



Official NAIC Annual Statement Blank

Health

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

HEALTH

2018

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ANNUAL STATEMENT

FOR THE YEAR ENDING _____
(Month) (Day) (Year)

Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

(Name)

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

Organized under the Laws of _____, State of Domicile or Port of Entry _____

Country of Domicile _____

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Community []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized _____ Commenced Business _____

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

Main Administrative Office _____
(Street and Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records _____
(Street and Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address _____

Statutory Statement Contact _____
(Name) (Area) (Telephone Number) (Extension)
(E-Mail Address) (Fax Number)

OFFICERS

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

OFFICERS OR TRUSTEES

State of _____

County of _____

The officers of this reporting entity being duly sworn, 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 stated, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature)	_____ (Signature)	_____ (Signature)
_____ (Printed Name)	_____ (Printed Name)	_____ (Printed Name)
1.	2.	3.
_____ (Title)	_____ (Title)	_____ (Title)

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

Subscribed and sworn to before me this _____ day of _____, 2019

ASSETS

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

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts.....				
3. Unpaid claims adjustment expenses.....				
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves.....				
6. Property/casualty unearned premium reserves.....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance.....				
9. General expenses due or accrued.....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses)).....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable.....				
12. Amounts withheld or retained for the account of others.....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives.....				
17. Payable for securities.....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers).....				
20. Reinsurance in unauthorized and certified (\$.....) companies.....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans.....				
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23).....				
25. Aggregate write-ins for special surplus funds.....	XXX	XXX		
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX		
32. Less treasury stock, at cost:				
32.1..... shares common (value included in Line 26 \$.....)	XXX	XXX		
32.2..... shares preferred (value included in Line 27 \$.....)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX		
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX		
DETAILS OF WRITE-INS				
2301.				
2303.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX		
2. Net premium income (including \$..... non-health premium income)	XXX		
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$..... medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. Total revenues (Lines 2 to 7)	XXX		
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)			
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)			
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....cost containment expenses			
21. General administrative expenses			
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)			
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX		
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26)			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX		
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX		
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL & SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting year
34. Net income or (loss) from Line 32
35. Change in valuation basis of aggregate policy and claim reserves
36. Change in net unrealized capital gains (losses) less capital gains tax of \$
37. Change in net unrealized foreign exchange capital gain or (loss).....
38. Change in net deferred income tax
39. Change in nonadmitted assets
40. Change in unauthorized and certified reinsurance
41. Change in treasury stock
42. Change in surplus notes
43. Cumulative effect of changes in accounting principles.....
44. Capital Changes:		
44.1 Paid in
44.2 Transferred from surplus (Stock Dividend).....
44.3 Transferred to surplus.....
45. Surplus adjustments:		
45.1 Paid in
45.2 Transferred to capital (Stock Dividend).....
45.3 Transferred from capital.....
46. Dividends to stockholders.....
47. Aggregate write-ins for gains or (losses) in surplus
48. Net change in capital and surplus (Lines 34 to 47)
49. Capital and surplus end of reporting year (Line 33 plus 48)
DETAILS OF WRITE-INS		
4701.
4702.
4703.
4798. Summary of remaining write-ins for Line 47 from overflow page.....
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 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 (Line 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 for non-cash transactions:

20.0001 .....	.....	.....
20.0002 .....	.....	.....
20.0003 .....	.....	.....
20.9996 .....	.....	.....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income, including reserves for rate credit.....										
2. Change in unearned premium reserve for rate credit.....										
3. Fee-for-service (net of medical expense).....										
4. Risk revenue.....										
5. Aggregate write-ins for other health care related revenues.....										
6. Aggregate write-ins for other non-health related revenues.....										
7. Total revenues (Lines 1 to 6).....										
8. Hospital medical benefits.....										
9. Prescription drug services.....										
10. Out-of-pocket.....										
11. Emergency room and out-of-area.....										
12. Prescription drugs.....										
13. Aggregate write-ins for other hospital and medical.....										
14. Incentive pool, withhold adjustments and bonus amounts.....										
15. Subtotal (Lines 8 to 14).....										
16. Net insurance recoveries.....										
17. Total hospital and medical (Lines 15 minus 16).....										
18. Non-health claims (net).....										
19. Claims adjustment expenses including \$..... cost containment expenses.....										
20. General administrative expenses.....										
21. Increase in reserves for accident and health contracts.....										
22. Increase in reserves for life contracts.....										
23. Total underwriting deductions (Lines 17 to 22).....										
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....										
DETAILS OF WRITE-INS										
0601.....										
0602.....										
0603.....										
0698.....										
0699.....										
Totals (Lines 0501 through 0598 plus 0598) (Line 5 above).....										
1301.....										
1302.....										
1303.....										
1398.....										
1399.....										
Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical).....				
2. Medicare Supplement.....				
3. Dental only.....				
4. Vision only.....				
5. Federal Employees Health Benefits Plan.....				
6. Title XVIII – Medicare.....				
7. Title XIX – Medicaid.....				
8. Other health.....				
9. Health subtotal (Lines 1 through 8).....				
10. Life.....				
11. Property/casualty.....				
12. Totals (Lines 9 to 11).....				

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**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Medical & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XXIII Medicare	Title XIV Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Paid medical incentive pools and bonuses from Part 2A:										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. Claim reserve December 31, current year from Part 2:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year:										
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year:										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year:										
11. Amounts recoverable from reinsurers December 31, prior year:										
12. Incurred benefits:										
12.1 Direct										
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net										
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Settlement:										
1.1 Direct.....										
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....										
1.4 Net.....										
2. Incurred but Unreported:										
2.1 Direct.....										
2.2 Reinsurance assumed.....										
2.3 Reinsurance ceded.....										
2.4 Net.....										
3. Amounts Withheld from Paid Claims and Capitations:										
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.....										

Not for Distribution

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)
2. Medicare Supplement
3. Dental Only
4. Vision Only
5. Federal Employees Health Benefits Plan
6. Title XVIII – Medicare
7. Title XIX – Medicaid
8. Other health
9. Health subtotal (Lines 1 to 8)
10. Health care receivables (a)
11. Other non-health
12. Medical incentive pools and bonus amounts
13. Totals (Lines 9-10+11+12)

(a) Excludes \$..... loans or advances to providers not yet expensed.

Not for Distribution

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A – Paid Health Claims

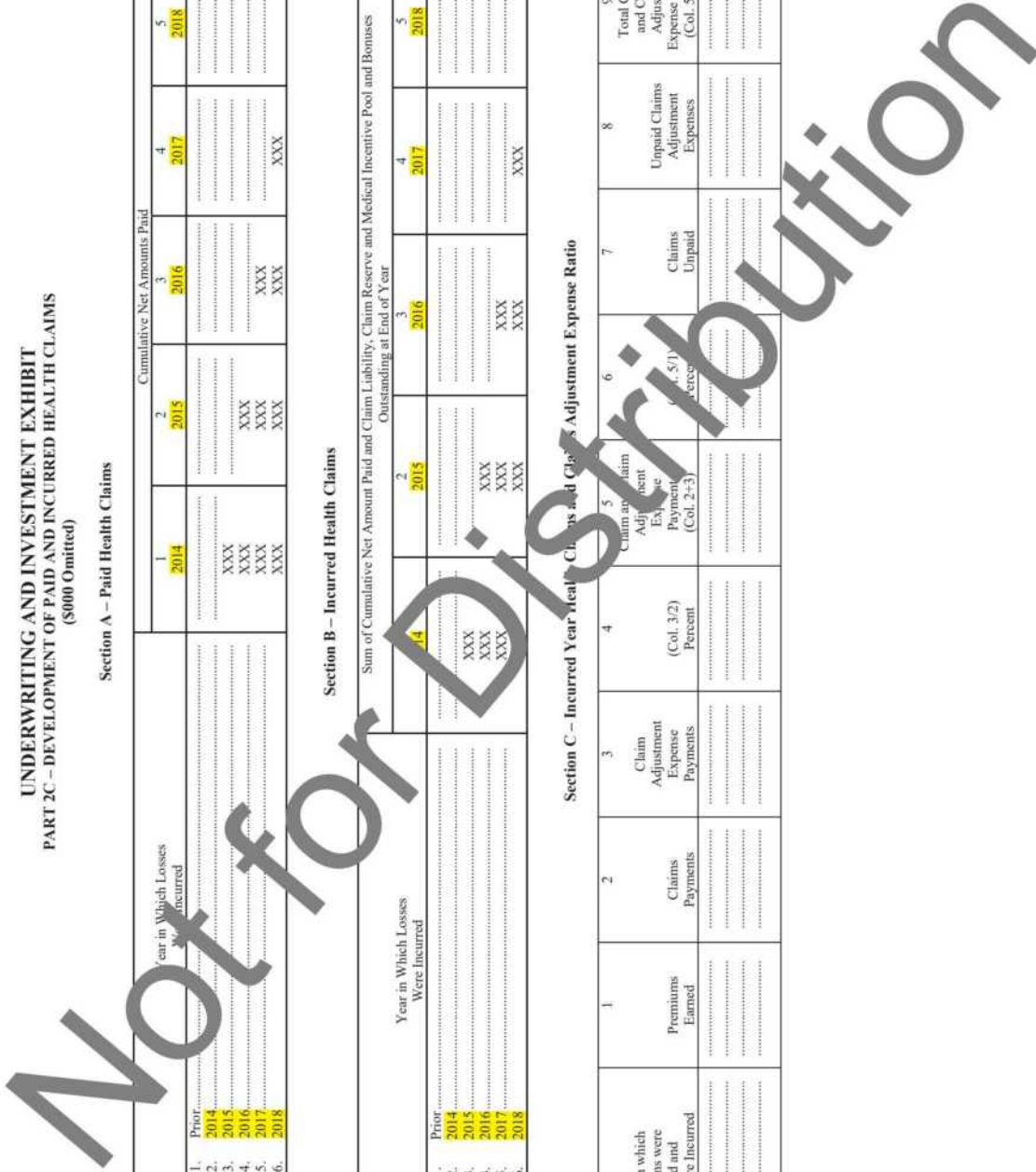
Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	
6. 2018	XXX	XXX	XXX	XXX	XXX

Section B – Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	
6. 2018	XXX	XXX	XXX	XXX	XXX

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014										
2. 2015										
3. 2016										
4. 2017										
5. 2018										



**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating funds \$..... for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0599. Summary of remaining write-ins for Line 5 from overflow page									
1101. Totals (Lines 0501 through 0599 plus 0598) (Line 5 above)									
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 \$..... premium deficiency reserve.



**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$..... for occupancy of own building)					
2. Salaries, wages and other benefits.....					
3. Commissions (less \$..... ceded plus \$..... assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services					
7. Traveling expenses.....					
8. Marketing and advertising.....					
9. Postage, express and telephone.....					
10. Printing and office supplies.....					
11. Occupancy, depreciation and amortization					
12. Equipment.....					
13. Cost or depreciation of EDP equipment and software.....					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges					
18. Group service and administration fees.....					
19. Reimbursements by uninsured plans.....					
20. Reimbursements from fiscal intermediaries.....					
21. Real estate expenses					
22. Real estate taxes.....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees.....					
23.4 Payroll taxes.....					
23.5 Other (excluding federal income and real estate taxes).....					
24. Investment expenses not included elsewhere.....					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25).....					(a).....
27. Less expenses unpaid December 31, current year.....					
28. Add expenses unpaid December 31, prior year.....					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year.....					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)					
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page.....					
2599. Totals (Line 2501 through 2503 + 2598) (Line 2503 page)					

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

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.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on investment assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds.....
1.1 Bonds exempt from U.S. tax.....
1.2 Other bonds (unaffiliated).....
1.3 Bonds of affiliates.....
2.1 Preferred stocks (unaffiliated).....
2.11 Preferred stocks of affiliates.....
2.2 Common stocks (unaffiliated).....
2.21 Common stocks of affiliates.....
3. Mortgage loans.....
4. Real estate.....
5. Contract loans.....
6. Cash, cash equivalents and short-term investments.....
7. Derivative instruments.....
8. Other invested assets.....
9. Aggregate write-ins for capital gains (losses).....
10. Total capital gains (losses)
DETAILS OF WRITE-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 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 25 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).....			

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1. Health Maintenance Organizations						
2. Provider Service Organization						
3. Preferred Provider Organization						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total						
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698.						
Summary of remaining write-ins for Line 6 from overflow page						
Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Not for Distribution

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Name / Debtor	1 - 30 Days	2 - 60 Days	3 - 90 Days	4 - 180 Days	5 - 360 Days	6 - 720 Days	7 - Admitted
0199999 Total individuals							
Group subscribers:							
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Not for Distribution

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Subscriber	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Not for Distribution						
0799999 Gross health care receivables						

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		Health Care Receivables in Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....						
2. Claim overpayment receivables.....						
3. Loans and advances to providers.....						
4. Capitation arrangement receivables.....						
5. Risk sharing receivables.....						
6. Other health care receivables.....						
7. Totals (Lines 1 through 6)						

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

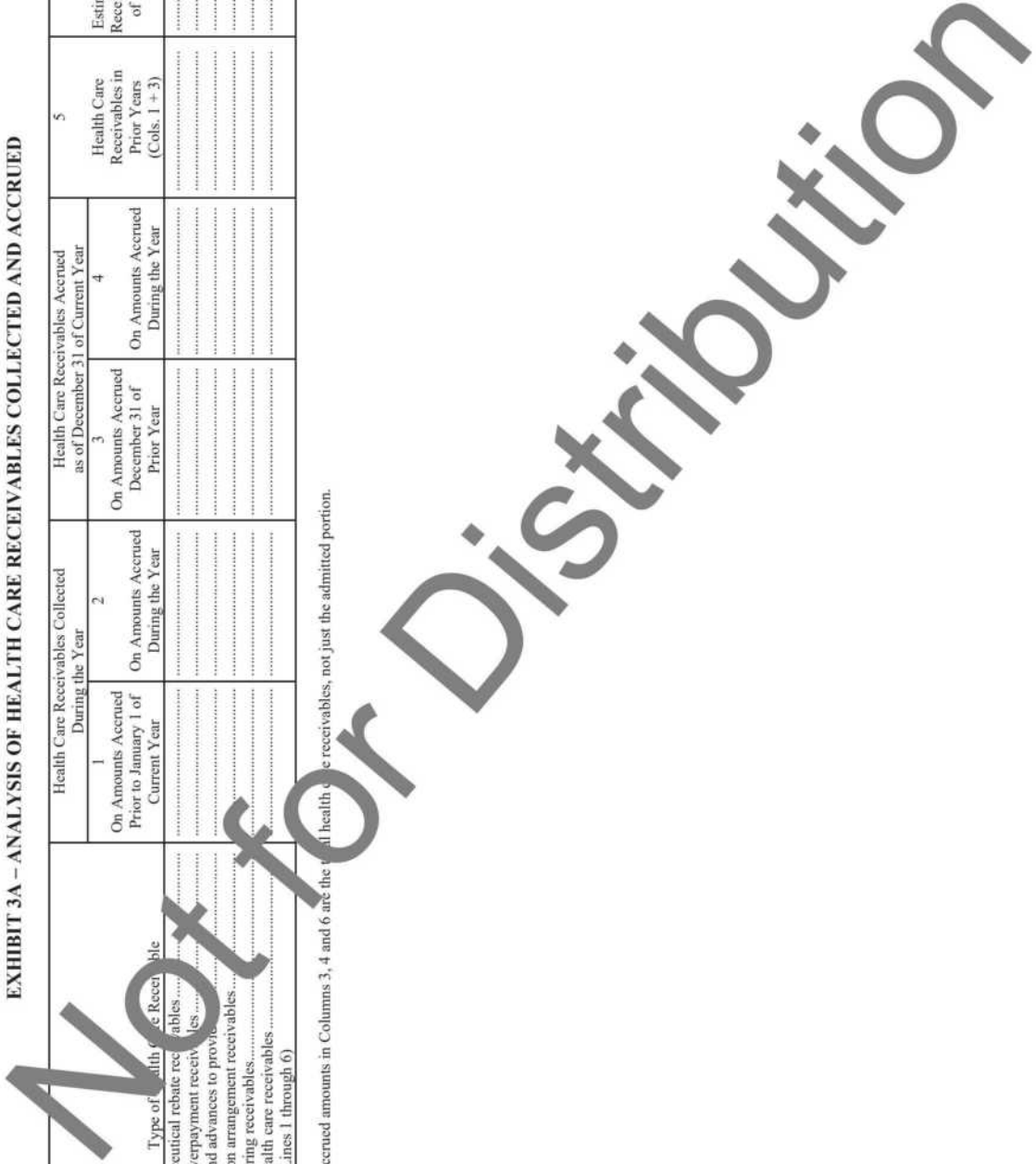


EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

	1	2	3	4	5	6	7
	Accepted	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)							
Total amounts withheld							
Total claims unpaid							
Accrued medical incentive pool and bonus amounts							
0199999 Individually listed claims unpaid							
0299999 Aggregate accounts not individually listed-uncovered							
0399999 Aggregate accounts not individually listed-covered							
0499999 Subtotals							
0599999 Unreported claims and other claim reserves							
0699999 Total amounts withheld							
0799999 Total claims unpaid							
0899999 Accrued medical incentive pool and bonus amounts							

Not for Distribution

EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Account	2 Description	3 Amount	4 Current	5 Non-Current
0199999	Individually listed payable			
0299999	Payables not individually listed			
0399999	Total gross payables			

Not for Distribution

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments			XXX	XXX		
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments			XXX	XXX		
13. Total (Line 4 plus Line 12)		100%	XXX	XXX		

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999	Totals	XXX	XXX	XXX	XXX

Not for Distribution

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment
2. Medical furniture, equipment and fixtures
3. Pharmaceuticals and surgical supplies
4. Durable medical equipment
5. Other property and equipment
6. Total						

Not for Distribution

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 standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating?
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

- 3.4 By what department or departments?
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been completed? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, or 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 with the NAIC.

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

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information:
- 7.1 Does a foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes, _____ %
 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 company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No []

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No []

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

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

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

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

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

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

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 insurance laws? Yes [] No [] N/A []

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

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

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

12.1.1 Name of real estate holding company _____

12.1.2 Number of parcels involved _____

12.1.3 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 management or the United States trustees of the reporting entity?

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

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

13.4 If answer to (13.3) is yes, has the domiciliary 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 internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability and adherence to the code.

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

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

14.2.1 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 []

14.3.1 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 Trustees, supreme or grand (Fraternal only) \$ _____
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ _____
 - 20.22 To stockholders not officers \$ _____
 - 20.23 Trustees, supreme or grand (Fraternal only) \$ _____
- 21.1 Were any assets reported in this statement subject to a contractual obligation transferred 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 receivable 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 or off balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 24.04 Does the company'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 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, mortgages, annuities and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No
- 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 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 long-term and short-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

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

30.4 Describe the pricing methods utilized in determining the fair values:

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic) 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 SGI securities, the reporting entity is certifying the following elements of each self-designated SGI 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 SGI 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? Yes 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.

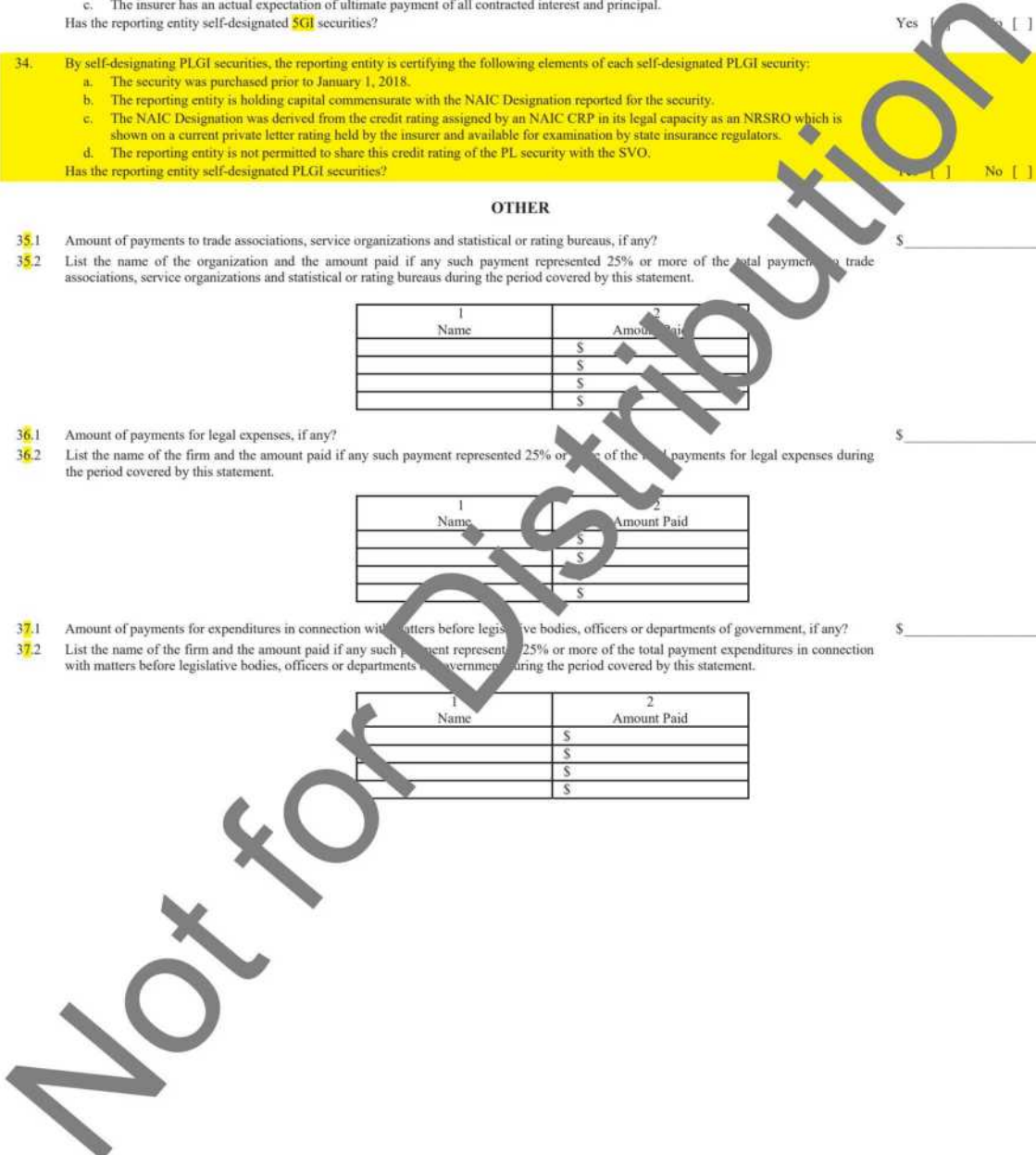
1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

- 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 – HEALTH 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. Health Test:
 2.1 Premium Numerator Current Year \$ _____
 2.2 Premium Denominator Current Year \$ _____
 2.3 Premium Ratio (2.1/2.2) _____
 2.4 Reserve Numerator Current Year \$ _____
 2.5 Reserve Denominator Current Year \$ _____
 2.6 Reserve Ratio (2.4/2.5) _____
 2.1 Premium Numerator Prior Year \$ _____
 2.2 Premium Denominator Prior Year \$ _____
 2.3 Premium Ratio (2.1/2.2) _____
 2.4 Reserve Numerator Prior Year \$ _____
 2.5 Reserve Denominator Prior Year \$ _____
 2.6 Reserve Ratio (2.4/2.5) _____
 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes No
 3.2 If yes, give particulars: _____
 4.1 Have copies of all agreements stating the period and nature of hospital, physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes No
 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No
 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
 5.2 If no, explain: _____
 5.3 Maximum retained risk (see instructions):
 5.31 Comprehensive Medical \$ _____
 5.32 Medical Only \$ _____
 5.33 Medicare Supplement \$ _____
 5.34 Dental and Vision \$ _____
 5.35 Other Limited Benefit Plan \$ _____
 5.36 Other \$ _____
 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: _____
 7.1 Does the reporting entity seek to claim liability for provider services on a service date basis? Yes No
 7.2 If no, give details: _____
 8. Provide the following information regarding participating providers:
 8.1 Number of providers at start of reporting year _____
 8.2 Number of providers at end of reporting year _____
 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
 9.2 If yes, direct premium earned:
 9.21 Business with rate guarantees between 15-36 months _____
 9.22 Business with rate guarantees over 36 months _____

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ _____
 - 10.22 Amount actually paid for year bonuses \$ _____
 - 10.23 Maximum amount payable withholds \$ _____
 - 10.24 Amount actually paid for year withholds \$ _____
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No []
 - 11.13 An Individual Practice Association (IPA), or, Yes [] No []
 - 11.14 A Mixed Model (combination of above)? Yes [] No []
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. _____
- 11.4 If yes, show the amount required. \$ _____
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []
- 11.6 If the amount is calculated, show the calculation _____

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date \$ _____
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] NA []
- 14.2 If the answer to 14.1 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

15. Provide the following for individual ordinary life insurance* policies (not business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$ _____
 - 15.2 Total Incurred Claims \$ _____
 - 15.3 Number of Covered Lives _____

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

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

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....					
2. Total liabilities (Page 3, Line 24).....					
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....					
Income Statement (Page 4)					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....					
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....					
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....					
Risk-Based Capital Analysis					
14. Total adjusted capital.....					
15. Authorized control level risk-based capital.....					
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....					
17. Total members months (Column 6, Line 7).....					
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....					
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....					
23. Total underwriting gain (loss) (Line 24).....					
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....					
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]					
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (Sch. D Summary, Line 24, Col. 1)..... Verification, Col. 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 through 31.....					
33. Total investment in parent included in Lines 26 to 31 above.....					

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR CORPORATION

2.

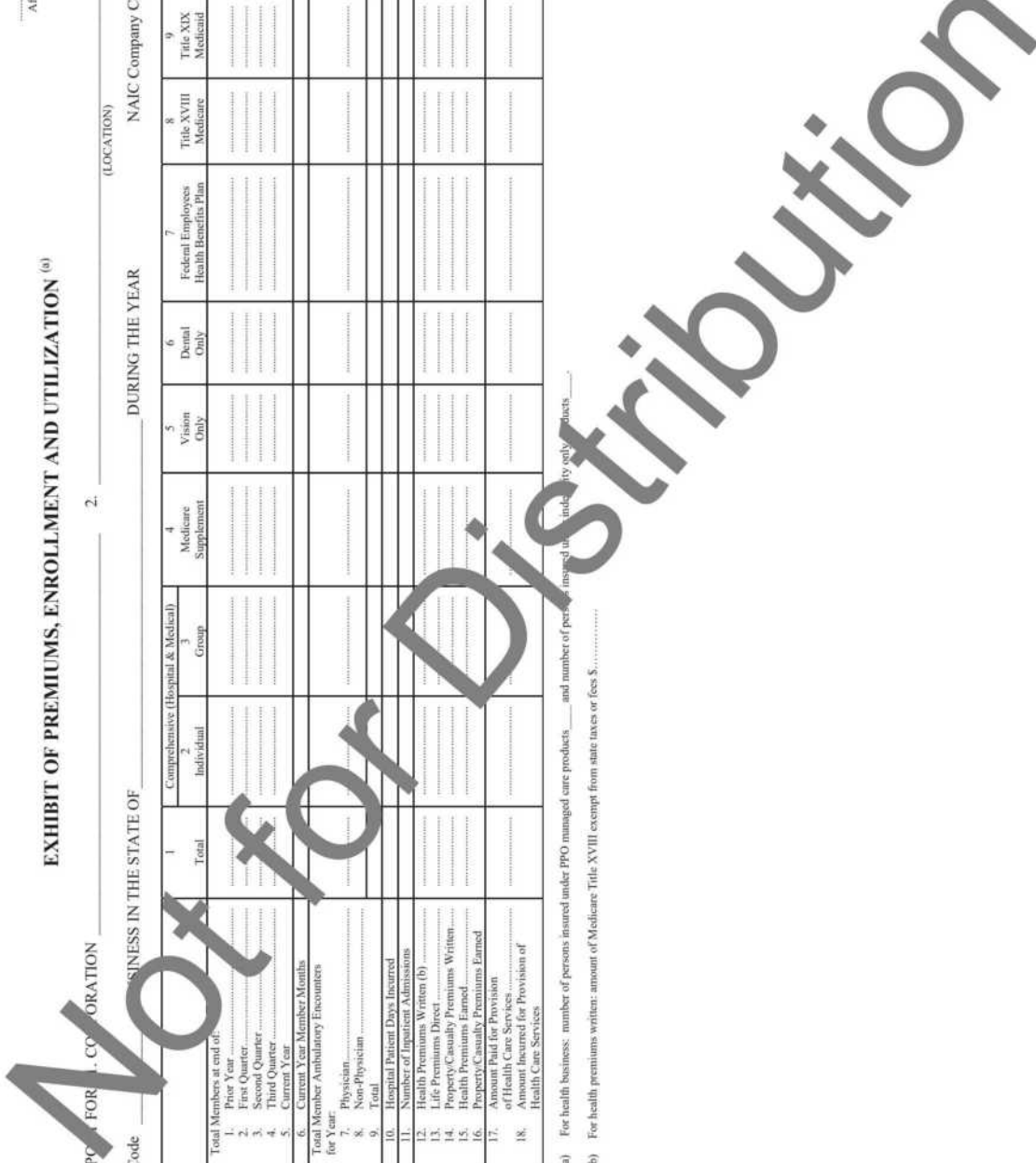
(LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF DURING THE YEAR NAIC Company Code

	1		2		3	4	5	6	7	8	9	10
	Total	Individual	Comprehensive (Hospital & Medical)	Group								
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Care Services												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



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	Reinsured Company Name	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999	Totals											

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

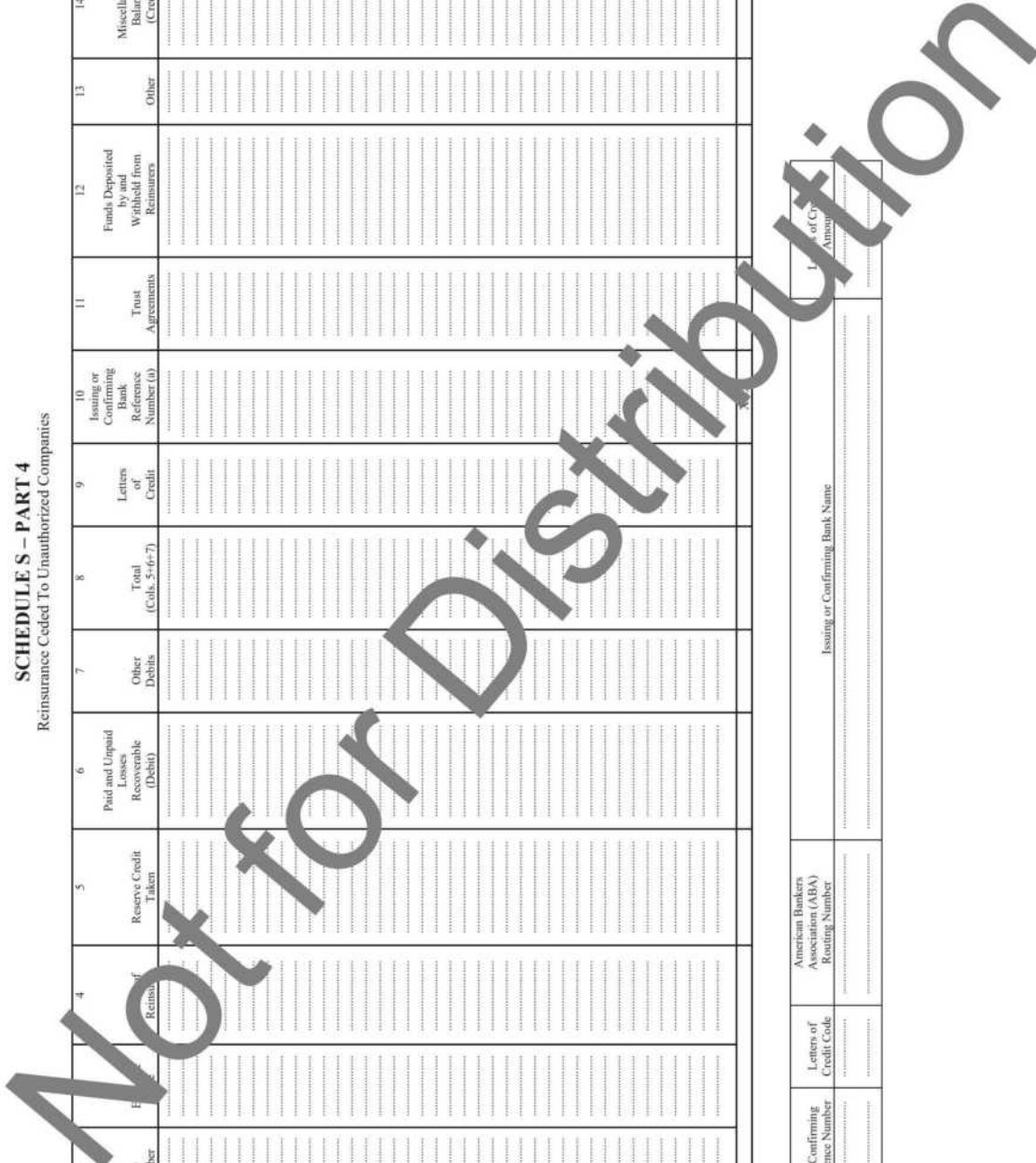
1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	11 Outstanding Surplus Relief		13 Modified Consurance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

SCHEDULE S – PART 4
 Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAC Company Code	ID Number	Reinsured	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 (b)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 11-12-13 +14 but 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



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 Company Code	ID Number	Effective Date	Name of Reinsurer	Domestic Jurisdiction	Certified Reinsurer (through D)	Eligible Reinsurer (through D)	Percentage of Credit Taken (100%)	Reinsure Credit Taken	Paid and Unpaid Reinsure Credit	Other Debits	Total Reinsure Credit (10 + 11)	Multiple Beneficiary Balances (Credit)	Net Obligation Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Obligation (Col. 14 + Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Reference Number (if Agreements)	Collateral Agreements	Funds Deposited by and Held from Reinsurers	Total Collateral Provided (17 + 19 + 20 + 21)	Percent of Credit Provided for Obligation Subject to Collateral (Col. 21 / Col. 14)	Percent Credit Allowed on Obligation Subject to Collateral (Col. 21 / Col. 14 x 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 - Col. 21)	Liability for Reinsure Due to Collateral (Col. 14 - Col. 25)	
9999999	XXXXXX																								

(6)

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.....					
2. Title XVIII-Medicare.....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances due.....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. 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. Accident and health premiums due and unpaid (Line 15).....
3. Amounts recoverable from reinsurers (Line 16.1).....
4. Net credit for ceded reinsurance.....	XXX	.....	.....
5. All other admitted assets (Balance).....
6. Total assets (Line 28)
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....
8. Accrued medical incentive pool and bonus payments (Line 2).....
9. Premiums received in advance (Line 8).....
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....
14. All other liabilities (Balance).....
15. Total liabilities (Line 24).....
16. Total capital and surplus (Line 33).....	XXX	.....
17. Total liabilities, capital and surplus (Line 34)
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....
19. Accrued medical incentive pool.....
20. Premiums received in advance.....
21. Reinsurance recoverable on paid losses.....
22. Other ceded reinsurance recoverables.....
23. Total ceded reinsurance recoverables.....
24. Premiums receivable.....
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....
26. Unauthorized reinsurance.....
27. Reinsurance with Certified Reinsurers.....
28. Funds held under reinsurance treaties with Certified Reinsurers.....
29. Other ceded reinsurance payables/offsets.....
30. Total ceded reinsurance payables/offsets.....
31. Total net credit for ceded reinsurance

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

1 State, Etc.	2 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts
		3 Accident & Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	8 Total Columns Through 7	
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. Dist. Columbia.....DC									
10. Florida.....FL									
11. Georgia.....GA									
12. Hawaii.....HI									
13. Idaho.....ID									
14. Illinois.....IL									
15. Indiana.....IN									
16. Iowa.....IA									
17. Kansas.....KS									
18. Kentucky.....KY									
19. Louisiana.....LA									
20. Maine.....ME									
21. Maryland.....MD									
22. Massachusetts.....MA									
23. Michigan.....MI									
24. Minnesota.....MN									
25. Mississippi.....MS									
26. Missouri.....MO									
27. Montana.....MT									
28. Nebraska.....NE									
29. Nevada.....NV									
30. New Hampshire.....NH									
31. New Jersey.....NJ									
32. New Mexico.....NM									
33. New York.....NY									
34. North Carolina.....NC									
35. North Dakota.....ND									
36. Ohio.....OH									
37. Oklahoma.....OK									
38. Oregon.....OR									
39. Pennsylvania.....PA									
40. Rhode Island.....RI									
41. South Carolina.....SC									
42. South Dakota.....SD									
43. Tennessee.....TN									
44. Texas.....TX									
45. Utah.....UT									
46. Vermont.....VT									
47. Virginia.....VA									
48. Washington.....WA									
49. West Virginia.....WV									
50. Wisconsin.....WI									
51. Wyoming.....WY									
52. American Samoa.....AS									
53. Guam.....GU									
54. Puerto Rico.....PR									
55. U.S. Virgin Islands.....VI									
56. Northern Mariana Islands.....MP									
57. Canada.....CAN									
58. Aggregate other alien.....OT	XXX								
59. Subtotal.....	XXX								
60. Reporting entity contribu- for Employee Benefit Plans.....	XXX								
61. Total (Direct Business).....	XXX								
DETAILS OF WRITE-INS									
58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX								
58999. Totals (Line 58001 through 58003 plus 58998) (Total above).....	XXX								

Explanation of basis of allocation by states, premiums by state, etc.

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

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.....CA						
58. Aggregate Other Alien.....OA						
59. Totals						

THE ULTIMATE – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART I – ORGANIZATIONAL CHART

Not for Distribution

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	N/A, Company Code	ID Number	Federal RSSD	CIK	Name of Securities Issued, If Publicly Traded (U.S. or International)	Names of Parent Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) Person(s)	Is an SCA Filing Required? (Y/N)	*

Explanation

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	Insurer, Subsidiary or Parent, Successor or Affiliate	Shareholder	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Underwritings for the Benefit of any Affiliate(s)	Management Agreements and Services Contracts	Income/ (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
99999999	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 domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

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

JUNE FILING

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

AUGUST FILING

- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audits 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 specific 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

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. 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?
18. 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?
19. 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?

APRIL FILING

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. 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?
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
25. Will the adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

- 26. 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. Cash, cash equivalents 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 excluding 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 3, 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 result 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	.....	.....	.....	.....

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

1 NAIC Designation	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 5 Years 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 1.7	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	.....	.....	.....	.....	.....	.....
6.2 NAIC 2	XXX	.....	.....	.....	.....	.....	.....
6.3 NAIC 3	XXX	.....	.....	.....	.....	.....	.....
6.4 NAIC 4	XXX	.....	.....	.....	.....	.....	.....
6.5 NAIC 5	XXX	.....	.....	.....	.....	.....	.....
6.6 NAIC 6	XXX	.....	.....	.....	.....	.....	.....
6.7 Totals	XXX	.....	.....	.....	.....	.....	.....
7. Hybrid Securities												
7.1 NAIC 1	XXX	.....	.....	.....	.....	.....	.....
7.2 NAIC 2	XXX	.....	.....	.....	.....	.....	.....
7.3 NAIC 3	XXX	.....	.....	.....	.....	.....	.....
7.4 NAIC 4	XXX	.....	.....	.....	.....	.....	.....
7.5 NAIC 5	XXX	.....	.....	.....	.....	.....	.....
7.6 NAIC 6	XXX	.....	.....	.....	.....	.....	.....
7.7 Totals	XXX	.....	.....	.....	.....	.....	.....
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1	XXX	.....	.....	.....	.....	.....	.....
8.2 NAIC 2	XXX	.....	.....	.....	.....	.....	.....
8.3 NAIC 3	XXX	.....	.....	.....	.....	.....	.....
8.4 NAIC 4	XXX	.....	.....	.....	.....	.....	.....
8.5 NAIC 5	XXX	.....	.....	.....	.....	.....	.....
8.6 NAIC 6	XXX	.....	.....	.....	.....	.....	.....
8.7 Totals	XXX	.....	.....	.....	.....	.....	.....
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
9.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....
10. Bank Loans												
10.1 NAIC 1	XXX	.....	.....	XXX	XXX	.....	.....
10.2 NAIC 2	XXX	.....	.....	XXX	XXX	.....	.....
10.3 NAIC 3	XXX	.....	.....	XXX	XXX	.....	.....
10.4 NAIC 4	XXX	.....	.....	XXX	XXX	.....	.....
10.5 NAIC 5	XXX	.....	.....	XXX	XXX	.....	.....
10.6 NAIC 6	XXX	.....	.....	XXX	XXX	.....	.....
10.7 Totals	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 Over 1 Year Through 5 Years	2 Over 5 Years Through 10 Years	3 Over 10 Years Through 20 Years	4 Over 20 Years	5 No Maturity Date	6 Total Current Year	7 Col. 7 as a % of Line 11.7	8 Total from Prior Year	9 % From Col. 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (b)
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	XXX	.....	.....
12. Total Bonds Prior Year											
12.1 NAIC 1
12.2 NAIC 2
12.3 NAIC 3
12.4 NAIC 4
12.5 NAIC 5
12.6 NAIC 6
12.7 Totals
12.8 Line 12.7 as a % of Col. 9
13. Total Publicly Traded Bonds											
13.1 NAIC 1
13.2 NAIC 2
13.3 NAIC 3
13.4 NAIC 4
13.5 NAIC 5
13.6 NAIC 6
13.7 Totals
13.8 Line 13.7 as a % of Col. 7
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11
14. Total Privately Placed Bonds											
14.1 NAIC 1
14.2 NAIC 2
14.3 NAIC 3
14.4 NAIC 4
14.5 NAIC 5
14.6 NAIC 6
14.7 Totals
14.8 Line 14.7 as a % of Col. 7
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11

(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 of inadequate certification. "Z**" means the SVO could not evaluate the obligation because of inadequate certification. The security class is under regulatory review.
 (c) Includes \$ _____ current year of bonds with 5G designations. \$ _____ prior year of bonds with 5* or 5G designations and \$ _____ prior year of bonds with 6* designations. "5G" 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	XXX	XXX	XXX	XXX	XXX		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. Bank Loans												
10.1 Bank Loans - Issued	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10.2 Bank Loans - Acquired	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10.3 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. Total Bonds Current Year												
11.1 Issuer Obligations	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.2 Residential Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.3 Commercial Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.4 Other Loan-Backed and Structured Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.2 Residential Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.3 Commercial Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.4 Other Loan-Backed and Structured Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.8 Line 127 as a % of Col. 9								XXX	XXX	XXX		
13. Total Publicly Traded Bonds												
13.1 Issuer Obligations	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.2 Residential Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.3 Commercial Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.4 Other Loan-Backed and Structured Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.8 Line 137 as a % of Col. 7								XXX	XXX	XXX		
13.9 Line 137 as a % of Line 117, Col. 7, Section 11								XXX	XXX	XXX		
14. Total Privately Placed Bonds												
14.1 Issuer Obligations	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.2 Residential Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.3 Commercial Mortgage-Backed Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.4 Other Loan-Backed and Structured Securities	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.7 Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
14.8 Line 147 as a % of Col. 7								XXX	XXX	XXX		
14.9 Line 147 as a % of Line 117, Col. 7, Section 11								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+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 assets, for example, joint ventures, transportation equipment:

Not for Distribution

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 – High 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.	Termination gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized for terminations in prior year	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	_____
6.	Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	_____
7.	Deduct total nonadmitted amounts	_____
8.	Statement value at end of current period (Line 6 minus Line 7)	_____

SCHEDULE DB – PART C – SECTION 1
 Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

Replication (Synthetic Asset) Transactions		Components of the Replication (Synthetic Asset) Transactions													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number	Description	SAC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
<p>9999999999 Totals</p> <p>XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX</p>															

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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 Falling 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 _____

Not for Distribution

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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	Number of Acres	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.V.; (1)-(9)-(10)	Total Foreign Exchange Change in B.V.; B.V.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 Loan Number	2 Code	3 City	4 State	5 Loan Type	6 Date Acquired	7 Rate of Interest	8 Book Value/Recorded Investment Excluding Accrued Interest	9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Amortization)/Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Foreign Exchange Change in Book Value	14 Value of Land and Buildings	15 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 2
 Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1	2	3	4	5	6	7	8	9
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
3399999	Totals							

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

1 Loan Number	2 City	3 State	4 Loan Type	5 Date Acquired	6 Maturity Date	7 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	8 Change in Book Value/Recorded Investment				12 Total Change in Book Value (8-9-10-11)	13 Total Foreign Exchange Change in Book Value	14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal	15 Consideration	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	
							9 Current Year's (Amortization) Accretion	10 Current Year's Other-Than- Temporary Impairment Recognized	11 Capitalized Deferred Interest and Other	12 Total Change in Book Value (8-9-10-11)								
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	Country	State	Name of Vendor or General Partner	NAIC Designation and Administrative Symbol/Market Identifier	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/Market/Carrying Value Less Encumbrances	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) or Accretion	Capitalized Deferred Interest and Other	Net Foreign Exchange Change in B.A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership	
099999	Trust																		XXX

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

1	2	3 Location		4	5	6	7	8	9	10	11
CUISIP Identification	Name of Issuer	City	State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership	
4699999	Totals									XXX	

Not for Distribution

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
CSIF Identification	Name or Description	CVY	Date	Name of Insurer or Issuer	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value at End of Prior Year	Unaffiliated Valuation Increase (Decrease)	Current Year's (Depreciation) (Amortization) (Accretion)	Current Year's Other Basis Adjustment Recognized	Capitalized Portion of Interest and Other	Total Change in B.A.C.V. (9+10+11+12)	Total Foreign Exchange Change in R.A.C.V.	Book/Adjusted Carrying Value on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
4699999 Totals																			

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	Face 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							
819999*	Total Bonds		XXX																			

Not for Distribution

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

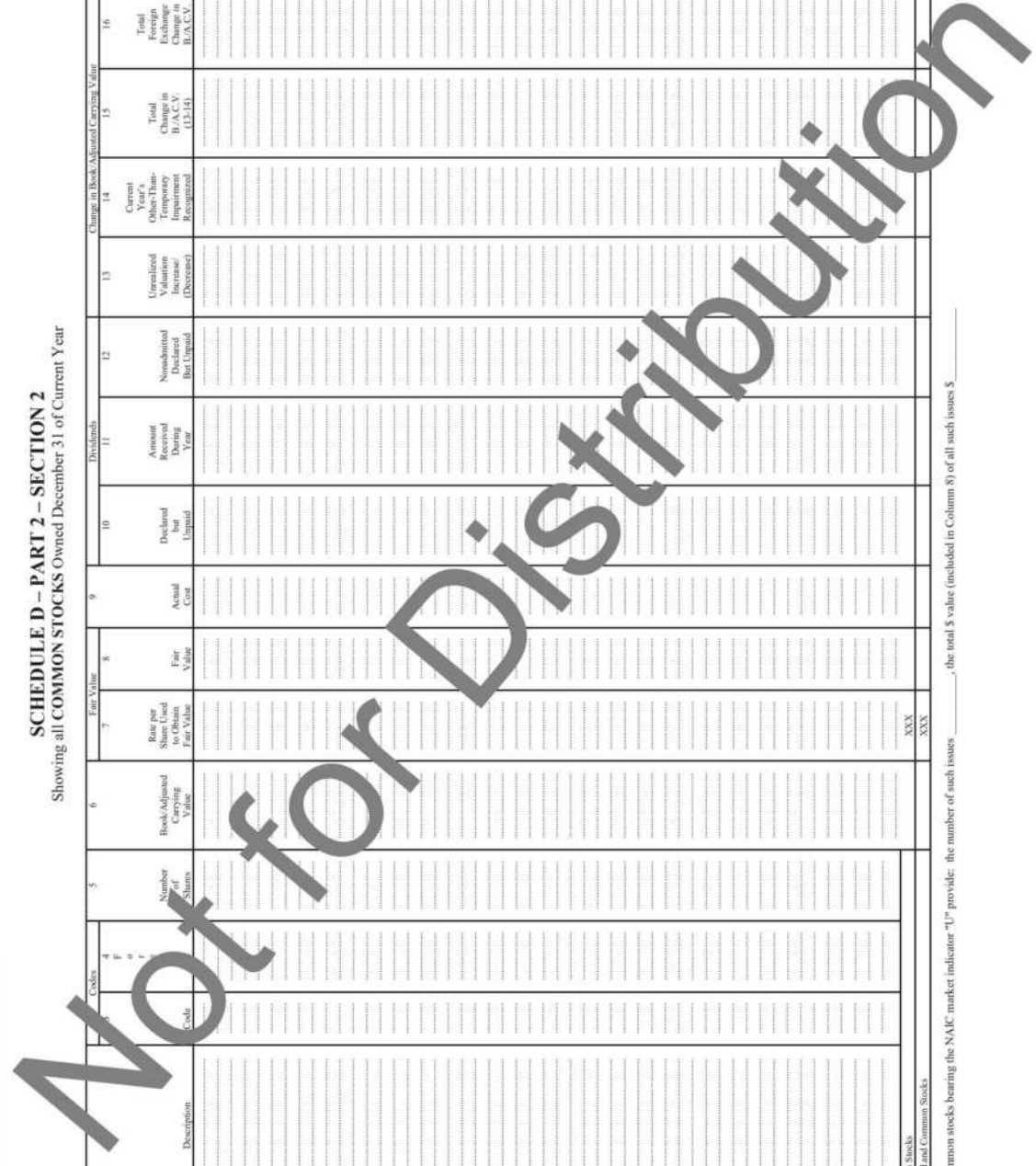
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	Code	Number of Shares	Par Value Per Share	Rate Per Share	Book/Carrying Value	Rate Used to Compute Fair Value	Fair Value	Actual Cost	Dividend Declared but Unpaid	Amount of Dividend Paid During Year	Nonassessable Dividend Paid But Unpaid	Unrealized Increase/Decrease	Current (Amortization) Accretion	Current Year's Other-Than-Interest Income Recognized	Total Change in Book/Adjusted Carrying Value (15-16-17)	Total Change in B.A.C.V. (15-16-17)	Total Foreign Exchange Change in B.A.C.V.	NAIC Description and Symbol/Market Indicator	Date Acquired
899999	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CUSIP Identification	Description	Code	Codes	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/Decrease	Current Valuation Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	NAIC Market Indicator (B)	Date Acquired
9799999	Total Common Stocks					XXX										XXX	XXX
9899999	Total Preferred and Common Stocks					XXX										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	Number of Shares Purchased	Number of Shares Sold	Prior Year Book/ Adjusted Carrying Value	Actual Cost	Par Value	Consideration	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ (Accretion)	Current Other-Than-Temporary Impairment Recognized	Total Change in H./A.C.V. (1)-(12)-(13)	Total Foreign Exchange Change in H./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	Dividend Received During Year	Shareholders' Dividend Received During Year	Shareholders' Dividend Received During Year	Shareholders' Dividend Received During Year	
999999	Totals			XXX		XXX															

Not for Distribution

SCHEDULE D – PART 5
 Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully 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	Foreign	Domestic	Not Acquired	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stocks)	Actual Cost	Consideration	Book/Adjusted Value at Disposal	Unrealized Gain/Loss (Increase/Decrease)	Current Year's Other (Amortization)/Accretion	Current Year's Other-Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (12+13+14)	Total Foreign Exchange Change (Loss)/Gain (17+18+19)	Foreign Exchange (Loss)/Gain on Disposal	Realized Gain (Loss) on Disposal	Total (Loss)/Gain on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
BONDS																				
099999	Subtotal Bonds																			
STOCKS																				
099999	Subtotal Stocks																			
999999	Totals																			

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 Company Code	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		
										11 Number of Shares	12 % of Outstanding	
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 Admitted Shown Column 8, Section 1	5 Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date			
				5 Number of Shares	6 % of Outstanding		
0199999 Total						XXX	XXX

SCHEDULE DA - PART 1
 Showing all **SHORT-TERM INVESTMENTS** 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	
	Code	Code	Date Acquired	Name of Vendor	Manager	Book/ Adjusted Carrying Value	Unrealized Gain (Decrease)	Current (Amortization)/ Accretion	Current Year's Other-Than- Impairment Recognized	Total Foreign Exchange Change in U.S. Value	Per Value	Actual Cost	Amount Due and Accrued Due 31 of Current Year Not in Default	Non-Admin'd and Accrued	Rate of Interest	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest	

Not for Distribution

SCHEDULE DB – PART A – SECTION I

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

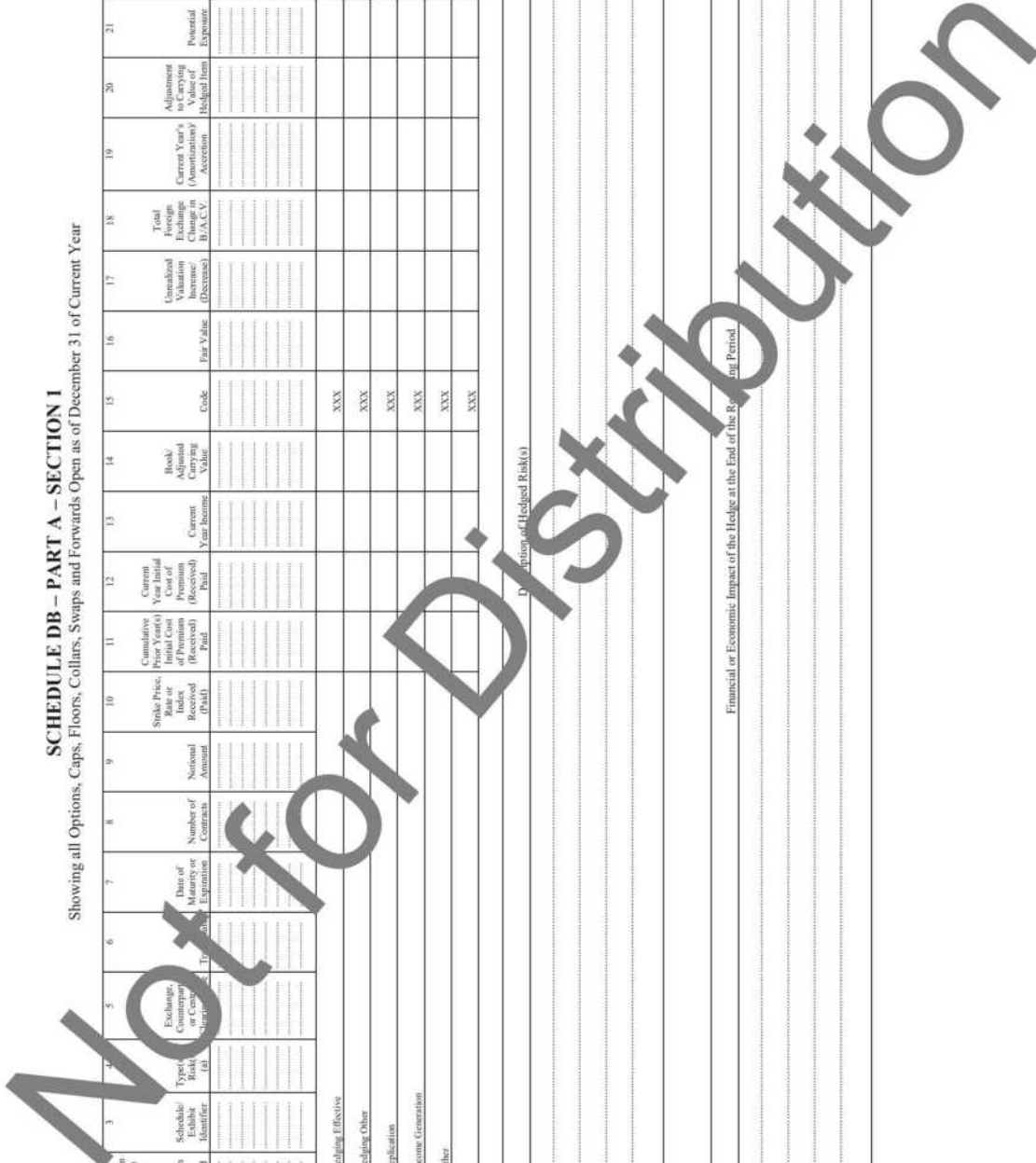
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description of Hedged Item(s) Used for Construction or Replication	Type of Risk (a)	Exchange, Collar, Swap, or Forward	Trade Date	Expiry Date	Notional Amount	Number of Contracts	Strike Price, Rate or Received (Paid)	Cumulative Prior Year(s) Initial Cost (Received) / Paid	Current Year Initial Cost of (Received) / Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Foreign Income/ (Decrease)	Total Foreign Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness At Inception	Year-end	(b)
139999999 Subtotal - Hedging Effective													XXX								XXX	XXX
149999999 Subtotal - Hedging Other													XXX								XXX	XXX
141999999 Subtotal - Replication													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 or Income Component	Schedule Exhibit Identifier	BOI of Hedged Item or Component	Trade Date	Termination Date	Indicate Economic Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate Received (Paid)	Cumulative Prior Year Cost (Received) Paid	Current Year Initial Cost (Received) Paid	Consideration Paid on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Gain/ (Loss) (Increase) (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year (Gain) (Loss) (Increase) (Decrease)	Adjustment to Hedged Item	Gain (Loss) (on Liquidation)	Hedge Effectiveness at Inception	Termination (a)	Termination (b)			
130999999 Subtotal - Hedging Effective																								XXX	
140999999 Subtotal - Hedging Other																									XXX
141999999 Subtotal - Replication																									XXX
142999999 Subtotal - Income Generation																									XXX
143999999 Subtotal - Other																									XXX
144999999 Totals																									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
Tricker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedge, Pledge, Used for Income Generation or Other	Estimated Exposure to Risk(s)	(a) 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 (b)	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

Tricker Symbol	Notional Amount	Description of Hedged Risk(s)	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 B – SECTION 2
 Future Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16-18		19	20
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, the Instrument Generated or Forfeited	Schedule/ Submitter Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Forfeiture, Maturity or Sale	Cumulative Variance Margin at Termination	Change in Variation Margin		Hedge Effectiveness at Inception or Termination (b)	Value of One (1) Point
															Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item			Deferred
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

Not for Distribution

SCHEDULE DB – PART D – SECTION I
 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	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	Off-Balance Sheet Exposure
099999999 Gross Totals											
1. Offset 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 OF WRITINGS						
5801.....						
5802.....						
5803.....						
5804.....						
5805.....						
5806.....						
5807.....						
5808.....						
5809.....						
5899. Total (Lines 5801 – 5803 + 5898) (Line 5899 above)	XXX	XXX				

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 [] No []
 or 2) allocation to each insurer: 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 Payment	8 Expense Payment	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 Company	2 Position or Occupation and Outside Director	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
		3 Direct Compensation	4 Stock Awards	5 Option Awards	Other		

PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

Not for Distribution

Affix Bar Code Above

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, **2018**
(To Be Filed by April 1)

Of The _____ Insurance Comp
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>3</u>	<u>4</u>	
	NAIC	1	2	NAIC	3	4	
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>	<u>2</u>	
Countries designated NAIC 1:				
6.01	Country 1:	\$.....	.....	%
6.02	Country 2:	\$.....	.....	%
Countries designated NAIC 2:				
6.03	Country 1:	\$.....	.....	%
6.04	Country 2:	\$.....	.....	%
Countries designated NAIC 3 or below:				
6.05	Country 1:	\$.....	.....	%
6.06	Country 2:	\$.....	.....	%

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

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

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

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

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

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

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

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> %
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 interests 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.

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

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 \$.....%
1 2 3

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%
 16.03%
 16.04%
 16.05%
 16.06%
 16.07%
 16.08%
 16.09%
 16.10%
 16.11%
1 2 3
 Type (Residential, Commercial, Agricultural)

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>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.

	Description		
	<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.

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>3</u>	<u>2nd Qtr</u> <u>4</u>	<u>3rd Qtr</u> <u>5</u>
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$%	\$	\$	\$
20.02 Repurchase agreements	\$%	\$	\$	\$
20.03 Reverse repurchase agreements	\$%	\$	\$	\$
20.04 Dollar repurchase agreements	\$%	\$	\$	\$
20.05 Dollar reverse repurchase agreements	\$%	\$	\$	\$

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

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

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

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

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

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

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:

NAIC Code:

	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							
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 (Continued)							
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 (Medgap)							
11.1 With Contract Reserves							
11.2 Without Contract Reserves							
11.3 Subtotal							
12. Dental							
12.1 With Contract Reserves							
12.2 Without Contract Reserves							
12.3 Subtotal							
13. State Children's Health Insurance Program							
13.1 With Contract Reserves							
13.2 Without Contract Reserves							
13.3 Subtotal							
14. Medicare							
14.1 With Contract Reserves							
14.2 Without Contract Reserves							
14.3 Subtotal							
15. Medicaid							
15.1 With Contract Reserves							
15.2 Without Contract Reserves							
15.3 Subtotal							
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves							
16.2 Without Contract Reserves							
16.3 Subtotal							
17. Other Individual Business							
17.1 With Contract Reserves							
17.2 Without Contract Reserves							
17.3 Subtotal							
18. Total Individual Business							
18.1 With Contract Reserves							
18.2 Without Contract Reserves							
19. Grand Total Individual							

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. 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							
4. Administrative Services Contracts							
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 PAGE

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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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018			18	
										11	12	13	14	15	16		17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Granted	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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 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. 1395ss(e) (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. 1955ub (3) (B).
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O".....

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NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

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

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

TO ANNUAL STATEMENT OF THE

COMP.

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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			
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
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 Paid		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied.....	XXX		XXX		
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

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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 _____

A. Individual		1.2. Premiums	3. Valuation Expected Incurred Claims	4. Actual to Expected Incurred 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
Comprehensive:									
1.	Current								
2.	1st Prior								
3.	2nd Prior								
4.	3rd Prior								
5.	4th Prior								
6.	5th Prior								
7.	Form Inception to Date								
8.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9.	Current								
10.	1st Prior								
11.	2nd Prior								
12.	3rd Prior								
13.	4th Prior								
14.	5th Prior								
15.	Form Inception to Date								
16.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17.	Current								
18.	1st Prior								
19.	2nd Prior								
20.	3rd Prior								
21.	4th Prior								
22.	5th Prior								
23.	Form Inception to Date								
24.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1.	Current								
2.	1st Prior								
3.	2nd Prior								
4.	3rd Prior								
5.	4th Prior								
6.	5th Prior								
7.	Form Inception to Date								
8.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9.	Current								
10.	1st Prior								
11.	2nd Prior								
12.	3rd Prior								
13.	4th Prior								
14.	5th Prior								
15.	Form Inception to Date								
16.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17.	Current								
18.	1st Prior								
19.	2nd Prior								
20.	3rd Prior								
21.	4th Prior								
22.	5th Prior								
23.	Form Inception to Date								
24.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
1.	Form Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.	Total Inception to Date		XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

NAIC Group Code _____		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 Loss	Eamed 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	
2. Total Prior-Individual						XXX	XXX					XXX			XXX	
3. Total 2nd Prior-Individual						XXX	XXX					XXX			XXX	
4. Total Current-Group						XXX	XXX					XXX			XXX	
5. Total Prior-Group						XXX	XXX					XXX			XXX	
6. Total 2nd Prior-Group						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)

NAIC Group Code

NAIC Company Code

Incurred Year	2012	2013	2014	2015	2016	2017	2018
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders							
A. Individual							
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	
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	
PART 3 – Transferred Reserves							
1. Prior							
2. 2011							
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	
PART 4 – Present Value of Incurred Claims							
1. Prior							
2. 2011							
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	

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

Incurred 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 – Transferred Reserve								
1. Prior								
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2018	XXX	XXX	XXX	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	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014	.....	.....	.....	.....	.....	.....	.....	.....
6. 2015	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016	.....	.....	.....	.....	.....	.....	.....	.....
8. 2017	.....	.....	.....	.....	.....	.....	.....	.....
9. 2018	.....	.....	.....	.....	.....	.....	.....	.....
PART 4 – Present Value of Incurred Claims								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2011	.....	.....	.....	.....	.....	.....	.....	.....
3. 2012	.....	.....	.....	.....	.....	.....	.....	.....
4. 2013	.....	.....	.....	.....	.....	.....	.....	.....
5. 2014	.....	.....	.....	.....	.....	.....	.....	.....
6. 2015	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016	.....	.....	.....	.....	.....	.....	.....	.....
8. 2017	.....	.....	.....	.....	.....	.....	.....	.....
9. 2018	.....	.....	.....	.....	.....	.....	.....	.....

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 Count End of Year	4 Lives In Force End 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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LIFE SUPPLEMENTS
For the Year Ended December 31, 2018
(To Be Filed By March 1)

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

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EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
LIFE INSURANCE					
0199997	Totals (Gross)				
0199998	Reinsurance ceded				
0199999	Totals (Net)				
ANNUITIES (excluding supplementary contracts with life contingencies)					
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
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		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
0299997	Totals (Gross)	XXX		XXX	
0299998	Reinsurance ceded	XXX		XXX	
0299999	Totals (Net)	XXX		XXX	
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES					
0399997	Totals (Gross)				
0399998	Reinsurance ceded				
0399999	Totals (Net)				
ACCIDENTAL DEATH BENEFITS					
0499997	Totals (Gross)				
0499998	Reinsurance ceded				
0499999	Totals (Net)				
DISABILITY—ACTIVE LIVES					
0599997	Totals (Gross)				
0599998	Reinsurance ceded				
0599999	Totals (Net)				
DISABILITY—DISABLED LIVES					
0699997	Totals (Gross)				
0699998	Reinsurance ceded				
0699999	Totals (Net)				
MISCELLANEOUS RESERVES					
0799997	Totals (Gross)				
0799998	Reinsurance ceded				
0799999	Totals (Net)				
9999999	Totals (Net)				

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EXHIBIT 5 – INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No []
- 1.2 If not, state which kind is issued:
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No []
- 2.2 If not, state which kind is issued:
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [] No []
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No []
 If so, state:
- 4.1 Amount of insurance: \$ _____
- 4.2 Amount of reserve: _____
- 4.3 Basis of reserve:.....
- 4.4 Basis of regular assessments:
- 4.5 Basis of special assessments:.....
- 4.6 Assessments collected during the year: \$ _____
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No []
 If so, state the amount or 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 []
 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 []
 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 []
 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:

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EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

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

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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 Reinsurer	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 Consurance Reserve	Funds Withheld Under Consurance
9999999 Totals												

SCHEDULE S – PART 3 – SECTION 1
 Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
 Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	9 Reserve Credit Taken		11 Premiums	12 Outstanding Surplus Relief		14 Modified Consurance Reserve	15 Funds Withheld Under Consurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
9999999	Totals													

Not for Distribution

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE

NAIC Company Code.....

	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS										
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX				XXX			
4. Other considerations										
5. Totals (Sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period										
6.4 Other										
6.5 Totals (sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 + 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 and health										
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1308. Summary of remaining write-ins for Line 13 from overflow page										
1399. Total (Lines 1301 through 1303 + 1308) (Line 13 above)										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
By payment in full										
By payment on compromised claims										
Totals 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			(a)		No. of Policies					
21. Issued during year			(a)							
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state health care fees					
Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other					
25.6 Totals (sum of Lines 24 + 25)					
26. Totals (Lines 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

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ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2018
(To Be Filed by April 1)

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

(a) Premiums and annuity considerations for life and health contracts includes \$_____ for individual variable annuities not associated with guarantees, \$_____ for individual variable annuities associated with guarantees, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes \$_____ for individual variable annuities not associated with guarantees, \$_____ for individual variable annuities associated with guarantees, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.

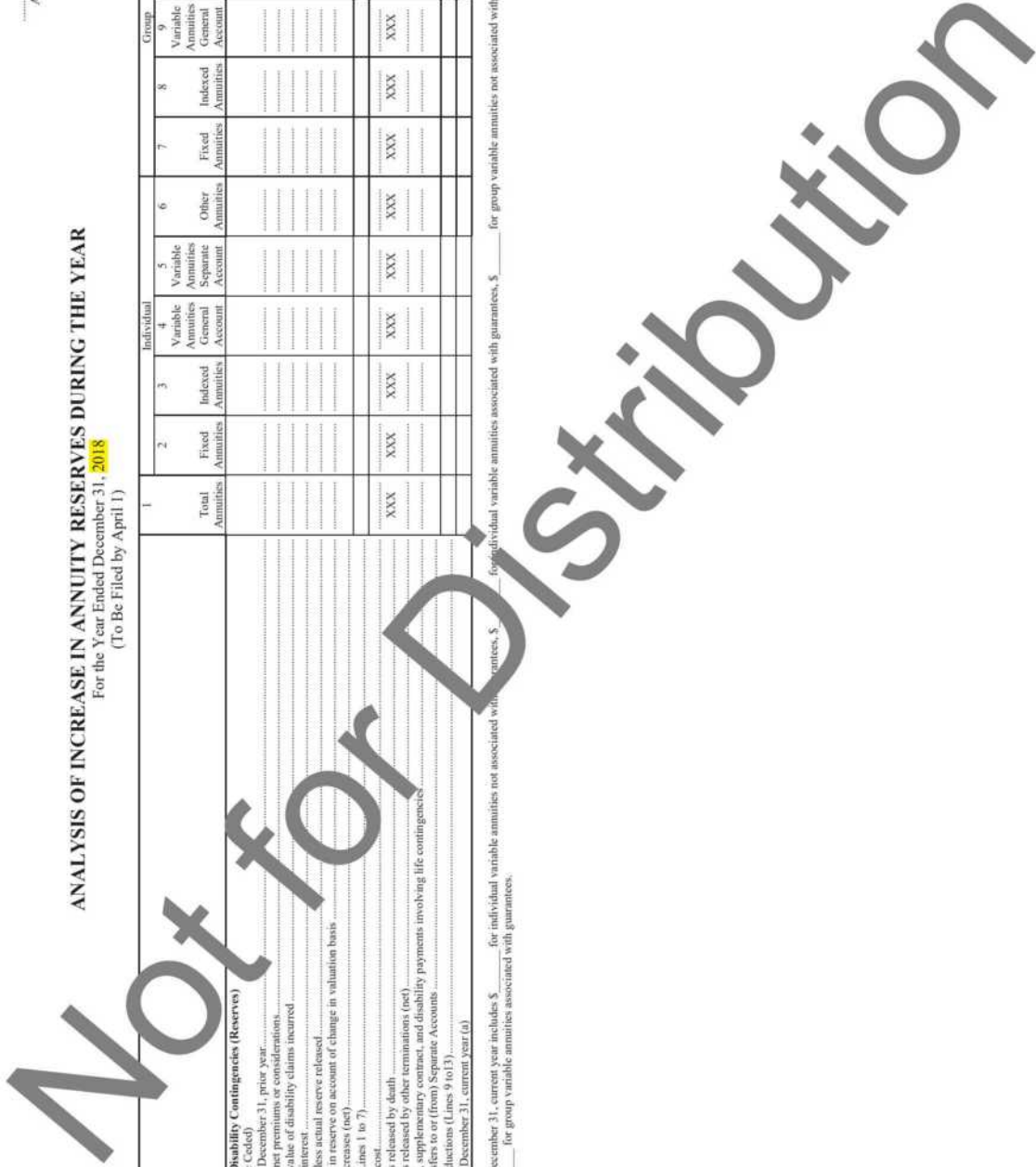
OVERFLOW PAGE FOR WRITE-INS

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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)

	Individual										
	1	2	3	4	5	6	7	8	9	10	11
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities
Involving Life or Disability Contingencies (Reserves)											
(Net of Reserve Costs)											
1. Reserve for annuities as of 12/31, 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. Increase in reserve on account of change in valuation basis											
7. Other increases (net)											
8. Totals (Lines 1 to 7)											
9. Tabular cost											
10. Reserves released by death											
11. Reserves released by other terminations (net)											
12. Annuity, supplementary contract, and disability payments involving life contingencies											
13. Net transfers to or (from) Separate Accounts											
14. Total deductions (Lines 9 to 13)											
15. Reserve December 31, current year (a)											

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



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SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1

(To Be Filed By Applicant – Not for Rebate Purposes – See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shec_cautionary_statement.pdf)

REPORT FOR THE CORPORATION

2.

(LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

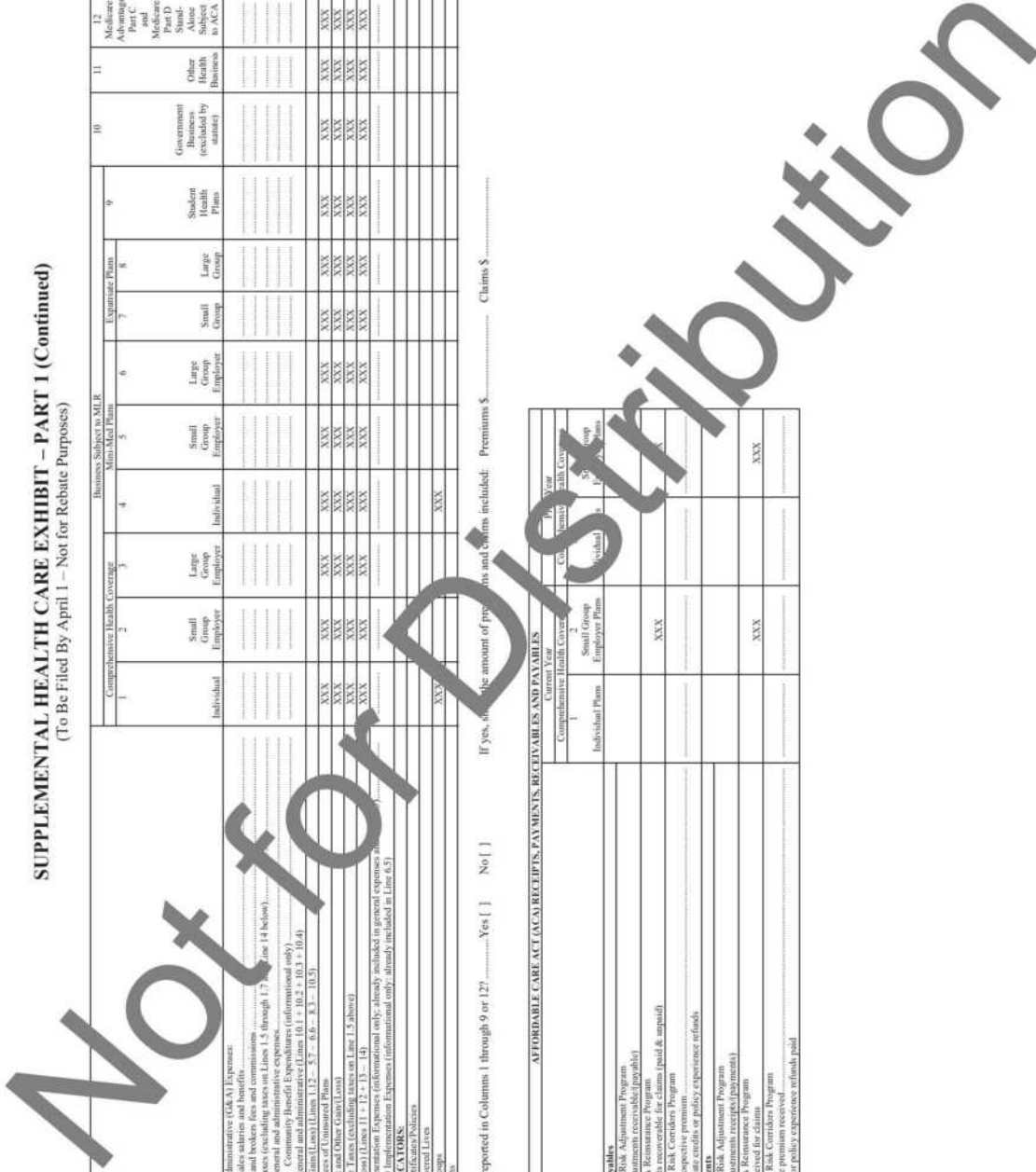
1.	Comprehensive Health Coverage		Business Subject to MLR				9	10	11	12	13	14	15		
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer								Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Plans Above ACA	Subsidized (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
1. Premiums															
1.1 Health premiums earned (From Part 2, Line 1.11)															
1.2 State high risk pools															
1.3 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 - 1.3)															
1.4 Federal taxes and federal assessments															
1.5 State income, payroll and other taxes (Similar local taxes of \$ _____)															
1.6 Net income after taxes (informational only)															
1.7 Regulatory authority licenses and fees															
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 - Risk revenue															
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)															
2. Claims															
2.1 Insured claims excluding prescription drug															
2.2 Total incurred claims (Lines 2.1 + 2.2 + 2.3) (From Part 2, Line 2.15)															
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 Deductible Fraud and Abuse Detectors/Recovery Expenses (for MLR use only)															
3.2 Other adjustments due to MLR calculations - Claims															
3.3 Rebates paid															
3.4 Estimated rebates unpaid prior year															
3.5 Total rebates paid or unpaid current year															
3.6 Fee for loss of business															
3.7 Net incurred claims after reinsurance (Lines 3.0 + 3.1 + 3.2 + 3.3 + 3.4 + 3.5 + 3.6)															
6. Improving Health Care Quality Expenses Incurred															
6.1 Improve Health Outcomes															
6.2 Activities to prevent injury and disability															
6.3 Health information technology related errors															
6.4 Wellness and health promotion activities															
6.5 Health information technology expenses related to health improvement															
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)															
7. Claims Medical Loss Ratio MLR (Lines 4 + 5.0 + 6.6 - Forming 2.0) (Line 1.8)															
8. Claims MLR															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
8.2 All other claims adjustment expenses															
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)															

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

	Comprehensive Health Coverage			Business Subject to MLR Min-Max Plans			Exempt Plans			11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Alone Subject to ACA	13 Subsidized (Code 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
	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					
10. General and Administrative (G&A) Expense: 10.1 Agents and brokers fees and commissions 10.2 Other taxes (excluding taxes on Lines 1.5 through 1.7 and line 14 below) 10.3 Other general and administrative expense 10.4 Community benefit expenditures (refunds/credits only) 10.5 Total (Lines 10.1 - 10.4)														
11. Underwriting Gain (Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)														
12. Income from Fees of Uninsured Plans														
13. Net Investment and Other Gains (Loss)														
14. Federal Income Taxes (excluding taxes on Lines 1.5 through 1.7)														
15. Net Gain or (Loss) (Lines 11 + 12 + 13 - 14)														
16. Total (Lines 10.1 - 10.5 + 11 + 12 + 13 - 14 + 15)														
OTHER INDICATORS:														
1. Number of Certificates/Polices														
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, state the amount of premiums and claims included: Premiums \$ Claims \$

	Current Year		Prior Year	
	1 Individual Plan	2 Small Group Employer Plan	3 Individual	4 Small Group Employer Plan
ACORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES				
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments (recoverable/payable)				
2. Transitional ACA Reinsurance Program				
2.0 Premium adjustments (recoverable/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. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments (recoverable/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 refund paid				



SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2
(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR 1. CORPORATION

(LOCATION)

NAIC Group Code

BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Company Code

1.	Business Subject to MLR										13	
	Comprehensive Health Coverage		Mega-Med Plans			Exempt Plans			10	11		12
	1	2	3	4	5	6	7	8					9
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (b)
1.	Health Premiums Earned:											
1.1	Direct premiums written.....											
1.2	Unearned premium prior year.....											
1.3	Unearned premium current year.....											
1.4	Paid for credits.....											
1.5	Paid for 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	Ceded premiums earned to non-affiliates.....											
1.15	Other adjustments due to MLR calculation – Premiums.....											
1.16	Net premiums earned (Lines 1.11 – 1.5 – 1.8 + 1.12 + 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	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c).....											
2.11a	Paid medical incentive pools and bonuses current year.....											
2.11b	Accrued medical incentive pools and bonuses current year.....											
2.11c	Accrued medical incentive pools and bonuses prior year.....											
2.12	Net health care receivables (Lines 2.12a – 2.12b).....											
2.12a	Health care receivables current year.....											
2.12b	Health care receivables prior year.....											
2.13	Group conversion charge.....											
2.14	Multi-option coverage blended rate adjustment.....											
2.15	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14).....											
2.16	Assumed incurred claims from non-affiliates.....											
2.17	Assumed incurred ceded claims from affiliates.....											
2.18	Ceded incurred claims from affiliates.....											
2.19	Other adjustments due to MLR calculation – Claims.....											
2.20	Net Incurred Claims (Lines 2.15 – 2.8 – 2.9 + 2.10 + 2.17 – 2.18 + 2.19)											
3.	Fraud and Abuse Recoveries that Reduces PAID Claims in Line 2.1 above (informational only)											

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

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

REPORT FOR 1. CORPORATION

2.

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ (LOCATION) _____ DURING THE YEAR _____ NAIC Company Code _____

	1	2	3	4	5	6	7	8	9	10
	All Expenses	Improving Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1. 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 Other expenses (incl \$ _____ for affiliated services)										
1.6 Subtotal before reimbursements and taxes (1.1 to 1.5)										
1.7 Reimbursements by uninsured plans and fiscal intermediaries										
1.8 Taxes, licenses and fees (in total, for tying purposes)										
1.9 Total (1.7 to 1.9)										
1.10 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)										
2. 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)										
3. 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									
	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	10 Total Expenses (6 to 9)
4. Individual Mini-Med Plans Expenses										
4.1 Salaries (including \$_____ for affiliated services)										
4.2 Outourced services (incl \$_____ for affiliated 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)	XXX				XXX					
4.6 Other expenses (incl \$_____ for affiliated services)										
4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)	XXX				XXX					
4.8 Reimbursements by uninsured plans and fiscal intermediaries										
4.9 Taxes, licenses and fees (in total, for tying purposes)										
4.10 Total (4.7 to 4.9)	XXX				XXX					
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 Outourced services (incl \$_____ for affiliated 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)	XXX				XXX					
5.6 Other expenses (incl \$_____ for affiliated services)										
5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)	XXX				XXX					
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)	XXX				XXX					
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 Outourced services (incl \$_____ for affiliated 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)	XXX				XXX					
6.6 Other expenses (incl \$_____ for affiliated services)										
6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)	XXX				XXX					
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)	XXX				XXX					
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									
	1	2	3	4	5	6	7	8	9	10
	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety & Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
	Small Group Expatiate Plans Expenses									
	7.1 Salaries (including \$ for affiliated services)									
	7.2 Outourced services									
	7.3 EDP equipment and software (incl \$ for affiliated services)									
	7.4 Other equipment (excl EDP) (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)	XXX			XXX			XXX		
	7.8 Reimbursements by uninsured plans and fiscal intermediaries									
	7.9 Taxes, licenses and fees (in total, for tying purposes)									
	7.10 Total (7.7 to 7.9)	XXX			XXX			XXX		
	7.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
	Large Group Expatiate Plans Expenses									
	8.1 Salaries (including \$ for affiliated services)									
	8.2 Outourced services									
	8.3 EDP equipment and software (incl \$ for affiliated services)									
	8.4 Other equipment (excl EDP) (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)	XXX			XXX					
	8.8 Reimbursements by uninsured plans and fiscal intermediaries									
	8.9 Taxes, licenses and fees (in total, for tying purposes)									
	8.10 Total (8.7 to 8.9)	XXX			XXX			XXX		
	8.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
	Student Health Plans Expenses									
	9.1 Salaries (including \$ for affiliated services)									
	9.2 Outourced services									
	9.3 EDP equipment and software (incl \$ for affiliated services)									
	9.4 Other equipment (excl EDP) (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)	XXX			XXX					
	9.8 Reimbursements by uninsured plans and fiscal intermediaries									
	9.9 Taxes, licenses and fees (in total, for tying purposes)									
	9.10 Total (9.7 to 9.9)	XXX			XXX			XXX		
	9.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									



SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT
(To Be Filed by April 1)

NAIC Group Code: _____

NAIC Company Code: _____

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense
1. Improve Health Outcomes:
2. Activities to Prevent Hospital Readmission:
3. Improve Patient Safety and Reduce Medical Errors:
4. Wellness & Health Promotion Activities:
5. HIT Expenses for Health Care Quality Improvement:

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

For Year Ended December 31, 2018
(To be Filed by April 1)

OF THE

NAIC COMPANY CODE

Direct Business in the State of

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

NEW PAGE

OVERFLOW PAGE FOR WRITE-INS

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

For The Year Ended December 31, 2018
(To Be Filed by April 1)

OF THE NAIC COMPANY CODE.....

Direct Business in the State of

	1	2	3	4
	Life Insurance Premium	Allocated Annuity and Health Fund Deposits	Unallocated Annuity & Health Premium	Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above			XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 408, or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	
4.5 Amounts up to \$7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	
6.4 Amounts in excess of \$2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Write-ins for other deductions				
B. Current Year (20)				
DETAILS OF WRITE-INS				
1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page				
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)				

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OVERFLOW PAGE FOR WRITE-INS

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