

























**SCHEDULE DB – PART A – SECTION 1**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Contract	Description of Contract Hedged (Underlying Instrument)	Notional Contract Amount	Contract Maturity Date	Strike Price, Call/Put, or Collar Contract Type	Trade Date	Type of Hedging Instrument	Number of Contracts	Market Annual Rate	Notional Contract Amount	Derivative Pay/Receive (Initial Cost of Instrument)	Contract Year-End Cost (Payable/Receivable)	Current Year-End Cost (Payable/Receivable)	Current Year-End Carrying Value	Code	Net Value	Current Year's (Amortized) Expense	Change in Current Year's Value of Hedged Item	Notional Principal	Cost of Hedge Estimate (Year-End)	Hedge Effectiveness Estimate (Year-End)				
1569999	Valued Hedging Instrument																							
1569999	Valued Hedging Instrument																							
1569999	Valued Hedging Instrument																							
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1569999	Valued Hedging Instrument																							



**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 Highly Leveraged Hedge			16	17	18	19	20	21	22
														12	16	17							
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item or Contract, Last Securities Issuance or Settlement	Settlement Date	Option or Bid/Ask	Date of Expiration	Exchange	Trade Date	Transaction Price	Settlement Price	Fair Value	Book/Adjusted Carrying Value	Current Basis	Unrealized Gain/Loss	Unrealized Gain/Loss	Unrealized Gain/Loss	Unrealized Gain/Loss	Unrealized Gain/Loss	Potential Exposure	Notional Amount at Year End	Value of Open Position	
16999999	Subtotal - Hedging Effective - Including VaR Hedge Assets Guarantees (Note 10B)																			XXX	XXX		
16999999	Subtotal - Hedging Effective - Variable Annuity Guarantees (Note 10B)																			XXX	XXX		
17000000	Subtotal - Hedging Other																			XXX	XXX		
17100000	Subtotal - Replication																			XXX	XXX		
17200000	Subtotal - Income Generation																			XXX	XXX		
17300000	Subtotal - Other																			XXX	XXX		
17400000	Subtotal - Agreements for Sale (Note 10B)																			XXX	XXX		
17500000	Other																			XXX	XXX		

Broker Name	Beginning Cash Balance	Current Cash Change	Ending Cash Balance
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
Total Net Cash Deposits	.....	.....	.....

Code	Description (Hedge Ratio)
.....	.....
.....	.....
.....	.....

Code	Details of Hedging Instruments (Hedge Ratio) and the Name of the Reporting Party
.....	.....
.....	.....
.....	.....



**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	Changes in Valuation/Key			16	17	
Trade Symbol	Name of Contract	Notional Amount	Description	Type of Contract Hedged Used for Income Generation or Repayment	Schedule Contract Identifier	Type of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Termination Price	Termination Date	Termination Price	Interest Income/Expense/Dividend/Other	Gain/Loss/Other	Gain/Loss/Other	Gain/Loss/Other	Gain/Loss/Other	Gain/Loss/Other	Value at Close (1)	Value at Close (2)
168000000	School - Hedging E-Options		Ending Value: Annual Guarantees, Unit: SSAP No. 108																XXX	XXX
169000000	School - Hedging E-Options		Variable Annual Guarantees, Unit: SSAP No. 108																XXX	XXX
170000000	School - Hedging Other																		XXX	XXX
171000000	School - Replication																		XXX	XXX
172000000	School - Income Guarantees																		XXX	XXX
173000000	School - Other																		XXX	XXX
174000000	School - Agreements for SSAP No. 108 (Reserves)																		XXX	XXX
175000000	Total																		XXX	XXX

8) Code: \_\_\_\_\_ Description of Hedge Ratio: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) Code: \_\_\_\_\_ Financial or Economic Impact of the Hedge at the End of the Reporting Period

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1 Description of Derivative Contract or Contract Likelihood	2 Master Agreement (Y or N)	3 Credit Support Agreed (Y or N)	4 Fair Value of Accountable Collateral	5 Book/Adjusted Carrying Value		6 Exposure Net of Collateral	7 Fair Value		8 Exposure Net of Collateral	9 Potential Exposure	10 Off-Balance Sheet Exposure
				a Contract With Book/Adjusted Carrying Value >0	b Contract With Book/Adjusted Carrying Value <0		9a Contract With Fair Value >0	9b Contract With Fair Value <0			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0400000000 - Gross Total											

- 1. Call for 85AP No. 61
- 2. No. 85AP No. 61

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 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Bank/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)	
.....	.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	.....	
0155555555	Totals							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Bank/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)	
.....	.....	.....	.....	.....	.....	XXX	.....	.....	
.....	.....	.....	.....	.....	.....	XXX	.....	.....	
.....	.....	.....	.....	.....	.....	XXX	.....	.....	
.....	.....	.....	.....	.....	.....	XXX	.....	.....	
.....	.....	.....	.....	.....	.....	XXX	.....	.....	
0255555555	Totals							XXX	XXX

Not for Distribution

















**SCHEDULE E – PART 3 – SPECIAL DEPOSITS**

1	2	3	Deposits For		All Other Special Deposits	
			4	5	6	7
State, etc.	Type of Deposit	Purpose of Deposit	the Benefit of All Policyholders Risk-Adjusted Carrying Value	Fair Value	Risk-Adjusted Carrying Value	Fair Value
1. Alabama..... AL						
2. Alaska..... AK						
3. Arizona..... AZ						
4. Arkansas..... AR						
5. California..... CA						
6. Colorado..... CO						
7. Connecticut..... CT						
8. Delaware..... DE						
9. District of Columbia..... DC						
10. Florida..... FL						
11. Georgia..... GA						
12. Hawaii..... HI						
13. Idaho..... ID						
14. Illinois..... IL						
15. Indiana..... IN						
16. Iowa..... IA						
17. Kansas..... KS						
18. Kentucky..... KY						
19. Louisiana..... LA						
20. Maine..... ME						
21. Maryland..... MD						
22. Massachusetts..... MA						
23. Michigan..... MI						
24. Minnesota..... MN						
25. Mississippi..... MS						
26. Missouri..... MO						
27. Montana..... MT						
28. Nebraska..... NE						
29. Nevada..... NV						
30. New Hampshire..... NH						
31. New Jersey..... NJ						
32. New Mexico..... NM						
33. New York..... NY						
34. North Carolina..... NC						
35. North Dakota..... ND						
36. Ohio..... OH						
37. Oklahoma..... OK						
38. Oregon..... OR						
39. Pennsylvania..... PA						
40. Rhode Island..... RI						
41. South Carolina..... SC						
42. South Dakota..... SD						
43. Tennessee..... TN						
44. Texas..... TX						
45. Utah..... UT						
46. Vermont..... VT						
47. Virginia..... VA						
48. Washington..... WA						
49. West Virginia..... WV						
50. Wisconsin..... WI						
51. Wyoming..... WY						
52. American Samoa..... AS						
53. Guam..... GU						
54. Puerto Rico..... PR						
55. U.S. Virgin Islands..... VI						
56. Northern Mariana Islands..... MP						
57. Canada..... CAN						
58. Aggregate Alien and Other	XXX	XXX				
59. Total	XXX	XXX				
<b>DETAILS OF WITHDRAWS</b>						
5901						
5902						
5903						
5999. Sum of remaining withs and for Line						
59 from overflow page	XXX	XXX				
5999. Totals (Lines 5901 – 5903 + 5999)						
(Line 59 above)	XXX	XXX				

**Not for Distribution**

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**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, 2019  
(To Be Filed by March 1)

**PART 1 – INTERROGATORIES**

1. Is the reporting issuer a member of a group of entities under the holding company system? Yes [ ] No [ ]  
If yes, do the accounts of the reporting issuer give a representative picture of the financial condition of the group? Yes [ ]  
or financial statements of each issuer? Yes [ ]
2. Did any person while an officer, director, or member of the reporting entity, receive directly or indirectly, during the period covered by the statement, any commission or the business transactions of the reporting entity? Yes [ ] No [ ]
3. Except for retirement plans generally applicable to all 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 said person shall receive directly or indirectly, any salary, compensation, commission, fee or other benefit beyond a period of 12 months from the date of agreement? Yes [ ] No [ ]

**PART 2 – OFFICERS AND EMPLOYEES COMPENSATION**

1	2	3	4	5	6	7	8	9	10
Name and Title of Officer	Year	Salary	Base	Stock Awards	Option Awards	Sign-on Payment	Termination Payment	All Other Compensation	Total
<b>Current</b>									
1. Director/Executive Officer	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....
<b>Former</b>									
2. Director/Former Officer	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....
3.	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....
4.	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....
5.	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....
6.	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....
7.	2019	.....	.....	.....	.....	.....	.....	.....	.....
	2018	.....	.....	.....	.....	.....	.....	.....	.....
	2017	.....	.....	.....	.....	.....	.....	.....	.....

**PART 3 – DIRECTOR COMPENSATION**

1 Name and Title of Director (or Director-Elect)	2 Pay or Deferral for Services as Director				5 Other	6 All Other Compensation (With Deferral)	7 Total
	3 Direct Compensation	4 Stock Awards	4 Option Awards	4 Other			





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

For Year Ended December 31, 2019  
(To be filed by April 1)

OF LIFE ..... NAUC COMPANY CODE .....

Exact Business to the Standard

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A P A M S	Deposit Type Contract Funds and Other Considerations
<b>PREMIUMS, CONSIDERATIONS AND DEPOSITS</b>				
1. Premiums, considerations and deposits from Schedule F or Exhibit of Premiums and Losses				
2. Premiums, considerations and deposits NOT reported in Schedule F 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 F 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 to annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Forfeitures credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 and 2				
3.59 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 or first amounts established under Section 401(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2, and 3.59				
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 3, Lines 1, 2 and 3.59 that are allocated (Note: amounts received to fund contracts established under 401(b) of the U.S. Internal Revenue Code should not be included in Line 4.2)				
4.3 Enter in Column 3, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2, and 3.59 that are unallocated				
4.39 Total (Lines 4.1 + 4.2 + 4.3)				
5. Total (Lines 1 + 3.59 + 4.39)				
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b> Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not a subject or Premiums for portions of policies or contracts NOT guaranteed or under which the risk is not insurable by the policyowner. (Please specify each deduction and indicate where each amount was reported in the Annual Statement)				
7. Amounts NOT allocated to individuals or individual certificate holders to amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fall under (a) forfeitures or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that do not fall under (a) forfeitures or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fall under (a) forfeitures or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract, which are NOT (a) governmental pension plans established under Section 401, 408(a), or 457 of the U.S. Internal Revenue Code, or (b) protected 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/Expense Refunds/Interest and other amounts, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for Other Deductions				
10. Total (Lines 6 + 7.4 + 9)				
<b>MODEL ACT BASE (Line 5, plus Lines 10)</b>				
11. Current Year				
<b>DETAILS OF WRITE-INS</b>				
3.50				
3.503				
3.503				
3.594 Summary of remaining write-ins for Line 3.5 from overflow page				
3.595 Total (Lines 3.50 through 3.503 plus 3.594) (Line 3.5 above)				
0901				
0902				
0903				
0905 Summary of remaining write-ins for Line 6 from overflow page				
0909 Total (Lines 0901 through 0905 plus 0905) (Line 6 above)				
0901				
0902				
0903				
0905 Summary of remaining write-ins for Line 9 from overflow page				
0909 Total (Lines 0901 through 0905 plus 0905) (Line 9 above)				

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OVERFLOW PAGE FOR WRITE-INS

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**ADJUSTMENTS TO THE  
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT  
ASSESSMENT BASE RECONCILIATION EXHIBIT**  
For The Year Ended December 31, 2019  
(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 Other All-invest Fund Deposits	Account & Health Premiums	Unallocated Annuity & Other Unallocated Fund Deposits
<b>1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit.)</b>				
<b>AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE</b>				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above.....	XXX		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, 403(b), or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract.....	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 contract holder (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. Aggregate write-ins for other deductions.....				
<b>BASE</b>				
11. Current Year (20__)				
<b>DETAILS OF WRITE-INS</b>				
1001. ....				
1002. ....				
1005. ....				
1098. Summary of financing write-ins for Line 10 from over/low 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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*Not for Distribution*



**SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES**  
 For The Year Ended December 31, 2019  
 (To Be Filed by April 1)

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

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

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

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

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

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

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

- Assets held in foreign investments:

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

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

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

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

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

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

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

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.

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

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

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

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

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

13. Amounts and percentages of admitted assets held in the 10 largest equity interests:

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

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

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



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

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

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	\$.....	.....%
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	\$.....	.....%
14.04	.....	\$.....	.....%
14.05	.....	\$.....	.....%

Ten largest fund managers:			
	1	2	3
	Fund Manager	Total Invested	Diversified
			4
			Nondiversified
14.06	.....	\$.....	\$.....
14.07	.....	\$.....	\$.....
14.08	.....	\$.....	\$.....
14.09	.....	\$.....	\$.....
14.10	.....	\$.....	\$.....
14.11	.....	\$.....	\$.....
14.12	.....	\$.....	\$.....
14.13	.....	\$.....	\$.....
14.14	.....	\$.....	\$.....
14.15	.....	\$.....	\$.....

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

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

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

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	\$.....	.....%
	Largest three investments in general partnership interests:		
15.03	.....	\$.....	.....%
15.04	.....	\$.....	.....%
15.05	.....	\$.....	.....%



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

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

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

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

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

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

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

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

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

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

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

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

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

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>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
20.02 Repurchase agreements	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
20.03 Reverse repurchase agreements	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
20.04 Dollar repurchase agreements	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
20.05 Dollar reverse repurchase agreements	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %

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

	<u>Owned</u>		<u>Written</u>	
	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</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>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
22.01 Hedging	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
22.02 Income generation	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
22.03 Replications	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %
22.04 Other	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %	\$ ..... %

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

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

Not for Distribution

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**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

For The Year Ended December 31, 2019  
(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 BLANKS

TO ANNUAL STATEMENT OF THE

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COMPANY

Not for Distribution

**FINANCIAL REPORTING TO STOCKHOLDERS**

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?  
 Answer.....  
 If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.
  
2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?  
 Answer.....  
 If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.
  
3. If an Annual Report to stockholders was distributed for the previous year, (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?  
 Answer.....  
 If the answer is "No" explain in detail below. Attach separate sheet if necessary.
  
- (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

**To be answered by Life, Accident and Health Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Summary of Operations.....
- c. Surplus Account.....

**To be answered by Property and Casualty Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Statement of Income.....
- c. Capital and Surplus Account.....

**To be answered by Title Insurance Companies:**

- a. Statement of Assets, Liabilities, Surplus and Other Funds.....
- b. Statement of Income -- Operations and Investment Exhibit.....
- c. Capital and Surplus Account.....

**To be answered by Health Insurance Companies:**

- a. Statement of Assets, Liabilities, Capital and Surplus.....
- b. Statement of Revenue and Expenses.....
- c. Capital and Surplus Account.....

Column A		Column B	
Yes	No	Yes	No

Not for Distribution









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**TRUSTEED SURPLUS STATEMENT**

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

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

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

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

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

**AFFIDAVIT OF TRUSTEE - SCHEDULE B**

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

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

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

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

**AFFIDAVIT OF TRUSTEE - SCHEDULE C**

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

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

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

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

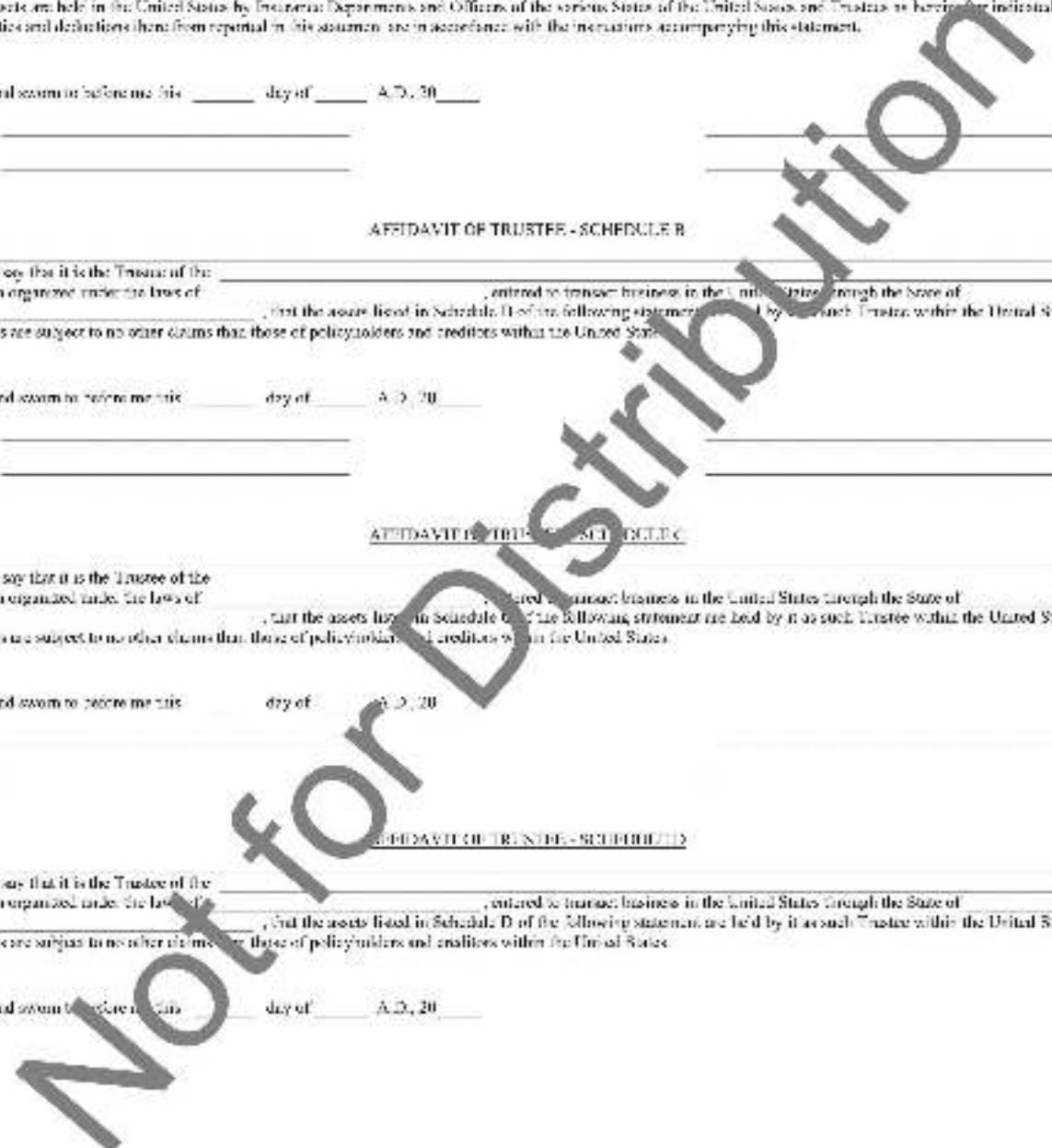
**AFFIDAVIT OF TRUSTEE - SCHEDULE D**

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

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

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

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





**TRUSTED SURPLUS STATEMENT  
LIABILITIES AND TRUSTED SURPLUS**

		Calendar Year
1. Total Liabilities.....		
<b>ADDITIONS TO LIABILITIES:</b>		
2. Aggregate write-ins for additions to liabilities.....		
3. Total (Lines 1 - 2).....		
<b>DEDUCTIONS FROM LIABILITIES:</b>		
4. American Statewide Loan Refinance:		
4.1. Authorized Companies.....		
4.2. Unauthorized Companies.....		
4.3. Certified Companies.....		
5. Special State Deposits, not exceeding net liabilities carried:		
5.1. Special State Deposits (subpart schedule).....		
5.2. Accrued interest on special state deposits.....		
6. Life insurance premiums and annuity considerations deferred and uncollected.....		
7. Accident and health premiums due and unpaid.....		
8. Contract loans and premium notes:		
8.1. Contract loans not exceeding reserves carried on such policies.....		
8.2. Premium notes.....		
8.3. Interest due and accrued on contract loans and premium notes.....		
9. Aggregate write-ins for other deductions from liabilities.....		
10. Total Deductions (Lines 4.1 thru 9).....		
11. Total Adjusted Liabilities (Line 3 minus Line 10).....		
12. Trustee's Surplus.....		
13. Total.....		
<b>DETAILS OF WRITE-INS</b>		
0201. ....		
0202. ....		
0203. ....		
0204. Summary of remaining write-ins for Line 2 from overflow page.....		
0205. Total (Lines 0201 thru 0203 plus 0204) (Line 2 above).....		
0501. ....		
0502. ....		
0503. ....		
0504. Summary of remaining write-ins for Line 9 from overflow page.....		
0505. Total (Lines 0501 thru 0503 plus 0504) (Line 9 above).....		

**INTERROGATORIES**

- 1.1. Have there been any changes made to any of the trust indentures during the period? Yes  No
- 1.2. If yes, has the demurrer in entry state approved the change? Yes  No

Not for Distribution

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OVERFLOW PAGE FOR WRITE-INS

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*Not for Distribution*



**WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT**  
 For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 – PREMIUMS EARNED**

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

**PART 2 – PREMIUMS WRITTEN**

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

**PART 3 – LOSSES PAID AND INCURRED**

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

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

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

**WORKERS' COMPENSATION CARRY-OUT SUPPLEMENT**

**SCHEDULE F - PART 1**

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domestic Jurisdiction	5 Assumed Premium	6 Reinsurance On			8 Contingent Commissions Payable	10 Assumed Premium Receivable	11 Unearned Premium	12 Funds Held By or Specified With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Commissions Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	9 Total (Cols. 6-7)							
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
999999	Totals													

**SCHEDULE F - PART 2**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domestic Jurisdiction	5 Special Code	6 Reinsurance Premium Ceded	7 Reinsurance Ceded				11 LSE Loss Reserves	12 LSE LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Ceded Expense Totals	16 Ceded Balance Payable	17 Other Assumed Debits Reserves	18 Net Amount Recoverable From Assurers (Col. 17 [16-7])	19 Funds Held by Carrier Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Expense Loss Reserves	10 Expense LAE Reserves									
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
999999	Totals																	

Not for Distribution

**WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT**

**SCHEDULE P – PART I**  
(\$000 Omitted)

Year in Which Premiums Were Paid and Losses Were Incurred	Premiums Earned			Losses and Loss Expense Payments						12 Number of Claims Reported Accepted		
	1		2 No. of Occs. 1-21	3 Loss Payments		4 Defense and Cost Containment Payments		5 Adjusting and Other Payments			6 Subrogation Recovery	7 Total Net Paid (Cols. 3-5 - 6 + 7 - 8-9)
	Assessed	Unpaid		Assessed	Unpaid	Assessed	Unpaid	Assessed	Unpaid			
1. FY 2. 2018	XXX	XXX	XXX								XXX	
3. 2019												
4. 2020												
5. 2021												
6. 2022												
7. 2023												
8. 2024												
9. 2025												
10. 2026												
11. 2027												
12. Total	XXX	XXX	XXX								XXX	

	Losses Incurred				Defense and Cost Containment Incurred				Adjusting and Other		14 Total Net Losses and Expenses Incurred	15 Number of Claims Outstanding Amount
	16 Case Basis		17 Bulk - ISNE		18 Case Basis		19 Bulk - ISNE		20 Assessed	21 Unpaid		
	Assessed	Unpaid	Assessed	Unpaid	Assessed	Unpaid	Assessed	Unpaid				
1. ....												
2. ....												
3. ....												
4. ....												
5. ....												
6. ....												
7. ....												
8. ....												
9. ....												
10. ....												
11. ....												
12. ....												

	Total Losses and Loss Expenses Incurred			Losses and Loss Expense Payments (Incurred Premiums Partial)			Variable Discount		14 Total Company Pooling Proportion Percentage	Net Balance After Adjustments After Discount	
	22 Assessed	23 Unpaid	24 Net	25 Assessed	26 Unpaid	27 Net	28 Loss Increase	29 Loss Decrease		30 Losses Incurred	31 Loss Expenses Incurred
1. ....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. ....											
3. ....											
4. ....											
5. ....											
6. ....											
7. ....											
8. ....											
9. ....											
10. ....											
11. ....											
12. Total	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT**

**SCHEDULE P – PART 2**

Year(s) Which Losses Were Incurred	NET REPRODUCIBLE NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (IN \$100,000,000)										DEVELOPMENTS	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1. 2010												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XXX							
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**SCHEDULE P – PART 3**

Year(s) Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$100,000,000)										11 Number of Cases Closed With Loss Payment	12 Number of Cases Closed With Loss Payment
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. 2010	000											
2. 2011	XXX											
3. 2012	XXX	XXX										
4. 2013	XXX	XXX	XXX									
5. 2014	XXX	XXX	XXX	XXX								
6. 2015	XXX	XXX	XXX	XXX	XXX							
7. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		



**WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT**

**SCHEDULE P - PART 4**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (RISK OBTAINED)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

SCHEDULE P – PART 6

SECTION 1

Years in Which Workers Were Injured and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS PAID/RECEIVED AT YEAR END (Amount in \$1000)										Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Pre-2010											
2. 2010	XXX										
3. 2011	XXX	XXX									
4. 2012	XXX	XXX	XXX								
5. 2013	XXX	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Total Paid/Received (S. 2 - P. 1)											

SECTION 2

Years in Which Workers Were Injured and Losses Were Incurred	CUMULATIVE CREDIT PREMIUMS PAID/RECEIVED AT YEAR END (Amount in \$1000)										Current Year Premiums Earned
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	
1. Pre-2010											
2. 2010	XXX										
3. 2011	XXX	XXX									
4. 2012	XXX	XXX	XXX								
5. 2013	XXX	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Total Paid/Received (S. 2 - P. 1)											

Not for Distribution

**SCHEDULE O SUPPLEMENT 1**  
 For The Year Ended December 31, 2019  
 (To Be Filed By March 1)

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

**SUPPLEMENTAL SCHEDULE O—PART 1**  
 Development of Incurred Losses  
 (\$000 Omitted)  
 Section A—Group Accident and Health

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2015	2 2016	3 2017	4 2018	5 2019(a)
1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

Section B—Other Accident and Health

1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

Section C—Other Accident and Health

1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

(a) See the Annual Actual Financial Report section for the related statement instructions.



**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O – PART 2**

Development of Incurred Losses  
(5000 Omitted)

**Section A—Group Accident and Health**

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

**Section B—Other Accident and Health**

1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

**Section C—Credit Accident and Health**

1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

Not for Distribution



**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O – PART 3**

**Development of Incurred Losses  
(\$000 Omitted)**

**Section A – Group Accident and Health**

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....				XXX	XXX
3. 2016.....	XXX				XXX
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

**Section B – Other Accident and Health**

1. 2015.....				XXX	XXX
3. 2016.....	XXX				XXX
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

**Section C – Credit Accident and Health**

1. 2015.....				XXX	XXX
3. 2016.....	XXX				XXX
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

Not for Distribution

**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O – PART 4**

Development of Incurred Losses  
(\$000 Omitted)

**Section A – Group Accident and Health**

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015					
4. 2016	XXX				
4. 2017	XXX	XXX			
5. 2018	XXX	XXX	XXX		
6. 2019	XXX	XXX	XXX	XXX	

**Section B – Other Accident and Health**

1. 2015					
4. 2016	XXX				
4. 2017	XXX	XXX			
5. 2018	XXX	XXX	XXX		
6. 2019	XXX	XXX	XXX	XXX	

**Section C – Credit Accident and Health**

1. 2015					
4. 2016	XXX				
4. 2017	XXX	XXX			
5. 2018	XXX	XXX	XXX		
6. 2019	XXX	XXX	XXX	XXX	

**SUPPLEMENTAL SCHEDULE O – PART 5**

(\$000 Omitted)  
Reserve and Liability Methodology - Exhibits 6 and 8

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

**MEDICARE PART D COVERAGE SUPPLEMENT**  
(Not of Reinsurance)  
(To Be Filed By March 1)

NAIC Form Code: A-100-01

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premiums-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable				XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reinsurers 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	

**Not for Distribution**

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Affix Bar Code Above

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

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

	Prior Year			Current Year											
	1 Reserve	2 Reserve	3 Deferral Provision Asset	SECTION A			SECTION B			SECTION C					
	4 Net Premium Reserve	5 Term/Variable Reserve	6 Stock/Other Reserve	7 Accrual of Policy	8 Net Amount	9 Net Premium Reserve	10 Term/Variable Reserve	11 Accrual of Policy	12 Net Amount	13 Net Premium Reserve	14 Accrual of Policy	15 Net Amount			
1. For Reinsurance Ceded Reserves															
1.1 Term Life Insurance						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.2 Universal Life with Secondary Guarantees						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.3 Non-Participating Whole Life						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.4 Participating Whole Life						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.5 Universal Life without secondary Guarantees						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.6 Variable Universal Life						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.7 Variable Life						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.8 Indexed Life						XXX	XXX			XXX	XXX		XXX	XXX	XXX
1.9 Aggregate Write-In for Ceded Policies						XXX	XXX			XXX	XXX		XXX	XXX	XXX
2. Total Reinsurance Ceded Reserves (Sum of Lines 1.1 through 1.9)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. For Reinsurance Ceded Reserves															
3.1 Term Life Insurance													XXX		
3.2 Universal Life with Secondary Guarantees															
3.3 Non-Participating Whole Life															
3.4 Participating Whole Life															
3.5 Universal Life without secondary Guarantees															
3.6 Variable Universal Life															
3.7 Variable Life															
3.8 Indexed Life															
3.9 Aggregate Write-In for Ceded Policies															
4. Total Reinsurance Ceded Reserves (Sum of Lines 3.1 through 3.9)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Sum of Line 2)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>DETAILS OF WRITE-INS</b>															
1.01							XXX	XXX			XXX	XXX		XXX	XXX
1.02							XXX	XXX			XXX	XXX		XXX	XXX
1.03							XXX	XXX			XXX	XXX		XXX	XXX
1.04 Summary of remaining amounts for Line 1.01 from 2021/01 page							XXX	XXX			XXX	XXX		XXX	XXX
1.05 Total of Lines 1.01 through 1.03 plus 1.04							XXX	XXX			XXX	XXX		XXX	XXX
2.01															
2.02															
2.03 Summary of remaining amounts for Line 2.01 from 2021/01 page															
2.04 Total of Lines 2.01 through 2.03 plus 2.04															

Not for Distribution



**VM-20 RESERVES SUPPLEMENT – PART 4**  
**Other Exclusions from Life PBR**  
 For The Year Ended December 31, 20\_\_  
 (To Be Filed by March 1)

1A.	Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1B.	If the answer to question 1A is "Yes" please describe any business not covered under the Single State Exemption.  _____		
2A.	If the answer to question 1A is "Yes", does the company have direct or indirect (through one or more of its subsidiaries)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2B.	If the answer to question 2A is "Yes" please discuss the risks for potential assets outside the state of domicile, how those risks relate to the responsibilities of the company, and why the company would still be considered a domiciled company with such risks.		
3.	Do the life company's included in any Life Insurance business included from the requirements of VM-20 present in Section B of the Valuation Manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Not for Distribution

**Not for Distribution**

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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)

NAC Group Code \_\_\_\_\_

NAC Company Code \_\_\_\_\_

	1 Actual Claims	2 Expected Claims	3 Actual Reported Persistency	4 Actual Reported Persistency	5 Expected Persistency	6 Actual Persistency	7 Expected Persistency	8 Report of Loss Persistency Ratio	9 Actual Reported Persistency
<b>A Individual</b>									
<b>Completions</b>									
1. Cases									
2. An									
3. 2d Plan									
4. 2d Plan									
5. 4d Plan									
6. 1d Plan									
7. Total Completions									
8. Total Persistency Ratio			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Initial (A/E)</b>									
9. Cases									
10. An									
11. 2d Plan									
12. 2d Plan									
13. 4d Plan									
14. 1d Plan									
15. Total Initial (A/E)			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Final (A/E) (A/E)</b>									
16. Cases									
17. An									
18. 2d Plan									
19. 2d Plan									
20. 4d Plan									
21. 1d Plan									
22. Total Final (A/E)			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Final (A/E) (A/E)</b>									
23. Cases									
24. An									
25. 2d Plan									
26. 2d Plan									
27. 4d Plan									
28. 1d Plan									
29. Total Final (A/E)			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>B Group</b>									
<b>Completions</b>									
1. Cases									
2. An									
3. 2d Plan									
4. 2d Plan									
5. 4d Plan									
6. 1d Plan									
7. Total Completions									
8. Total Persistency Ratio			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Initial (A/E)</b>									
9. Cases									
10. An									
11. 2d Plan									
12. 2d Plan									
13. 4d Plan									
14. 1d Plan									
15. Total Initial (A/E)			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Final (A/E) (A/E)</b>									
16. Cases									
17. An									
18. 2d Plan									
19. 2d Plan									
20. 4d Plan									
21. 1d Plan									
22. Total Final (A/E)			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Final (A/E) (A/E)</b>									
23. Cases									
24. An									
25. 2d Plan									
26. 2d Plan									
27. 4d Plan									
28. 1d Plan									
29. Total Final (A/E)			XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>C Summary</b>									
1. Total Completions									
2. Total Persistency Ratio			XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not for Distribution

**LONG-TERM CARE EXPERIENCE REPORTING FORM 2**  
**EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR**

REPORTING YEAR 20\_\_  
 (To Be Filed By April 1)

SAC Group Code \_\_\_\_\_

SAC Company Code \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reporting Year	Policy Term	First Year Issue	Last Year Issue	Unpaid Premiums	Incurred Claims	Face Rate	Annual Net Annual Gross Premiums	Current Year Net Premiums	In Force Current Beginning of Year	Issues Current Year	In Force Current End of Year	Reserve Base	Experience Policy Reserves	Reported Policy Reserves	Experience/Reported Ratio
<b>A. Individual</b>															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
<b>B. Group</b>															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
<b>C. SUMMARY</b>															
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						XXX	XXX					XXX			XXX

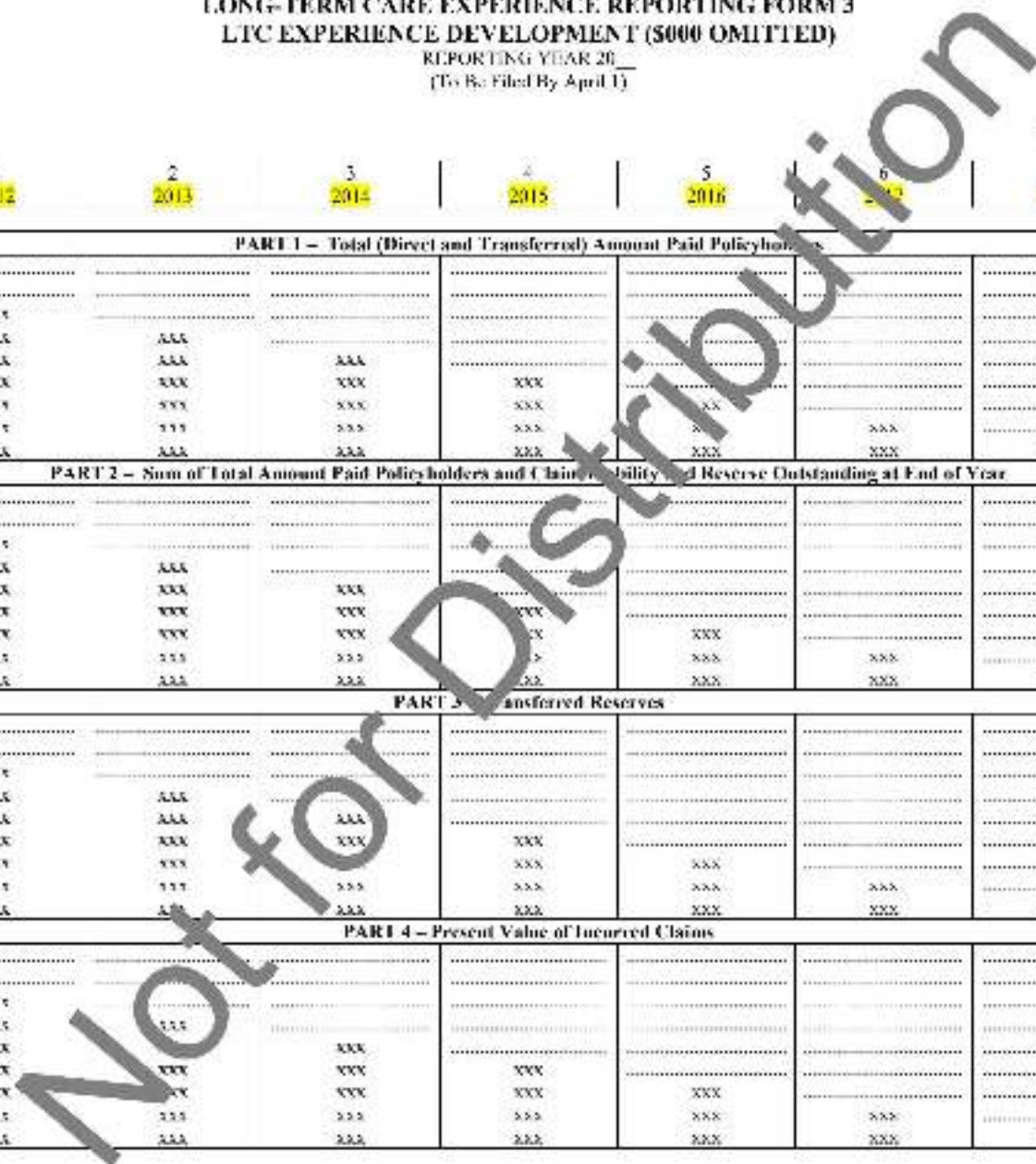
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**LONG-TERM CARE EXPERIENCE REPORTING FORM 3**  
**LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**  
 REPORTING YEAR 20\_\_\_\_  
 (To Be Filed By April 1)

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

Incurred Year	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019
<b>A. Individual</b>								
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 2 – Sum of Total Amount Paid Policyholders and Claims Liability and Reserve Outstanding at End of Year</b>								
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 3 – Transferred Reserves</b>								
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>PART 4 – Present Value of Incurred Claims</b>								
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	





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

Insured Year	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019
<b>R. Group</b>	<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>							
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	<b>PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>							
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	<b>PART 3 – Transferred Reserves</b>							
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	<b>PART 4 – Present Value of Incurred Claims</b>							
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX	XXX					
6. 2016	XXX	XXX	XXX	XXX				
7. 2017	XXX	XXX	XXX	XXX	XXX			
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	



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

Incural Year	1 2013	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019
<b>C. Summary</b>								
<b>PART 1 Total (Direct and Transferred) Amount Paid Policyholders</b>								
1	Price							
2	2012							
3	2013	XXX						
4	2014	XXX	XXX					
5	2015	XXX	XXX	XXX				
6	2016	XXX	XXX	XXX	XXX			
7	2017	XXX	XXX	XXX	XXX	XXX		
8	2018	XXX	XXX	XXX	XXX	XXX	XXX	
9	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>PART 2 Sum of Total Amount Paid Policyholders and Claim Liability and Reserves Outstanding at End of Year</b>								
1	Price							
2	2012							
3	2013	XXX						
4	2014	XXX	XXX					
5	2015	XXX	XXX	XXX				
6	2016	XXX	XXX	XXX	XXX			
7	2017	XXX	XXX	XXX	XXX	XXX		
8	2018	XXX	XXX	XXX	XXX	XXX	XXX	
9	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>PART 3 Transferred Reserves</b>								
1	Price							
2	2012							
3	2013	XXX						
4	2014	XXX	XXX					
5	2015	XXX	XXX	XXX				
6	2016	XXX	XXX	XXX	XXX			
7	2017	XXX	XXX	XXX	XXX	XXX		
8	2018	XXX	XXX	XXX	XXX	XXX	XXX	
9	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>PART 4 Present Value of Incurred Claims</b>								
1	Price							
2	2012							
3	2013	XXX						
4	2014	XXX	XXX					
5	2015	XXX	XXX	XXX				
6	2016	XXX	XXX	XXX	XXX			
7	2017	XXX	XXX	XXX	XXX	XXX		
8	2018	XXX	XXX	XXX	XXX	XXX	XXX	
9	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Not for Distribution

**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 \_\_\_\_\_

Insured Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
<b>A. Individual</b>					
1. Current.....	.....	.....	.....	.....	.....
2. Prior.....	.....	.....	.....	.....	.....
3. 2nd Prior.....	.....	.....	.....	.....	.....
<b>B. Group</b>					
1. Current.....	.....	.....	.....	.....	.....
2. Prior.....	.....	.....	.....	.....	.....
3. 2nd Prior.....	.....	.....	.....	.....	.....
<b>C. Summary</b>					
1. Total Inspections/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.

Not for Distribution

**LONG-TERM CARE EXPERIENCE REPORTING FORM 5**  
**EXPERIENCE IN THE STATE OF \_\_\_\_\_**  
 REPORTING YEAR TO \_\_\_\_\_  
 (To Be Filed By April 1)

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

	1 Partial Premiums	2 Incurred Claims	3 In Force at End of Year	4 In Force at End of Year
1. Individual .....	.....	.....	.....	.....
2. Group .....	.....	.....	.....	.....
3. Total .....	.....	.....	.....	.....
4. Actual total reported experience through prior year .....	.....	.....	XX	XXX
5. Actual total reported experience through statement year .....	.....	.....	X	XXX

Not for Distribution

**Not for Distribution**

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.....  
Affix Bar Code Above

**CREDIT INSURANCE EXPERIENCE EXHIBIT**  
For The Year Ended December 31, 2019  
(To Be Filed By April 1)

Of The ..... Insurance Company

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

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

Direct Business in the State of .....

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

Not for Distribution

**PART IA – CREDIT LIFE INSURANCE**  
Monthly Outstanding Balance (MOB)

**PART IB – CREDIT LIFE INSURANCE**  
Single Premium (SP) and Total

	Open-End		Closed-End		Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
<b>1. Earned Premiums:</b>							
1.1 Gross written premiums							
1.2 Refund on annuities							
1.3 Net written premiums (Lines 1.1-1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5)							
1.7 Earned premiums at prima facie rates							
<b>2. Incurred Claims:</b>							
2.1 Claims paid							
2.2 Unreported claim reserve, start of period							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1+2.2-2.4-2.5+2.6)							
<b>3. Incurred Compensation:</b>							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1+3.2)							
3.4 Commissions/service fee percentage (Lines 3.1/3.3)	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/3.6)	%	%	%	%	%	%	%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%
<b>5. Mean insurance in force</b>							
<b>6. Losses per \$1,000 mean insurance in force (1,000 x Line 2.6/line 5)</b>							

Not for Distribution

**PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE**  
Single Premium – Closed-End

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

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

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

Monthly Outstanding Balance – Class (Fund)

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non Retro	4 30 Day Retro	5 18 Day Non Retro	6 Other (a)	7 Total
<b>1. Earned Premiums:</b>							
1.1 Gross written premiums .....							
1.2 Refunds or terminations .....							
1.3 Net written premiums (Lines 1.1-1.2) .....							
1.4 Premium reserves, start of period .....							
1.5 Premium reserves, end of period .....							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5) .....							
1.7 Earned premiums at prima facie rates .....							
<b>2. Incurred Claims:</b>							
2.1 Claims paid .....							
2.2 Unreported claim reserve, start of period .....							
2.3 Unreported claim reserve, end of period .....							
2.4 Claim reserves, start of period .....							
2.5 Claim reserves, end of period .....							
2.6 Incurred claims (Lines 2.1-2.2+3-2.4+2.5) .....							
<b>3. Incurred Compensation:</b>							
3.1 Commissions and service fees incurred .....							
3.2 Other incurred compensation .....							
3.3 Total incurred compensation (Lines 3.1-3.2) .....							
3.4 Commissions/service fee percentage (Lines 3.1/3.3) .....	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/3.3) .....	%	%	%	%	%	%	%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6/1.6) .....	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) .....	%	%	%	%	%	%	%

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

---



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

Monthly Outstanding Balance Open End

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

	1 7 Day Retro	2 14 Day Retro	3 4 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Total (8)	7 Total	1 All Other (b)	2 Total - Parts 2A, 2B, 2C and 2D
<b>1. Earned Premiums:</b>									
1.1 Gross written premiums .....									
1.2 Refunds on cancellations .....									
1.3 Net written premiums (Lines 1.1-1.2) .....									
1.4 Premium reserves, start of period .....									
1.5 Premium reserves, end of period .....									
1.6 Actual earned premiums (Lines 1.3+1.4-1.5) .....									
1.7 Earned premiums at prima facie rates .....									
<b>2. Incurred Claims:</b>									
2.1 Claims paid .....									
2.2 Unpaid claim reserve, start of period .....									
2.3 Unpaid claim reserve, end of period .....									
2.4 Claim reserves, start of period .....									
2.5 Claim reserves, end of period .....									
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5) .....									
<b>3. Incurred Compensation:</b>									
3.1 Commissions and service fees incurred .....									
3.2 Other incurred compensation .....									
3.3 Total incurred compensation (Lines 3.1+3.2) .....									
3.4 Commissions/service fee percentage (Lines 3.1/3.3) .....	%	%	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/3.3) .....	%	%	%	%	%	%	%	%	%
3.2/3.6									
<b>4. Loss Percentage:</b>									
4.1 Actual loss percentage (Lines 2.6/1.6) .....	%	%	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) .....	%	%	%	%	%	%	%	%	%

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

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

**PART 3A – CREDIT UNEMPLOYMENT INSURANCE**

**PART 3B – CREDIT UNEMPLOYMENT INSURANCE**

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

(a) Provide a description of 'other' coverages (including their percent of Line 1.6, Column 2):

**PART 4 – CREDIT PROPERTY INSURANCE**

	1 Credit-Placed Home-Single Interest	2 Credit-Placed Home-Dual Interest	3 Credit-Placed Auto-Single Interest	4 Credit-Placed Auto-Dual Interest	5 Personal Property-Single Interest	6 Personal Property-Dual Interest	7 Other (a)
<b>1. Earned Premiums:</b>							
1.1 Gross written premiums .....							
1.2 Refunds on terminations.....							
1.3 Net written premiums (Lines 1.1-1.2).....							
1.4 Premium reserves, start of period.....							
1.5 Premium reserves, end of period.....							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5).....							
1.7 Earned premiums at prima facie rates.....							
<b>2. Incurred Claims:</b>							
2.1 Claims paid.....							
2.2 Total claim reserves, start of period.....							
2.3 Total claim reserves, end of period.....							
2.4 Incurred claims (Lines 2.1-2.2+2.3).....							
<b>3. Incurred Compensation:</b>							
3.1 Commissions and service fees incurred.....							
3.2 Other incurred compensation.....							
3.3 Total incurred compensation (Lines 3.1+3.2).....							
3.4 Commissions/service fee percentage (Lines 3.1/3.3).....	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/3.6).....	%	%	%	%	%	%	%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.4/1.6).....	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.4/1).....	%	%	%	%	%	%	%
<b>5. Incurred Loss Adjustment Expense:</b>							
5.1 Defense and cost containment expenses.....							
5.2 Adjusting and other expenses incurred.....							

(a) Provide a description of "Other" coverages including their percent of Line 1.6, Column 7.

**PART 5 – OTHER CREDIT INSURANCE**

	1	2	3
	Credit Family Leave	Personal GAP	All Other (s)
<b>1. Earned Premiums:</b>			
1.1 Gross written premiums .....	.....	.....	.....
1.2 Refracts on terminations .....	.....	.....	.....
1.3 Net written premiums (Lines 1.1 - 1.2) .....	.....	.....	.....
1.4 Premiums res. ves. start of period .....	.....	.....	.....
1.5 Premiums res. ves. end of period .....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3 - 1.4 - 1.5) .....	.....	.....	.....
1.7 Funded premiums at prime face rates .....	.....	.....	.....
<b>2. Incurred Claims:</b>			
2.1 Claims paid .....	.....	.....	.....
2.2 Total claim reserve, start of period .....	.....	.....	.....
2.3 Total claim reserve, end of period .....	.....	.....	.....
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3) .....	.....	.....	.....
<b>3. Incurred Compensation:</b>			
3.1 Commissions and service fees incurred .....	.....	.....	.....
3.2 Other incurred compensation .....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1 + 3.2) .....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/3.3) .....	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/.5) .....	%	%	%
<b>4. Loss Percentage:</b>			
4.1 Actual loss percentage (Lines 2.4/3) .....	%	%	%
4.2 Loss percentage at prime face rates (Lines 2.4/3) .....	%	%	%

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

Not for Distribution



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

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

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

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**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

United States Policy Form 21 and 21-CA, 21-CA-1  
For The Year Ending December 31, 2019  
(To be filed by April 1)

NAC Group Code \_\_\_\_\_

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

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

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

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

	1	2	3	4	5	6	7
	Premiums Funded	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)1	Number of Policies or Contracts as of Dec. 31	Number of Covered Lives as of Dec. 31	Number Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 Other Employer							
1.3 Single Employer Subtotal							
2. Multiple Employer Associations and Unions							
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. Short-term							
9. Accident Only or ADED							
10. Disability Income - Short-term							
11. Disability Income - Long-term							
12. Long-term Care							
13. Medicare Supplement (Medgap)							
14. Federal Employees Health Benefits Plan							
15. Flexible							
16. Dental							
17. Medicare							
18. Medicare Part D - Stand-Alone							
19. Other Group Care							
20. Grand Total Group Business							
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group)							
2. Stop Loss/Excise Tax							
3. Administrative Services Only	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XX	XXX	XXX			
5. Grand Total Other Business							
<b>D. TOTAL BUSINESS</b>							
1. Total Non-U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

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**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**  
**PART 1 – INDIVIDUAL POLICIES**  
**SUMMARY**

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



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

		Partnership with HMO										11	12	13	14	15	16	17			
		Individual Health Insurance			Medicare Plans			Supplemental													
		1	2	3	4	5	6	7	8	9	10										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Large Group	Large Group	Large Group	Other Health Plan	Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D	Other Health Insurance	Other Health Insurance	Other Health Insurance	Other Health Insurance	Total 12-17	
18.	General and Administrative (GA) Expense																				
	GA1 - Direct labor (wages and benefits)																				
	GA2 - Supplies and materials (operating expenses)																				
	GA3 - Other general and administrative expenses (including overhead)																				
	GA4 - Other general and administrative expenses (operational only)																				
	GA5 - Other general and administrative expenses (non-operational only)																				
19.	Advertising, Sales and Promotion (ASP) Expense																				
20.	Losses from Ceded Reinsurance Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21.	Net Investment Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
22.	Other Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
23.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
24.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
25.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
26.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
27.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
28.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
29.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
30.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
31.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
32.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
33.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
34.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
44.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
45.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
46.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
48.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
49.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
50.	Net Income (Net Income)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

If non-affiliated companies are reported in Columns 1 through 9, enter "Yes" or "No". If yes, enter the amount of premium charges received in Column 10, Column 11, Column 12, Column 13, Column 14, Column 15, Column 16, Column 17, Column 18, Column 19, Column 20, Column 21, Column 22, Column 23, Column 24, Column 25, Column 26, Column 27, Column 28, Column 29, Column 30, Column 31, Column 32, Column 33, Column 34, Column 35, Column 36, Column 37, Column 38, Column 39, Column 40, Column 41, Column 42, Column 43, Column 44, Column 45, Column 46, Column 47, Column 48, Column 49, Column 50.

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, DEFERRALS AND PAYABLES					
		Cash		Non-Cash	
		Individual Health Insurance		Medicare Plans	
		Individual	Small Group Employer	Individual	Small Group Employer
M. ACA Receipts and Payments					
1. ACA Receipts and Payments					
2. ACA Receipts and Payments					
3. ACA Receipts and Payments					
4. ACA Receipts and Payments					
5. ACA Receipts and Payments					
6. ACA Receipts and Payments					
7. ACA Receipts and Payments					
8. ACA Receipts and Payments					
9. ACA Receipts and Payments					
10. ACA Receipts and Payments					
11. ACA Receipts and Payments					
12. ACA Receipts and Payments					
13. ACA Receipts and Payments					
14. ACA Receipts and Payments					
15. ACA Receipts and Payments					
16. ACA Receipts and Payments					
17. ACA Receipts and Payments					
18. ACA Receipts and Payments					
19. ACA Receipts and Payments					
20. ACA Receipts and Payments					
21. ACA Receipts and Payments					
22. ACA Receipts and Payments					
23. ACA Receipts and Payments					
24. ACA Receipts and Payments					
25. ACA Receipts and Payments					
26. ACA Receipts and Payments					
27. ACA Receipts and Payments					
28. ACA Receipts and Payments					
29. ACA Receipts and Payments					
30. ACA Receipts and Payments					
31. ACA Receipts and Payments					
32. ACA Receipts and Payments					
33. ACA Receipts and Payments					
34. ACA Receipts and Payments					
35. ACA Receipts and Payments					
36. ACA Receipts and Payments					
37. ACA Receipts and Payments					
38. ACA Receipts and Payments					
39. ACA Receipts and Payments					
40. ACA Receipts and Payments					
41. ACA Receipts and Payments					
42. ACA Receipts and Payments					
43. ACA Receipts and Payments					
44. ACA Receipts and Payments					
45. ACA Receipts and Payments					
46. ACA Receipts and Payments					
47. ACA Receipts and Payments					
48. ACA Receipts and Payments					
49. ACA Receipts and Payments					
50. ACA Receipts and Payments					

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

REPORT FOR: L CORPORATION

2.

(LOCATION)

NAIC Group Code

BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Company Code

	Health Subcategory: MLR									10 Group-Terminated (Excluded by State)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Subject to ACA	13 Total GA
	Comprehensive Health Coverage			Health Subcategory: MLR			Health Subcategory: MLR						
	1 Individual	2 Small Group Employee	3 Large Group Employee	4 Individual	5 Group Employee	6 Group Employee	7 Small Group	8 Large Group	9 Other Health Plans				
1. Debt: Premiums Paid													
1.1 Direct premiums for two													
1.2 Direct premiums prior year													
1.3 Unearned premium current year													
1.4 Change in unearned premium (Lines 1.2 – 1.3)													
1.5 Paid risk costs													
1.6 Reserve for risk costs current year													
1.7 Reserve for risk costs prior year													
1.8 Change in reserve for risk costs (Lines 1.6 – 1.7)													
1.9 Provision for loss adjustment													
1.10 Group reserves on hand													
1.11 Total direct premiums earned (Line 1.1 + 1.4 – 1.5 + 1.10)													
1.12 Assumed premium earned from non-affiliates													
1.13 Net assumed (or ceded) premium earned from affiliates													
1.14 Ceded premium earned to non-affiliates													
1.15 Other adjustments due to MLR calculation – Premiums													
1.16 Net premium earned (Lines 1.11 – 1.2 + 1.3 + 1.12 + 1.13 – 1.4 + 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 Net direct claim reserves current year													
2.7 Net direct claim reserves prior year													
2.8 Paid risk costs													
2.9 Reserve for risk costs current year													
2.10 Reserve for risk costs prior year													
2.11 Net medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)													
2.11a Paid medical incentive pools and bonuses current year													
2.11b Net paid medical incentive pools and bonuses current year													
2.11c Net paid medical incentive pools and bonuses prior year													
2.12 Net health care costs (Lines 2.11a – 2.11c)													
2.12a Health care costs current year													
2.12b Health care costs prior year													
2.13 Group reserves on hand													
2.14 Multi-employer coverage shared risk adjustment													
2.15 Total assumed claims (Lines 2.1 + 2.2 – 2.3 + 2.4 + 2.5 – 2.6 + 2.7 + 2.8 – 2.9 + 2.10)													
2.16 Assumed medical claims from non-affiliates													
2.17 Net assumed (or ceded) medical claims from affiliates													
2.18 Ceded medical claims to non-affiliates													
2.19 Other adjustments due to MLR calculation													
2.20 Net assumed claims (Lines 2.15 + 2.16 – 2.17 + 2.18 + 2.19)													
3. Total and Above Assumed and Related PA, ACA (see Line 2.1 above informational only)													

(A) Column 15, Line 1, includes Direct premium for two (1.1) + Direct premium for two (1.2) + Direct premium for two (1.3) + Direct premium for two (1.4) + Direct premium for two (1.5) + Direct premium for two (1.6) + Direct premium for two (1.7) + Direct premium for two (1.8) + Direct premium for two (1.9) + Direct premium for two (1.10) + Direct premium for two (1.11) + Direct premium for two (1.12) + Direct premium for two (1.13) + Direct premium for two (1.14) + Direct premium for two (1.15) + Direct premium for two (1.16) + Direct premium for two (1.17) + Direct premium for two (1.18) + Direct premium for two (1.19) + Direct premium for two (1.20)

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

REPORT FOR: L CORPORATION

2.

(LOCATION)

NAIC Group Code \_\_\_\_\_

BUSINESS IN THE STATE OF \_\_\_\_\_

DURING THE YEAR \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

1.	All Expenses	Improving Health Care Quality Expenses					Cost-Containment Expenses		9	10	
		1	2	3	4	5	6	7			
		Improve Health Outcomes	Activities to Improve Essential Services	Improve Patient Safety and Reduce Medical Errors	Workforce Health Promotion Activities	HR Expenses	Total (1 to 5)	Self-Insured Expenses	Other Claims Adjustment Expenses	Other Activities to Improve	Total (1 to 10)
1.	Individual Comprehensive Coverage Expenses										
	1.1 Salaries (including \$ _____ for affiliated services)										
	1.2 Outsourced Services										
	1.3 E.O.P. equipment and software (and \$ _____ for affiliated services)										
	1.4 Other equipment (and E.O.P.) (and \$ _____ for affiliated services)										
	1.5 Association and consultants (and \$ _____ for affiliated services)		XXX	XXX	XXX	XXX					
	1.6 Other expenses (and \$ _____ for affiliated services)										
	1.7 Subtotal (include adjustments and fees (1.1 to 1.6))										
	1.8 Reimbursements by reinsured plan or third intermediaries										
	1.9 Taxes, licenses and fees (for total, for rebating purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	1.10 Total (1.1 to 1.9)										
	1.11 Total third and other activities necessary 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 E.O.P. equipment and software (and \$ _____ for affiliated services)										
	2.4 Other equipment (and E.O.P.) (and \$ _____ for affiliated services)										
	2.5 Association and consultants (and \$ _____ for affiliated services)		XXX	XXX	XXX	XXX					
	2.6 Other expenses (and \$ _____ for affiliated services)										
	2.7 Subtotal (include adjustments and fees (2.1 to 2.6))										
	2.8 Reimbursements by reinsured plan or third intermediaries										
	2.9 Taxes, licenses and fees (for total, for rebating purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.1 to 2.9)										
	2.11 Total third and other activities necessary 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 E.O.P. equipment and software (and \$ _____ for affiliated services)										
	3.4 Other equipment (and E.O.P.) (and \$ _____ for affiliated services)										
	3.5 Association and consultants (and \$ _____ for affiliated services)		XXX	XXX	XXX	XXX					
	3.6 Other expenses (and \$ _____ for affiliated services)										
	3.7 Subtotal (include adjustments and fees (3.1 to 3.6))										
	3.8 Reimbursements by reinsured plan or third intermediaries										
	3.9 Taxes, licenses and fees (for total, for rebating purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.1 to 3.9)										
	3.11 Total third and other activities necessary 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						Classroom-Based Expenses		General Administrative Expenses	Total Expenses (a to f)
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety or Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (Line 5)	7 Classroom-Based Expenses	8 Classroom Adjustment Expenses		
<b>4</b>	<b>Individual Mail-Order Plans Expenses</b>										
	4.1 Salaries (including \$_____ for affiliated services)										
	4.2 Out-of-pocket services										
	4.3 HIT equipment and software (net \$_____ for affiliated services)										
	4.4 Other equipment (net PDP) (net \$_____ for affiliated services)										
	4.5 Acquisition and maintenance (net \$_____ for affiliated services)		XXX	XXX	XXX	XXX					
	4.6 Other expenses (net \$_____ for affiliated services)										
	4.7 National before-tax reference rates and taxes (5.1 to 4.6)										
	4.8 Reimbursements by national plan and local intermediaries										
	4.9 Taxes, license and fees (net \$_____ for state purposes)	XXX	XXX	XXX	XXX	XXX		XXX	XXX		
	4.10 Total (a) to (4.9)										
	4.11 Total (total and above) (do not restate expenses included in Column 7 (informational only))										
<b>5</b>	<b>Small Group Mail-Order Plans Expenses</b>										
	5.1 Salaries (including \$_____ for affiliated services)										
	5.2 Out-of-pocket services										
	5.3 HIT equipment and software (net \$_____ for affiliated services)										
	5.4 Other equipment (net PDP) (net \$_____ for affiliated services)										
	5.5 Acquisition and maintenance (net \$_____ for affiliated services)		XXX	XXX	XXX	XXX					
	5.6 Other expenses (net \$_____ for affiliated services)										
	5.7 National before-tax reference rates and taxes (5.1 to 5.6)										
	5.8 Reimbursements by national plan and local intermediaries										
	5.9 Taxes, license and fees (net \$_____ for state purposes)	XXX	XXX	XXX	XXX	XXX		XXX	XXX		
	5.10 Total (a) to (5.9)										
	5.11 Total (total and above) (do not restate expenses included in Column 7 (informational only))										
<b>6</b>	<b>Large Group Mail-Order Plans Expenses</b>										
	6.1 Salaries (including \$_____ for affiliated services)										
	6.2 Out-of-pocket services										
	6.3 HIT equipment and software (net \$_____ for affiliated services)										
	6.4 Other equipment (net PDP) (net \$_____ for affiliated services)										
	6.5 Acquisition and maintenance (net \$_____ for affiliated services)		XXX	XXX	XXX	XXX					
	6.6 Other expenses (net \$_____ for affiliated services)										
	6.7 National before-tax reference rates and taxes (6.1 to 6.6)										
	6.8 Reimbursements by national plan and local intermediaries										
	6.9 Taxes, license and fees (net \$_____ for state purposes)	XXX	XXX	XXX	XXX	XXX		XXX	XXX		
	6.10 Total (a) to (6.9)										
	6.11 Total (total and above) (do not restate expenses included in Column 7 (informational only))										

Not for Distribution

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

	All Expenses	Improving Health Care Quality Expenses					Member Benefit Programs			Grand Total/Total Expenses
		1 Improve Health Outcomes	2 Self-Administered Disease Reduction	3 Incentives/Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Member Communication Programs	8 Direct Member Support Programs	
<b>7</b>	<b>Small Group Representative Expenses</b>									
7.1	Salaries (including \$_____ for affiliated services)									
7.2	Out-of-pocket services									
7.3	HIP applications and software (net \$_____ for affiliated services)									
7.4	Other equipment (net (10%) net \$_____ for affiliated services)									
7.5	Accommodation and certification (net \$_____ for affiliated services)		XXX	XXX	XXX	XXX				
7.6	Other resources (net \$_____ for affiliated services)									
7.7	Subtotal before reimbursement and taxes (7.1 to 7.6)									
7.8	Reimbursements by insured plans (net fiscal year/medical year)									
7.9	Taxes, licenses and fees (for total, for filing purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7.10	Total (7.7 to 7.9)									
7.11	Total (total and other deductions/other expenses included in Column 7) (informational only)									
<b>8</b>	<b>Large Group Representative Expenses</b>									
8.1	Salaries (including \$_____ for affiliated services)									
8.2	Out-of-pocket services									
8.3	HIP applications and software (net \$_____ for affiliated services)									
8.4	Other equipment (net (10%) net \$_____ for affiliated services)									
8.5	Accommodation and certification (net \$_____ for affiliated services)		XXX	XXX	XXX	XXX				
8.6	Other resources (net \$_____ for affiliated services)									
8.7	Subtotal before reimbursement and taxes (8.1 to 8.6)									
8.8	Reimbursements by insured plans (net fiscal year/medical year)									
8.9	Taxes, licenses and fees (for total, for filing purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8.10	Total (8.7 to 8.9)									
8.11	Total (total and other deductions/other expenses included in Column 7) (informational only)									
<b>9</b>	<b>Special Health Plans Expenses</b>									
9.1	Salaries (including \$_____ for affiliated services)									
9.2	Out-of-pocket services									
9.3	HIP applications and software (net \$_____ for affiliated services)									
9.4	Other equipment (net (10%) net \$_____ for affiliated services)									
9.5	Accommodation and certification (net \$_____ for affiliated services)		XXX	XXX	XXX	XXX				
9.6	Other resources (net \$_____ for affiliated services)									
9.7	Subtotal before reimbursement and taxes (9.1 to 9.6)									
9.8	Reimbursements by insured plans (net fiscal year/medical year)									
9.9	Taxes, licenses and fees (for total, for filing purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9.10	Total (9.7 to 9.9)									
9.11	Total (total and other deductions/other expenses included in Column 7) (informational only)									

Not for Distribution



**Not for Distribution**

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

Part 2 Cession ID \_\_\_\_\_

Name of Company \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

ID Number \_\_\_\_\_

Effective Date or Prior Year Annual Statement Date: \_\_\_\_\_

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

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

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

Part 2 Classroom ID \_\_\_\_\_

Name of Company \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

ID Number \_\_\_\_\_

Effective Date of Prior Year Annual Statement Date: \_\_\_\_\_

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

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

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

**PART 3 – INTERROGATORIES**

- 3.1 Is any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit: letter of credit, synthetic letter of credit, contingent note, credit-linked note or other similar security that operates as a guarantee similar to a letter of credit? Yes  No  NA
- 3.2 If the response to 3.1 is yes:
- 3.21 Describe the amount and nature of the collateral: .....
- 3.22 Describe all contingencies or conditions to performance: .....
- 3.1 Is any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a financing provider? Yes  No  NA
- 3.2 If the response to 3.1 is yes:
- 3.21 Describe the amount and nature of the collateral that is pledged: .....
- 3.22 Describe the duration and the terms of the pledge: .....
- 3.1 Does any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit: letter of credit or similar security that is less than the duration of the underlying policy: arbitrage? Yes  No  NA
- 3.2 If the response to 3.1 is yes:
- 3.21 Describe the amount and nature of the collateral: .....
- 3.22 Compare the duration of the collateral to the duration of the underlying policy: arbitrage: .....
- 4.1 Is any asset identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit as being guaranteed by an affiliate or parent? Yes  No  NA
- 4.2 If the response to 4.1 is yes:
- 4.21 Provide the legal name of the guarantor: .....
- 4.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor: .....
- 4.23 Specify the dollar amount of the guarantee: \$ .....
- 4.24 Describe all contingencies or conditions to performance of the guarantee: .....

**PART 4 – INTERROGATORIES**

- 5.1 Is any asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit being guaranteed by an affiliate or parent? Yes  No  NA
- 5.2 If the response to 5.1 is yes:
- 5.21 Provide the legal name of the guarantor: .....
- 5.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor: .....
- 5.23 Specify the dollar amount of the guarantee: \$ .....
- 5.24 Describe all contingencies or conditions to performance of the guarantee: .....
- 6.1 Is any asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a financing provider? Yes  No  NA
- 6.2 If the response to 6.1 is yes:
- 6.21 Describe the asset that is pledged: .....
- 6.22 Specify the dollar amount of the pledge: \$ .....
- 6.23 Describe the duration and the terms of the pledge: .....



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Not for Distribution

**Not for Distribution**

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