
144999999 Totals													XXX								XXX	XXX

(a)	Description of Hedged Risk(s)
Code	
.....	
.....	
.....	
.....	

(b)	Financial or Economic Impact of the Hedge at the End of the Reporting Period
Code	
.....	
.....	
.....	
.....	



SCHEDULE DB – PART A – SECTION 2
 Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During 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	24	25
Description of Hedged Item(s) Used for Generation or Replication	Schedule/ Exhibit Identifier	(a) of Risk(s)	(b) of Risk(s)	Trade Date	Date of Termination	Termination Date	Indicate Maturity or Sale	Number of Contracts	Notional Amount	Strike Price Received (Paid)	Cumulative Prior Year's (Received) (Paid)	Current Year Initial Premium (Received) (Paid)	Consideration (Paid) on Termination	Current Year Income	Book's Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current (Amortization)/ Accretion	Gain (Loss) on Termination - Recognized	Adjustment Value of Hedged Item	Gain (Loss) on Termination - Deferred	Hedge Effectiveness at Termination and at	
139999999 Subtotal - Hedging Effective																XXX								XXX
140999999 Subtotal - Hedging Other																XXX								XXX
141999999 Subtotal - Replication																XXX								XXX
142999999 Subtotal - Income Generation																XXX								XXX
143999999 Subtotal - Other																XXX								XXX
144999999 Totals																XXX								XXX

(a)

Code	Description of Hedged Risk(s)
.....
.....
.....
.....

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
.....
.....
.....
.....

SCHEDULE DB – PART B – SECTION 1
 Future Contracts Open 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
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedge, Used for Income Generation or Other Purpose	Expiration Date	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-End	Value of One (1) Point
1399999999			Subtotal – Hedging Effective																	XXX	XXX
1409999999			Subtotal – Hedging Other																	XXX	XXX
1419999999			Subtotal – Replication																	XXX	XXX
1429999999			Subtotal – Income Generation																	XXX	XXX
1439999999			Subtotal – Other																	XXX	XXX
1449999999			Totals																	XXX	XXX

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Total Net Cash Deposits			

(a)

Code	Description of Hedged Risk(s)

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB – PART D – SECTION 1
 Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12
Description of Exchange, Counterparty or Central Clearinghouse	Margin (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value				Fair Value			Off-Balance Sheet Exposure
				Contracts With Book/Adjusted Carrying Value >0	Contracts With Book/Adjusted Carrying Value <0	Exposure Net of Collateral	Contracts With Fair Value >0	Contracts With Fair Value <0	Exposure Net of Collateral	Potential Exposure	
099999999 Gross Totals 1. Officer per SSAP No. 64 2. Net after right of offset per SSAP No. 64											

Not for Distribution

SCHEDULE DB – PART D – SECTION 2
 Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0199999999	Totals						XXX	XXX

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0299999999	Totals					XXX	XXX	XXX

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

	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
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.....CA						
58. Aggregate Alien and Other.....OI	XXX	XXX				
59. Total	XXX	XXX				
DETAILS - WRITINGS						
5801.....						
5802.....						
5803.....						
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6047.....						

.....
Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT
For the Year Ended December 31, 2018
(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 system?
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 [] . Yes [] No []
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: 1. Principal Executive Officer	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
Current: 2. Principal Financial Officer	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
3.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
4.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
5.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
6.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
7.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
8.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
9.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............
10.	2018 2017 2016	...............	...............	...............	...............	...............	...............	...............	...............

PART 3 – DIRECTOR COMPENSATION

1 Name and Principal Position, Occupation and Company (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		

Affix Bar Code Above

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2018
(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 percentage of the reporting entity's total admitted assets held in that category of investments.

- Reporting entity's total admitted assets as reported on Page 2 of this annual statement \$
- 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	\$%

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

<u>Bonds</u>			<u>Preferred Stocks</u>		
	<u>1</u>	<u>2</u>		<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	\$%

- 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 \$%

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>	
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>	
	Issuer	NAIC Designation			
10.01	\$.....	%
10.02	\$.....	%
10.03	\$.....	%
10.04	\$.....	%
10.05	\$.....	%
10.06	\$.....	%
10.07	\$.....	%
10.08	\$.....	%
10.09	\$.....	%
10.10	\$.....	%

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.

11.02	Total admitted assets held in Canadian investments	\$	<u>1</u>	<u>2</u>	%
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.

12.02	Aggregate statement value of investments with contractual sales restrictions	\$	<u>1</u>	<u>2</u>	<u>3</u>	%
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>2</u>	<u>3</u>	
13.02	Issuer	\$			%
13.03		\$			%
13.04		\$			%
13.05		\$			%
13.06		\$			%
13.07		\$			%
13.08		\$			%
13.09		\$			%
13.10		\$			%
13.11		\$			%

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 the remainder of Interrogatory 14.
- 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%

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.
- 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.
- 16.02 Type (Residential, Commercial, Agricultural)%
- 16.03%
- 16.04%
- 16.05%
- 16.06%
- 16.07%
- 16.08%
- 16.09%
- 16.10%
- 16.11%

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

	<u>Loans</u>	
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	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
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.

	<u>Description</u>	<u>1</u>	<u>2</u>	<u>3</u>	
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.

	<u>1</u>	<u>2</u>	<u>3</u>	
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	.....	\$.....	.....	.....%

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>
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>
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>
23.01 Hedging	\$%	\$	\$	\$
23.02 Income generation	\$%	\$	\$	\$
23.03 Replications	\$%	\$	\$	\$
23.04 Other	\$%	\$	\$	\$

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filled by March 1)

FOR THE STATE OF

NAIC Company Code

NAIC Code

Address (City, State and Zip Code) _____
 Person Completing This Exhibit _____
 Title _____
 Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approval Provided	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
TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

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

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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 trusted
surplus statement together with its related schedules appended hereto is a true statement of the trusted surplus of said corporation, that the several items of assets,
hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that all 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

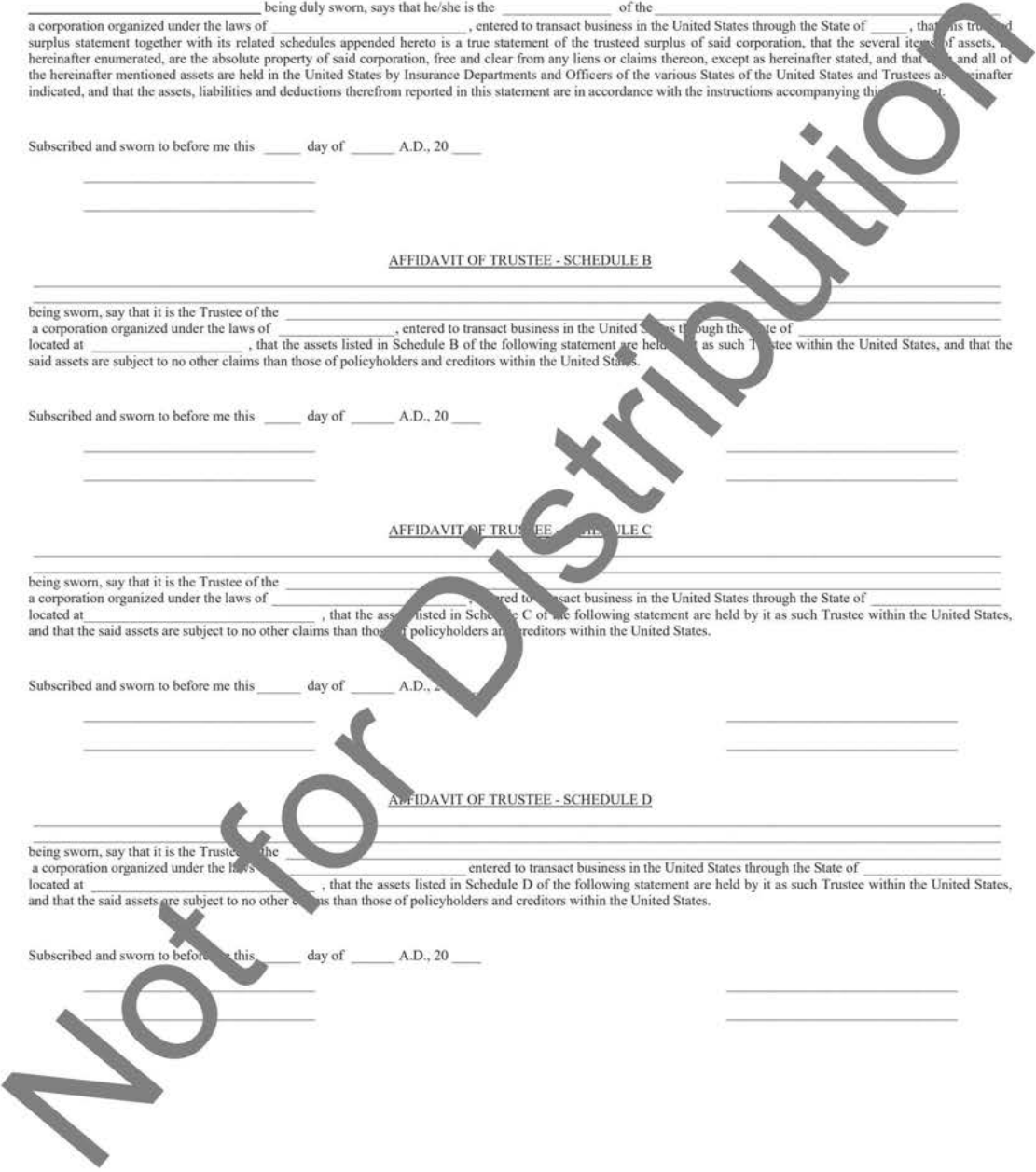
_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____
located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within 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
LIABILITIES AND TRUSTEED SURPLUS**

	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	
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 thru 9)	
11. Total Adjusted Liabilities (Line 3 minus Line 10)	
12. Trusteed Surplus	
13. Total	
DETAILS OF WRITE-INS	
0201.	
0202.	
0203.	
0298. Summary of remaining write-ins for Line 2 from overflow page	
0299. Totals (Lines 0201 thru 0203 plus 0298) (Line 2 above)	
0901.	
0902.	
0903.	
0998. Summary of remaining write-ins for Line 9 from overflow page	
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	

GENERAL INTERROGATORIES

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

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

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
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 To Reimbursements Applied.....	xxx		xxx		
12.2 Reimbursements Received but Not Applied-Change.....	xxx		xxx		
12.3 Reimbursements Receivable-Change.....	xxx		xxx		xxx
12.4 Health Care Receivables-Change.....	xxx		xxx		xxx
13. Aggregate Policy Reserves-Change.....					xxx
14. Expenses Paid.....		xxx		xxx	
15. Expenses Incurred.....		xxx		xxx	xxx
16. Underwriting Gain/Loss.....		xxx		xxx	xxx
17. Cash Flow Results	xxx	xxx	xxx	xxx	

Not for Distribution

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VM-20 RESERVES SUPPLEMENT – PART 1
Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 20__
 (To Be Filled by March 1)
 (\$000 Omitted Except for Number of Policies)

NAIC Group Code	NAIC Company Code	Current Year															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		Reported Reserve	Reported Reserve	Deferred Premium Asset	Net Premium Reserve	Deterministic Reserve	Stochastic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Deterministic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Number of Policies	Face Amount	
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)															
5.		Total Reserves Ceded (Line 4 minus Line 2)															
		DETAILS OF WRITE-INS															
1.901.																	
1.902.																	
1.903.																	
1.998.		Summary of remaining write-ins for Line 1.9 from overflow page															
1.999		Totals (Lines 1.901 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 2
 Reserves for Policies Not Based on VM-20 as a
 Result of the Three-Year Transition Period
 For The Year Ended December 31, 20__
 (To Be Filed by March 1)
 (\$000 Omitted Except for Number of Policies)

	Three-Year Transition Period					
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1. Term Life.....						
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 Life Insurance Reserves (Sum of Lines 1.1 through 1.9)						
DETAILS OF WRITE-INS						
1.901.....						
1.902.....						
1.903.....						
1.998. Summary of remaining write-ins for Line 1.9 from overflow page.....						
1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above).						

VM-20 RESERVES SUPPLEMENT – PART 3
Life PBR Exemption
 For The Year Ended December 31, 20__
 (To Be Filed by March 1)

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

1. 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

2. If the response to Question 1 is "Yes", then check the source of the grant of the **Life PBR Exemption** definition? (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM

2.2 State Statute (SVL) Complete items "a" and "b", as appropriate.

 a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes No

 b. If the answer to "a" above is "Yes", provide the criteria the state has used to 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):

2.3 State Regulation Complete items "a" and "b", as appropriate.

 a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes No

 b. If the answer to "a" above is "Yes", provide the criteria 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):

NEW PAGE

VM-20 RESERVES SUPPLEMENT – PART 4

Other Exclusions from Life PBR

For The Year Ended December 31, 20__

(To Be Filed by March 1)

1A.	Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
2B.	If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks. _____ _____				
3.	Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Group Code _____ NAIC Company Code _____

	1 Earning Premiums	2 Incurred Claims	3 Valuation Expected Claims	4 Actual to Expected Insured Claims	5 Open Claim Count	6 New Claim Count	7 Lives in Force End of Year	8 Expected Lives in Force End of Year	9 Actual to Expected Lives in Force
A. Individual									
Comprehensive									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date									
Institutional Only									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date									
Non-Institutional Only									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date									
B. Group									
Group									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date									
Institutional Only									
9. Current									
10. Prior									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date									
Non-Institutional Only									
17. Current									
18. Prior									
19. 2nd Prior									
20. 3rd Prior									
21. 4th Prior									
22. 5th Prior									
23. Form Inception-to-Date									
24. Total Inception-to-Date									
C. Summary									
1. Form Inception-to-Date									
2. Total Inception-to-Date									

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Company Code _____

Reporting Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	Policy Form	Last Year Issue	Last Year Issued	Earned Premiums	Incurred Claims	Loss Ratio	Annual Net/Annual Gross Premiums	Current Year Net Premiums	In Force Count Beginning of Year	New Issues Current Year	In Force Count End of Year	Persistence Rate	Experience Policy Reserves	Reported Policy Reserves	Experience/Reported Ratio	
A. Individual																
1. Current																
2. Prior																
3. 2nd Prior																
1. Current																
2. Prior																
3. 2nd Prior																
1. Current																
2. Prior																
3. 2nd Prior																
B. Group																
1. Current																
2. Prior																
3. 2nd Prior																
1. Current																
2. Prior																
3. 2nd Prior																
C. Summary																
1. Total Current-Individual						XXX	XXX	XXX				XXX			XXX	XXX
2. Total Prior-Individual						XXX	XXX	XXX				XXX			XXX	XXX
3. Total 2nd Prior-Individual						XXX	XXX	XXX				XXX			XXX	XXX
4. Total Current-Group						XXX	XXX	XXX				XXX			XXX	XXX
5. Total Prior-Group						XXX	XXX	XXX				XXX			XXX	XXX
6. Total 2nd Prior-Group						XXX	XXX	XXX				XXX			XXX	XXX
7. Current Year Total																

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LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 Omitted)

REPORTING YEAR 20
(To Be Filed By April 1)

Incurred Year	2012	2013	2014	2015	2016	2017	2018
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 – Transferred Reserves							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 – Present Value of Incurred Claims							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 Omitted)

Incorporated Year	2011	2012	2013	2014	2015	2016	2017	2018
B. Group								
	PART 1 – Total (Direct and Transferred) Amount Paid Policyholders							
1. Prior								
2. 2011	XXX							
3. 2012	XXX							
4. 2013	XXX							
5. 2014	XXX	XXX						
6. 2015	XXX	XXX	XXX					
7. 2016	XXX	XXX	XXX	XXX				
8. 2017	XXX	XXX	XXX	XXX	XXX			
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year							
1. Prior								
2. 2011	XXX							
3. 2012	XXX							
4. 2013	XXX							
5. 2014	XXX	XXX						
6. 2015	XXX	XXX	XXX					
7. 2016	XXX	XXX	XXX	XXX				
8. 2017	XXX	XXX	XXX	XXX	XXX			
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	PART 3 – Transferred Reserve							
1. Prior								
2. 2011								
3. 2012								
4. 2013								
5. 2014			XXX					
6. 2015			XXX	XXX				
7. 2016			XXX	XXX	XXX			
8. 2017			XXX	XXX	XXX	XXX		
9. 2018			XXX	XXX	XXX	XXX	XXX	
	PART 4 – Present Value of Incurred Claims							
1. Prior								
2. 2011								
3. 2012								
4. 2013								
5. 2014			XXX					
6. 2015			XXX	XXX				
7. 2016			XXX	XXX	XXX			
8. 2017			XXX	XXX	XXX	XXX		
9. 2018			XXX	XXX	XXX	XXX	XXX	

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LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT (\$000 Omitted)

Incurred Year	2011	2012	2013	2014	2015	2016	2017	2018
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 3 – Transferred Reserve								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 4 – Present Value of Incurred Claims								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2013	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2014	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2015	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2016	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Incurred Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	Total Reserves
A. Individual					
1. Current
2. Prior
3. 2nd Prior
B. Group					
1. Current
2. Prior
3. 2nd Prior
C. Summary					
1. Total Inception-to-Date

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
 Incurred claims are only the policies that claims have been triggered due to acceleration.

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LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____
 REPORTING YEAR 20_____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Earned Premiums	2 Incurred Claims	3 In Force Cou End of Year	4 Liv In Force En of Year
1. Individual
2. Group
3. Total
4. Actual total reported experience through prior year.....	XXX	XXX
5. Actual total reported experience through statement year	XXX	XXX

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**FRATERNAL
INTEREST SENSITIVE LIFE INSURANCE
PRODUCTS REPORT**

For the year ended December 31, 2018
(To Be Filed by April 1)

Of The..... Insurance Company

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

NAIC Group Code..... NAIC Company Code Employee I.D. Number

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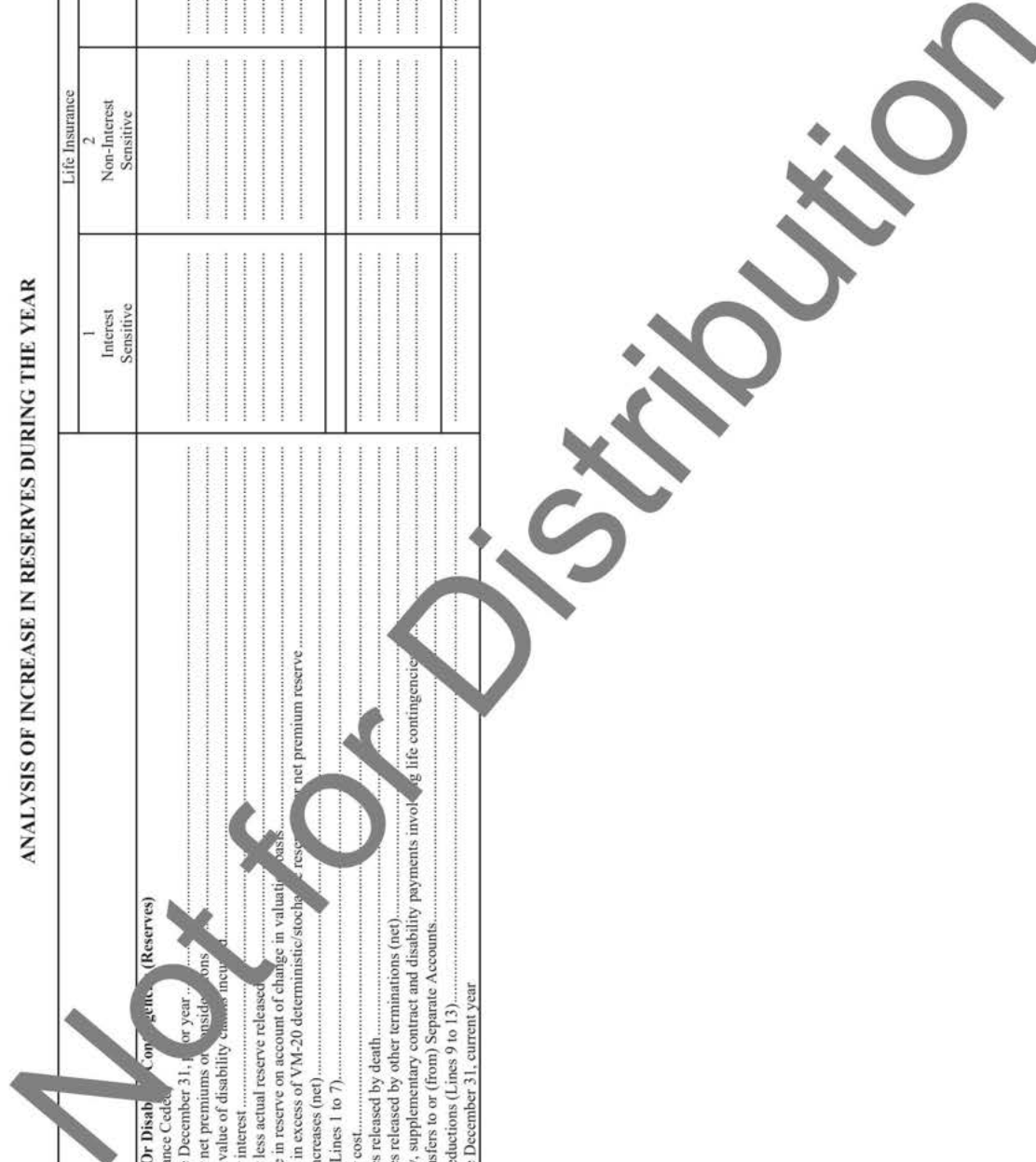
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Interest Sensitive	2 Life Insurance Non-Interest Sensitive	3 Total (Columns 1 & 2)
1. Premiums and annuity considerations for life and accident and health contracts.....			
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 including 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, including premiums waived \$.....			
14. Surrender benefits and withdrawals for life contracts.....			
15. Interest and adjustments on certificates or deposit-type contract funds.....			
16. Payments on supplementary contracts with life contingencies.....			
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....			
18. Totals (Lines 10 to 17).....			
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....			
20. Commissions and expense allowances on reinsurance assumed.....			
21. General insurance expenses and fraternal expenses.....			
22. Insurance taxes, licenses and fees.....			
23. Increase in loading on deferred and uncollected premiums.....			
24. Net transfers to or (from) Separate Accounts net of reinsurance.....			
25. Aggregate write-ins for deductions.....			
26. Totals (Lines 18 to 25).....			
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....			
28. Refunds to members.....			
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....			
DETAILS OF WRITE-INS			
08.301.....			
08.302.....			
08.303.....			
08.398 Summary of remaining write-ins for Line 8.3 from overflow page.....			
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 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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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total
Involving Life Or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)			
1. Reserve December 31, prior year.....			
2. Tabular net premiums on policies in force.....			
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/stock price reserve net premium reserve.....			
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.....			



OVERFLOW PAGE FOR WRITE-INS

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2018
(To Be Filed by April 1)

Affix Bar Code Above

NAIC Company Code

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves
1.2 Without Contract Reserves
1.3 Subtotal
2. Short-Term Medical							
2.1 With Contract Reserves
2.2 Without Contract Reserves
2.3 Subtotal
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves
3.2 Without Contract Reserves
3.3 Subtotal
4. Specified/Named Disease							
4.1 With Contract Reserves
4.2 Without Contract Reserves
4.3 Subtotal
5. Limited Benefit							
5.1 With Contract Reserves
5.2 Without Contract Reserves
5.3 Subtotal
6. Student							
6.1 With Contract Reserves
6.2 Without Contract Reserves
6.3 Subtotal
7. Accident Only or AD&D							
7.1 With Contract Reserves
7.2 Without Contract Reserves
7.3 Subtotal
8. Disability Income - Short-Term							
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
A. INDIVIDUAL BUSINESS (cont'd)							
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. Denial							
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. GROUP BUSINESS							
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 Plan							
15. Tricare							
16. Dental							
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care							
20. Grand Total Group Business							
C. OTHER BUSINESS							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX			
5. Grand Total Other Business							
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

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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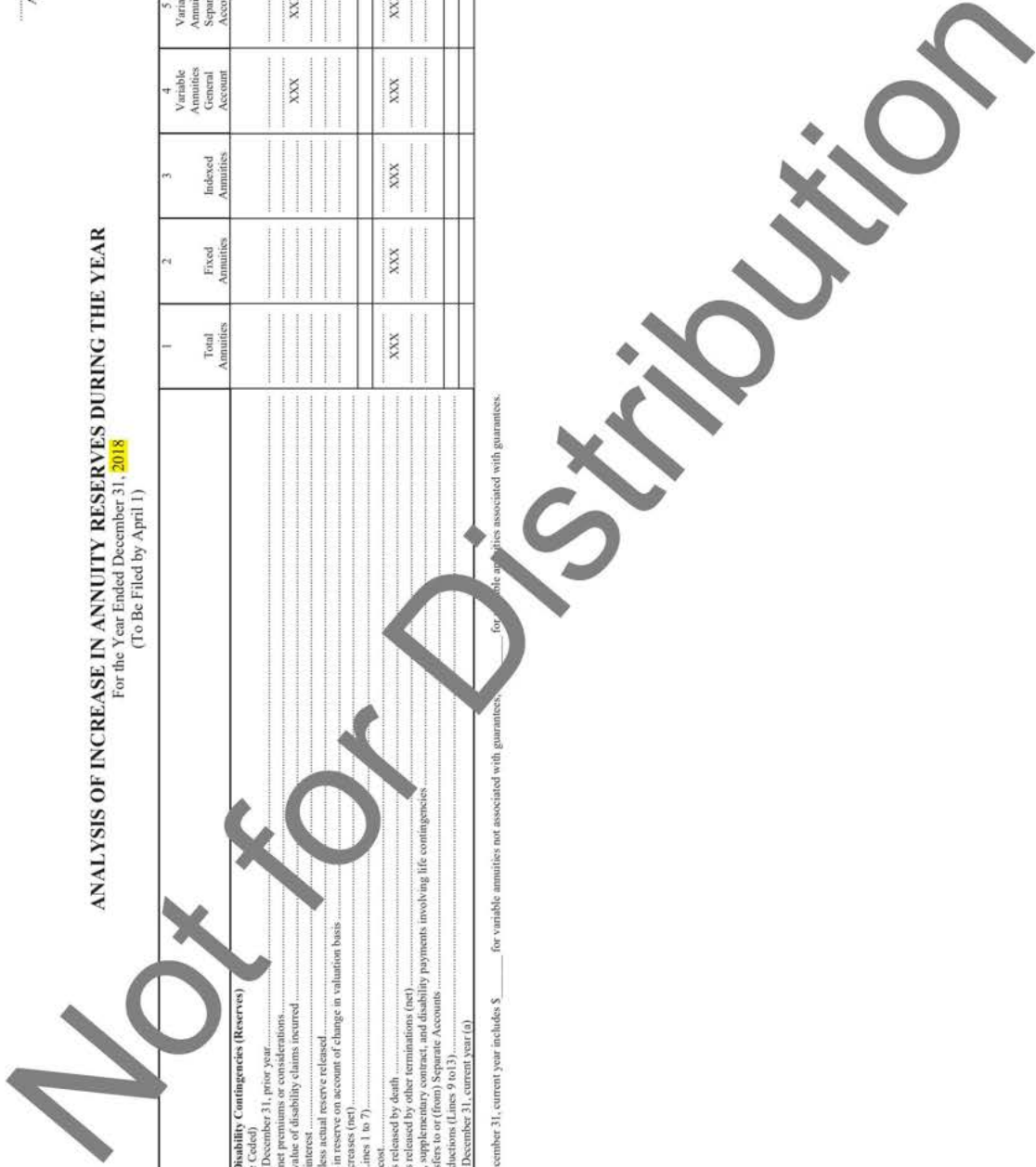
OVERFLOW PAGE FOR WRITE-INS

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ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR
 For the Year Ended December 31, 2018
 (To Be Filed by April 1)

	1	2	3	4	5	6
	Total	Fixed	Indexed	Variable	Variable	Other
	Annuities	Annuities	Annuities	Annuities	Annuities	Annuities
				General	Separate	
				Account	Account	
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)						
1. Reserve December 31, prior year.....						
2. Tabular net premiums or considerations.....						
3. Present value of disability claims incurred.....						
4. Tabular interest.....						
5. Tabular less actual reserve released.....						
6. Tabular net transfers to or from Separate Accounts.....						
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 (a).....						

(a) Reserve December 31, current year includes \$_____ for variable annuities not associated with guarantees, _____ for annuities associated with guarantees.



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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/documents/committees_e_app_blanks_related_shee_cautionary_statement.pdf)

REPORT FOR CORPORATION
 (LOCATION)
 NAIC Group Code _____ DURING THE YEAR _____ NAIC Company Code _____
 BUSINESS OF THE STATE OF _____

1.	Comprehensive Health Coverage		Business Subject to MLR				9	10	11	12	13	14	15	
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer								Small Group Employer	Large Group Employer	Small Group Employer	Large Group Employer	Other Health Business	Medicare Part C and Medicare Part D Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Pools	Total 13 + 14
1.	Premiums: 1.1 Health premiums earned (From Part 2, Line 1.11) 1.2 State high risk pools 1.3 State high risk pools 1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3) 1.5 Federal taxes and federal assessments 1.6 State insurance, premium and other taxes (Similar local taxes of \$ _____) 1.7 Regulatory authority licenses and fees (informational only) 1.8 Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7) 1.9 Net assumed less ceded reinsurance premiums earned 1.10 Net assumed less ceded reinsurance premiums earned 1.11 Risk score 1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)													
2.	Claims: 2.1 Incurred claims excluding prescription drug 2.2 Incurred claims excluding prescription drug 2.3 Pharmaceutical rebates 2.4 State stop loss, market stabilization and claim versus based assessments (informational only)													
3.	Incurred medical incentive pools and bonuses 3.0 Total incurred claims (Lines 2.1 + 2.2 + 2.3) (From Part 2, Line 2.15) 3.1 Other adjustments due to MLR calculations - Claims 3.2 Rebates paid 3.3 Rebates paid 3.4 Estimated rebates unpaid prior year 3.5 Estimated rebates unpaid current year 3.6 Estimated rebates unpaid current year 3.7 Net incurred claims after reinsurance (Lines 3.0 + 3.1 + 3.2 + 3.3 + 3.4 + 3.5 + 3.6)													
4.	Deductible Fraud and Abuse Detection Recovery Expenses (for MLR use only) 4.0 Total incurred claims (Lines 2.1 + 2.2 + 2.3) (From Part 2, Line 2.15) 4.1 Other adjustments due to MLR calculations - Claims 4.2 Rebates paid 4.3 Estimated rebates unpaid prior year 4.4 Estimated rebates unpaid current year 4.5 Estimated rebates unpaid current year 4.6 Net incurred claims after reinsurance (Lines 4.0 + 4.1 + 4.2 + 4.3 + 4.4 + 4.5 + 4.6)													
5.	Improving Health Care Quality Expenses Incurred: 5.1 Improve Health Outcomes 5.2 Activities to prevent hospital readmissions 5.3 Wellness and health promotion activities 5.4 Wellness and health promotion activities 5.5 Health Information Technology expenses related to health improvement 5.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6)													
6.	Primary Medical Loss Ratio MLR (Lines 4 + 5.0 + 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6) 6.1 Cost containment expenses not included in quality of care expenses in Line 6.6 6.2 All other claims adjustment expenses 6.3 Total claims adjustment expenses (Lines 6.1 + 6.2)													
7.	Claim Adjustment Expense Ratio (Line 8.3 / Line 1.8)													

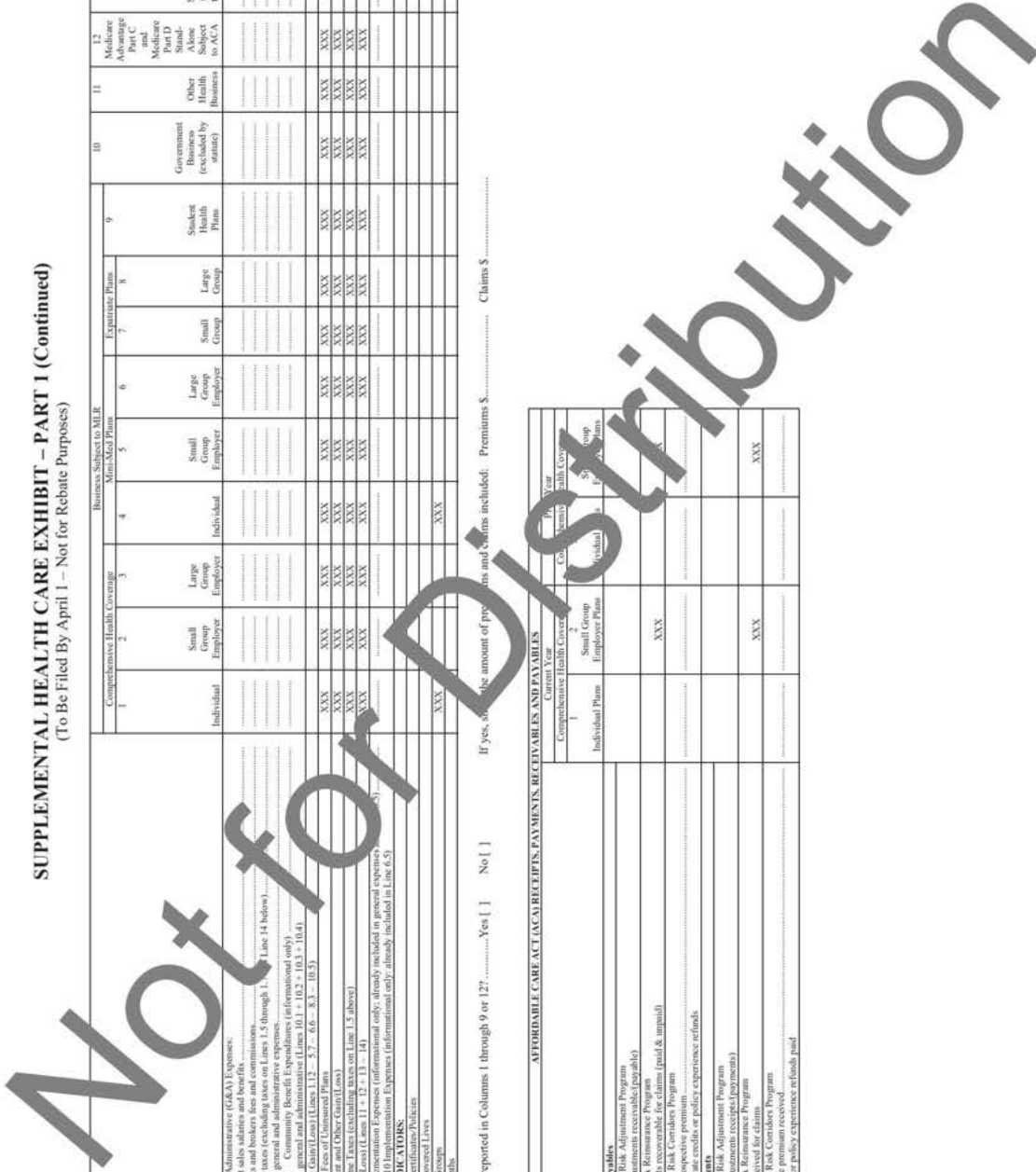
SUPPLEMENTAL HEALTH CARE EXHIBIT – PART I (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

	Comprehensive Health Coverage			Business Subject to MLR				9	10	11	12	13	14	15
	1	2	3	4	5	6	7								8
III. General and Administrative (G&A) Expenses:														
10.1 Agents and brokers fees and commissions.....														
10.2 Other taxes (excluding taxes on Lines 1.5 through 1.7, Line 14 below).....														
10.3 Other general and administrative expenses.....														
10.4 Community Benefit Expenditures (if applicable only).....														
10.5 Underwriting Gain/Loss (Lines 1.12 – 5.2 – 6.6 – 8.3 – 10.5).....														
11. Income from Fees of Uninsured Plans.....														
12. Net Investment and Other Gain/Loss.....														
13. Federal Income Taxes (excluding taxes on Line 1.5 above).....														
14. Net Gain or (Loss) (Lines 11 + 12 + 13 – 14).....														
15. (D) - (E) (Net gain/loss) (already included in general above).....														
16. (C) - (D) (Implementation Expenses (informational only, already included in Line 6.5)).....														
OTHER INDICATORS:														
1. Number of Certificates/Policies.....														
2. Number of Covered Lives.....														
3. Number of Groups.....														
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 \$.....

	Current Year		Prior Year	
	1	2	3	4
ACA Receipts and Payables				
1. Payment ACA Risk Adjustment Program				
1.0 Premium adjustment receivable (payable)				
2. Transitional ACA Reinsurance Program				
2.0 Premium adjustment receivable (payable)				
3. Temporary ACA Risk Corridors Program (paid & unpaid)				
3.1 Accrued retrospective premium				
3.2 Reserve for rate credits or policy experience refunds				
ACA Receipts and Payments				
4. Payment ACA Risk Adjustment Program				
4.0 Premium adjustment receivable (payable)				
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims				
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 [] CORPORATION

2.

(LOCATION)

NAIC Group Code _____ DURING THE YEAR _____ NAIC Company Code _____

BUSINESS IN THE STATE OF _____

	Comprehensive Health Coverage			Business Subject to MLR Min-Med Plans			Exempt Plans			10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantages Part C and Medicare Part D Stand-Alone Subject to ACA	13 Total (a)
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	9 Student Health Plans				
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 charges.....												
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	Coded 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 + 1.12 + 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	Change in reserve for rate credits (Lines 2.9 - 2.10).....												
2.12	Net incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c).....												
2.11a	Assumed medical incentive pools and bonuses current year.....												
2.11b	Assumed medical incentive pools and bonuses prior year.....												
2.11c	Change in assumed medical incentive pools and bonuses (Lines 2.11a - 2.11b).....												
2.12a	Net health care receivables (Lines 2.12a - 2.12b).....												
2.12b	Health care receivables current year.....												
2.12c	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 - 2.10 + 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	Coded 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 + 2.11 - 2.12 + 2.13 + 2.14 - 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.

SUPPLEMENT FOR THE YEAR _____ OF THE _____

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3
(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR _____ CORPORATION _____

NAIC Group Code _____ BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

(LOCATION)

NAIC Company Code _____

1	2	3	4	5	6	7	8	9	10
AILE Expenses									
Individual Comprehensive Coverage Expenses:									
1.1	Salaries (including \$ _____ for affiliated services)								
1.2	Outsourced services								
1.3	EDP equipment and software (incl \$ _____ for affiliated services)								
1.4	Other equipment (excl. EDP) (incl \$ _____ for affiliated services)								
1.5	Accreditation and certification (incl \$ _____ for affiliated services)								
1.6	Other expenses (incl \$ _____ for affiliated services)								
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)								
1.8	Reimbursements by uninsured plans and fiscal intermediaries								
1.9	Taxes, licenses and fees (in total, for tying purposes)								
1.10	Total (1.7 to 1.9)								
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)								
Small Group Comprehensive Coverage Expenses:									
2.1	Salaries (including \$ _____ for affiliated services)								
2.2	Outsourced services								
2.3	EDP equipment and software (incl \$ _____ for affiliated services)								
2.4	Other equipment (excl. EDP) (incl \$ _____ for affiliated services)								
2.5	Accreditation and certification (incl \$ _____ for affiliated services)								
2.6	Other expenses (incl \$ _____ for affiliated services)								
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)								
2.8	Reimbursements by uninsured plans and fiscal intermediaries								
2.9	Taxes, licenses and fees (in total, for tying purposes)								
2.10	Total (2.7 to 2.9)								
2.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)								
Large Group Comprehensive Coverage Expenses:									
3.1	Salaries (including \$ _____ for affiliated services)								
3.2	Outsourced services								
3.3	EDP equipment and software (incl \$ _____ for affiliated services)								
3.4	Other equipment (excl. EDP) (incl \$ _____ for affiliated services)								
3.5	Accreditation and certification (incl \$ _____ for affiliated services)								
3.6	Other expenses (incl \$ _____ for affiliated services)								
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)								
3.8	Reimbursements by uninsured plans and fiscal intermediaries								
3.9	Taxes, licenses and fees (in total, for tying purposes)								
3.10	Total (3.7 to 3.9)								
3.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)								

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses			10 Total Expenses (6 to 9)
	1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	9 General Administrative Expenses	
4. Individual Mini-Med Plans Expenses										
4.1 Salaries (including \$ for affiliated services)										
4.2 Outsourced services										
4.3 EDP equipment and software (incl \$ for affiliated services)										
4.4 Other equipment (excl EDP) (incl \$ for affiliated services)										
4.5 Accreditation and certification (incl \$ for affiliated services)										
4.6 Other expenses (incl \$ for affiliated services)										
4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)										
4.8 Reimbursements by payers (incl \$ for fiscal intermediaries)										
4.9 Taxes, licenses and fees (in total, for tying purposes)										
4.10 Total (4.7 to 4.9)										
4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
5. Small Group Mini-Med Plans Expenses										
5.1 Salaries (including \$ for affiliated services)										
5.2 Outsourced services										
5.3 EDP equipment and software (incl \$ for affiliated services)										
5.4 Other equipment (excl. EDP) (incl \$ for affiliated services)										
5.5 Accreditation and certification (incl \$ for affiliated services)										
5.6 Other expenses (incl \$ for affiliated services)										
5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)										
5.8 Reimbursements by uninsured plans and fiscal intermediaries										
5.9 Taxes, licenses and fees (in total, for tying purposes)										
5.10 Total (5.7 to 5.9)										
5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
6. Large Group Mini-Med Plans Expenses										
6.1 Salaries (including \$ for affiliated services)										
6.2 Outsourced services										
6.3 EDP equipment and software (incl \$ for affiliated services)										
6.4 Other equipment (excl. EDP) (incl \$ for affiliated services)										
6.5 Accreditation and certification (incl \$ for affiliated services)										
6.6 Other expenses (incl \$ for affiliated services)										
6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)										
6.8 Reimbursements by uninsured plans and fiscal intermediaries										
6.9 Taxes, licenses and fees (in total, for tying purposes)										
6.10 Total (6.7 to 6.9)										
6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

7.	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses			10 Total Expenses (6 to 9)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	
	Small Group Expatiate Plans Expenses									
	7.1 Salaries (including \$_____ for affiliated services)									
	7.2 Outsourced services									
	7.3 EDP equipment and software (incl \$_____ for affiliated services)									
	7.4 Other equipment and software (incl \$_____ for affiliated services)									
	7.5 Accreditation and certification (incl \$_____ for affiliated services)	XXX			XXX					
	7.6 Other expenses (incl \$_____ for affiliated services)									
	7.7 Subtotal before reimbursements and taxes (7.1 to 7.6)									
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	XXX			XXX					
	7.9 Taxes, licenses and fees (in total, for tying purposes)									
	7.10 Total (7.7 to 7.9)							XXX		
	7.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
	8.									
	Large Group Expatiate Plans Expenses									
	8.1 Salaries (including \$_____ for affiliated services)									
	8.2 Outsourced services									
	8.3 EDP equipment and software (incl \$_____ for affiliated services)									
	8.4 Other equipment and software (incl \$_____ for affiliated services)									
	8.5 Accreditation and certification (incl \$_____ for affiliated services)	XXX			XXX					
	8.6 Other expenses (incl \$_____ for affiliated services)									
	8.7 Subtotal before reimbursements and taxes (8.1 to 8.6)									
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	XXX			XXX					
	8.9 Taxes, licenses and fees (in total, for tying purposes)									
	8.10 Total (8.7 to 8.9)									
	8.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
	9.									
	Student Health Plans Expenses									
	9.1 Salaries (including \$_____ for affiliated services)									
	9.2 Outsourced services									
	9.3 EDP equipment and software (incl \$_____ for affiliated services)									
	9.4 Other equipment and software (incl \$_____ for affiliated services)									
	9.5 Accreditation and certification (incl \$_____ for affiliated services)	XXX			XXX					
	9.6 Other expenses (incl \$_____ for affiliated services)									
	9.7 Subtotal before reimbursements and taxes (9.1 to 9.6)									
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	XXX			XXX					
	9.9 Taxes, licenses and fees (in total, for tying purposes)									
	9.10 Total (9.7 to 9.9)									
	9.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Not for Distribution

Not for Distribution

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PART 2B – TRANSACTIONS SUBJECT TO PART 2 DISCLOSURE (NON-GRANDFATHERED)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Cession ID	NALC Cession Code	ID Number	Effective Date or Prior Year's Annual Statement Date	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement	As of Effective Date or Prior Year's Annual Statement
				Statutory Reserve	Statutory Reserve Held	Required Level of Security	Primary Security	Other Security	Statutory Reserve	Statutory Reserve Held	Required Level of Security	Primary Security	Primary Security Adjustment	Primary Security - Trust	Primary Security - Funds Withheld or Ceded	Other Security	
0000000000																	
0000000000 Total																	

Not for Distribution

**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 _____

ID Number _____

Effective Date or 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)
Primary Security				
1. Cash
2. NAIC 1 SVO-Listed Securities
3. NAIC 2 SVO-Listed Securities
4. NAIC 3 SVO-Listed Securities
5. NAIC 4 SVO-Listed Securities
6. NAIC 5 SVO-Listed Securities
7. NAIC 6 SVO-Listed Securities
8. Commercial Loans
9. Policy Loans
10. Derivatives Acquired in the Normal Course
11. Subtotal Primary Security	XXX	.....	XXX
Other Security				
12. Other Investments Admissible per the NAIC AP&P Manual
13. Evergreen, Unconditional LOCs
14. Other LOCs
15. Affiliate or Parental Guarantees
16. LOC-like Assets
17. Excess of Loss Reinsurance
18. All Other Assets
19. Subtotal Other Security	XXX	.....	XXX
20. Total	XXX	.....	XXX

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

**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 _____

ID Number _____

Effective Date or 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				
2. NAIC 1 SVO-Listed Securities				
3. NAIC 2 SVO-Listed Securities				
4. NAIC 3 SVO-Listed Securities				
5. NAIC 4 SVO-Listed Securities				
6. NAIC 5 SVO-Listed Securities				
7. NAIC 6 SVO-Listed Securities				
8. Commercial Loans				
9. Policy Loans				
10. Derivatives Acquired in the Normal Course				
11. Other Investments Admissible per the NAIC AP&P Manual				
12. Evergreen, Unconditional LOCs				
13. Other LOCs				
14. Affiliate or Parental Guarantees				
15. LOC-like Assets				
16. Excess of Loss Reinsurance				
17. All Other Assets				
18. Total		XXX		XXX

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:

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? 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 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:

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:
 - 5.23 Specify the dollar amount of the guarantee: \$.....
 - 5.24 Describe all contingencies or conditions to performance of the guarantee:
- 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:
 - 6.22 Specify the dollar amount of the pledge: \$.....
 - 6.23 Describe the duration and the terms of the pledge:

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