



# **Official NAIC Annual Statement Blank**

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**For the 2017 reporting year**

**Not for Distribution**



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Information about statutory accounting principles and the procedures necessary for filing financial annual statements and conducting risk-based capital calculations.

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Important answers to common questions about auto, home, health and life insurance — as well as buyer's guides on annuities, long-term care insurance and Medicare supplement plans.

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Useful handbooks, compliance guides and reports on financial analysis, company licensing, state audit requirements and receiverships.

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**TABLE OF CONTENTS**

**ANNUAL STATEMENT BLANK**

Jurat Page.....	1
Assets.....	2
Liabilities, Surplus and Other Funds.....	3
Summary of Operations.....	4
Cash Flow.....	5
Analysis of Operations by Lines of Business.....	6
Analysis of Increase in Reserves During the Year.....	7
Exhibit of Net Investment Income.....	8
Exhibit of Capital Gains (Losses).....	8
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts.....	9
Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense Allowances and Commissions Incurred.....	10
Exhibit 2 – General Expenses.....	11
Exhibit 3 – Taxes, Licenses and Fees.....	11
Exhibit 4 – Dividends or Refunds.....	11
Exhibit 5 – Aggregate Reserve for Life Contracts.....	12
Exhibit 5 – Interrogatories.....	13
Exhibit 5A – Changes in Bases of Valuation During the Year.....	13
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts.....	14
Exhibit 7 – Deposit-Type Contracts.....	14
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 1.....	15
Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2.....	16
Exhibit of Nonadmitted Assets.....	17
Notes to Financial Statements.....	18
General Interrogatories.....	19
Five-Year Historical Data.....	21
Life Insurance (State Page).....	23
Exhibit of Life Insurance.....	24
Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance.....	24
Form for Calculating the Interest Maintenance Reserve (IMR).....	25
Asset Valuation Reserve.....	26
Asset Valuation Reserve Default Component.....	27
Asset Valuation Reserve Equity and Other Invested Asset Component Component.....	29
Asset Valuation Reserve Replications (Synthetic Assets).....	32
Schedule F.....	33
Schedule H – Part 1 – Accident and Health Exhibit.....	34
Schedule H – Part 2, Part 3 and Part 4.....	35
Schedule H – Part 5 – Health Claims.....	36
Schedule S – Part 1 – Section 1.....	37
Schedule S – Part 1 – Section 2.....	38

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S – Part 2 .....	39
Schedule S – Part 3 – Section 1 .....	40
Schedule S – Part 3 – Section 2 .....	41
Schedule S – Part 4 .....	42
Schedule S – Part 5 .....	43
Schedule S – Part 6 .....	44
Schedule S – Part 7 .....	45
Schedule T – Premiums and Annuity Considerations .....	46
Schedule T – Part 2 – Interstate Compact .....	47
Schedule Y – Part 1 – Information Concerning Activities of Insurer Members of a Holding Company Group .....	48
Schedule Y – Part 1A – Detail of Insurance Holding Company System .....	49
Schedule Y – Part 2 – Summary of Insurer’s Transactions with Any Affiliates .....	50
Supplemental Exhibits and Schedules Interrogatories .....	51
Overflow Page for Write-ins .....	52
Summary Investment Schedule .....	SI01
Schedule A – Verification Between Years .....	SI02
Schedule B – Verification Between Years .....	SI02
Schedule BA – Verification Between Years .....	SI03
Schedule D – Verification Between Years .....	SI03
Schedule D – Summary by Country .....	SI04
Schedule D – Part 1A – Section 1 .....	SI05
Schedule D – Part 1A – Section 2 .....	SI08
Schedule DA – Verification Between Years .....	SI10
Schedule DB – Part A – Verification Between Years .....	SI11
Schedule DB – Part B – Verification Between Years .....	SI11
Schedule DB – Part C – Section 1 .....	SI12
Schedule DB – Part C – Section 2 .....	SI13
Schedule DB – Verification .....	SI14
Schedule E – Part 2 – Verification Between Years .....	SI15
Schedule A – Part 1 .....	E01
Schedule A – Part 2 .....	E02
Schedule A – Part 3 .....	E03
Schedule B – Part 1 .....	E04
Schedule B – Part 2 .....	E05
Schedule B – Part 3 .....	E06
Schedule BA – Part 1 .....	E07
Schedule BA – Part 2 .....	E08
Schedule BA – Part 3 .....	E09
Schedule B – Part 1 .....	E10
Schedule D – Part 2 – Section 1 .....	E11
Schedule D – Part 2 – Section 2 .....	E12
Schedule D – Part 3 .....	E13

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**ANNUAL STATEMENT BLANK (Continued)**

Schedule D – Part 4 .....	E14
Schedule D – Part 5 .....	E15
Schedule D – Part 6 – Section 1.....	E16
Schedule D – Part 6 – Section 2.....	E16
Schedule DA – Part 1.....	E17
Schedule DB – Part A – Section 1 .....	E18
Schedule DB – Part A – Section 2 .....	E19
Schedule DB – Part B – Section 1 .....	E20
Schedule DB – Part B – Section 2 .....	E21
Schedule DB – Part D – Section 1 .....	E22
Schedule DB – Part D – Section 2 .....	E23
Schedule DL – Part 1 .....	E24
Schedule DL – Part 2 .....	E25
Schedule E – Part 1 – Cash.....	E26
Schedule E – Part 2 – Cash Equivalents .....	E27
Schedule E – Part 3 – Special Deposits .....	E28

**ANNUAL SUPPLEMENTS**

Supplemental Compensation Exhibit.....	Supp1
Supplemental Investment Risks Interrogatories.....	Supp2
<b>Variable Annuities Supplement .....</b>	<b>Supp8</b>
Medicare Supplement Insurance Experience Exhibit.....	Supp10
Trusted Surplus Statement .....	Supp11
Medicare Part D Coverage Supplement.....	Supp15
<b>VM-20 Reserves Supplement .....</b>	<b>Supp16</b>
Long-Term Care Experience Reporting Form 1 .....	Supp18
Long-Term Care Experience Reporting Form 2 .....	Supp19
Long-Term Care Experience Reporting Form 3 .....	Supp20
Long-Term Care Experience Reporting Form 4 .....	Supp23
Long-Term Care Experience Reporting Form 5 .....	Supp24
Fraternal Interest Sensitive Life Insurance Products Report.....	Supp25
Accident and Health Policy Experience Exhibit for Year.....	Supp29
Analysis of Annuity Operations by Lines of Business.....	Supp33
Analysis of Increase in Annuity Reserves During the Year.....	Supp35
Supplemental Health Care Exhibit.....	Supp36
Supplemental Health Care Exhibit’s Expense Allocation Report.....	Supp42
Supplemental <b>Term and Universal Life Insurance</b> Reinsurance Exhibit.....	Supp43

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**ANNUAL STATEMENT**

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in the state of \_\_\_\_\_

TO THE

**Insurance Department**

OF THE

STATE OF

FOR THE YEAR ENDED  
DECEMBER 31, 2017

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**2017**

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# ANNUAL STATEMENT

## For the Year Ended December 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_ Employer's ID Number \_\_\_\_\_  
 (Current Period) (Prior Period)  
 Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_  
 Country of Domicile \_\_\_\_\_  
 Incorporated/Organized \_\_\_\_\_ Commenced Business \_\_\_\_\_  
 Statutory Home Office \_\_\_\_\_  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 Main Administrative Office \_\_\_\_\_  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 Mail Address \_\_\_\_\_ (Area Code) (Telephone Number)  
 (City or Town, State, Country and Zip Code)  
 Primary Location of Books and Records \_\_\_\_\_ (Street and Number) (City or Town, State, Country and Zip Code)  
 \_\_\_\_\_ (Area Code) (Telephone Number)  
 Internet Web Site Address \_\_\_\_\_ (Area Code) (Telephone Number)  
 Statutory Statement Contact \_\_\_\_\_ (Name) (Area Code) (Telephone Number) (Extension)  
 \_\_\_\_\_ (E-Mail Address) \_\_\_\_\_ (Fax Number)

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

**DIRECTORS OR TRUSTEES**

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

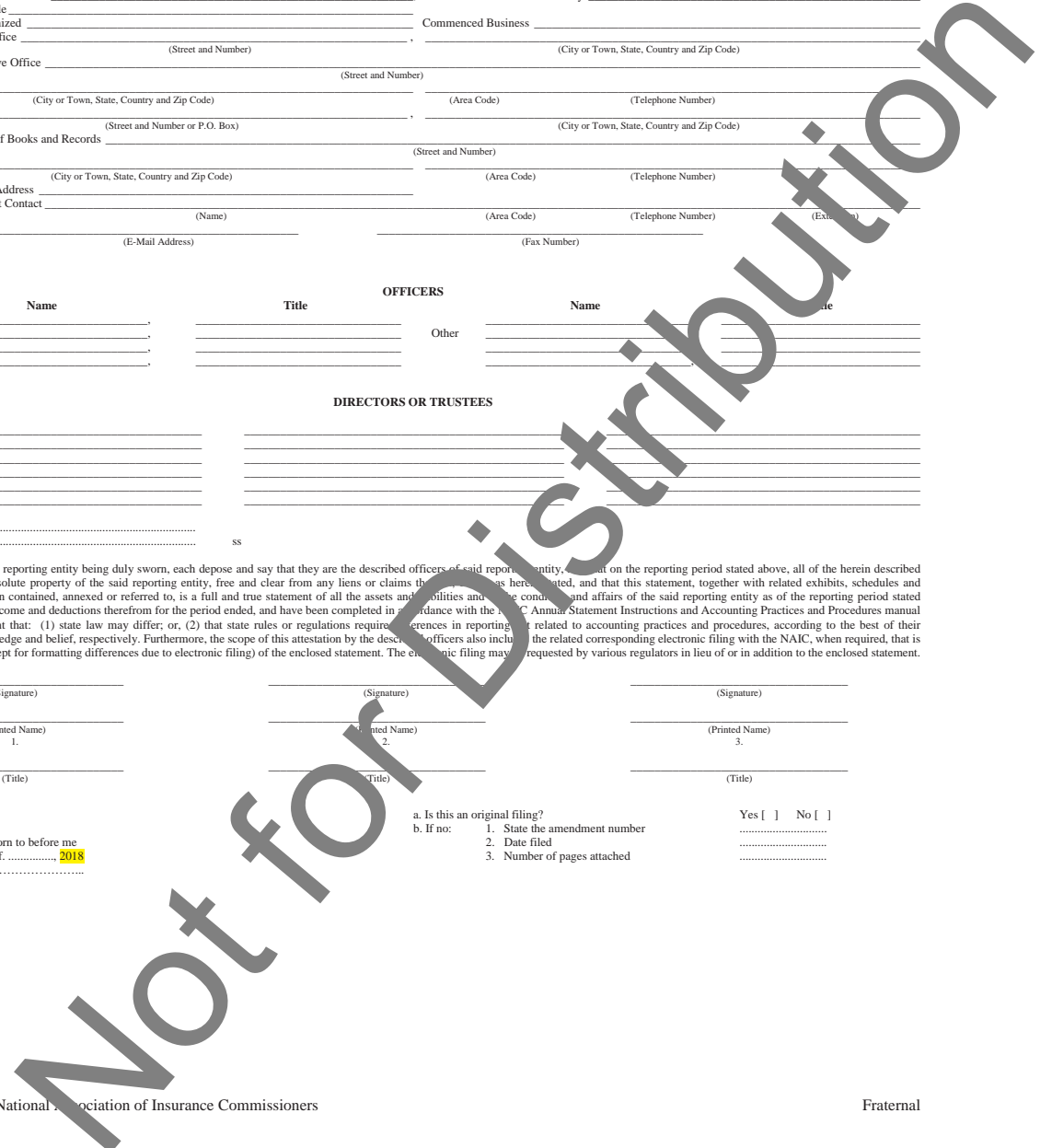
State of .....  
County of ..... ss

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

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

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

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



ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....				
2. Stocks (Schedule D):				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$..... encumbrances).....				
4.2 Properties held for the production of income (less \$..... encumbrances)....				
4.3 Properties held for sale (less \$..... encumbrances).....				
5. Cash (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA).....				
6. Contract loans (including \$....., premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA).....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....				
13. Title plants less \$..... charged off (for Title insurers only).....				
14. Investment income due and accrued.....				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....).....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....).....				
22. Net adjustment in assets and liabilities due to foreign exchange.....				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....				
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....				
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....				

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**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts (Exhibit 5, Line 9999999) (including \$..... Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$..... Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Column 1) (including \$..... Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provisions for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....		
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....discount; including \$.....accident and health premiums (Exhibit 1, Part 1, Column 1, sum of Lines 4 and 14).....		
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$..... assumed and \$..... ceded.....		
8.3 Interest maintenance reserve (IMR, Line 6).....		
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....; accident and health \$..... and deposit-type contract funds \$.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....		
12. Transfers to Separate Accounts due or accrued (net) (including \$..... accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....		
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....		
16. Amounts held for fieldworkers' account, including \$.....fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....and interest thereon \$.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....		
21.2 Reinsurance in unauthorized and certified (\$.....) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....		
21.6 Funds held under coinsurance.....		
21.7 Derivatives.....		
21.8 Payable for securities.....		
21.9 Payable for securities lending.....		
22. Aggregate write-ins for liabilities.....		
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....		
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....		
26. Aggregate write-ins for other than liabilities and surplus funds.....		
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....		
29. Unassigned funds.....		
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$..... Separate Accounts statement).....		
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....		
<b>DETAILS OF WRITE-INS</b>		
2201. ....		
2202. ....		
2203. ....		
2298. Summary of remaining write-ins for Line 22 from overflow page.....		
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above).....		
2601. ....		
2602. ....		
2603. ....		
2698. Summary of remaining write-ins for Line 26 from overflow page.....		
2699. Totals (Lines 2601 through 2603 plus 2698) (Line 26 above).....		
2801. ....		
2802. ....		
2803. ....		
2898. Summary of remaining write-ins for Line 28 from overflow page.....		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above).....		

**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....		
2. Considerations for supplementary contracts with life contingencies .....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....		
4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....		
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts .....		
8.3 Aggregate write-ins for miscellaneous income .....		
Totals (Lines 1 to 8.3) .....		
9. Death benefits.....		
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits .....		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$ .....		
14. Surrender benefits and withdrawals for life contracts .....		
15. Interest and adjustments on contract or deposit-type contract funds.....		
16. Payments on supplementary contracts with life contingencies .....		
17. Increase in aggregate reserve for life and accident and health contracts.....		
18. Totals (Lines 10 to 17) .....		
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Column 1 less Column 5) .....		
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....		
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....		
23. Increase in loading on deferred and uncollected premiums .....		
24. Net transfers to or (from) Separate Accounts net of reinsurance .....		
25. Aggregate write-ins for deductions.....		
26. Totals (Lines 18 to 25).....		
27. Net gain from operations before refunds to members (Line 9 minus Line 26) .....		
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....		
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....		
30. Net realized capital gains (losses) less capital gains tax of \$..... (excluding \$..... transferred to IMR).....		
31. Net income (Lines 29 + 30) .....		
<b>SURPLUS ACCOUNT</b>		
32. Surplus December 31, prior year (Page 3, Line 30, Col. 2).....		
33. Net income from operations (Line 31).....		
34. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
35. Change in net unrealized foreign exchange capital gain (loss) .....		
36. Change in nonadmitted assets .....		
37. Change in liability for reinsurance in unauthorized and certified companies .....		
38. Change in reserve on account of change in valuation basis (increase) or decrease .....		
39. Change in asset valuation reserve .....		
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statements.....		
42. Change in surplus notes .....		
43. Cumulative effect of changes in accounting principles .....		
44. Change in surplus as a result of reinsurance .....		
45. Aggregate write-ins for gains and losses in surplus.....		
46. Net change in surplus for the year (Lines 33 through 45).....		
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....		
<b>DETAILS OF WRITE-INS</b>		
08.301 .....		
08.302 .....		
08.303 .....		
08.398 Summary of remaining write-ins for Line 8.3 from overflow page .....		
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) .....		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....		
4501. ....		
4502. ....		
4503. ....		
4598. Summary of remaining write-ins for Line 45 from overflow page .....		
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above) .....		

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**CASH FLOW**

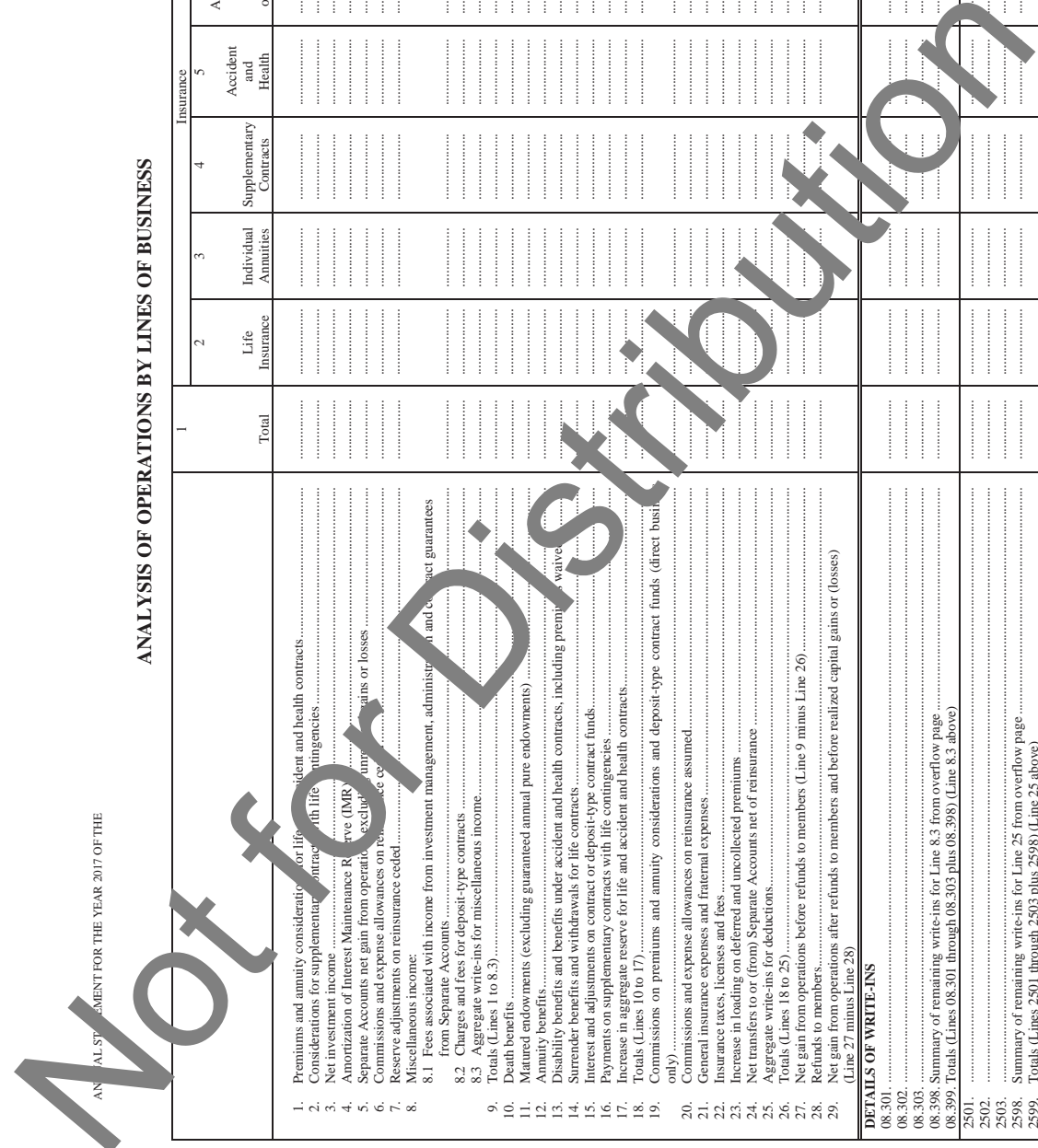
<b>Cash from Operations</b>	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance .....		
2. Net investment income .....		
3. Miscellaneous income .....		
4. Total (Lines 1 through 3) .....		
5. Benefit and loss related payments .....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....		
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses) .....		
10. Total (Lines 5 through 9) .....		
11. Net cash from operations (Line 4 minus Line 10) .....		
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....		
12.2 Stocks .....		
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7 Miscellaneous proceeds .....		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....		
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....		
13.2 Stocks .....		
13.3 Mortgage loans .....		
13.4 Real estate .....		
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....		
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		
14. Net increase (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....		
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....		
16.3 Borrowed funds .....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5 Dividends to stockholders .....		
16.6 Other cash provided (applied) .....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....		
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....		
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....		
19.2 End of year (Line 18 plus Line 19.1) .....		

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

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	Insurance						7 Total (Cols 2 through 6)	8 Fraternal	9 Expense
	1 Total	2 Life Insurance	3 Individual Annuities	4 Supplementary Contracts	5 Accident and Health	6 Aggregate of All Other Lines of Business			
1. Premiums and annuity consideration for life, accident and health contracts.....									
2. Considerations for supplementary contracts with life contingencies.....									
3. Net investment income.....									
4. Amortization of Interest Maintenance Reserve (IMR).....									
5. Separate Accounts net gain from operations, excluding unrealized gains or losses.....									
6. Commissions and expense allowances on reinsurance ceded.....									
7. Reserve adjustments on reinsurance ceded.....									
8. Miscellaneous income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....									
8.2 Charges and fees for deposit-type contracts.....									
8.3 Aggregate write-ins for miscellaneous income.....									
9. Totals (Lines 1 to 8.3).....									
10. Death benefits.....									
11. Matured endowments (excluding guaranteed annual pure endowments).....									
12. Annuity benefits.....									
13. Disability benefits and benefits under accident and health contracts, including premiums waived.....									
14. Surrender benefits and withdrawals for life contracts.....									
15. Interest and adjustments on contract or deposit-type contract funds.....									
16. Payments on supplementary contracts with life contingencies.....									
17. Increase in aggregate reserve for life and accident and health contracts.....									
18. Totals (Lines 10 to 17).....									
19. Commissions on premiums and annuity considerations and deposit-type contract funds (direct business only).....									
20. Commissions and expense allowances on reinsurance assumed.....									
21. General insurance expenses and fraternal expenses.....									
22. Insurance taxes, licenses, and fees.....									
23. Increase in loading on deferred and uncollected premiums.....									
24. Net transfers to or (from) Separate Accounts net of reinsurance.....									
25. Aggregate write-ins for deductions.....									
26. Totals (Lines 18 to 25).....									
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....									
28. Refunds to members.....									
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....									
<b>DETAILS OF WRITE-INS</b>									
08.301.....									
08.302.....									
08.303.....									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....									
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....									
2501.....									
2502.....									
2503.....									
2598. Summary of remaining write-ins for Line 25 from overflow page.....									
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....									



ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Life Insurance	3 Annuities	4 Supplementary Contracts
<b>Life or Disability Contingencies (Reserves)</b>				
1. Reserve December 31, prior year				
2. Tabular net premiums or considerations				XXX
3. Present value of disability claims incurred				
4. Tabular net premium cost				
5. Tabular less actual reserve released				
6. Increase in reserve on account of change in valuation basis				
6.1 Change in excess of deterministic/stochastic reserve over net premium reserve			XXX	XXX
7. Other changes (net)				
8. Totals (Lines 1 to 7)				
9. Tabular cost				XXX
10. Reserves released by death				XXX
11. Reserves released by other terminations (net)				XXX
12. Annuity, supplementary contract or disability payments involving life contingencies				
13. Net transfers to or (from) separate Accounts				
14. Total deductions (Lines 9 to 13)				
15. Reserve December 31, current year				



EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds.....	(a).....	.....
1.1 Bonds exempt from U. S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....	.....
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....	.....
10. Total gross investment income.....	.....	.....
11. Investment expenses.....	.....	(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	.....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....
15. Aggregate write-ins for deductions from investment income.....	.....	.....
16. Total deductions (Lines 11 through 15).....	.....	.....
17. Net investment income (Line 10 minus Line 16).....	.....	.....
<b>DETAILS OF WRITE-INS</b>		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....	.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....	.....
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds.....	.....	.....	.....	.....	.....
1.1 Bonds exempt from U. S. tax.....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	.....	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....	.....	.....
3. Mortgage loans.....	.....	.....	.....	.....	.....
4. Real estate.....	.....	.....	.....	.....	.....
5. Contract loans.....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....	.....	.....
7. Derivative instruments.....	.....	.....	.....	.....	.....
8. Other invested assets.....	.....	.....	.....	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....	.....	.....	.....	.....
10. Total capital gains (losses).....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>					
0901. ....	.....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....	.....	.....	.....	.....
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above).....	.....	.....	.....	.....	.....



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

	Insurance					7 Fraternal	8 Expense
	1 Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business		
<b>FIRST YEAR (other than single)</b>							
1. Uncollected.....							
2. Deferred, accrued.....							
3. Deferred, accrued and uncollected:							
3.1. Direct.....							
3.2. Reinsurance assumed.....							
3.3. Reinsurance ceded.....							
3.4. Net (Line 3.1 + Line 2).....							
4. Advances:							
4.1. Line 4 - Line 4.....							
5. Collected during year:							
6.1. Direct.....							
6.2. Reinsurance assumed.....							
6.3. Reinsurance ceded.....							
6.4. Net (Line 6.1 + Line 6.2).....							
7. Line 5 + Line 6.4.....							
8. Prior year collected + deferred and accrued (advance)							
9. First year premiums and considerations:							
9.1. Direct.....							
9.2. Reinsurance assumed.....							
9.3. Reinsurance ceded.....							
9.4. Net (Line 7 - Line 8).....							
10. Single premiums and considerations:							
10.1. Direct.....							
10.2. Reinsurance assumed.....							
10.3. Reinsurance ceded.....							
10.4. Net.....							
<b>RENEWAL</b>							
11. Uncollected.....							
12. Deferred, accrued and uncollected:							
12.1. Direct.....							
12.2. Reinsurance assumed.....							
12.3. Reinsurance ceded.....							
12.4. Net (Line 12.1 + Line 12.2).....							
13. Advances:							
13.4. Line 13.4 - Line 14.....							
14. Collected during year:							
14.1. Direct.....							
14.2. Reinsurance assumed.....							
14.3. Reinsurance ceded.....							
14.4. Net.....							
15. Line 15 + Line 16.4.....							
16. Prior year (uncollected + deferred and accrued - advance)							
17. Renewal premiums and considerations:							
17.1. Direct.....							
17.2. Reinsurance assumed.....							
17.3. Reinsurance ceded.....							
17.4. Net (Line 17.1 - Line 17.3).....							
18. Total premiums and annuity considerations:							
18.1. Direct.....							
18.2. Reinsurance assumed.....							
18.3. Reinsurance ceded.....							
18.4. Net (Lines 9.4+10.4+19.4)							

**EXHIBIT 1 – PART 2 – REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1	Insurance				6 Total (Cols 2 through 5)	7 Fraternal	8 Expense
	Total	2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business			
<b>REFUNDS APPLIED (included in Part 1)</b>								
21. To pay renewal premiums .....								
22. All other .....								
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>								
23. First year (other than single):								
23.1 Reinsurance ceded .....								
23.2 Reinsurance assumed .....								
23.3 Net ceded less assumed .....								
24. Single:								
24.1 Reinsurance ceded .....								
24.2 Reinsurance assumed .....								
24.3 Net ceded less assumed .....								
25. Renewal:								
25.1 Reinsurance ceded .....								
25.2 Reinsurance assumed .....								
25.3 Net ceded less assumed .....								
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6) .....								
26.2 Reinsurance assumed .....								
26.3 Net ceded less assumed .....								
<b>COMMISSIONS INCURRED (direct business only)</b>								
27. First year (other than single) .....								
28. Single .....								
29. Renewal .....								
30. Deposit-type contract funds .....								
31. Totals (to agree with Page 6, Line 19) .....								

Not for Distribution

**EXHIBIT 2 – GENERAL EXPENSES**

	Insurance				5	6	7
	1	2		4			
		Life	Cost Containment				
1. Rent				4			Total
2. Salaries and wages							
3.11 Insured benefit plans for employees							
3.12 Uninsured benefit plans for employees							
3.21 Uninsured benefit plans for employees							
3.22 Uninsured benefit plans for fieldworkers							
3.31 Other employee welfare							
3.32 Other fieldworker welfare							
4.1 Legal fees and expenses							
4.2 Medical examination fees							
4.3 Inspection report fees							
4.4 Fees of public accountants and consulting actuaries							
4.5 Expense of investigation and settlement of certificate claims							
5.1 Traveling expenses							
5.2 Advertising							
5.3 Postage express, telegraph and telephone							
5.4 Printing and stationery							
5.5 Cost or depreciation of furniture and equipment							
5.6 Rental of equipment							
5.7 Cost or depreciation of EDP equipment and software							
5.8 Lodge supplies less \$..... from sales							
6.1 Books and periodicals							
6.2 Bureau and association dues							
6.3 Insurance, except on real estate							
6.4 Miscellaneous losses							
6.5 Collection and bank service charges							
6.6 Sundry general expenses							
7.1 Field expense allowance							
7.2 Fieldworkers' balances charged off (less \$..... recovered)							
7.3 Field conferences other than local meetings							
8.1 Official publication							
8.2 Expense of supreme lodge meetings							
9.1 Real estate expenses							
9.2 Investment expenses not included elsewhere							
9.3 Aggregate write-ins for expenses							
10. General expenses incurred							
11. General expenses unpaid December 31, prior year							
12. General expenses unpaid December 31, current year							
13. General expenses paid during year (Lines 10+11-12)							
<b>DETAILS OF WRITE-INS</b>							
09.301							
09.302							
09.303							
09.398							
09.399							

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

**EXHIBIT 3 – TAXES, LICENSES AND FEES**

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

**EXHIBIT 4 – DIVIDENDS OR REFUNDS**

	1		2
	Life	Accident and Health	
1. Applied to pay renewal premiums			
2. Applied to shorten the endowment or premium-paying period			
3. Applied to provide paid-up additions			
4. Applied to provide paid-up annuities			
5. Total (Lines 1 to 4)			
6. Paid in cash			
7. Left on deposit			
8. Aggregate write-ins for dividend or refund			
9. Total (Lines 5 to 8)			
10. Amount due and unpaid			
11. Provision for dividends or refunds payable in the following calendar year			
12. Terminal dividends			
13. Provision for deferred dividend contracts			
14. Amount provisionally held for deferred dividend contracts not included in Line 13			
15. Total (Line 10 through Line 14)			
16. Total from prior year			
17. Total dividend or refunds (Line 9 + 15 - 16)			
<b>DETAILS OF WRITE-INS</b>			
0801.			
0802.			
0803.			
0898.			
0899.			



**EXHIBIT 5 – INTERROGATORIES**

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

**EXHIBIT 5A – CHANGES IN BASIS OF VALUATION DURING THE YEAR**

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
0199999 Subtotal (Page 7, Line 6)	xxx	xxx	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
.....	.....	.....	.....
.....	.....	.....	.....
0299999 Subtotal	xxx	xxx	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
0399999 Subtotal	xxx	xxx	
9999999 TOTAL (Column 4 only)			

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

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

(a) Attach statement as to valuation standard used in calculating this reserve, specifying the bases, assumptions and method.

**EXHIBIT 7 – DEPOSIT – TYPE CONTRACTS**

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

**EXHIBIT 8 – PART 1 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**  
 Liability End of Current Year

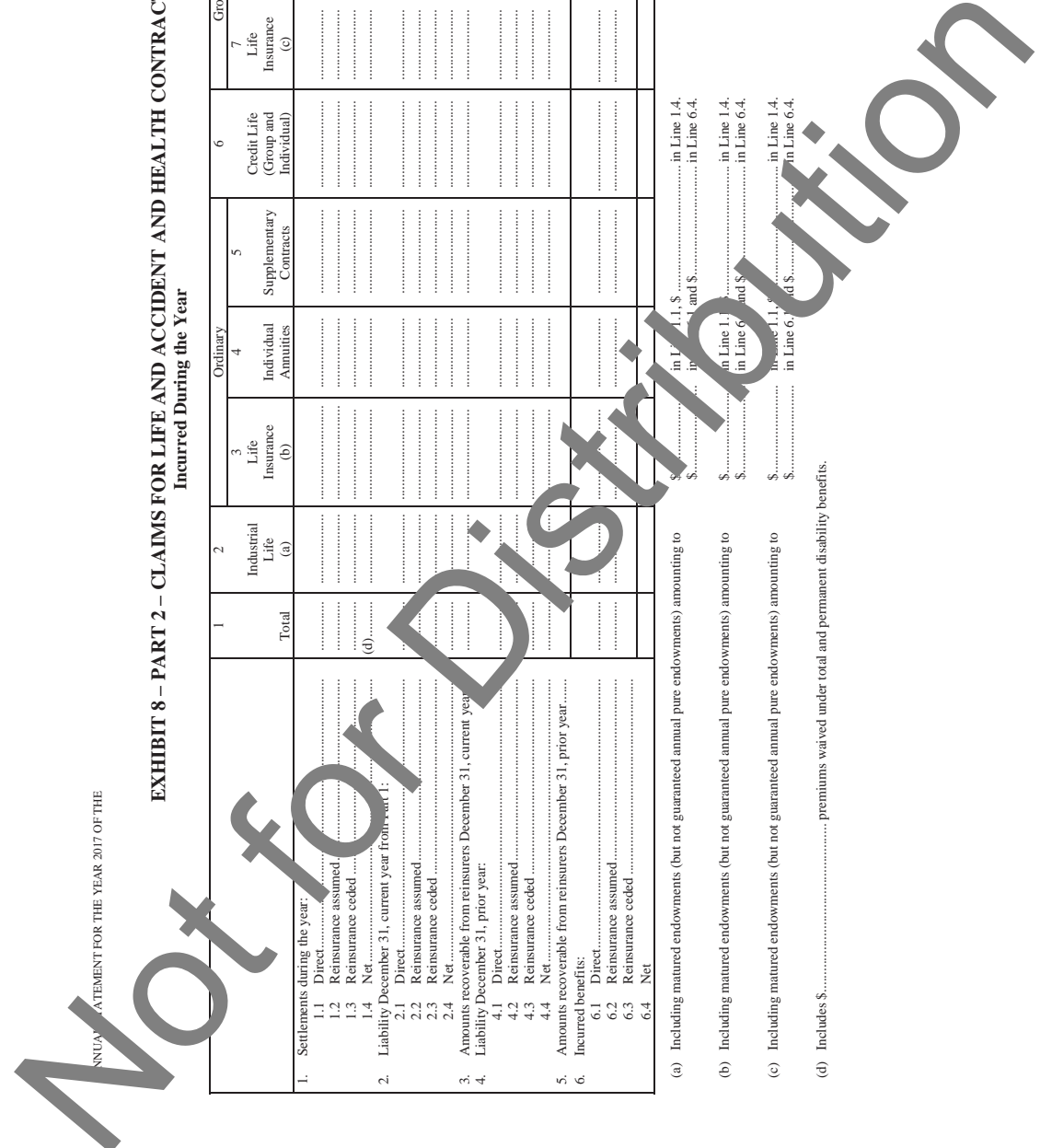
	1	2	3		4		5	6	7		8	9	10		11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Life Insurance	Group	Group	Group	Group	Credit (Group and Individual)	Other	
1. Due and unpaid:															
1.1 Direct															
1.2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

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

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

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

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





**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset.....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable.....			
25. Aggregate write-ins for other-than-invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27)			
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page.....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

Not for Distribution

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NOTES TO FINANCIAL STATEMENTS

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Not for Distribution

**GENERAL INTERROGATORIES**

**PART 1 – COMMON INTERROGATORIES**

**GENERAL**

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

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes  No   
 6.2 If yes, give full information \_\_\_\_\_  
 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes  No   
 7.2 If yes, \_\_\_\_\_ %  
 7.21 State the percentage of foreign control \_\_\_\_\_ %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact, and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

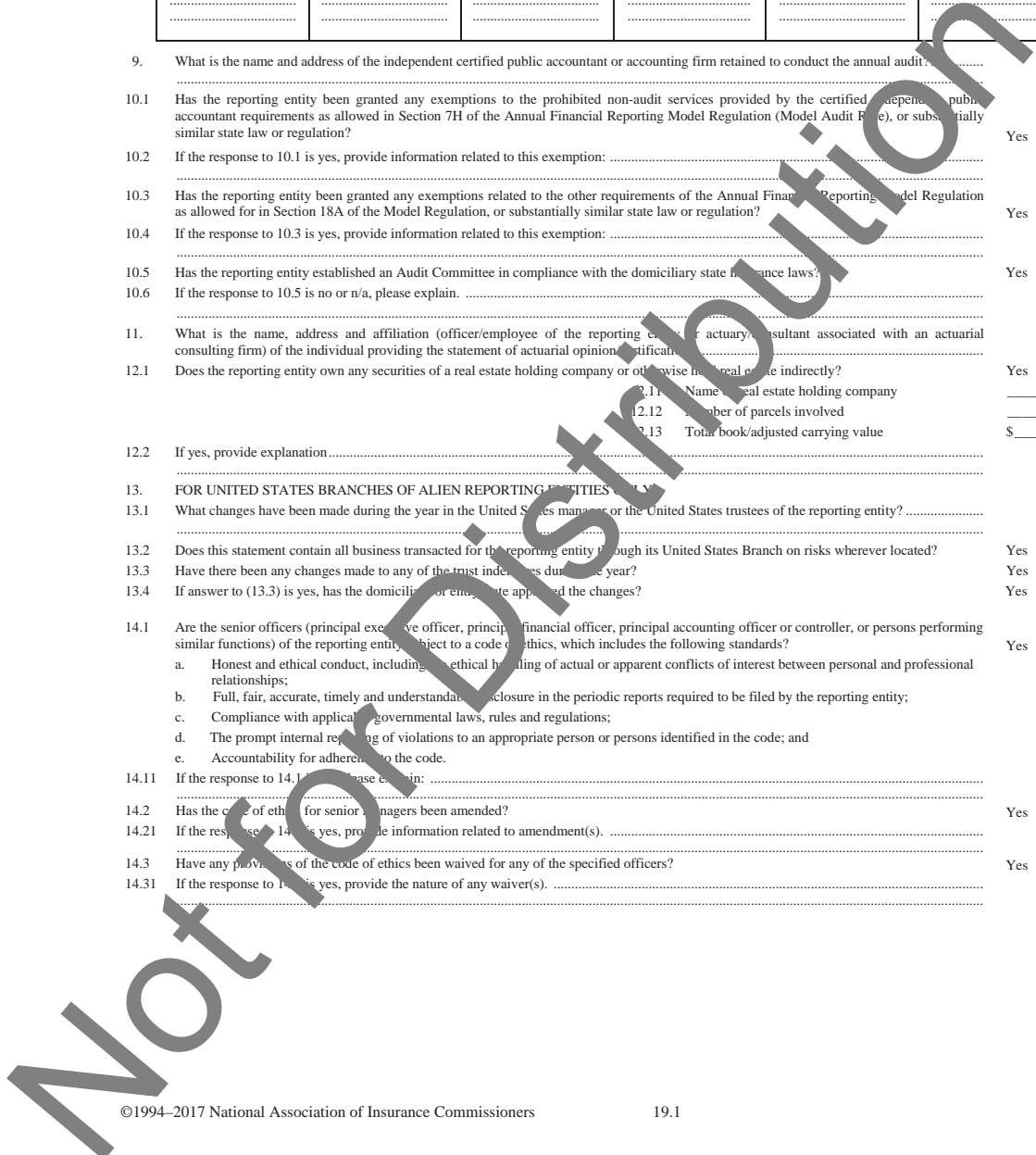
1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

- 8.1 Is the reporting entity a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....
- 8.3 Is the reporting entity affiliated with one or more banks, thrifts or securities firms? Yes  No
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? .....
- 10.1 Has the reporting entity been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes  No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the reporting entity been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes  No
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes  No  N/A
- 10.6 If the response to 10.5 is no or n/a, please explain. ....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion? .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 12.11 Name of real estate holding company \_\_\_\_\_
- 12.12 Number of parcels involved \_\_\_\_\_
- 12.13 Total book/adjusted carrying value \$ \_\_\_\_\_
- 12.2 If yes, provide explanation .....
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY
- 13.1 What changes have been made during the year in the United States managers or the United States trustees of the reporting entity? .....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes  No
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes  No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entity state approved the changes? Yes  No  N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes  No
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - c. Compliance with applicable governmental laws, rules and regulations;
  - d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain: .....
- 14.2 Has the code of ethics for senior managers been amended? Yes  No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s). ....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). ....



**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes  No
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes  No
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes  No
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes  No

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes  No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ \_\_\_\_\_
  - 20.12 To stockholders not officers \$ \_\_\_\_\_
  - 20.13 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ \_\_\_\_\_
  - 20.22 To stockholders not officers \$ \_\_\_\_\_
  - 20.23 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without liability, such obligation being reported in the statement? Yes  No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ \_\_\_\_\_
  - 21.22 Borrowed from others \$ \_\_\_\_\_
  - 21.23 Leased from others \$ \_\_\_\_\_
  - 21.24 Other \$ \_\_\_\_\_
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes  No
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ \_\_\_\_\_
  - 22.22 Amount paid as expenses \$ \_\_\_\_\_
  - 22.23 Other amounts paid \$ \_\_\_\_\_
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 1 of this statement? Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 1 amount: \$ \_\_\_\_\_

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of the current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes  No
- 24.02 If no, give full and complete information, relating to the securities lending program, including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 24.03 For security lending programs, provide a description of the program, including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 24.04 Does the reporting entity's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes  No  N/A
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ \_\_\_\_\_
- 24.06 If answer to 24.04 is no, report amount of collateral for non-conforming programs. \$ \_\_\_\_\_
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes  No  N/A
- 24.08 Does the reporting entity suspend when the collateral received from the counterparty falls below 100%? Yes  No  N/A
- 24.09 Does the reporting entity or its reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes  No  N/A

**GENERAL INTERROGATORIES**

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

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ \_\_\_\_\_
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ \_\_\_\_\_
- 24.103 Total payable for securities lending reported on the liability page \$ \_\_\_\_\_

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes  No

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

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

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	Amount

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

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

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

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

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

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

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

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

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

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

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

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

**GENERAL INTERROGATORIES**

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

29.2 If yes, complete the following schedule:

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

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

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

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

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

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

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

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

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

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

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

**GENERAL INTERROGATORIES**

33. By self-designating 5\*GI securities, the reporting entity is certifying the following elements of each self-designated 5\*GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5\*GI securities? Yes [ ] No [ ]

**OTHER**

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

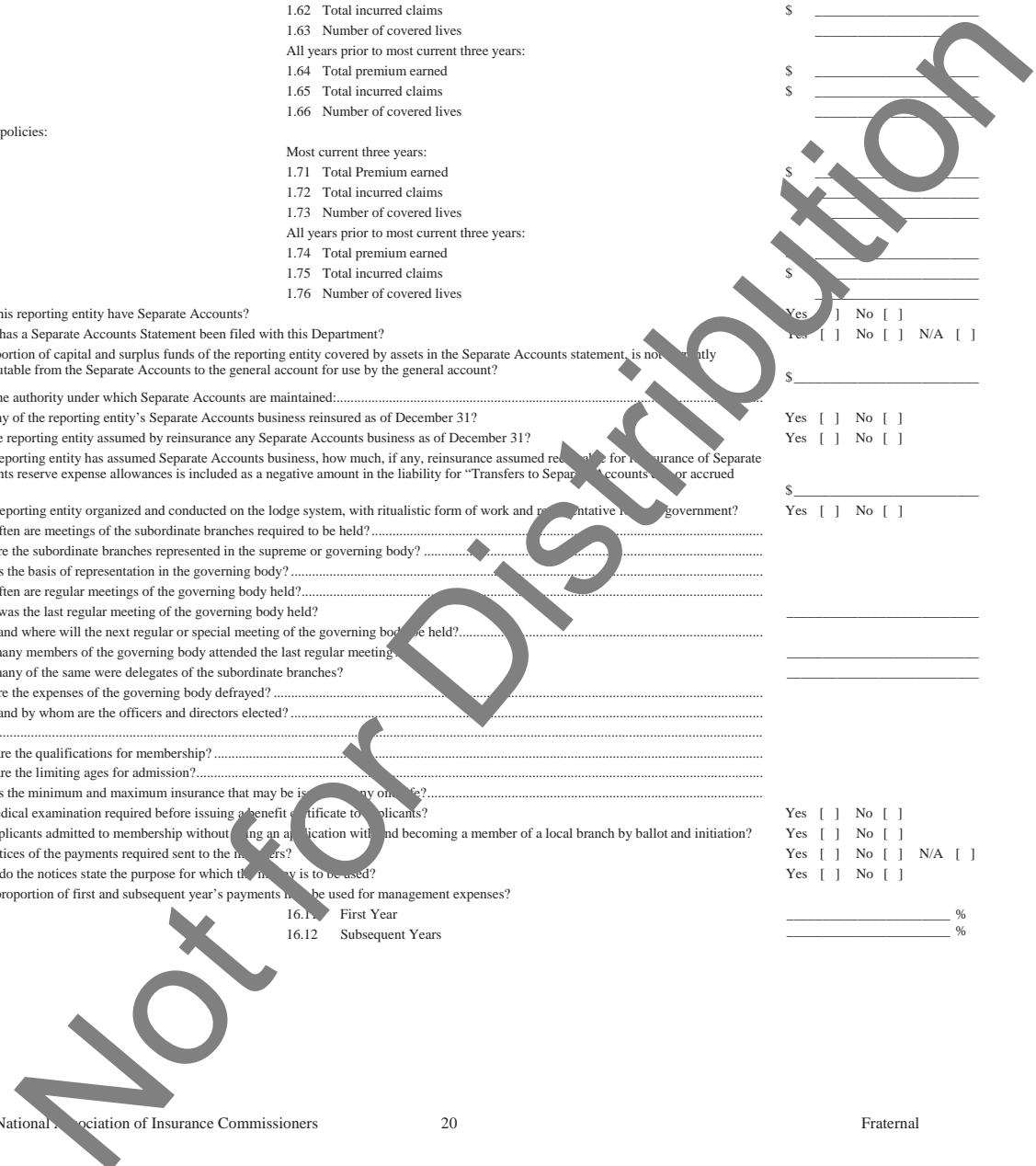
Not for Distribution



**GENERAL INTERROGATORIES**

**PART 2 – FRATERNAL INTERROGATORIES**

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes  No
- 1.2 If yes, indicate premium earned on U.S. business only. \$ \_\_\_\_\_
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ \_\_\_\_\_
  - 1.31 Reason for excluding.....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ \_\_\_\_\_
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ \_\_\_\_\_
- 1.6 Individual policies:
  - Most current three years:
  - 1.61 Total premium earned \$ \_\_\_\_\_
  - 1.62 Total incurred claims \$ \_\_\_\_\_
  - 1.63 Number of covered lives \_\_\_\_\_
  - All years prior to most current three years:
  - 1.64 Total premium earned \$ \_\_\_\_\_
  - 1.65 Total incurred claims \$ \_\_\_\_\_
  - 1.66 Number of covered lives \_\_\_\_\_
- 1.7 Group policies:
  - Most current three years:
  - 1.71 Total Premium earned \$ \_\_\_\_\_
  - 1.72 Total incurred claims \$ \_\_\_\_\_
  - 1.73 Number of covered lives \_\_\_\_\_
  - All years prior to most current three years:
  - 1.74 Total premium earned \$ \_\_\_\_\_
  - 1.75 Total incurred claims \$ \_\_\_\_\_
  - 1.76 Number of covered lives \_\_\_\_\_
- 2.1 Does this reporting entity have Separate Accounts? Yes  No
- 2.2 If yes, has a Separate Accounts Statement been filed with this Department? Yes  No  N/A
- 2.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not directly distributable from the Separate Accounts to the general account for use by the general account? \$ \_\_\_\_\_
- 2.4 State the authority under which Separate Accounts are maintained:.....
- 2.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes  No
- 2.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes  No
- 2.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed reserve for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts" or accrued (net)?" \$ \_\_\_\_\_
- 3. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative of government? Yes  No
- 4. How often are meetings of the subordinate branches required to be held?.....
- 5. How are the subordinate branches represented in the supreme or governing body?.....
- 6. What is the basis of representation in the governing body?.....
- 7.1 How often are regular meetings of the governing body held?.....
- 7.2 When was the last regular meeting of the governing body held?.....
- 7.3 When and where will the next regular or special meeting of the governing body be held?.....
- 7.4 How many members of the governing body attended the last regular meeting?.....
- 7.5 How many of the same were delegates of the subordinate branches?.....
- 8. How are the expenses of the governing body defrayed?.....
- 9. When and by whom are the officers and directors elected?.....
- 10. What are the qualifications for membership?.....
- 11. What are the limiting ages for admission?.....
- 12. What is the minimum and maximum insurance that may be issued on any one life?.....
- 13. Is a medical examination required before issuing a benefit certificate to applicants? Yes  No
- 14. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes  No
- 15.1 Are notices of the payments required sent to the members? Yes  No  N/A
- 15.2 If yes, do the notices state the purpose for which the money is to be used? Yes  No
- 16. What proportion of first and subsequent year's payments may be used for management expenses?
  - 16.1 First Year \_\_\_\_\_ %
  - 16.12 Subsequent Years \_\_\_\_\_ %



**GENERAL INTERROGATORIES**

- 17.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes  No
- 17.2 If so, what amount and for what purpose?..... Yes  No
- 18.1 Does the reporting entity pay an old age disability benefit? Yes  No
- 18.2 If yes, at what age does the benefit commence? \_\_\_\_\_
- 19.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes  No
- 19.2 If yes, when?.....
- 20. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes  No
- 21.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes  No  N/A
- 21.2 If so, was an additional reserve included in Exhibit 5? Yes  No
- 21. If yes, explain.....
- 22.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes  No
- 22.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes  No  N/A
- 23. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 7 of this statement? Yes  No
- 24. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:
  - 24.1 Amount of loss reserves established by these annuities during the current year? \$ \_\_\_\_\_
  - 24.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuity (i.e. reserve value)
	\$
	\$
	\$
	\$

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

	Outstanding Lien Amount
	\$
	\$
	\$

Not for Distribution

**GENERAL INTERROGATORIES**

**27.1** Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes  No  NA

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

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

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

- 28.1** Direct Premium Written
- 28.2** Total Incurred Claims
- 28.3** Number of Covered Lives

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_

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

Not for Distribution

**FIVE-YEAR HISTORICAL DATA**

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

\$000 omitted for amounts of life insurance

	1 2017	2 2016	3 2015	4 2014	5 2013
<u>Life Insurance in Force</u> (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....					
1.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated .....		XXX	XXX	XXX	XXX
<u>New Business Issued</u> (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....					
<u>Premium Income</u> (Exhibit 1, Part 1)					
3. Life insurance—first year (Line 9.4, Column 2) .....					
4. Life insurance—single and renewal (Lines 10.4 and 19.4, Column 2) .....					
5. Annuity (Line 20.4, Column 3).....					
6. Accident and health (Line 20.4, Column 4) .....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....					
<u>Balance Sheet</u> (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....					
10. Total Liabilities excluding Separate Accounts business (Page 3, Line 23).....					
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....					
11.1 Excess VM-20 Deterministic / Stochastic Reserve over NPR related to Line 1.1 .....		XXX	X	XXX	XXX
12. Aggregate reserve for accident and health certificates (Page 3, Line 2) .....					
13. Deposit-type contract funds (Page 3, Line 3).....					
14. Asset Valuation Reserve (Page 3, Line 21.1) .....					
15. Surplus (Page 3, Line 30).....					
<u>Cash Flow</u> (Page 5)					
16. Net cash from operations (Line 11) .....					
<u>Risk-Based Capital Analysis</u>					
17. Total adjusted capital .....					
18. 50% of the calculated RBC amount .....					
<u>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</u> (Page 2, Col. 3) (Item No. = Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....					
20. Stocks (Lines 2.1 and 2.2).....					
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....					
23. Cash, cash equivalents and short-term investments (Line 5).....					
24. Contract loans (Line 6).....					
25. Derivatives (Line 7) .....					
26. Other invested assets (Line 8) .....					
27. Receivables for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11) .....					
30. Cash, cash equivalents and invested assets (Line 12).....	100%	100%	100%	100%	100%
<u>Investments in Subsidiaries and Affiliates</u>					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) .....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated .....					
37. Total of above Lines 31 to 36.....					
38. Total investment in parent included in Lines 31 to 36 above.....					
<u>Total Nonadmitted Assets and Admitted Assets</u>					
39. Total nonadmitted assets (Page 2, Line 28, column 2) .....					
40. Total admitted assets (Page 2, Line 1, Col. 3) .....					
<u>Investment Income</u>					
41. Net investment income (Exhibit 1, Net Investment Income, Line 17).....					
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....					
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....					
44. Total of above Lines 41, 42 and 43 .....					

Not For Distribution

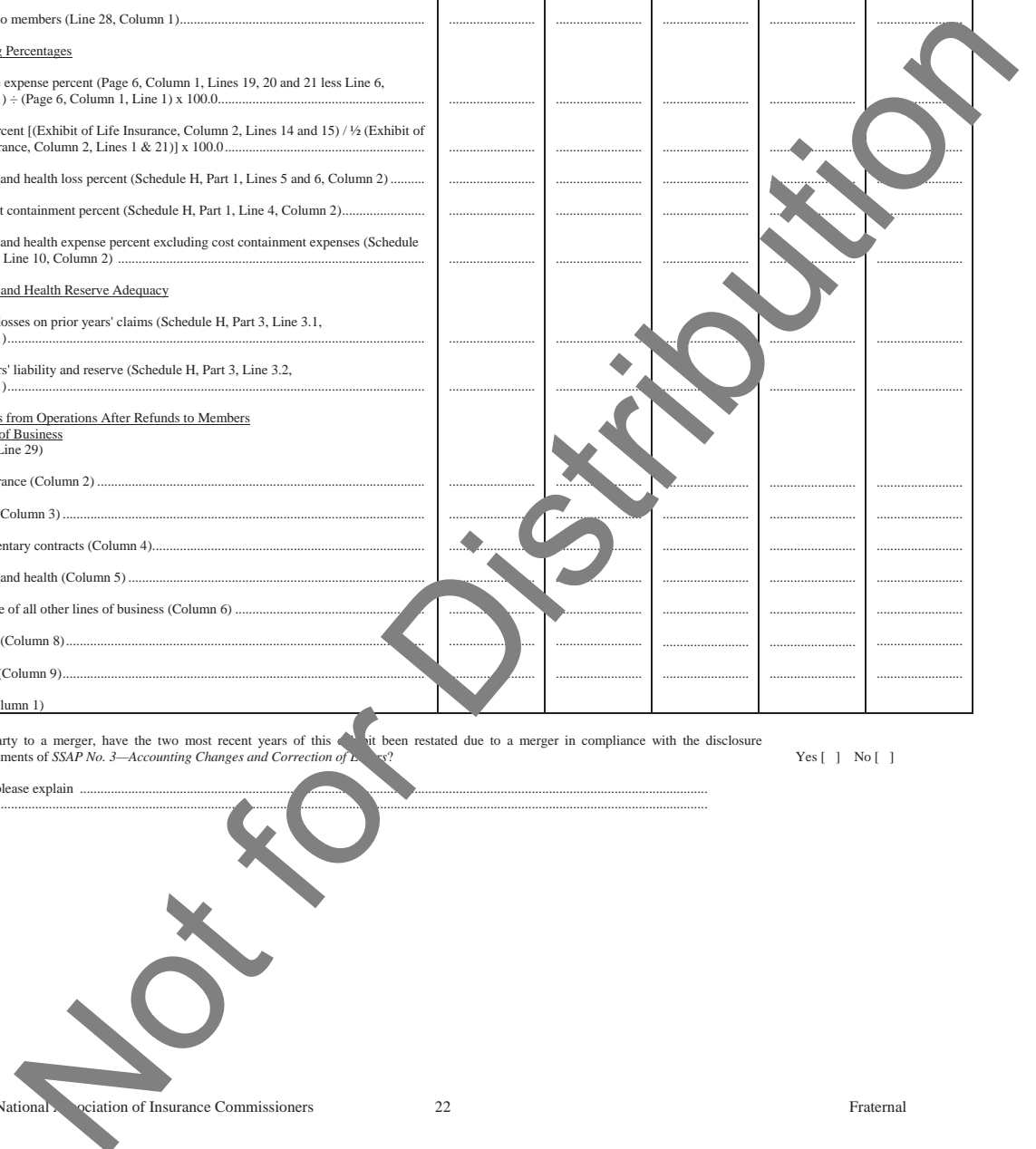
**FIVE-YEAR HISTORICAL DATA**  
(Continued)

	1 2017	2 2016	3 2015	4 2014	5 2013
<u>Benefits and Reserve Increases</u> (Page 6)					
45. Total certificate benefits—life (Lines 10, 11, 12, 13 and 14 Column 7 less Line 13, Column 5).....					
46. Total certificate benefits—accident and health (Line 13, Column 5).....					
47. Increase in life reserves (Line 17, Column 2).....					
48. Increase in accident and health reserves (Line 17, Column 5).....					
49. Refunds to members (Line 28, Column 1).....					
<u>Operating Percentages</u>					
50. Insurance expense percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6, Column 1, Line 1) x 100.0.....					
51. Lapse percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) / ½ (Exhibit of Life Insurance, Column 2, Lines 1 & 21)] x 100.0.....					
52. Accident and health loss percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and health expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2).....					
<u>Accident and Health Reserve Adequacy</u>					
55. Incurred losses on prior years' claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior years' liability and reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
<u>Net Gains from Operations After Refunds to Members by Lines of Business</u> (Page 6, Line 29)					
57. Life insurance (Column 2).....					
58. Annuity (Column 3).....					
59. Supplementary contracts (Column 4).....					
60. Accident and health (Column 5).....					
61. Aggregate of all other lines of business (Column 6).....					
62. Fraternal (Column 8).....					
63. Expense (Column 9).....					
64. Total (Column 1).....					

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

Yes [ ] No [ ]

If no, please explain .....



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF  
NAIC Group Code \_\_\_\_\_

DURING THE YEAR  
NAIC Company Code \_\_\_\_\_

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities	
1. Life insurance .....	.....	.....	
2. Annuity considerations .....	.....	.....	
3. Deposit-type contract funds .....	.....	.....	
4. Other considerations .....	.....	.....	
5. Total (Lines 1 to 4)	.....	.....	
<b>DIRECT REFUNDS TO MEMBERS</b>			
Life Insurance:			
6.1 Paid in cash or left on deposit .....	.....	.....	
6.2 Applied to pay renewal premiums .....	.....	.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	.....	.....	
6.4 Other .....	.....	.....	
6.5 Total (Sum of Lines 6.1 to 6.4)	.....	.....	
Annuities:			
7.1 Paid in cash or left on deposit .....	.....	.....	
7.2 Applied to provide paid-up annuities .....	.....	.....	
7.3 Other .....	.....	.....	
7.4 Total (Sum of Lines 7.1 to 7.3)	.....	.....	
8. Total (Line 6.5 plus Line 7.4)	.....	.....	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>			
9. Death benefits .....	.....	.....	
10. Matured endowments .....	.....	.....	
11. Annuity benefits .....	.....	.....	
12. Surrender values and withdrawals for life contracts .....	.....	.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.....	.....	
14. All other benefits, except accident & health .....	.....	.....	
15. Total	.....	.....	
<b>DETAILS OF WRITE-INS</b>			
1301. ....	.....	.....	
1302. ....	.....	.....	
1303. ....	.....	.....	
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.....	.....	
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	.....	.....	
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>		Number of Certificates	2 Amount
16. Unpaid December 31, prior year .....	.....	.....	.....
17. Incurred during current year .....	.....	.....	.....
Settled during current year:			
18.1 By payment in full .....	.....	.....	.....
18.2 By payment on compromised claims .....	.....	.....	.....
18.3 Total paid .....	.....	.....	.....
18.4 Reduction by compromise .....	.....	.....	.....
18.5 Amount rejected .....	.....	.....	.....
18.6 Total settlements .....	.....	.....	.....
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	.....	.....	.....
<b>POLICY EXHIBIT</b>			
20. In force December 31, prior year .....	.....	.....	.....
21. Issued during year .....	.....	.....	.....
22. Other changes to in force (net) .....	.....	.....	.....
23. In force December 31, current year	.....	.....	.....

**ACCIDENT AND HEALTH INSURANCE**

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

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

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

(a) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates ..... Amount \$ .....  
 Additional accidental death benefits included in life certificates were in amount \$ ..... Do the society collect contributions from members for general expenses of the society under fully paid-up certificates? YES [ ] NO [ ] If not, how are such expenses met? .....

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

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

**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**  
*Interest Maintenance Reserve*

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

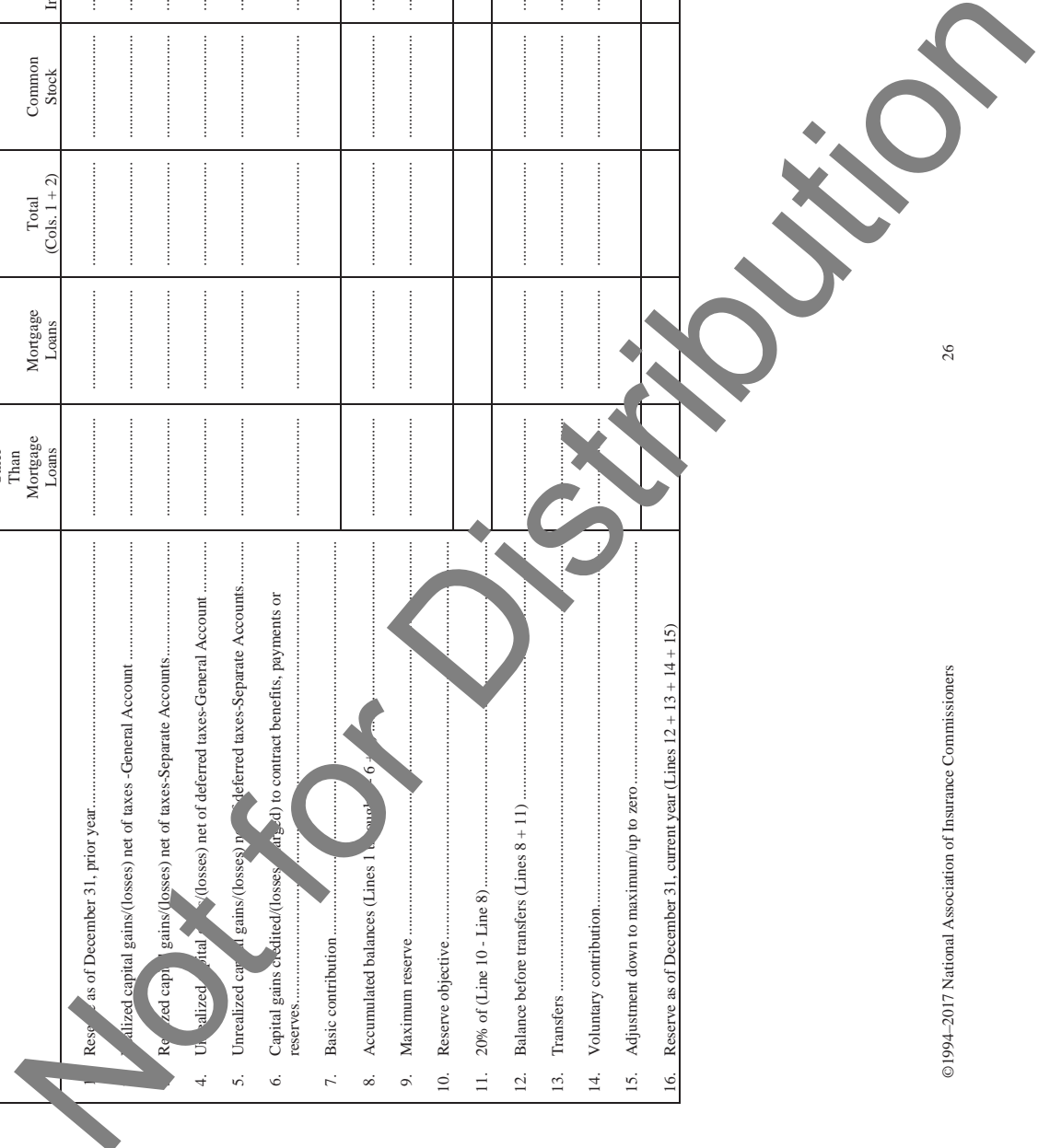
*Amortization*

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2017 .....	.....	.....	.....	.....
2. 2018 .....	.....	.....	.....	.....
3. 2019 .....	.....	.....	.....	.....
4. 2020 .....	.....	.....	.....	.....
5. 2021 .....	.....	.....	.....	.....
6. 2022 .....	.....	.....	.....	.....
7. 2023 .....	.....	.....	.....	.....
8. 2024 .....	.....	.....	.....	.....
9. 2025 .....	.....	.....	.....	.....
10. 2026 .....	.....	.....	.....	.....
11. 2027 .....	.....	.....	.....	.....
12. 2028 .....	.....	.....	.....	.....
13. 2029 .....	.....	.....	.....	.....
14. 2030 .....	.....	.....	.....	.....
15. 2031 .....	.....	.....	.....	.....
16. 2032 .....	.....	.....	.....	.....
17. 2033 .....	.....	.....	.....	.....
18. 2034 .....	.....	.....	.....	.....
19. 2035 .....	.....	.....	.....	.....
20. 2036 .....	.....	.....	.....	.....
21. 2037 .....	.....	.....	.....	.....
22. 2038 .....	.....	.....	.....	.....
23. 2039 .....	.....	.....	.....	.....
24. 2040 .....	.....	.....	.....	.....
25. 2041 .....	.....	.....	.....	.....
26. 2042 .....	.....	.....	.....	.....
27. 2043 .....	.....	.....	.....	.....
28. 2044 .....	.....	.....	.....	.....
29. 2045 .....	.....	.....	.....	.....
30. 2046 .....	.....	.....	.....	.....
31. 2047 and later .....	.....	.....	.....	.....
32. Total (Line 1 to 31)	.....	.....	.....	.....



**ASSET VALUATION RESERVE**

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



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

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

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

Line Number	NAIC Designation	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Basic Contribution Amount (Cols. 4x5)		7 Reserve Objective Amount (Cols. 4 x 7)		9 Maximum Reserve Amount (Cols. 4 x 9)	
						Factor	Amount	Factor	Amount	Factor	Amount
<b>MORTGAGE LOANS</b>											
	In Good Standing:										
35	Farm Mortgages - CM1 - Highest Quality			XXX		0.0010	0.0050	0.0065		0.0065	
36	Farm Mortgages - CM2 - High Quality			XXX		0.0035	0.0100	0.0130		0.0130	
37	Farm Mortgages - CM3 - Medium Quality			XXX		0.0060	0.0175	0.0225		0.0225	
38	Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0105	0.0300	0.0375		0.0375	
39	Farm Mortgages - CM5 - Low Quality			XXX		0.0160	0.0425	0.0550		0.0550	
40	Residential Mortgages - Insured or Guaranteed			XXX		0.0003	0.0006	0.0010		0.0010	
41	Residential Mortgages - All Other			XXX		0.0013	0.0030	0.0040		0.0040	
42	Commercial Mortgages - Insured or Guaranteed			XXX		0.0003	0.0006	0.0010		0.0010	
43	Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0010	0.0050	0.0065		0.0065	
44	Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0035	0.0100	0.0130		0.0130	
45	Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0060	0.0175	0.0225		0.0225	
46	Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0105	0.0300	0.0375		0.0375	
47	Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0160	0.0425	0.0550		0.0550	
	Overdue, Not in Process:										
48	Farm Mortgages			XXX		0.0420	0.0760	0.1200		0.1200	
49	Residential Mortgages - Insured or Guaranteed			XXX		0.0005	0.0012	0.0020		0.0020	
50	Residential Mortgages - All Other			XXX		0.0025	0.0058	0.0090		0.0090	
51	Commercial Mortgages - Insured or Guaranteed			XXX		0.0005	0.0012	0.0020		0.0020	
52	Commercial Mortgages - All Other			XXX		0.0420	0.0760	0.1200		0.1200	
	In Process of Foreclosure:										
53	Farm Mortgages			XXX		0.0000	0.1700	0.1700		0.1700	
54	Residential Mortgages - Insured or Guaranteed			XXX		0.0000	0.0040	0.0040		0.0040	
55	Residential Mortgages - All Other			XXX		0.0000	0.0130	0.0130		0.0130	
56	Commercial Mortgages - Insured or Guaranteed			XXX		0.0000	0.0040	0.0040		0.0040	
57	Commercial Mortgages - All Other			XXX		0.0000	0.1700	0.1700		0.1700	
58	Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXXXX		XXX	XXX	XXX		XXX	
59	Schedule DA Mortgages			X		0.0030	0.0100	0.0130		0.0130	
60	Total Mortgage Loans on Real Estate (Lines 58 + 59)			XX		XXX	XXX	XXX		XXX	

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

Line Number	NAIC Designation	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Basic Contribution		7 Reserve Objective		10 Maximum Reserve	
						Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
1	Unaffiliated Public.....					0.0000	0.1300(a)	0.1300(a)	0.1300(a)		
2	Unaffiliated Private.....		XXX	XXX		0.0000	0.1600	0.1600	0.1600		
3	Federal Home Loan Bank.....		XXX	XXX		0.0000	0.0050	0.0050	0.0080		
4	Affiliated Life with AVR.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000		
5	Affiliated Investment Subsidiary:										
6	Fixed Income Exempt Obligations.....					XXX	XXX	XXX	XXX		
7	Fixed Income Highest Quality.....					XXX	XXX	XXX	XXX		
8	Fixed Income High Quality.....					XXX	XXX	XXX	XXX		
9	Fixed Income Medium Quality.....					XXX	XXX	XXX	XXX		
10	Fixed Income Low Quality.....					XXX	XXX	XXX	XXX		
11	Fixed Income Lower Quality.....					XXX	XXX	XXX	XXX		
12	Fixed Income In or Near Default.....					XXX	XXX	XXX	XXX		
13	Unaffiliated Common Stock Public.....					0.0000	0.1300(a)	0.1300(a)	0.1300(a)		
14	Unaffiliated Common Stock Private.....					0.0000	0.1600	0.1600	0.1600		
15	Real Estate.....					(b)	(b)	(b)	(b)		
16	Affiliated-Certain Other (See SVO Purposes & Procedures Manual) Affiliated - All Other.....		XXX	XXX		0.0000	0.1300	0.1300	0.1300		
17	Total Common Stock (Sum of Lines 1 through 16)		XXX	XXX		XXX	XXX	XXX	XXX		
18	REAL ESTATE										
19	Home Office Property (General Account only).....					0.0000	0.0750	0.0750	0.0750		
20	Investment Properties.....					0.0000	0.0750	0.0750	0.0750		
21	Properties Acquired in Satisfaction of Debt..... Total Real Estate (Sum of Lines 18 through 20)					XXX	XXX	XXX	XXX		
22	OTHER INVESTED ASSETS										
23	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
24	1 Exempt Obligations.....		XXX	XXX		0.0000	0.0000	0.0000	0.0000		
25	2 Highest Quality.....		XXX	XXX		0.0004	0.0023	0.0023	0.0030		
26	3 High Quality.....		XXX	XXX		0.0093	0.0058	0.0058	0.0090		
27	4 Medium Quality.....		XXX	XXX		0.0213	0.0230	0.0230	0.0340		
28	5 Low Quality.....		XXX	XXX		0.0432	0.0530	0.0530	0.0750		
29	6 Lower Quality.....		XXX	XXX		0.2000	0.1100	0.1100	0.1700		
29	Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX	XXX	XXX	XXX		

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

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

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

Line Number	NAIC Designation	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Basic Contribution		7 Reserve Objective		10 Maximum Reserve	
						Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK											
65	Unaffiliated Public.....		XXX	XXX		0.0000		0.1300(a)		0.1300(a)	
66	Unaffiliated Private.....		XXX	XXX		0.0000		0.1600		0.1600	
67	Affiliated Life with AVR.....		XXX	XXX		0.0000		0.0000		0.0000	
68	Affiliated Certain Other (See SYO Purposes & Procedures Manual).....		XXX	XXX		0.0000		0.1300		0.1300	
69	Affiliated Other - All Other.....		XXX	XXX		0.0000		0.1600		0.1600	
70	Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE											
71	Home Office Property (General Account only).....					0.0000		0.0750		0.0750	
72	Investment Properties.....					0.0000		0.0750		0.0750	
73	Properties Acquired in Satisfaction of Debt.....					0.0000		0.1100		0.1100	
74	Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS											
75	Guaranteed Federal Low Income Housing Tax Credit.....					0.0003		0.0006		0.0010	
76	Non-guaranteed Federal Low Income Housing Tax Credit.....					0.0063		0.0120		0.0190	
77	Guaranteed State Low Income Housing Tax Credit.....					0.0003		0.0006		0.0010	
78	Non-guaranteed State Low Income Housing Tax Credit.....					0.0063		0.0120		0.0190	
79	All Other Income Housing Tax Credit.....					0.0273		0.0600		0.0975	
80	Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
ALL OTHER INVESTMENTS											
81	NAIC 1 Working Capital Finance Investments.....		XXX			0.0000		0.0037		0.0037	
82	NAIC 2 Working Capital Finance Investments.....		XXX			0.0000		0.0120		0.0120	
83	Other Invested Assets - Schedule BA.....		XXX			0.0000		0.1300		0.1300	
84	Other Short-Term Invested Assets - Schedule DA.....		XXX			0.0000		0.1300		0.1300	
85	Total All Other (Sum of Lines 81, 82, 83 and 84).....		XXX			XXX		XXX		XXX	
86	Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)					XXX		XXX		XXX	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).  
 (b) Determined using same factors and breakdowns used for directly owned real estate.  
 (c) This will be the factor associated with the risk category determined in the company generated worksheet.



**SCHEDULE F**

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
							XXX

5399999 Totals

Not for Distribution



**SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT**

	Total		Collectively Renewable		Non-Cancellable		Guaranteed Renewable		Other Individual Contracts					
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Renewable for Stated Reasons Only		Other Accident Only	All Other		
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
<b>PART I – ANALYSIS OF UNDERWRITING OPERATIONS</b>														
1. Premiums written.....	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX
2. Premiums earned.....	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX
3. Increase in contract reserves.....	.....		.....		.....		.....		.....		.....		.....	
4. Increase in contract liabilities.....	.....		.....		.....		.....		.....		.....		.....	
5. Total contract containment expenses.....	.....		.....		.....		.....		.....		.....		.....	
6. Increase in contract reserves.....	.....		.....		.....		.....		.....		.....		.....	
7. Commissions.....	.....		.....		.....		.....		.....		.....		.....	
8. Other expenses.....	.....		.....		.....		.....		.....		.....		.....	
9. Taxes, licenses and fees.....	.....		.....		.....		.....		.....		.....		.....	
10. Total other expenses incurred.....	.....		.....		.....		.....		.....		.....		.....	
11. Aggregate write-offs for deductions.....	.....		.....		.....		.....		.....		.....		.....	
12. Gain from underwriting before dividends or refunds.....	.....		.....		.....		.....		.....		.....		.....	
13. Dividends or refunds.....	.....		.....		.....		.....		.....		.....		.....	
14. Gain from underwriting after dividends or refunds.....	.....		.....		.....		.....		.....		.....		.....	
<b>DETAILS OF WRITE-INS</b>														
1101.....	.....		.....		.....		.....		.....		.....		.....	
1102.....	.....		.....		.....		.....		.....		.....		.....	
1103.....	.....		.....		.....		.....		.....		.....		.....	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....		.....		.....		.....		.....		.....		.....	
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	.....		.....		.....		.....		.....		.....		.....	

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



**SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)**

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

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

**SCHEDULE H – PART 5 – HEALTH CLAIMS**

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

Not for Distribution

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

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

Not for Distribution

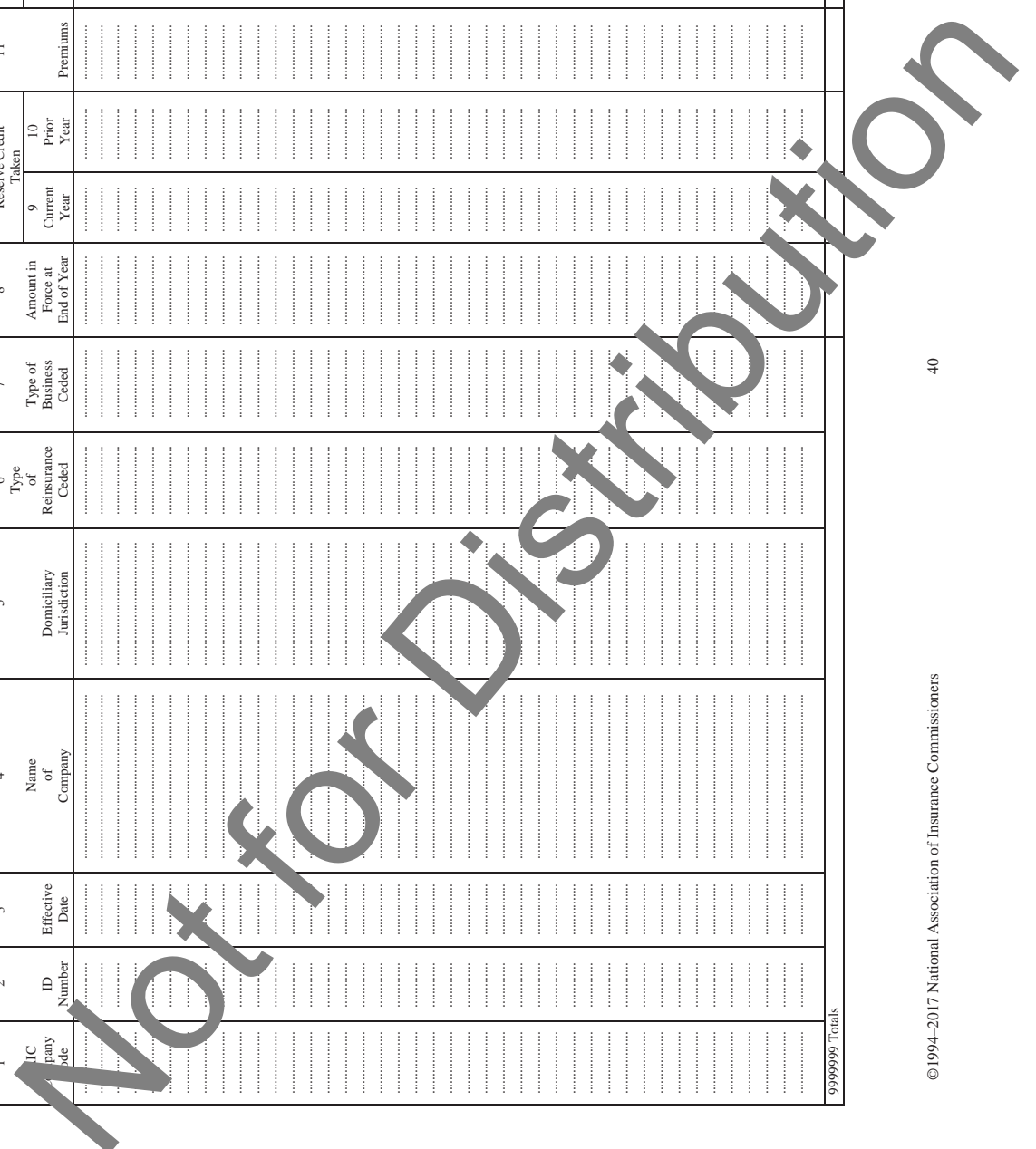
**SCHEDULE S – PART 1 – SECTION 2**  
 Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinurance Reserve	12 Funds Withheld Under Coinurance
9999999 Totals											



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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	11 Outstanding Surplus Relief		13 Modified Consurance Reserve	14 Funds Withheld Under Consurance
										11 Current Year	12 Prior Year		
9999999	Totals												

Not for Distribution

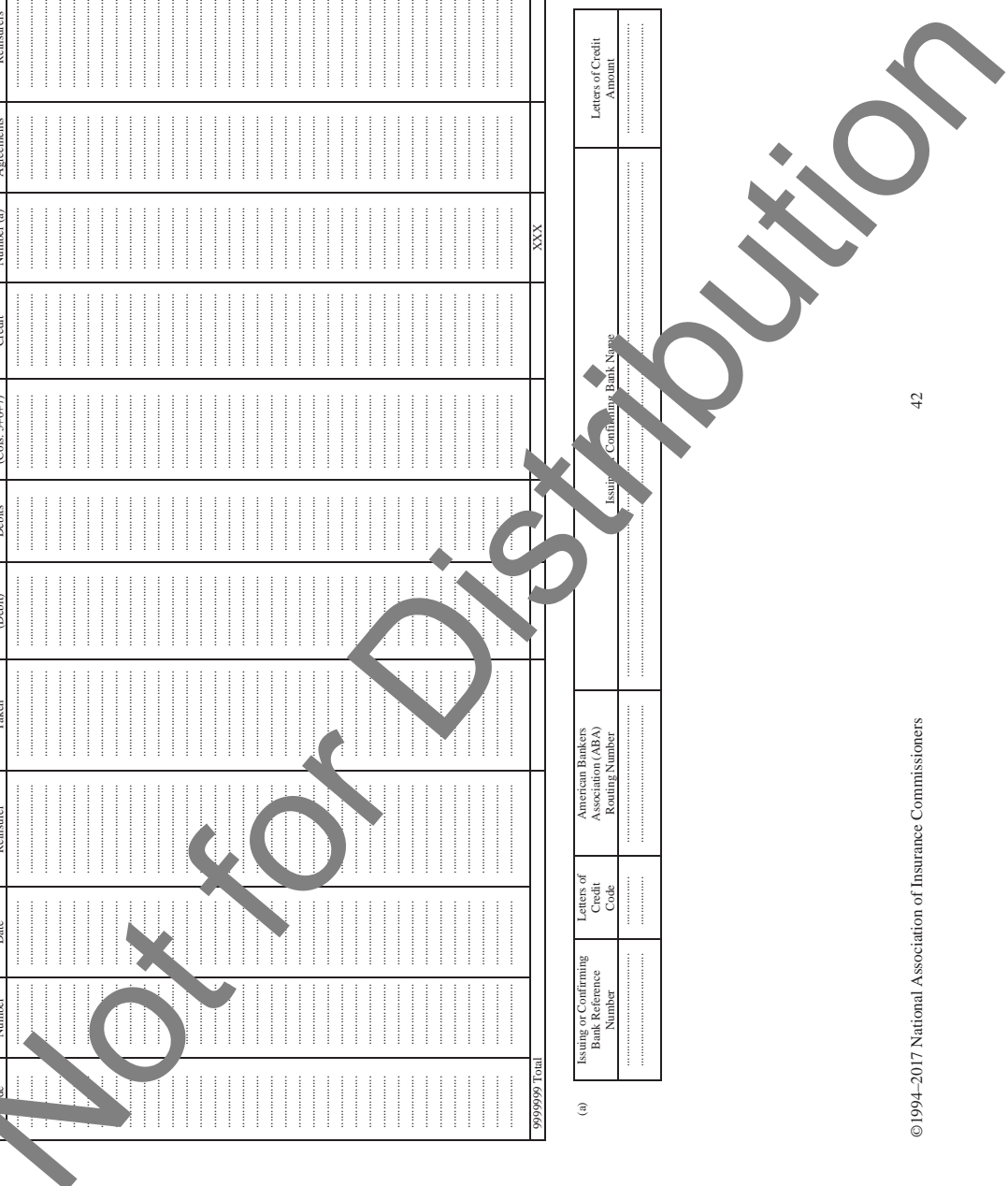


**SCHEDULE S – PART 4**  
 Reinsurance Ceded To Unauthorized Companies

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

(a)

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



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Division Jurisdiction	Certification Authority	Effective Date of Reinsurance	Percent Collateral Required for Full Credit (100%)	Reserve Taken	Paid and Unpaid Losses Reimbursed (Debit)	Other Debits	Total Reserve/Credit Taken (10 + 11)	Miscellaneous Credits (Credit)	Net Obligation Subject to Full Credit (Col 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col 14)	Multiple Reinsurers (Yes/No)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Collateral Trust Agreements	Funds Deposited by Reinsurers	Total Collateral Provided (Col 16 + 17 + 18 + 19 + 20)	Percent of Collateral Provided for Obligation Subject to Collateral (Col 21 / Col 14)	Percent Allowed on Net Obligation Subject to Collateral (Col 22 / Col 14)	Amount of Credit Allowed for Obligation Subject to Collateral (Col 23)	Liability for Reinsurance With Reserves Due to Collateral Deficiency (Col 24)	
999999	0000																								

(a)

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

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

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts.....					
2. Commissions and reinsurance expense allowances .....					
3. Contract claims .....					
4. Surrender benefits and withdrawals for life contracts.....					
5. Refunds to members .....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts .....					
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					
10. Liability for deposit-type contracts .....					
11. Contract claims unpaid .....					
12. Amounts recoverable on reinsurance .....					
13. Experience rating refunds due or unpaid.....					
14. Refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

Not for Distribution

**SCHEDULE S – PART 7**  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....			
2. Reinsurance (Line 16) .....			
3. Premiums and considerations (Line 15).....			
4. Net credit for ceded reinsurance .....	XXX		
5. All other admitted assets (balance) .....			
6. Total assets excluding Separate Accounts (Line 26) .....			
7. Separate Account assets (Line 27) .....			
8. Total assets (Line 28)			
<b>LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2).....			
10. Liability for deposit-type contracts (Line 3).....			
11. Claim reserves (Line 4).....			
12. Member refunds/reserves (Lines 5 through 6).....			
13. Premium & annuity considerations received in advance (Line 7).....			
14. Other contract liabilities (Line 8).....			
15. Reinsurance in unauthorized companies (Line 21.2 minus inset amount).....			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 21.3 minus inset amount).....			
17. Reinsurance with Certified Reinsurers (Line 21.2 inset amount) .....			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 21.3 inset amount) ..			
19. All other liabilities (balance).....			
20. Total liabilities excluding Separate Accounts (Line 23) .....			
21. Separate Account liabilities (Line 24) .....			
22. Total liabilities (Line 25).....			
23. Capital & surplus (Line 30).....		XXX	
24. Total liabilities, capital & surplus (Line 31)			
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....			
26. Claim reserves .....			
27. Member refunds/reserves .....			
28. Premium & annuity considerations received in advance .....			
29. Liability for deposit-type contracts .....			
30. Other contract liabilities .....			
31. Reinsurance ceded assets .....			
32. Other ceded reinsurance recoverables.....			
33. Total ceded reinsurance recoverables .....			
34. Premiums and considerations.....			
35. Reinsurance in unauthorized companies.....			
36. Funds held under reinsurance treaties with unauthorized reinsurers.....			
37. Reinsurance with Certified Reinsurers .....			
38. Funds held under reinsurance treaties with Certified Reinsurers .....			
39. Other ceded reinsurance payables/offsets.....			
40. Total ceded reinsurance payable/offsets.....			
41. Total net credit for ceded reinsurance			

Not for Distribution

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

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

(L) Licensed or Chartered - Licensed Insurance Agent or Domestic Producer; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write Surplus Lines in the state.

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

- (a) Insert the number of the state or territory in which the business is conducted.  
 (b) Column 4 should balance with Exhibit 1, Lines 16 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1 indicate which:

**SCHEDULE T – PART 2**

**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
Allocated By States and Territories**

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

Not for Distribution

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

**PART 1 – ORGANIZATIONAL CHART**

Not for Distribution





**SCHEDULE Y**

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

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

Not for Distribution

**SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES**

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

**MARCH FILING**

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

**APRIL FILING**

- |  |       |
|--|-------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | ..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | ..... |

**JUNE FILING**

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

**AUGUST FILING**

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

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

**MARCH FILING**

- |  |       |
|--|-------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | ..... |
| 11. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?   | ..... |
| 12. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories #1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?           | ..... |
| 13. Will the statement on non-guaranteed elements as required in Interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 14. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 15. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 16. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 17. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 18. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?                                 | ..... |
| 19. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?             | ..... |
| 20. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?         | ..... |
| 22. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 23. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 24. Will the Actuarial Certification Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?                         | ..... |
| 25. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?   | ..... |
| 26. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?  | ..... |
| 27. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?                | ..... |
| 28. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?                   | ..... |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 29. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
30. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
31. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
32. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
33. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
34. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?
35. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?

36. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

- 37. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
38. Will the Interest Sensitive Life Insurance Products Report be filed with the state of domicile and the NAIC by April 1?
39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
40. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and with the NAIC by April 1?
41. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and with the NAIC by April 1?
42. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
43. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?
44. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
45. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?

46. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

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

Explanation:

Bar code:



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OVERFLOW PAGE FOR WRITE-INS

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**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities .....						
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies .....						
1.22 Issued by U.S. government sponsored agencies .....						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) .....						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations .....						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....						
1.43 Revenue and assessment obligations .....						
1.44 Industrial development and similar obligations .....						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA .....						
1.512 Issued or guaranteed by FNMA and FHLMC .....						
1.513 All other .....						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA .....						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 .....						
1.523 All other .....						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) .....						
2.2 Unaffiliated non-U.S. securities (including Canada) .....						
2.3 Affiliated securities .....						
3. Equity interests:						
3.1 Investments in mutual funds .....						
3.2 Preferred stocks:						
3.21 Affiliated .....						
3.22 Unaffiliated .....						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated .....						
3.32 Unaffiliated .....						
3.4 Other equity securities:						
3.41 Affiliated .....						
3.42 Unaffiliated .....						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated .....						
3.52 Unaffiliated .....						
4. Mortgage loans:						
4.1 Construction and land development .....						
4.2 Agricultural .....						
4.3 Single family residential properties .....						
4.4 Multifamily residential properties .....						
4.5 Commercial loans .....						
4.6 Mezzanine real estate loans .....						
5. Real estate investments:						
5.1 Property occupied by company .....						
5.2 Property held for production of income (including \$ ..... of property acquired in satisfaction of debt) .....						
5.3 Property held for sale (including \$ ..... of property acquired in satisfaction of debt) .....						
6. Contract loans .....						
7. Derivatives .....						
8. Receivables for securities .....						
9. Securities Lending (Line 10, Asset Page reinvested collateral) .....				XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments .....						
11. Other invested assets .....						
12. Total invested assets						

Not for Distribution

**SCHEDULE A – VERIFICATION BETWEEN YEARS**  
Real Estate

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

**SCHEDULE B – VERIFICATION BETWEEN YEARS**  
Mortgage Loans

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

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**SCHEDULE BA – VERIFICATION BETWEEN YEARS**  
Other Long-Term Invested Assets

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

**SCHEDULE D – VERIFICATION BETWEEN YEARS**  
Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	_____
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	_____
3.	Accrual of discount .....	_____
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12 .....	_____
4.2	Part 2, Section 1, Column 15 .....	_____
4.3	Part 2, Section 2, Column 13 .....	_____
4.4	Part 4, Column 11 .....	_____
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	_____
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	_____
7.	Deduct amortization of premium .....	_____
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15 .....	_____
8.2	Part 2, Section 1, Column 19 .....	_____
8.3	Part 2, Section 2, Column 16 .....	_____
8.4	Part 4, Column 15 .....	_____
9.	Deduct current year's other-than-temporary impairment recognized:	
9.1	Part 1, Column 14 .....	_____
9.2	Part 2, Section 1, Column 17 .....	_____
9.3	Part 2, Section 2, Column 14 .....	_____
9.4	Part 4, Column 13 .....	_____
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____
11.	Deduct total nonadmitted amounts .....	_____
12.	Statement value at end of current period (Line 10 minus Line 11) .....	_____

Not for Distribution

**SCHEDULE D – SUMMARY BY COUNTRY**  
 Long-Term Bonds and Stocks OWNED December 31 of Current Year

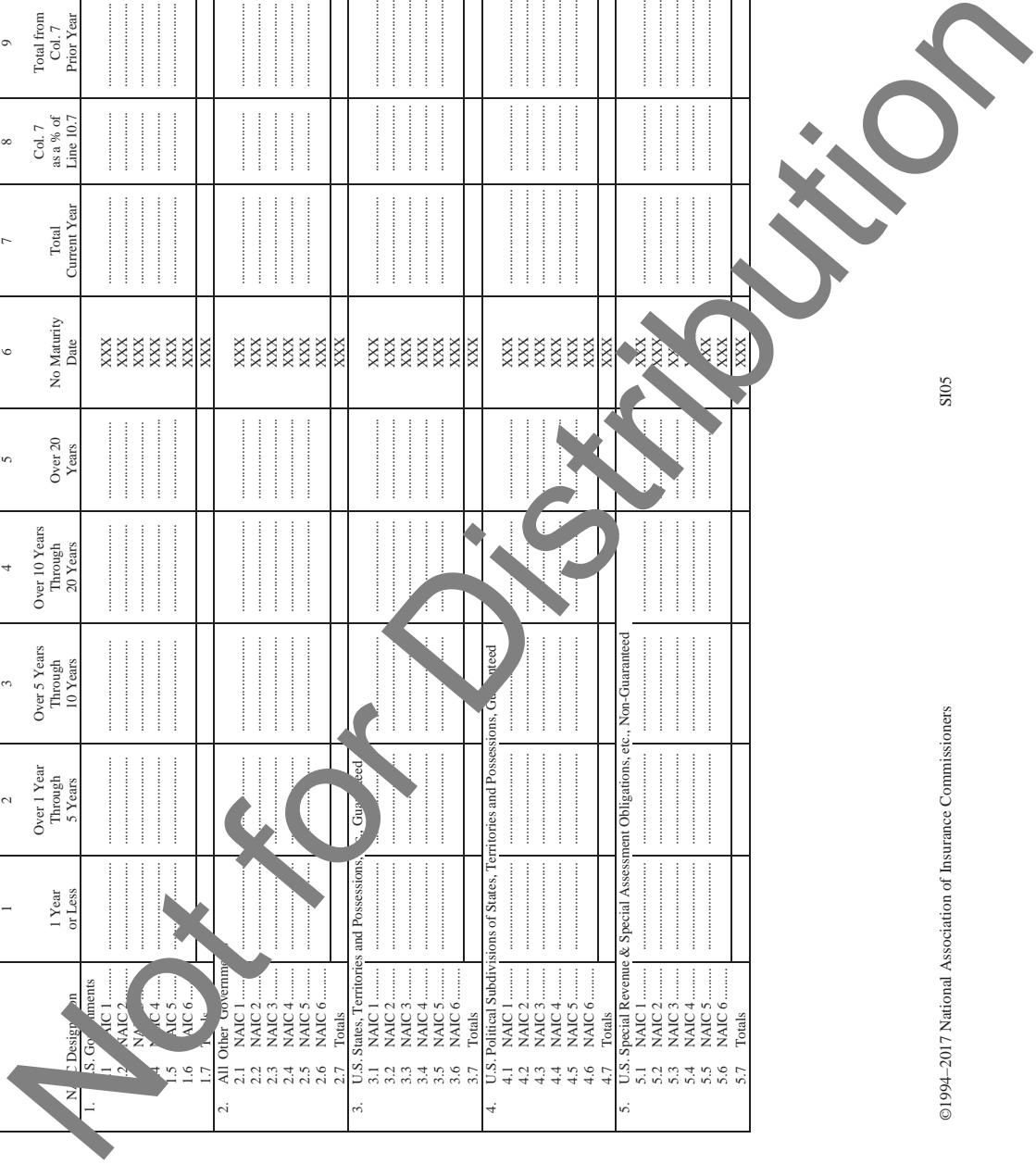
Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (including all obligations guaranteed by governments)	1. United States.....	.....	.....	.....	.....
	2. Canada .....	.....	.....	.....	.....
	3. Other Countries .....	.....	.....	.....	.....
	4. Totals				
U.S. States, Territories and Possessions (direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States.....	.....	.....	.....	.....
	9. Canada .....	.....	.....	.....	.....
	10. Other Countries .....	.....	.....	.....	.....
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	<b>13. Total Bonds</b>				
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States.....	.....	.....	.....	.....
	15. Canada .....	.....	.....	.....	.....
	16. Other Countries .....	.....	.....	.....	.....
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	<b>19. Total Preferred Stocks</b>				
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States.....	.....	.....	.....	.....
	21. Canada .....	.....	.....	.....	.....
	22. Other Countries .....	.....	.....	.....	.....
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	<b>25. Total Common Stocks</b>				
	<b>26. Total Stocks</b>				
	<b>27. Total Bonds and Stocks</b>				

Not for Distribution



**SCHEDULE D – PART 1A – SECTION 1**  
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Government												
1.1 NAIC 1						XXX						
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 Totals						XXX						
2. All Other Government												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						



**SCHEDULE D – PART 1A - SECTION 1 (Continued)**  
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

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

Not for Distribution

**SCHEDULE D – PART 1A – SECTION 1 (Continued)**  
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
11. NAIC Designation												
11.1 Total NAIC 1	(d)								XXX	XXX		
11.2 Total NAIC 2	(d)								XXX	XXX		
11.3 Total NAIC 3	(d)								XXX	XXX		
11.4 Total NAIC 4	(d)								XXX	XXX		
11.5 Total NAIC 5	(d)								XXX	XXX		
11.6 Total NAIC 6	(d)								XXX	XXX		
11.7 Totals	(d)						(c)		XXX	XXX		
11.8 Line 11.7 as a % of Col. 9							(b)		XXX	XXX		
12. Total Publicly Traded Bonds												
12.1 NAIC 1							XXX	XXX				XXX
12.2 NAIC 2							XXX	XXX				XXX
12.3 NAIC 3							XXX	XXX				XXX
12.4 NAIC 4							XXX	XXX				XXX
12.5 NAIC 5							XXX	XXX				XXX
12.6 NAIC 6							XXX	XXX				XXX
12.7 Totals							XXX	XXX				XXX
12.8 Line 12.7 as a % of Col. 7										XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10										XXX		XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1											XXX	XXX
13.2 NAIC 2											XXX	XXX
13.3 NAIC 3											XXX	XXX
13.4 NAIC 4											XXX	XXX
13.5 NAIC 5											XXX	XXX
13.6 NAIC 6											XXX	XXX
13.7 Totals											XXX	XXX
13.8 Line 13.7 as a % of Col. 7											XXX	XXX
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10											XXX	XXX

(a) Includes \$ \_\_\_\_\_ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A. \_\_\_\_\_ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z<sup>60</sup>" in the SVO does not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
 (b) Includes \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with Z designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with Z<sup>60</sup> designations. "5<sup>60</sup>" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6<sup>60</sup>" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (c) Includes \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 5<sup>60</sup> designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 6<sup>60</sup> designations. "5<sup>60</sup>" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6<sup>60</sup>" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ \_\_\_\_\_; NAIC 2 \$ \_\_\_\_\_; NAIC 3 \$ \_\_\_\_\_; NAIC 4 \$ \_\_\_\_\_; NAIC 5 \$ \_\_\_\_\_; NAIC 6 \$ \_\_\_\_\_.

**SCHEDULE D – PART 1A – SECTION 2**

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

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.6	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
Distribution by Type												
1. U.S. Governments												
1.1 Issuer Obligations						XXX						
1.2 Residential Mortgage-Backed Securities						XXX						
1.3 Commercial Mortgage-Backed Securities						XXX						
1.4 Other Loan-Backed and Structured Securities						XXX						
1.5 Totals						XXX						
2. All Other Governments												
2.1 Issuer Obligations						XXX						
2.2 Residential Mortgage-Backed Securities						XXX						
2.3 Commercial Mortgage-Backed Securities						XXX						
2.4 Other Loan-Backed and Structured Securities						XXX						
2.5 Totals						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX						
3.2 Residential Mortgage-Backed Securities						XXX						
3.3 Commercial Mortgage-Backed Securities						XXX						
3.4 Other Loan-Backed and Structured Securities						XXX						
3.5 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX						
4.2 Residential Mortgage-Backed Securities						XXX						
4.3 Commercial Mortgage-Backed Securities						XXX						
4.4 Other Loan-Backed and Structured Securities						XXX						
4.5 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations						XXX						
5.2 Residential Mortgage-Backed Securities						XXX						
5.3 Commercial Mortgage-Backed Securities						XXX						
5.4 Other Loan-Backed and Structured Securities						XXX						
5.5 Totals						XXX						
6. Industrial and Miscellaneous												
6.1 Issuer Obligations						XXX						
6.2 Residential Mortgage-Backed Securities						XXX						
6.3 Commercial Mortgage-Backed Securities						XXX						
6.4 Other Loan-Backed and Structured Securities						XXX						
6.5 Totals						XXX						
7. Hybrid Securities												
7.1 Issuer Obligations						XXX						
7.2 Residential Mortgage-Backed Securities						XXX						
7.3 Commercial Mortgage-Backed Securities						XXX						
7.4 Other Loan-Backed and Structured Securities						XXX						
7.5 Totals						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX						
8.2 Residential Mortgage-Backed Securities						XXX						
8.3 Commercial Mortgage-Backed Securities						XXX						
8.4 Other Loan-Backed and Structured Securities						XXX						
8.5 Totals						XXX						

Not for Distribution

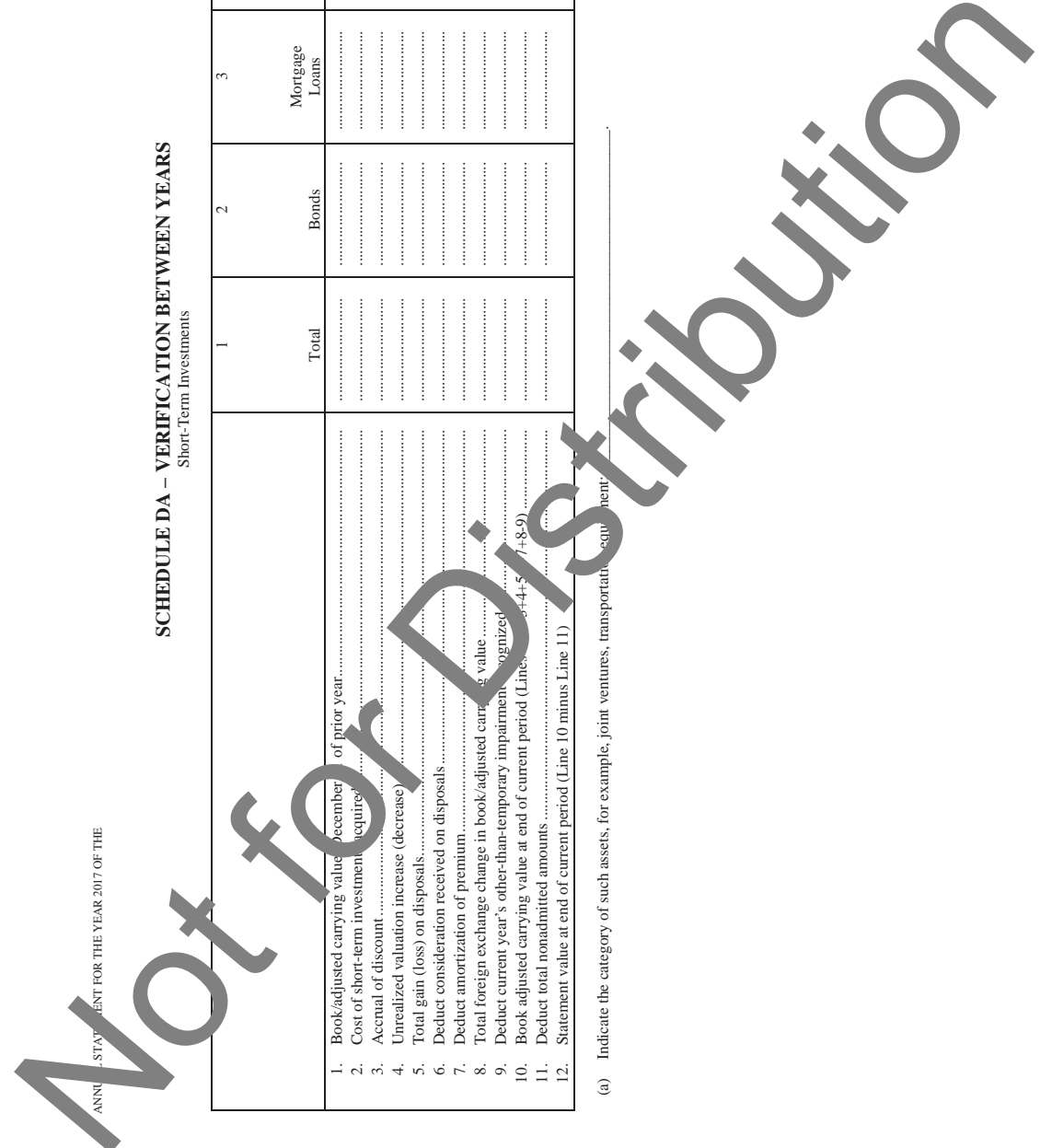
**SCHEDULE D – PART 1A – SECTION 2 (Continued)**  
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.6	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
Distribution by Type												
10. SVO Identified Funds												
10.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10.3 Total Current Year	XXX	XXX	XXX	XXX	XXX							
10.4 Issuer Obligations						XXX			XXX	XXX		
10.5 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
10.6 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
10.7 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
10.8 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							
10.9 Totals	XXX	XXX	XXX	XXX	XXX							
10.10 Lines 10.6 as a % of Col. 7												
11. Total Publicly Traded Bonds												
11.1 Issuer Obligations						XXX	XXX	XXX				
11.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
11.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
11.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							
11.6 Totals	XXX	XXX	XXX	XXX	XXX		XXX	XXX		XXX		
11.7 Line 11.6 as a % of Col. 9												
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations						XXX	XXX	XXX				XXX
12.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX				XXX
12.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				XXX
12.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
12.6 Totals	XXX	XXX	XXX	XXX	XXX							XXX
12.7 Line 12.6 as a % of Col. 7									XXX	XXX		XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10									XXX	XXX		XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations						XXX					XXX	
13.2 Residential Mortgage-Backed Securities						XXX					XXX	
13.3 Commercial Mortgage-Backed Securities						XXX					XXX	
13.4 Other Loan-Backed and Structured Securities						XXX					XXX	
13.5 SVO Identified Funds						XXX					XXX	
13.6 Totals						XXX					XXX	
13.7 Line 13.6 as a % of Col. 7											XXX	XXX
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10											XXX	XXX

**SCHEDULE DA – VERIFICATION BETWEEN YEARS**  
Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value at December 31 of prior year.....	.....	.....	.....	.....	.....
2. Cost of short-term investments acquired.....	.....	.....	.....	.....	.....
3. Accrual of discount.....	.....	.....	.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....	.....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....	.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....	.....	.....	.....
7. Deduct amortization of premium.....	.....	.....	.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....	.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....	.....	.....	.....
10. Book adjusted carrying value at end of current period (Lines 1-9).....	.....	.....	.....	.....	.....
11. Deduct total nonadmitted amounts.....	.....	.....	.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	.....	.....	.....	.....	.....

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

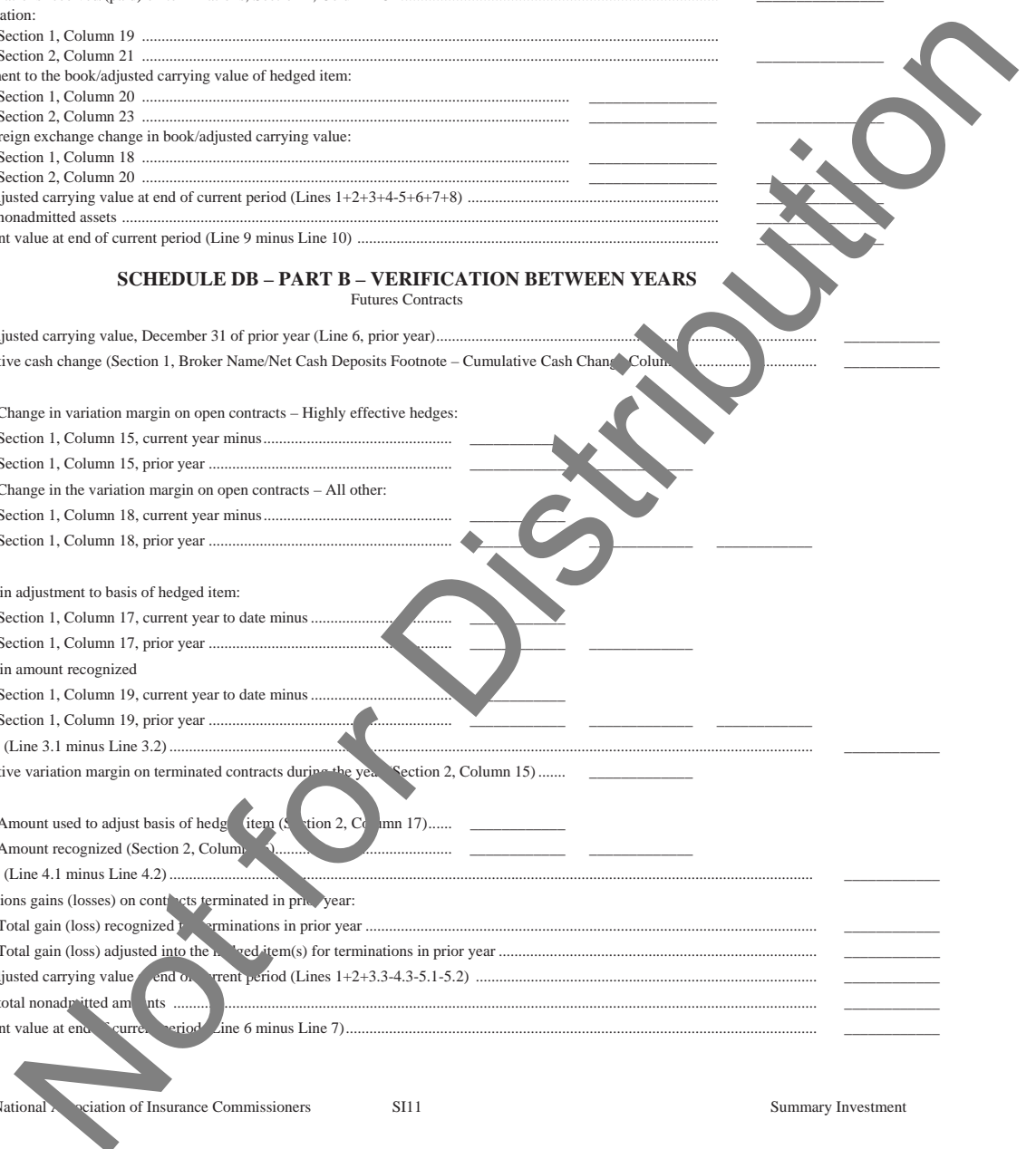


**SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS**  
Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 9, prior year) .....	_____
2.	Cost paid/(consideration received) on additions:	
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12 .....	_____
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14 .....	_____
3.	Unrealized valuation increase/(decrease):	
3.1	Section 1, Column 17 .....	_____
3.2	Section 2, Column 19 .....	_____
4.	Total gain (loss) on termination recognized, Section 2, Column 22 .....	_____
5.	Considerations received/(paid) on terminations, Section 2, Column 15 .....	_____
6.	Amortization:	
6.1	Section 1, Column 19 .....	_____
6.2	Section 2, Column 21 .....	_____
7.	Adjustment to the book/adjusted carrying value of hedged item:	
7.1	Section 1, Column 20 .....	_____
7.2	Section 2, Column 23 .....	_____
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Section 1, Column 18 .....	_____
8.2	Section 2, Column 20 .....	_____
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6+7+8) .....	_____
10.	Deduct nonadmitted assets .....	_____
11.	Statement value at end of current period (Line 9 minus Line 10) .....	_____

**SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS**  
Futures Contracts

1.	Book/adjusted carrying value, December 31 of prior year (Line 6, prior year).....	_____
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change, Column .....)	_____
3.1	Add:	
	Change in variation margin on open contracts – Highly effective hedges:	
3.11	Section 1, Column 15, current year minus .....	_____
3.12	Section 1, Column 15, prior year .....	_____
	Change in the variation margin on open contracts – All other:	
3.13	Section 1, Column 18, current year minus .....	_____
3.14	Section 1, Column 18, prior year .....	_____
3.2	Add:	
	Change in adjustment to basis of hedged item:	
3.21	Section 1, Column 17, current year to date minus .....	_____
3.22	Section 1, Column 17, prior year .....	_____
	Change in amount recognized	
3.23	Section 1, Column 19, current year to date minus .....	_____
3.24	Section 1, Column 19, prior year .....	_____
3.3	Subtotal (Line 3.1 minus Line 3.2) .....	_____
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15) .....	_____
4.2	Less:	
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17).....	_____
4.22	Amount recognized (Section 2, Column 19).....	_____
4.3	Subtotal (Line 4.1 minus Line 4.2) .....	_____
5.	Dispositions gains (losses) on contracts terminated in prior year:	
5.1	Total gain (loss) recognized on terminations in prior year .....	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year .....	_____
6.	Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2) .....	_____
7.	Deduct total nonadmitted amounts .....	_____
8.	Statement value at end of current period (Line 6 minus Line 7) .....	_____



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

1	Replication (Synthetic Asset) Transactions				Components of the Replication (Synthetic Asset) Transactions										
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number	Description	NAIC Designation or Other Description	Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
9999999	Totals					XXX	XXX	XXX			XXX	XXX	XXX		

Not for Distribution



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

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

Not for Distribution

**SCHEDULE DB – VERIFICATION**

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

	Book/Adjusted Carrying Value Check
1. Part A, Section 1, Column 14 .....	_____
2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance .....	_____
3. Total (Line 1 plus Line 2) .....	_____
4. Part D, Section 1, Column 5 .....	_____
5. Part D, Section 1, Column 6 .....	_____
6. Total (Line 3 minus Line 4 minus Line 5) .....	_____
	Fair Value Check
7. Part A, Section 1, Column 16 .....	_____
8. Part B, Section 1, Column 13 .....	_____
9. Total (Line 7 plus Line 8) .....	_____
10. Part D, Section 1, Column 8 .....	_____
11. Part D, Section 1, Column 9 .....	_____
12. Total (Line 9 minus Line 10 minus Line 11) .....	_____
	Potential Exposure Check
13. Part A, Section 1, Column 21 .....	_____
14. Part B, Section 1, Column 20 .....	_____
15. Part D, Section 1, Column 11 .....	_____
16. Total (Lines 13 plus Line 14 minus Line 15) .....	_____

Not for Distribution

**SCHEDULE E – PART 2 – VERIFICATION BETWEEN YEARS**  
(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....	.....	.....	.....	.....
2. Cost of cash equivalents acquired.....	.....	.....	.....	.....
3. Accrual of discount.....	.....	.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....	.....	.....
7. Deduct amortization of premium.....	.....	.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....	.....	.....	.....
11. Deduct total nonadmitted amounts.....	.....	.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	.....	.....	.....	.....

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

Not for Distribution

Not for Distribution

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

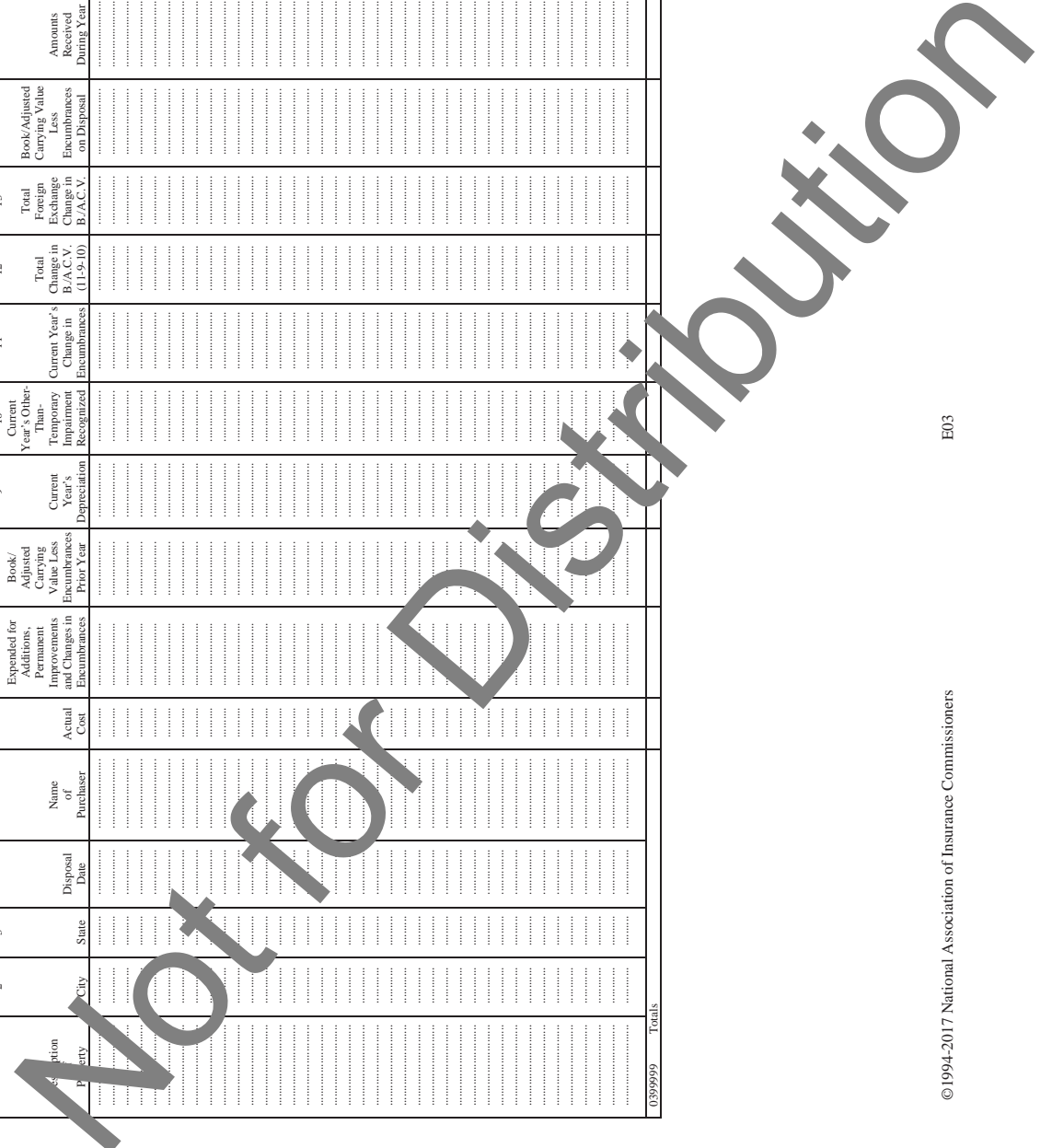
1 Description of Property	2 Code	3 Location		4 State	5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	11 Current Year's Depreciation	12 Change in Book/Adjusted Carrying Value Less Encumbrances		13 Current Year's Change in Encumbrances	14 Total Change in B/A/C/V (13-11-12)	15 Total Foreign Exchange Change B/A/C/V	16 Gross Income Less Interest Incurred on Encumbrances	17 Taxes, Repairs, Expenses Incurred
		11	12															
Not for Distribution																		
0699999 Totals																		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

**SCHEDULE A – PART 2**  
 Showing All Real Estate ACQUIRED and Additions Made During the Year

1	2 Location		3	4	5	6	7	8	9
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition	
<b>Not for Distribution</b>									
039999 Totals									

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

1 Description of Property	2 Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Improvements and Changes in Encumbrances	8 Book/ Adjusted Value Less Encumbrances Prior Year	9 Change in Book/Adjusted Carrying Value Less Encumbrances			14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Refrains Paid and Expenses Incurred
	City	State						9 Current Year's Depreciation	10 Current Year's Temporary Impairment Recognized	11 Current Year's Change in Encumbrances							
																	
Totals																	
0399999																	

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

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

General Interrogatory:

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





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

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

Not for Distribution

**SCHEDULE BA – PART 1**  
 Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2	3	4 Location		6	7	8	9	10	11	12	Change in Book/Adjusted Carrying Value			18	19	20		
			City	State								13	14	15				16	17
CUSIP Distribution	Name or Description	Code	City	State	Name of Vendor or General Partner	NAC Description	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/ Adjusted Carrying Value Less Encumbrances	13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation)/or (Amortization)/ Accretion	15 Current Year's Other-Than- Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other	17 Total Foreign Exchange Change in BVAE-V	Investment Revenue	Commitment for Additional Investment	Percentage of Ownership
469999	Totals																		XXX



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

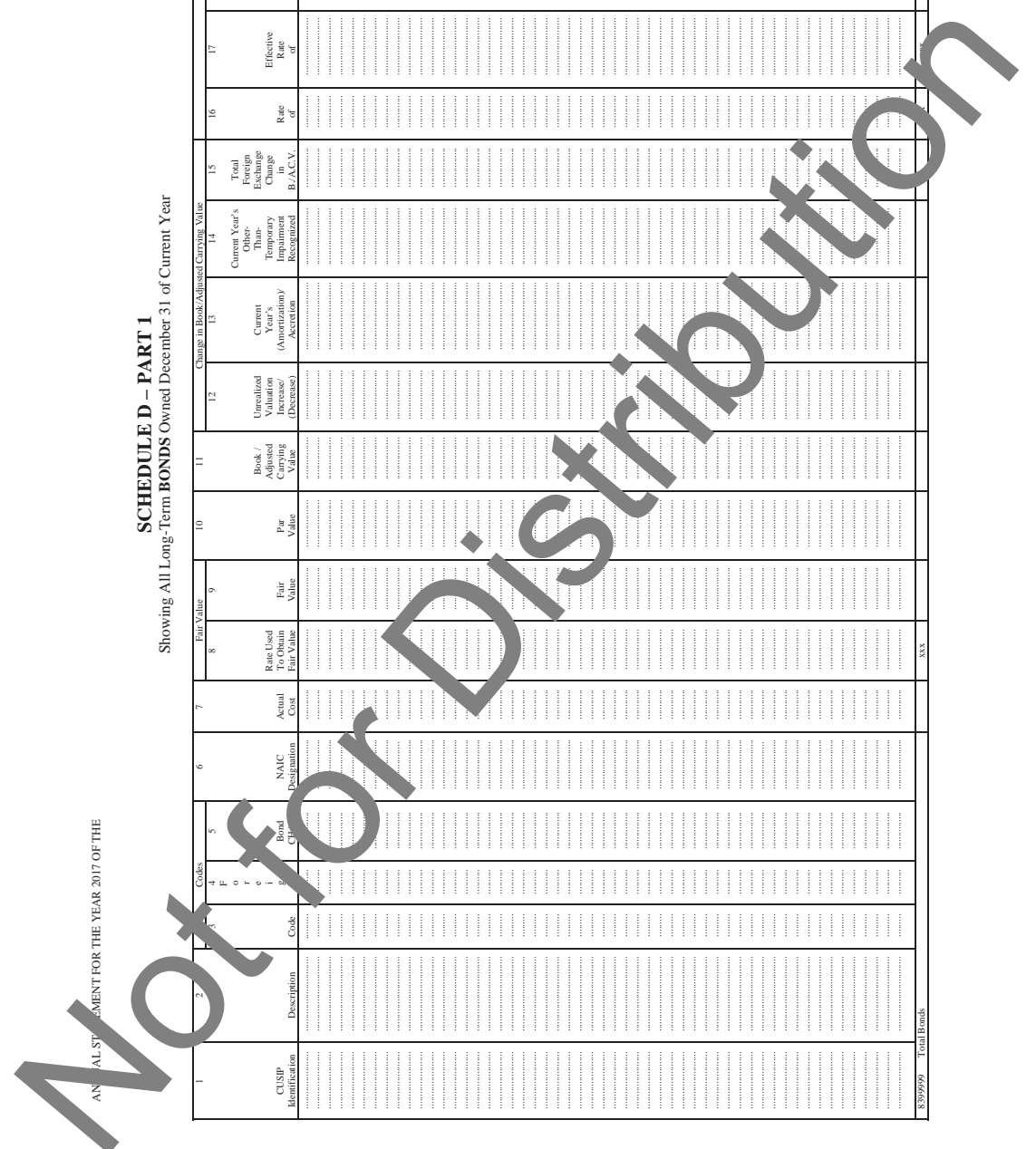
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Item	Name or Description	City	State	Name of Insurer or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value, Less Encumbrances, Prior Year	Unrealized Gain (Increase) or Loss (Decrease)	Current Year's (Depreciation) (Amortization) (Accretion)	Current Year's Other Than Impairment Recognized	Capitalized Interest and Other	Total Change in B.A.C.V. (9+10-11+12)	Total Foreign Change in B.A.C.V.	Book/Adjusted Carrying Value, Less Encumbrances on Disposal	Consideration	Foreign Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
4099999	Total																		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

**SCHEDULE D – PART 1**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	Code of Foreign Issuer	Bond Classification	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Change in Book/Adjusted Carrying Value	Current Year's Other Temporary Impairment Recognized	Total Foreign Exchange Change in B/A/C/V	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date	
839999	Total Bonds																					



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Identif	Clasif	Code	Par Value	Number of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate per Share to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16+17)	Total Foreign Change in B./A.C.V.	NAC Designation	Date Acquired
Total Preferred Stocks																				
																			XXX	

Not for Distribution

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

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

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

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





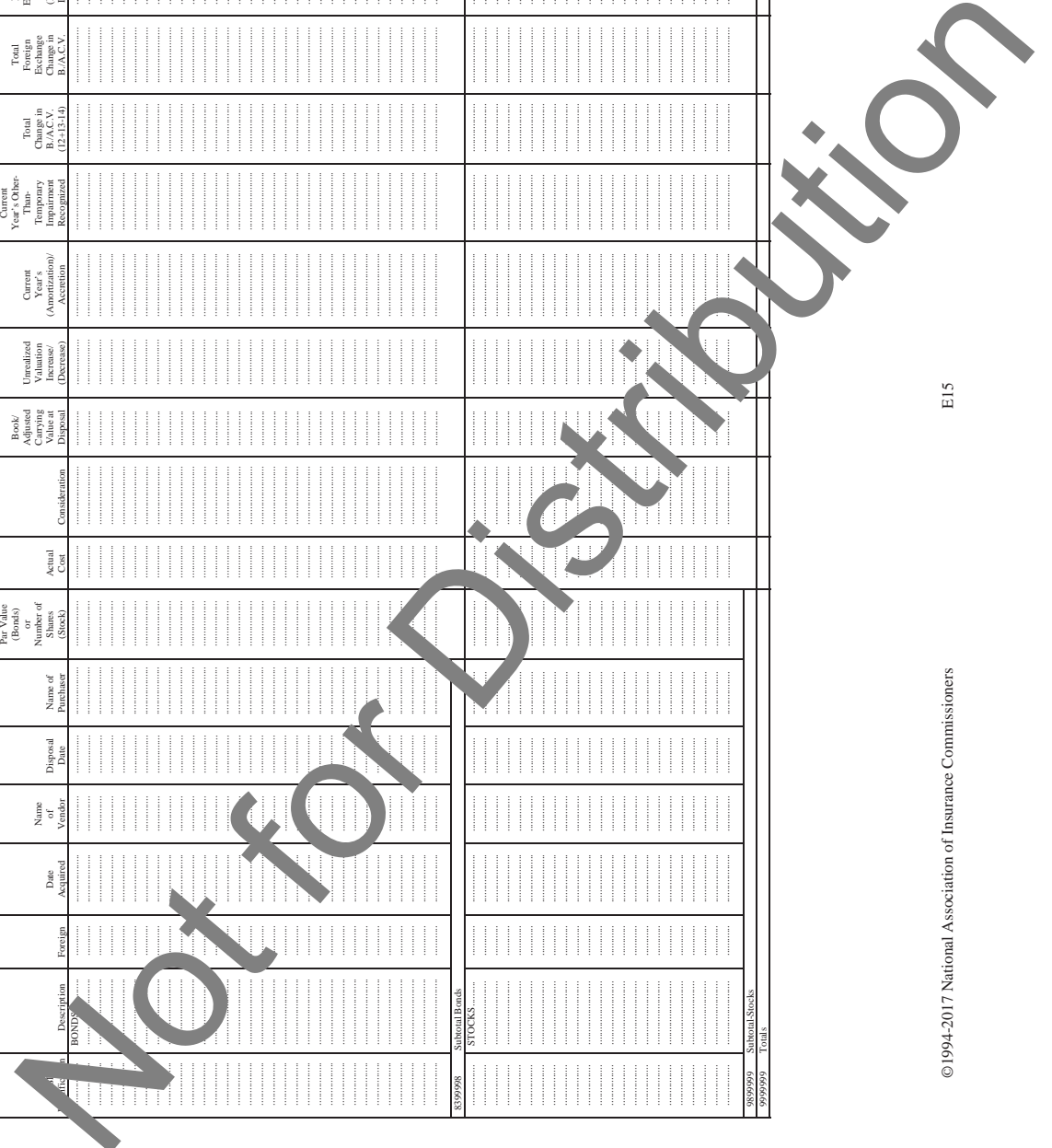
**SCHEDULE D – PART 4**  
 Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise **DISPOSED OF** During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
CUSIP Identification	Description	F o r e i g n	Acquisition Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization/Acception)	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12+13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value on Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Sales Proceeds/Contractual Maturity Date	
999999	Totals																				xxx

Not for Distribution

**SCHEDULE D – PART 5**  
**Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year**

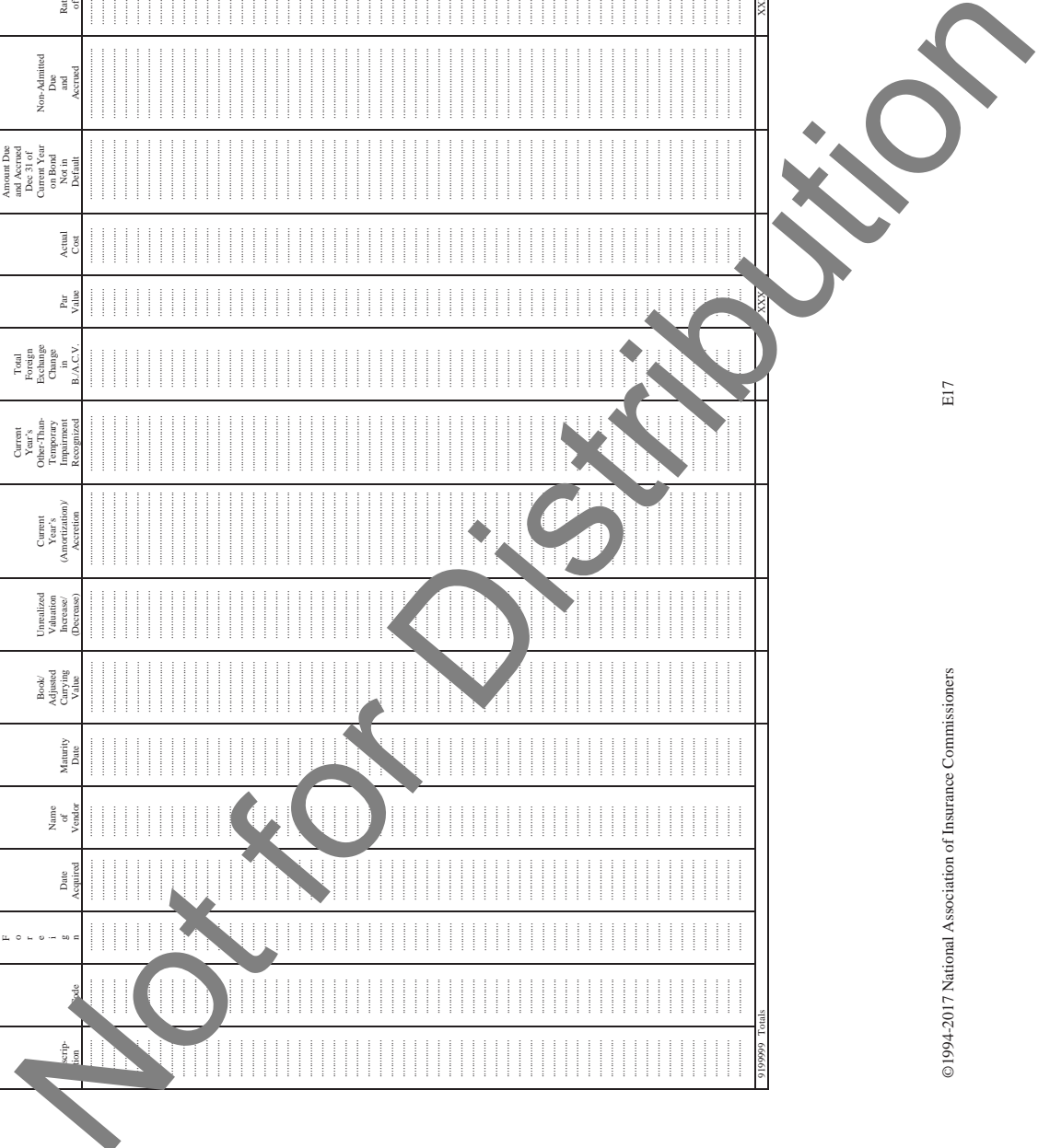
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Line	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) Number of Shares (Stock)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unaffiliated Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B.A.C.V. (2-13+14)	Total Foreign Exchange Change in E.A.C.V.	Foreign Exchange Change (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
8399998	BONDS																			
	Subtotal Bonds																			
	STOCKS																			
	Subtotal Stocks																			
9999999	Totals																			





**SCHEDULE DA – PART 1**  
Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

1	2 Codes		4	5	6	7	8	9 Change in Book/Adjusted Carrying Value			10	11	12	13	14	15 Interest			16	17	18	19	20		
	1	2						3	9	10						11	12	13						14	15
Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
919999 Totals																									



**SCHEDULE DB – PART A – SECTION 1**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description of Items Hedged for Income Generation or Replicated	Schedule/Exhibit Identifier	Type of Contract (e.g., Call, Put, Swap, Forward)	Exchanges, Central Clearinghouses	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Premium (Received) / Initial Cost (Received) / Paid	Current Year Cost of Premium (Received) / Paid	Current Year Income	Book/Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/Decrease	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness At Inception and at Year-end (b)	
1399999	Subtotal - Hedging Effective												XXX								XXX	XXX
1409999	Subtotal - Hedging Other												XXX								XXX	XXX
1419999	Subtotal - Replication												XXX								XXX	XXX
1429999	Subtotal - Income Generation												XXX								XXX	XXX
1439999	Subtotal - Other												XXX								XXX	XXX
1449999	Totals												XXX								XXX	XXX

(a)

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

(b)

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

**SCHEDULE DB – PART A – SECTION 2**  
 Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

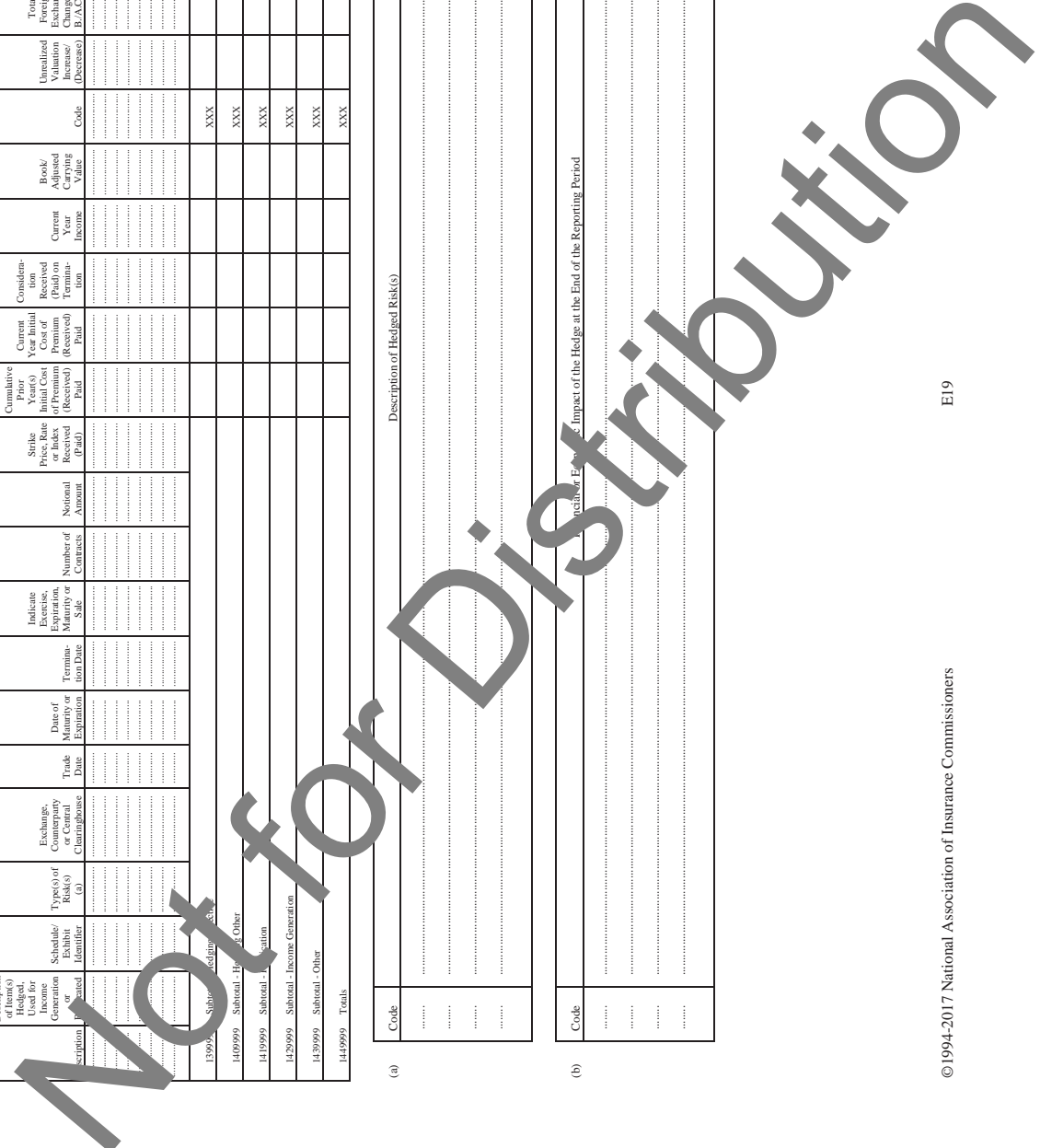
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description of Hedge, Income Generation or Termination	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Exchange, Clearinghouse or Central Counterparty	Trade Date	Maturity or Expiration Date	Termination Date	Indicate Exercise, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price Rate Received (Paid)	Cumulative Prior Year Initial Cost (Received) Paid	Current Year Initial Cost of (Received) Paid	Consideration Received Termination	Current Year Income	Book/ Carrying Value	Code	Unrealized Foreign Exchange Change in B./A.C.V.	Total Foreign Exchange Change in B./A.C.V.	Current Year's Income/Accrual	Gain (Loss) from Recognition	Adjustment to Carrying Amount of Hedged Item	Gain (Loss) from Recognition - Deferred	Hedge Effectiveness at Inception	
139999	Subtotal - Other															XXX								XXX
140999	Subtotal - Other															XXX								XXX
141999	Subtotal - Other															XXX								XXX
142999	Subtotal - Other															XXX								XXX
143999	Subtotal - Other															XXX								XXX
144999	Totals															XXX								XXX

(a)

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

(b)

Code	Impact of the Hedge at the End of the Reporting Period
.....	.....
.....	.....
.....	.....
.....	.....





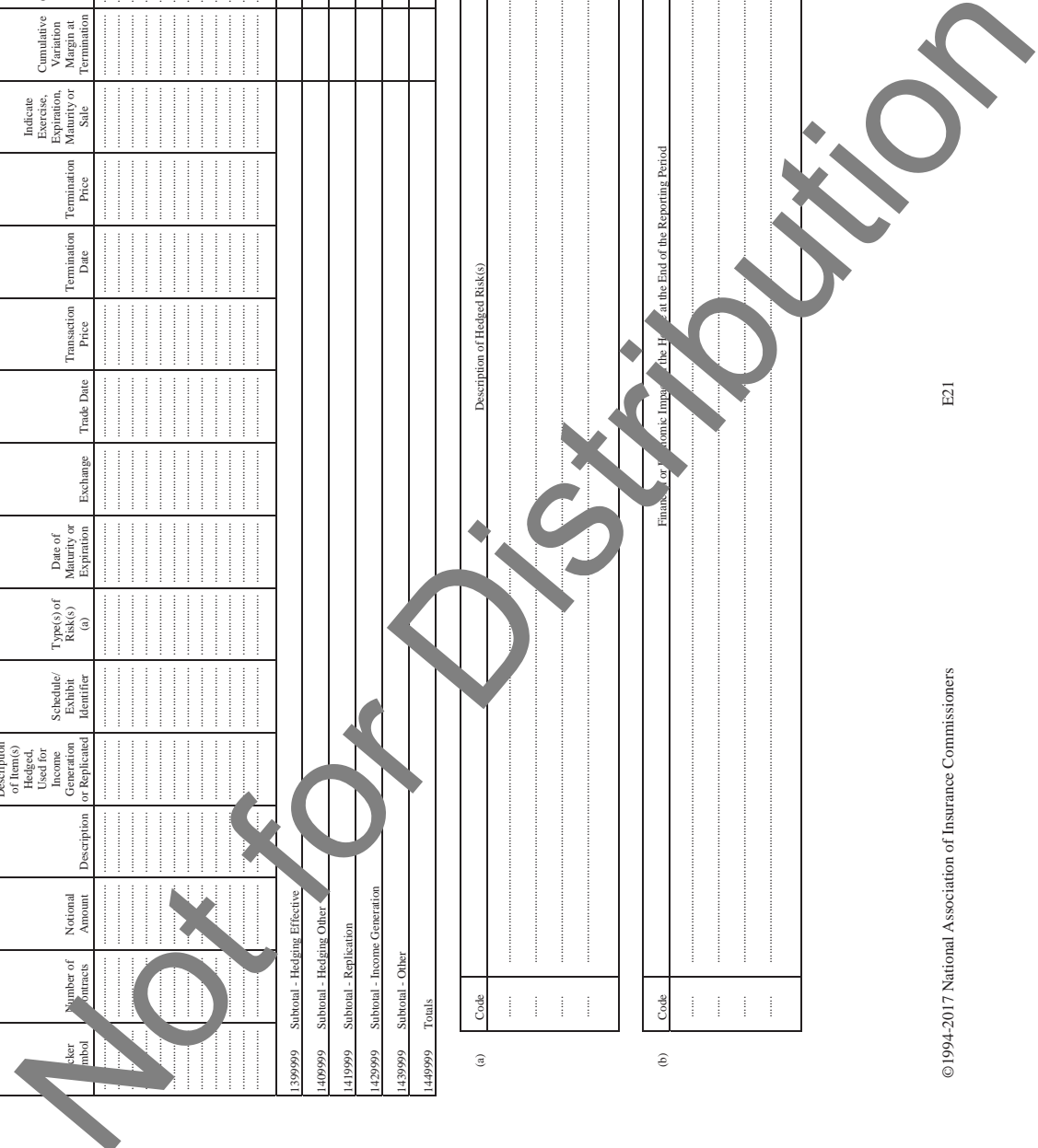


**SCHEDULE DB – PART B – SECTION 2**  
 Future Contracts Terminated December 31 of Current Year

1 Sched- ule Code	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Items(s) Hedged, Used for Income Generation or Replaced	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Termination Date	13 Termination Price	14 Indicate Exercise, Expiration, Maturity or Settle	15 Change in Variation Margin			19 Hedge Effectiveness at inception/ and at Termination (b)	20 Value of One (1) Point		
														16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Deferred				
1399999			Subtotal - Hedging Effective															XXX	XXX	
1409999			Subtotal - Hedging Other																XXX	XXX
1419999			Subtotal - Replication																XXX	XXX
1429999			Subtotal - Income Generation																XXX	XXX
1439999			Subtotal - Other																XXX	XXX
1449999			Totals																XXX	XXX

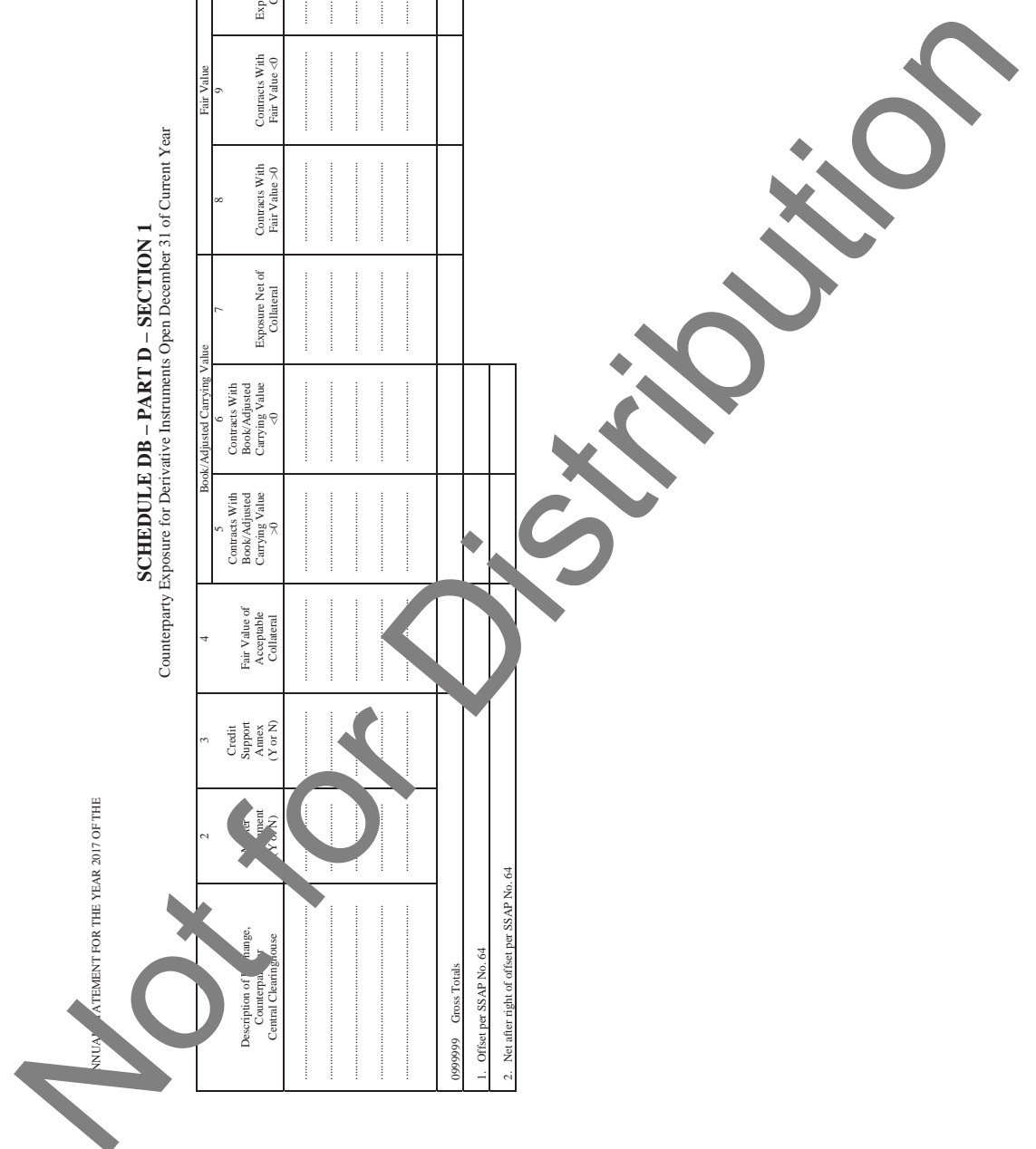
(a)	Description of Hedged Risk(s)
Code	
.....	
.....	
.....	
.....	

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



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

Description of Exchange, Counterparty, or Central Clearinghouse	2 Net Payment (P or N)	3 Credit Support Annex (1 or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/Adjusted Carrying Value >=0	6 Contracts With Book/Adjusted Carrying Value <0	7 Exposure Net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral		
0999999 Gross Totals											
1. Offset per SSAP No. 64											
2. Net after right of offset per SSAP No. 64											



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

Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0199999	Total						XXX	XXX

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0299999	Total					XXX	XXX	XXX









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

	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
States, etc.						
1. Alabama..... AL						
2. Alaska..... AK						
3. Arizona..... AZ						
4. Arkansas..... AR						
5. California..... CA						
6. Colorado..... CO						
7. Connecticut..... CT						
8. Delaware..... DE						
9. District of Columbia..... DC						
10. Florida..... FL						
11. Georgia..... GA						
12. Hawaii..... HI						
13. Idaho..... ID						
14. Illinois..... IL						
15. Indiana..... IN						
16. Iowa..... IA						
17. Kansas..... KS						
18. Kentucky..... KY						
19. Louisiana..... LA						
20. Maine..... ME						
21. Maryland..... MD						
22. Massachusetts..... MA						
23. Michigan..... MI						
24. Minnesota..... MN						
25. Mississippi..... MS						
26. Missouri..... MO						
27. Montana..... MT						
28. Nebraska..... NE						
29. Nevada..... NV						
30. New Hampshire..... NH						
31. New Jersey..... NJ						
32. New Mexico..... NM						
33. New York..... NY						
34. North Carolina..... NC						
35. North Dakota..... ND						
36. Ohio..... OH						
37. Oklahoma..... OK						
38. Oregon..... OR						
39. Pennsylvania..... PA						
40. Rhode Island..... RI						
41. South Carolina..... SC						
42. South Dakota..... SD						
43. Tennessee..... TN						
44. Texas..... TX						
45. Utah..... UT						
46. Vermont..... VT						
47. Virginia..... VA						
48. Washington..... WA						
49. West Virginia..... WV						
50. Wisconsin..... WI						
51. Wyoming..... WY						
52. American Samoa..... AS						
53. Guam..... GU						
54. Puerto Rico..... PR						
55. US Virgin Islands..... VI						
56. Northern Mariana Islands..... MP						
57. Canada..... CA						
58. Aggregate All and Other..... OT	XXX	XXX				
59. Total	XXX	XXX				
<b>DETAILS OF WRITE-INS</b>						
5801.....						
5802.....						
5803.....						
5898. Subtotal of remaining write-ins for Line 58 from overflow page.....	XXX	XXX				
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above).....	XXX	XXX				

Not for Distribution



Affix Bar Code Above

**SUPPLEMENTAL COMPENSATION EXHIBIT**  
 For the Year Ended December 31, 2017  
 (To Be Filed by March 1)

**PART 1 – INTERROGATORIES**

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

**PART 2 – OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. Principal Executive Officer	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
Current:									
2. Principal Financial Officer	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
3.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
4.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
5.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
6.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
7.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
8.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
9.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....
10.	2017 2016 2015	.....	.....	.....	.....	.....	.....	.....	.....

**PART 3 – DIRECTOR COMPENSATION**

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



**SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES**

For The Year Ended December 31, 2017  
(To Be Filed by April 1)

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

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

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

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

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

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

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

- 4. Assets held in foreign investments:

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

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

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

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:

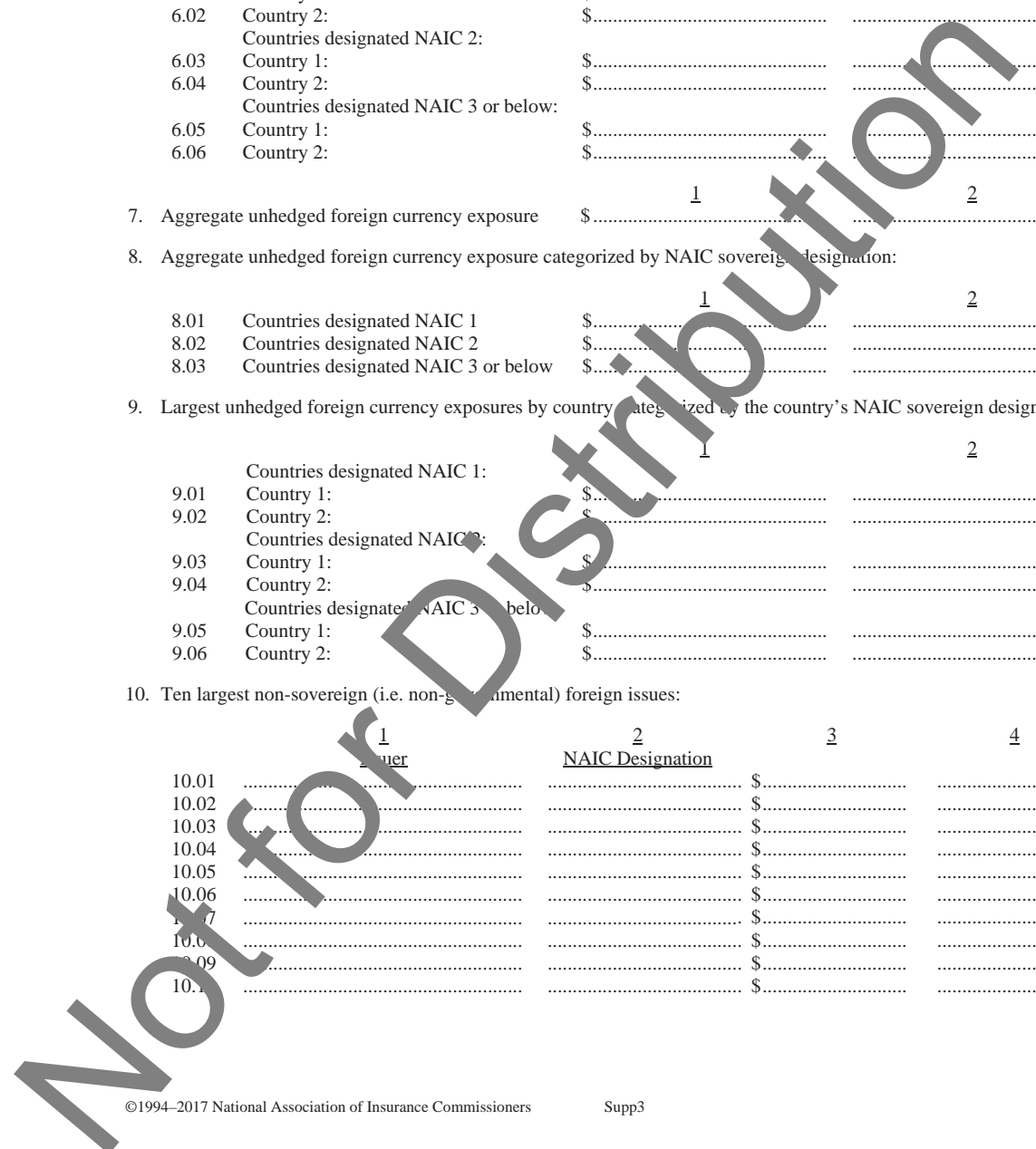
	<u>1</u>	<u>2</u>	
8.01 Countries designated NAIC 1	\$.....	.....	%
8.02 Countries designated NAIC 2	\$.....	.....	%
8.03 Countries designated NAIC 3 or below	\$.....	.....	%

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.

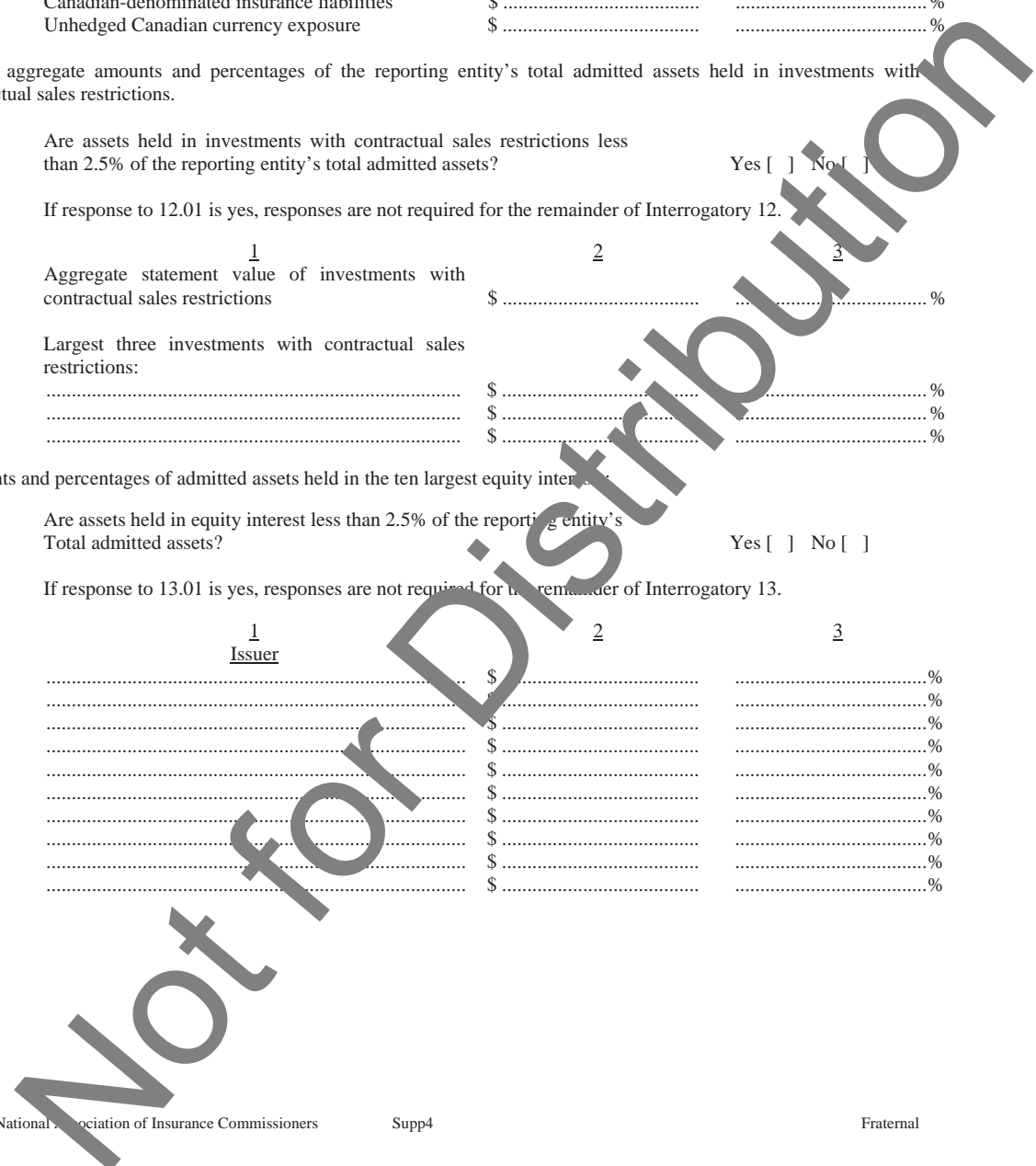
		<u>1</u>	<u>2</u>	<u>3</u>	
12.02	Aggregate statement value of investments with contractual sales restrictions	\$ .....	.....	.....	%
	Largest three investments with contractual sales restrictions:				
12.03	.....	\$ .....	.....	.....	%
12.04	.....	\$ .....	.....	.....	%
12.05	.....	\$ .....	.....	.....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

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

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

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

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



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.

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

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

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

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

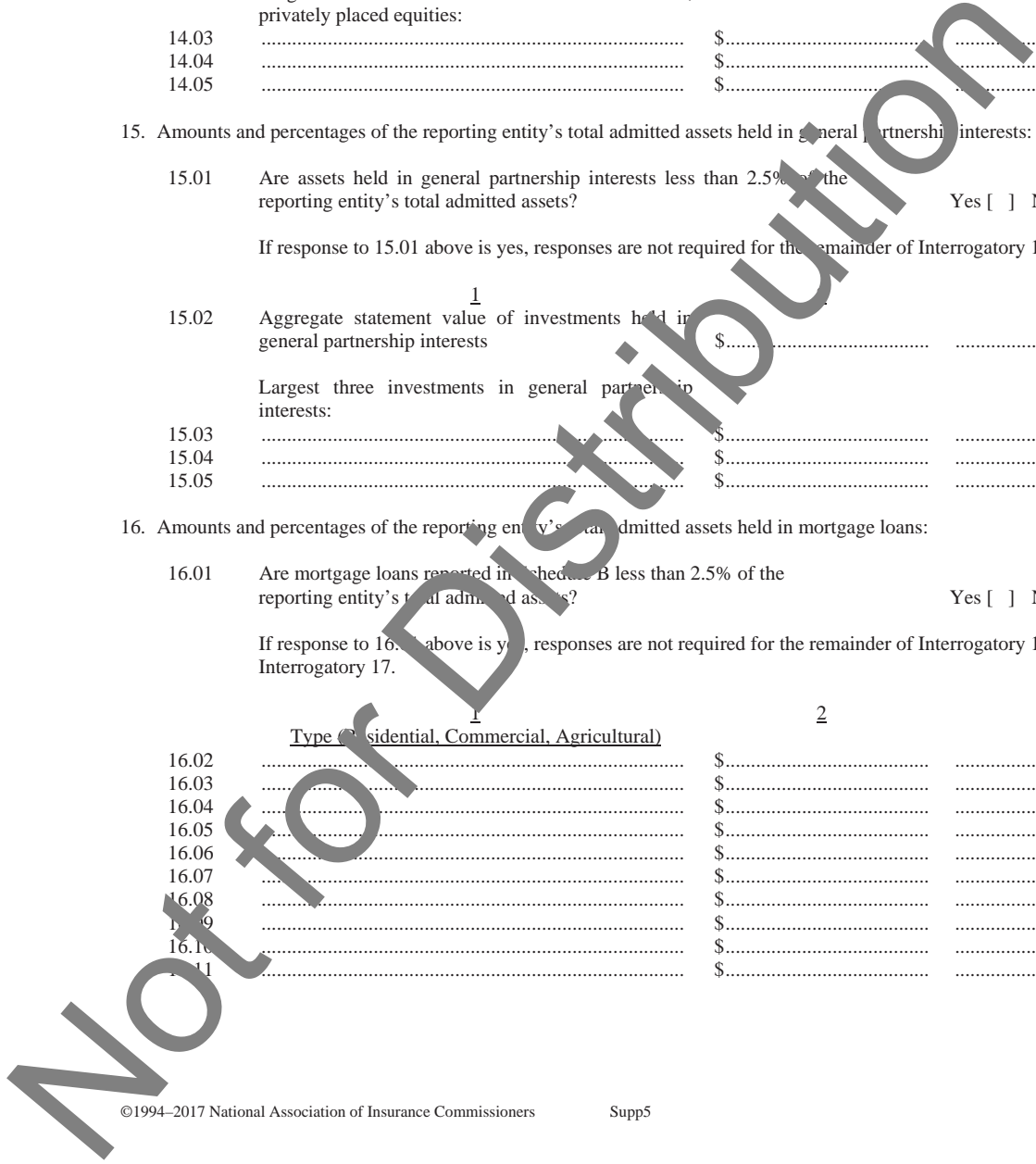
	<u>1</u>	<u>2</u>	<u>3</u>
15.02	Aggregate statement value of investments held in general partnership interests	\$.....	.....%
	Largest three investments in general partnership interests:		
15.03	.....	\$.....	.....%
15.04	.....	\$.....	.....%
15.05	.....	\$.....	.....%

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

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

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

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



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

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

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

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

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

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

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

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

	<u>Description</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
18.02	.....	\$.....	..... %
18.03	.....	\$.....	..... %
18.04	.....	\$.....	..... %
18.05	.....	\$.....	..... %
18.06	.....	\$.....	..... %

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

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

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

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

Largest three investments held in mezzanine real estate loans:

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

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

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>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>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
21.01 Hedging	\$ .....	.....%	\$ .....	.....%
21.02 Income generation	\$ .....	.....%	\$ .....	.....%
21.03 Other	\$ .....	.....%	\$ .....	.....%

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

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>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>
23.01 Hedging	\$ .....	.....%	\$ .....	\$ .....	\$ .....
23.02 Income generation	\$ .....	.....%	\$ .....	\$ .....	\$ .....
23.03 Replications	\$ .....	.....%	\$ .....	\$ .....	\$ .....
23.04 Other	\$ .....	.....%	\$ .....	\$ .....	\$ .....

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**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2017  
(To Be Filed by March 1)  
FOR THE STATE OF

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

(City, State and Zip Code)  
Completing This Exhibit

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015, 2016, 2017			
										Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>																
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>																
<b>GENERAL INSURANCE POLICIES</b>																

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

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**TRUSTEED SURPLUS STATEMENT**

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

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

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE C

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

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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

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

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

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**TRUSTEED SURPLUS STATEMENT  
LIABILITIES AND TRUSTEED SURPLUS**

	1 Current 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. Amounts Recoverable From Reinsurers:	
4.1 Authorized Companies .....	
4.2 Unauthorized Companies .....	
4.3 Certified Companies .....	
5. Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule) .....	
5.2 Accrued interest on special state deposits .....	
6. Life insurance premiums and annuity considerations deferred and uncollected .....	
7. Accident and health premiums due and unpaid .....	
8. Contract loans and premium notes:	
8.1 Contract loans not exceeding reserves carried on such policies .....	
8.2 Premium notes .....	
8.3 Interest due and accrued on contract loans and premium notes .....	
9. Aggregate write-ins for other deductions from liabilities .....	
10. Total Deductions (Lines 4.1 thru 9) .....	
11. Total Adjusted Liabilities (Line 3 minus Line 10) .....	
12. Trusteed Surplus .....	
13. Total .....	
<b>DETAILS OF WRITE-INS</b>	
0201. ....	
0202. ....	
0203. ....	
0298. Summary of remaining write-ins for Line 2 from overflow page .....	
0299. Totals (Lines 0201 thru 0203 plus 0298) (Line 2 above) .....	
0901. ....	
0902. ....	
0903. ....	
0998. Summary of remaining write-ins for Line 9 from overflow page .....	
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above) .....	

GENERAL INTERROGATORIES

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

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OVERFLOW PAGE FOR WRITE-INS

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**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)  
(To Be Filed By March 1)

NAIC Group Code.....

NAIC Company Code.....

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

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# NEW PAGE

## 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 Omitted Except for Number of Policies)

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

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

Affix Bar Code Above

	Prior Year		Current Year													
	1	2	3	SECTION A			SECTION B			SECTION C						
	Reported Reserve	Reported Reserve	Deferred Premium Asset	4	5	6	7	8	9	10	11	12	13	14	15	
				Net Premium Reserve	Deterministic Reserve	Stochastic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Deterministic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Number of Policies	Face Amount	
1. Reinsurance Ceded Reserve																
1.1 Term Life																
1.2 Universal Life With Secondary Guarantee																
1.3 Non-Participating Whole Life																
1.4 Participating Whole Life																
1.5 Universal Life Without Secondary Guarantee																
1.6 Variable Universal Life																
1.7 Variable Life																
1.8 Indexed Life																
1.9 Aggregate Write-Ins for Other Products																
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)																
3. Pre-Reinsurance-Ceded Reserve																
3.1 Term Life																
3.2 Universal Life With Secondary Guarantee																
3.3 Non-Participating Whole Life																
3.4 Participating Whole Life																
3.5 Universal Life Without Secondary Guarantee																
3.6 Variable Universal Life																
3.7 Variable Life																
3.8 Indexed Life																
3.9 Aggregate Write-Ins for Other Products																
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)																
5. Total Reserves Ceded (Line 4 minus Line 2)																
<b>DETAILS OF WRITE-INS</b>																
1.901.																
1.902.																
1.903.																
1.998.																
1.999																
3.901																
3.902.																
3.903.																
3.998.																
3.999																
Summary of remaining write-ins for Line 1.9 from overflow page																
Totals (Lines 1.901 through 3.903 plus 3.998) (Line 3.9 above)																

# NEW PAGE

## VM-20 RESERVES SUPPLEMENT – PART 2

Reserves for Policies Not Based on VM-20 as a  
 Result of the Three-Year Transition Period  
 For The Year Ended December 31, 20\_\_  
 (To Be Filed by March 1)  
 (\$000 Omitted Except for Number of Policies)

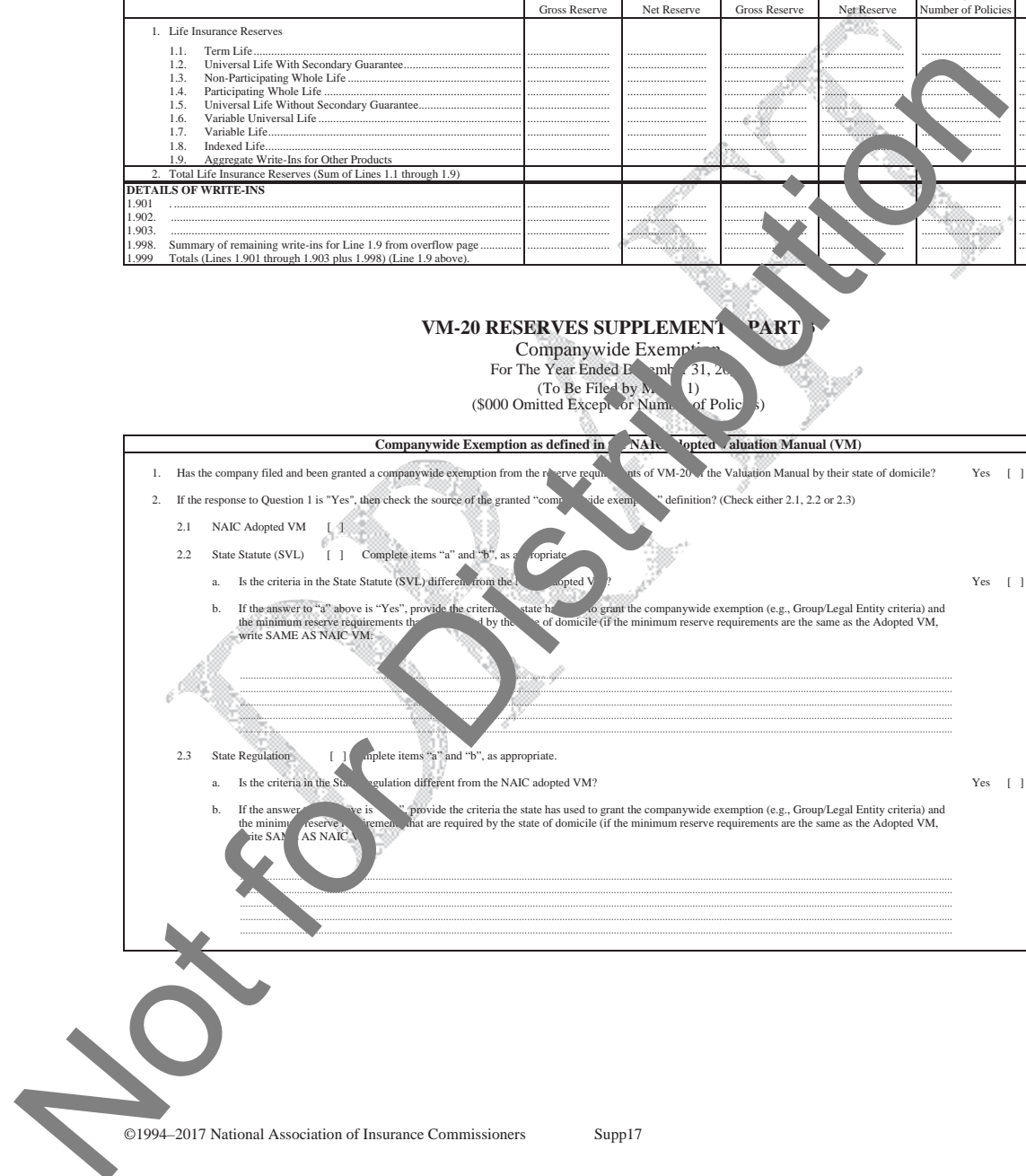
	Three-Year Transition Period					
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1. Term Life.....						
1.2. Universal Life With Secondary Guarantee.....						
1.3. Non-Participating Whole Life.....						
1.4. Participating Whole Life.....						
1.5. Universal Life Without Secondary Guarantee.....						
1.6. Variable Universal Life.....						
1.7. Variable Life.....						
1.8. Indexed Life.....						
1.9. Aggregate Write-Ins for Other Products.....						
2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9)						
<b>DETAILS OF WRITE-INS</b>						
1.901.....						
1.902.....						
1.903.....						
1.998. Summary of remaining write-ins for Line 1.9 from overflow page.....						
1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above).						

## VM-20 RESERVES SUPPLEMENT – PART 3

### Companywide Exemption

For The Year Ended December 31, 20\_\_  
 (To Be Filed by March 1)  
 (\$000 Omitted Except for Number of Policies)

Companywide Exemption as defined in the NAIC Adopted Valuation Manual (VM)	
1. Has the company filed and been granted a companywide 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"/>
2. If the response to Question 1 is "Yes", then check the source of the granted "companywide exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM <input type="checkbox"/>	
2.2 State Statute (SVL) <input type="checkbox"/> Complete items "a" and "b", as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC Adopted VM?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM).	
.....	
.....	
.....	
2.3 State Regulation <input type="checkbox"/> Complete items "a" and "b", as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM).	
.....	
.....	
.....	



Affix Bar Code Above

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

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

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

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

APPENDIX FOR THE YEAR \_\_\_\_\_ OF THE \_\_\_\_\_

Affix Bar Code Above

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

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

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

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

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

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

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

Incurred Year	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017
<b>Individual</b>								
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>								
Prior								
1. 2010	xxx							
2. 2011	xxx	xxx						
3. 2012	xxx	xxx	xxx					
4. 2013	xxx	xxx	xxx	xxx				
5. 2014	xxx	xxx	xxx	xxx	xxx			
6. 2015	xxx	xxx	xxx	xxx	xxx	xxx		
7. 2016	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
8. 2017	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
9. 2017	xxx	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. 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
<b>PART 3 – Transferred Reserves</b>								
1. Prior								
2. 2010	xxx							
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	xxx
<b>PART 4 – Present Value of Incurred Claims</b>								
1. Prior								
2. 2010	xxx							
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	xxx

APPENDIX FOR THE YEAR OF THE

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

B. Group		1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>									
1. Prior.....									
2. 2010.....									
3. 2011.....									
4. 2012.....									
5. 2013.....									
6. 2014.....									
7. 2015.....									
8. 2016.....									
9. 2017.....									
<b>PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year</b>									
1. Prior.....									
2. 2010.....									
3. 2011.....									
4. 2012.....									
5. 2013.....									
6. 2014.....									
7. 2015.....									
8. 2016.....									
9. 2017.....									
<b>PART 3 – Transferred Reserve</b>									
1. Prior.....									
2. 2010.....									
3. 2011.....									
4. 2012.....									
5. 2013.....									
6. 2014.....									
7. 2015.....									
8. 2016.....									
9. 2017.....									
<b>PART 4 – Present Value of Incurred Claims</b>									
1. Prior.....									
2. 2010.....									
3. 2011.....									
4. 2012.....									
5. 2013.....									
6. 2014.....									
7. 2015.....									
8. 2016.....									
9. 2017.....									

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

Incurred Year	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017
<b>Summary</b>								
<b>PART 1 – Total (Direct and Transferred) Amount Paid Policyholders</b>								
1. Prior.....								
2. 2010.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
3. 2011.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
4. 2012.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
5. 2013.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
6. 2014.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
7. 2015.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
8. 2016.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
9. 2017.....	xxx	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. 2010.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
3. 2011.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
4. 2012.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
5. 2013.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
6. 2014.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
7. 2015.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
8. 2016.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
9. 2017.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>PART 3 – Transferred Reserves</b>								
1. Prior.....								
2. 2010.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
3. 2011.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
4. 2012.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
5. 2013.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
6. 2014.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
7. 2015.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
8. 2016.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
9. 2017.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
<b>PART 4 – Present Value of Incurred Claims</b>								
1. Prior.....								
2. 2010.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
3. 2011.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
4. 2012.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
5. 2013.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
6. 2014.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
7. 2015.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
8. 2016.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
9. 2017.....	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

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

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

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

Incurred Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	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 Inception-to-Date	.....	.....	.....	.....	.....

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

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

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

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

	1 Earned Premiums	2 Incurred Claims	3 In Force Count End of Year	4 Lives In Force End of Year
1. Individual .....	.....	.....	.....	.....
2. Group .....	.....	.....	.....	.....
3. Total .....	.....	.....	.....	.....
4. Actual total reported experience through prior year.....	.....	.....	xxx	xxx
5. Actual total reported experience through statement year	.....	.....	xxx	xxx

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Affix Bar Code Above

**FRATERNAL  
INTEREST SENSITIVE LIFE INSURANCE  
PRODUCTS REPORT**  
For the year ended December 31, 2017  
(To Be Filed by April 1)

Of The.....Insurance Company

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

NAIC Group Code..... NAIC Company Code ..... Employer's I.D. Number .....

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STATEMENT FOR THE YEAR OF THE

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1 & 2)
1. Premiums and activity considerations for life and accident and health contracts.....			
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....			
4. Amortization of Interest Maintenance Reserve (Line 3).....			
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowance on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....			
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 to 8.3).....			
10. Death benefits.....			
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts, including amounts derived from interest on investments.....			
14. Surrender benefits and withdrawals for life contracts.....			
15. Interest and adjustments on certificates or deposit-type contract funds.....			
16. Payments on supplementary contracts with life contingencies.....			
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....			
18. Totals (Lines 10 to 17).....			
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....			
20. Commissions and expense allowances on reinsurance assumed.....			
21. General insurance expenses and fraternal expenses.....			
22. Insurance taxes, licenses and fees.....			
23. Increase in loading on deferred and uncollected premiums.....			
24. Net transfers to or (from) Separate Accounts net of reinsurance.....			
25. Aggregate write-ins for deductions.....			
26. Totals (Lines 18 to 25).....			
27. Net gain from operations before refunds to members (Line 9 minus Line 20).....			
28. Refunds to members.....			
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....			
<b>DETAILS OF WRITE-INS</b>			
08.301.....			
08.302.....			
08.303.....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....			
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....			
2501.....			
2502.....			
2503.....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....			

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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total
Living Life Or Disability Contingencies (Reserves) of Reinsurance Ceded)			
Reserve December 31, prior year.....	.....	.....	.....
Tabular net premiums or considerations.....	.....	.....	.....
Present value of disability claims incurred.....	.....	.....	.....
Tabular interest.....	.....	.....	.....
Tabular actual reserve released.....	.....	.....	.....
Tabular increase in reserve on account of change in valuation basis.....	.....	.....	.....
Change in M-20 deterministic/stochastic reserve over net premium reserve.....	.....	.....	.....
Other increases (Lines 6 to 7).....	.....	.....	.....
Total (Lines 6 to 7).....	.....	.....	.....
Tabular reserves released by death.....	.....	.....	.....
Reserves released by other terminations (net).....	.....	.....	.....
Reserves released by other terminations (net).....	.....	.....	.....
Annuity, supplementary, or other disability payments involving life contingencies.....	.....	.....	.....
Net transfers to or (fr.) Separate Accounts.....	.....	.....	.....
Total deductions (Lines 9 to 13).....	.....	.....	.....
Reserve December 31, current year.....	.....	.....	.....



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OVERFLOW PAGE FOR WRITE-INS

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

United States Policy Forms Direct Business Only  
 For The Year Ended December 31, **2017**  
 (To Be Filed by April 1)

Affix Bar Code Above

NAIC Group Code.....

NAIC 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 or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. LIFE AND ACCIDENT BUSINESS</b>							
<b>1. Comprehensive (or 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 .....	.....	.....	.....	.....	.....	.....	.....



STATEMENTS FOR THE YEAR OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. INDIVIDUAL BUSINESS (Continued)</b>							
<b>9. Disability Income – Long-Term</b>							
9.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
9.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
9.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>10. Long-Term Care</b>							
10.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
10.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
10.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>11. Medicare Supplement (Medigap)</b>							
11.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
11.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
11.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>12. Dental</b>							
12.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
12.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
12.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>13. State Children's Health Insurance Program</b>							
13.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
13.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
13.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>14. Medicare</b>							
14.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
14.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
14.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>15. Medicaid</b>							
15.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
15.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
15.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>16. Medicare Part D – Stand-Alone</b>							
16.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
16.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
16.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>17. Other Individual Business</b>							
17.1 With Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
17.2 Without Contract Reserves.....	.....	.....	.....	.....	.....	.....	.....
17.3 Subtotal.....	.....	.....	.....	.....	.....	.....	.....
<b>18. Total Individual Business</b>							
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 Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2-3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical Single Employer							
1. All Employer							
2. Other Employer							
3. Stop Loss/Reinsurer Subtotal							
4. Multiple Employer Plans and Trusts							
5. Other Association and Discretionary Trusts							
6. Other Comprehensive Major Medical							
7. Comprehensive/Major Medical Subtotal							
<b>Other Medical (Non-Comprehensive)</b>							
8. Specified/Named Disease							
9. Limited Benefit							
10. Student							
11. Accident Only or AD&D							
12. Disability Income – Short-term							
13. Disability Income – Long-term							
14. Long-Term Care							
15. Medicare Supplement (Medigap)							
16. Federal Employees Health Benefits Plan							
17. Tricare							
18. Dental							
19. Medicare							
20. Medicare Part D – Stand-Alone							
21. Other Group Care							
22. Grand Total Group Business							
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only							
4. Administrative Services Contracts							
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							

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

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

**PART 2 – GROUP POLICIES**  
**SUMMARY**

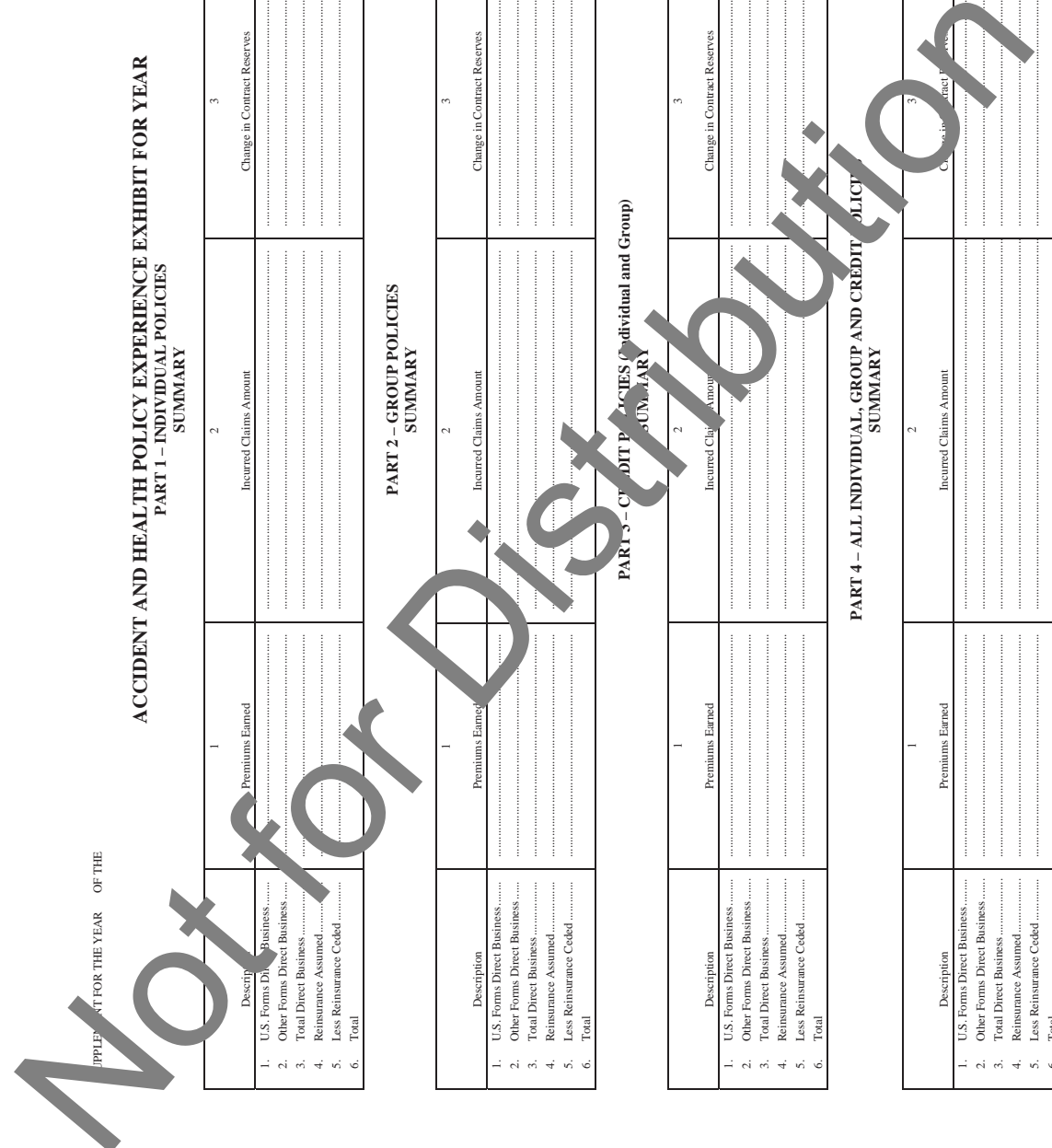
Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

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

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

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

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



**ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS**  
 For the Year Ended December 31, **2017**  
 (To Be Filed by April 1)

	1	2	3	4	5	6
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities
1. Premiums and annuity considerations for life and accident and health contracts (a)						
2. Commissions for supplementary contracts with life contingencies						
3. Net gain from operations after refunds to policyholders and before realized capital gains or losses						
4. Net gain from operations after refunds to policyholders and before realized capital gains or losses						
5. Separate Account net gain from operations excluding unrealized gains or losses						
6. Commission and expense allowances on reinsurance ceded						
7. Reinsurance premium ceded						
8. Miscellaneous income						
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts						
8.2 Charges and fees for deposit-type contracts						
8.3 Aggregate write-ins for miscellaneous income						
9. Totals (Lines 1 to 8.3)						
10. Death benefits						
11. Matured endowments (excluding guaranteed annual income annuities)						
12. Annuity benefits						
13. Disability benefits and withdrawals under accident and health contracts						
14. Surrender benefits and withdrawals for life contracts						
15. Interest and adjustments on contract or deposit-type contracts						
16. Payments on supplementary contracts with life contingencies						
17. Increase in aggregate reserves for life and accident and health contracts						
18. Totals (Lines 10 to 17)						
19. Commissions on premiums, annuity considerations and deposit-type contract (direct business only)						
20. Commissions and expense allowances on reinsurance assumed						
21. General insurance expenses and fraternal expenses						
22. Increase in deferred charges and unearned premium						
23. Increase in liability deferred and charges of premium						
24. Net transfers to or (from) Separate Accounts net of reinsurance						
25. Aggregate write-ins for deductions						
26. Totals (Lines 18 to 25)						
27. Net gain from operations before refunds to members (Line 9 minus Line 26)						
28. Refunds to policyholders						
29. Net gain from operations after refunds to members (Line 27 minus Line 28) (b)						
30. Policies in force end of year						
<b>DETAILS OF WRITE-INS</b>						
08.301						
08.302						
08.303						
08.308 Summary of remaining write-ins for Line 8.3 from overflow page						
08.309 Total (Lines 08.301 through 08.303 plus 08.308) (Line 8.3 above)						
2501						
2502						
2503						
2598 Summary of remaining write-ins for Line 25 from overflow page						
2599 Total (Lines 2501 through 2503 plus 2598) (Line 25 above)						

(a) Premiums and annuity considerations for life and accident and health contracts includes \$\_\_\_\_\_ for variable annuities not associated with guarantees, \$\_\_\_\_\_ for variable annuities associated with guarantees.  
 (b) Net gain from operations after refunds to policyholders and before realized capital gains or losses includes \$\_\_\_\_\_ for variable annuities not associated with guarantees, \$\_\_\_\_\_ for variable annuities associated with guarantees.



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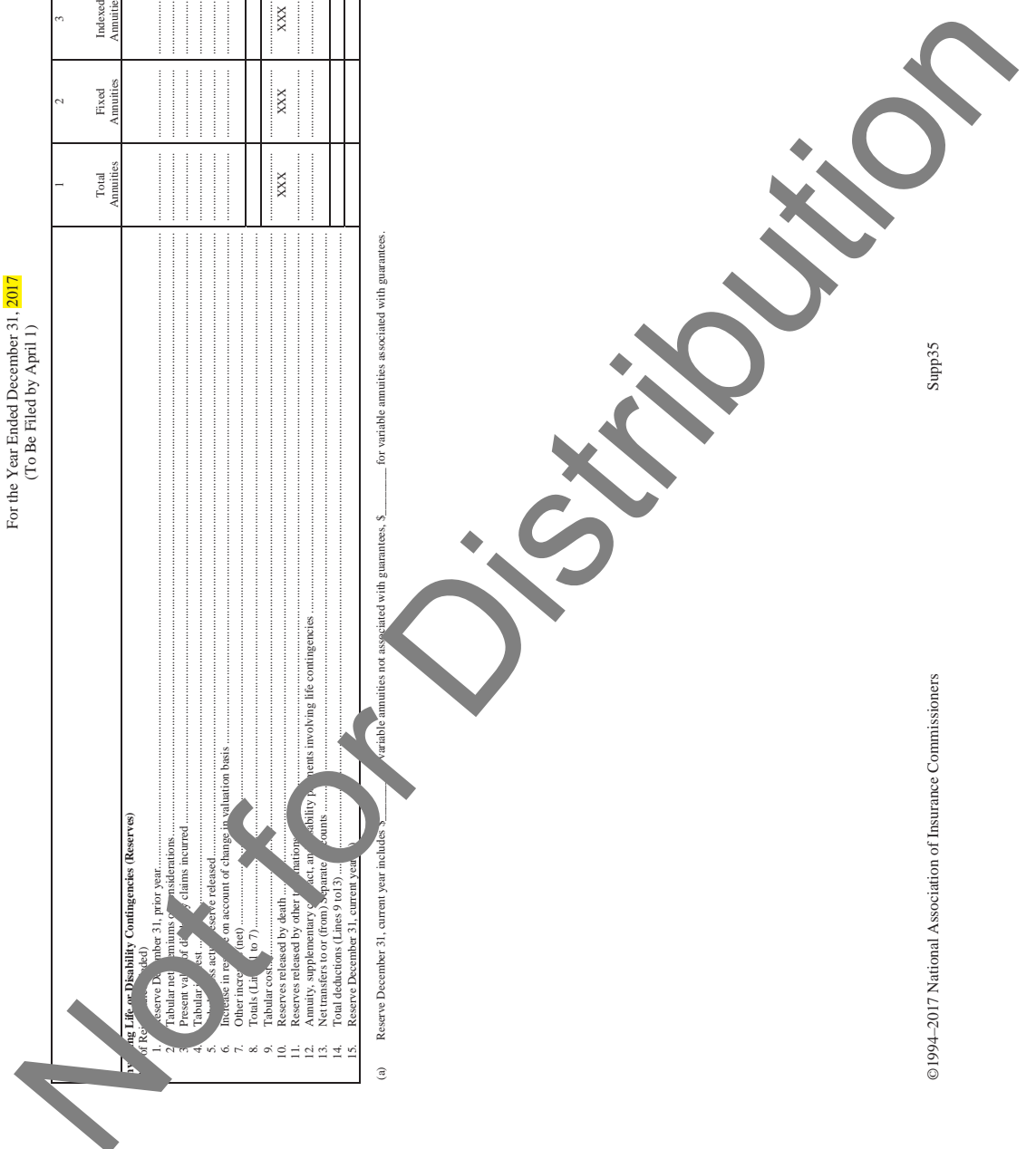
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**ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR**  
 For the Year Ended December 31, 2017  
 (To Be Filed by April 1)

	1	2	3	4	5	6
	Total	Fixed	Indexed	Variable	Variable	Other
	Amnities	Amnities	Amnities	Amnities	Amnities	Amnities
				General	Separate	
				Account	Account	
1. Reserve December 31, prior year.....						
2. Reserve December 31, current year.....						
3. Increase in reserves on account of change in valuation basis.....						
4. Other increase (net).....						
5. Total (Lines 1 to 4).....						
6. Reserves released by death.....						
7. Reserves released by other contingencies.....						
8. Reserves released by other life contingencies.....						
9. Net transfers to or (from) Separate Accounts.....						
10. Total deductions (Lines 6 to 9).....						
11. Reserve December 31, current year.....						
12. Reserve December 31, current year includes \$_____ for variable annuities not associated with guarantees, \$_____ for variable annuities associated with guarantees.						



**Not for Distribution**

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**SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1**

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at [http://www.naic.org/documents/committees\\_e\\_app\\_blanks\\_related\\_shee\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_related_shee_cautionary_statement.pdf))

REPORT FOR: 1. CORPORATION (LOCATION)

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

1	Comprehensive Health Coverage		Business Subject to MLR				9	10	11	12	13	14	15	
	2		3											
	1	2	3	4	5	6								7
1.	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Subject to ACA	Subtotal (Cols 1 thru 12)	Unreared Plans	Total 13 + 14
<p>Premiums:</p> <p>1.1 Health care costs (from Part 1.1.1).....</p> <p>1.2 Federal risk pools.....</p> <p>1.3 State high risk pools.....</p> <p>1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3).....</p> <p>1.5 Federal taxes and federal assessments.....</p> <p>1.6 Community Based Reinsurance (CRR) (see instructions for pending information).....</p> <p>1.7 Regulatory authority licenses and fees.....</p> <p>1.8 Adjusted premiums earned (Lines 1.1 - 1.7).....</p> <p>1.9 Risk earned less ceded reinsurance (Lines 1.8 - 1.9).....</p> <p>1.10 Other adjustments to MLR numerator (Lines 1.9 + 1.10).....</p> <p>1.11 Risk revenue.....</p> <p>1.12 Net adjusted premiums earned after reinsurance (Lines 1.9 + 1.10 + 1.11).....</p>														
<p>2. Claims:</p> <p>2.1 Incurred claims excluding prescription drugs.....</p> <p>2.2 Prescription drugs.....</p> <p>2.3 Pharmaceutical rebates.....</p> <p>2.4 State stop loss, market stabilization and claim versus based assessments (informative only).....</p>														
<p>3. Incurred medical incentive pools and bonuses.....</p>														
<p>4. Deductible, Fraud and Abuse Detection/Recovery Expense (for MLR use only).....</p> <p>5.1 Net assumed less ceded reinsurance claims incurred.....</p> <p>5.2 Other adjustments due to MLR calculations – Claims.....</p> <p>5.3 Rebates paid.....</p> <p>5.4 Estimated rebates unpaid prior year.....</p> <p>5.5 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 + 5.4 + 5.5 - 5.6).....</p> <p>5.6 Fee for service and co-pay revenue.....</p> <p>5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 + 5.4 + 5.5 - 5.6).....</p>														
<p>6. Improving Health Care Quality Expenses Incurred:</p> <p>6.1 Improve Health Outcomes.....</p> <p>6.2 Reduce medical errors.....</p> <p>6.3 Improve patient safety and reduce medical errors.....</p> <p>6.4 Wellness and health promotion activities.....</p> <p>6.5 Health Information Technology expenses related to health improvement.....</p> <p>6.6 Total Paid Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5).....</p>														
<p>7. Total Paid Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5).....</p>														
<p>8. Claims Adjustment Expenses:</p> <p>8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....</p> <p>8.2 All other claims adjustment expenses.....</p> <p>8.3 Total claims adjustment expenses (Lines 8.1 + 8.2).....</p>														
<p>9. Claims Adjustment Expense Ratio (Line 8.3 / Line 1.12).....</p>														

Not for Distribution

SUBJECT TO THE YEAR OF THE

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

	Business Subject to MLR										15 Total 13 + 14			
	Comprehensive Health Coverage					Mini-Med Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	9 Student Health Plans	10 Government (excluded by statute)		11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	13 School (Cols 1 thru 12)
10. General and Administrative (G&A) Expenses: 10.1 Direct sales salaries and benefits..... 10.2 Agents and broker fees and commissions..... 10.3 Other general and administrative expenses..... 10.4 Community Benefit Expenditures (informational only)..... 10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)														
11. Underwriting Gain (Loss) (Lines 11.2 – 57 – 66 = 83 – 103)														
12. Net Investment Income (Loss) (Line 12)														
13. Net Investment and Other Gain (Loss)														
14. Federal Income Taxes (excluding taxes on Line 15 above)														
15. Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)														
16. CD-10 Implementation Expenses (informational only - already included in general expense) (Line 6.5)														
17. CD-10 Implementation Expenses (informational only - already included in Line 6.5)														
18. Total of Covered Lives														
19. Number of Covered Lives														
20. Number of Groups														
21. Member Months														

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

	AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES			
	Comprehensive Health Coverage			
	1 Individual Plans	2 Small Group Employer Plans	3 Large Group Employer Plans	4 Small Group Employer Plans
ACA Receipts and Payments: 1. Premiums ACA Risk Adjustment Program 1.0 Premium adjustments receivable (payable) 2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid) 3. Temporary ACA Risk Corridor Program 3.0 Total amounts recoverable for claims (paid & unpaid) 3.2 Reserve for rate credits or policy experience refunds ACA Receipts and Payments 4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receivable (payments) 5. Transitional ACA Reinsurance Program 5.0 Total amounts recoverable for claims (paid & unpaid) 6. Temporary ACA Risk Corridor Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience refunds paid				

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

REPORT FOR: 1. CORPORATION \_\_\_\_\_ 2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR										NAIC Company Code			
		Comprehensive Health Coverage			Business Subject to MLR Mini-Med Plans			Expatriate Plans		9	10		11	12	13
		1	2	3	4	5	6	7	8						
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (d)	
1.															
1.1	Health premiums written.....														
1.2	Unearned premium prior year.....														
1.3	Unearned premium current year.....														
1.4	Change in unearned premium.....														
1.5	Paid rate credits.....														
1.6	Reserve for rate credits current year.....														
1.7	Reserve for rate credits prior year.....														
1.8	Change in reserve for rate credits.....														
1.9	Premium balances written off.....														
1.10	Group conversion charges.....														
1.11	Total direct premiums earned (Lines 1.1 - 1.10).....														
1.12	Assumed premiums earned from non-affiliates.....														
1.13	Net assumed less ceded premiums earned from non-affiliates.....														
1.14	Ceded premiums earned from non-affiliates.....														
1.15	Other adjustments due to MLR calculation - Premiums.....														
1.16	Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 - 1.15)														
2.	Direct Claims Incurred:														
2.1	Paid claims during the year.....														
2.2	Direct claim liability current year.....														
2.3	Direct claim liability prior year.....														
2.4	Direct claim reserves current year.....														
2.5	Direct claim reserves prior year.....														
2.6	Direct contract reserves current year.....														
2.7	Direct contract reserves prior year.....														
2.8	Paid rate credits.....														
2.9	Reserve for rate credits current year.....														
2.10	Reserve for rate credits prior year.....														
2.11	Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)														
2.11a	Paid medical incentive pools and bonuses current year.....														
2.11b	Accrued medical incentive pools and bonuses current year.....														
2.11c	Accrued medical incentive pools and bonuses prior year.....														
2.12	Net health care receivables (Lines 2.12a - 2.12b)														
2.12a	Health care receivables current year.....														
2.12b	Health care receivables prior year.....														
2.13	Group conversion charge.....														
2.14	Multi-option coverage blended rate adjustment.....														
2.15	Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14).....														
2.16	Assumed incurred claims from non-affiliates.....														
2.17	Net assumed less ceded incurred claims from affiliates.....														
2.18	Ceded incurred claims to non-affiliates.....														
2.19	Other adjustments due to MLR calculation - Claims.....														
2.20	Net incurred claims (Lines 2.15 - 2.19 + 2.16 - 2.17 - 2.18 - 2.19)														
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 Above (Informational only)														

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

# SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3

(To Be Filed By April 1 – Not for Rebate Purposes)

APPLICANT FOR THE YEAR \_\_\_\_\_ OF THE \_\_\_\_\_

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

REPORT FOR \_\_\_\_\_ 1. CORPORATION

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

1.	All Expenses	Improving Health Care Quality Expenses							8	9	10
		1	2	3	4	5	6	7			
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)	
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$_____ for affiliated services).....										
1.2	Outsourced services.....										
1.3	EDP equipment and software (incl \$_____ for affiliated services).....										
1.4	Other equipment (excl. EDP) (incl \$_____ for affiliated services).....										
1.5	Accreditation and certification (incl \$_____ for affiliated services).....		XXX			XXX					
1.6	Other expenses (incl \$_____ for affiliated services).....										
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6).....		XXX			XXX					
1.8	Reimbursements by uninsured plans and fiscal intermediaries.....		XXX			XXX					
1.9	Taxes, licenses and fees (in total, for tying purposes).....										
1.10	Total (1.7 to 1.9).....		XXX			XXX					
1.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....										
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$_____ for affiliated services).....										
2.2	Outsourced Services.....										
2.3	EDP equipment and software (incl \$_____ for affiliated services).....										
2.4	Other equipment (excl. EDP) (incl \$_____ for affiliated services).....										
2.5	Accreditation and certification (incl \$_____ for affiliated services).....		XXX			XXX					
2.6	Other expenses (incl \$_____ for affiliated services).....										
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6).....		XXX			XXX					
2.8	Reimbursements by uninsured plans and fiscal intermediaries.....		XXX			XXX					
2.9	Taxes, licenses and fees (in total, for tying purposes).....										
2.10	Total (2.7 to 2.9).....		XXX			XXX					
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....										
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$_____ for affiliated services).....										
3.2	Outsourced services.....										
3.3	EDP equipment and software (incl \$_____ for affiliated services).....										
3.4	Other equipment (excl. EDP) (incl \$_____ for affiliated services).....										
3.5	Accreditation and certification (incl \$_____ for affiliated services).....		XXX			XXX					
3.6	Other expenses (incl \$_____ for affiliated services).....										
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6).....		XXX			XXX					
3.8	Reimbursements by uninsured plans and fiscal intermediaries.....		XXX			XXX					
3.9	Taxes, licenses and fees (in total, for tying purposes).....										
3.10	Total (3.7 to 3.9).....		XXX			XXX					
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only).....										

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

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

APPENDIX FOR THE YEAR OF THE

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

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



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

1	2	3	4	5	6	As of Effective Date of Prior Year's Annual Statement				As of Current Year's Annual Statement								
Session ID	NAC Company ID	ID Number	Name of Company	Effective Date of Prior Statement Date	Statutory Reserve	Statutory Reserve Taken	Required of Primary Security	Primary Security	Other Security	Statutory Reserve	Statutory Reserve Credit Taken	Required Level of Primary Security	Primary Security	Primary Security Adjustment	Primary Security - Trust	Primary Security - Bank or Modified Conscience	Other Security	
1999999																		
<b>Total</b>																		



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

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

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

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

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

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

Security Category Description	As of Effective Date or Prior Year's Annual Statement		As of Current Year's Annual Statement	
	1 Assets	2 Affiliate or Parental Guarantee (YES/NO)	3 Assets	4 Affiliate or Parental Guarantee (YES/NO)
<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. Evergreen, Unconditional LOCs .....	.....	.....	.....	.....
14. Other LOCs .....	.....	.....	.....	.....
15. Affiliate or Parental Guarantees .....	.....	.....	.....	.....
16. LOC-like Assets .....	.....	.....	.....	.....
17. Excess of Loss Reinsurance .....	.....	.....	.....	.....
18. All Other Assets .....	.....	.....	.....	.....
19. Subtotal Other Security		XXX		XXX
20. Total		XXX		XXX

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

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

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

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

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

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

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

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

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

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

**PART 3 – INTERROGATORIES**

- 1.1 Is any collateral identified in Part 3 of the Supplemental **Term and Universal Life Insurance** Reinsurance Exhibit a letter of credit, synthetic letter of credit, contingent note, credit-linked note or other similar security that operates in a manner similar to a letter of credit? Yes  No  N/A
- 1.2 If the response to 1.1 is yes:
  - 1.21 Describe the amount and nature of the collateral: .....
  - 1.22 Describe all contingencies or conditions to performance: .....
- 2.1 Is any collateral identified in Part 3 of the Supplemental **Term and Universal Life Insurance** Reinsurance Exhibit pledged to a financing provider? Yes  No  N/A
- 2.2 If the response to 2.1 is yes:
  - 2.21 Describe the amount and nature of the collateral that is pledged: .....
  - 2.22 Describe the duration and the terms of the pledge: .....
- 3.1 Does any collateral identified in Part 3 of the Supplemental **Term and Universal Life Insurance** Reinsurance Exhibit have a duration that is less than the duration of the underlying policy liabilities? Yes  No  N/A
- 3.2 If the response to 3.1 is yes:
  - 3.21 Describe the amount and nature of the collateral: .....
  - 3.22 Compare the duration of the collateral to the duration of the underlying policy liabilities: .....
- 4.1 Is any asset identified in Part 3 of the Supplemental **Term and Universal Life Insurance** Reinsurance Exhibit as being guaranteed by an affiliate or parent? Yes  No  N/A
- 4.2 If the response to 4.1 is yes:
  - 4.21 Provide the legal name of the guarantor: .....
  - 4.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor: .....
  - 4.23 Specify the dollar amount of the guarantee: \$.....
  - 4.24 Describe all contingencies or conditions to performance of the guarantee: .....

**PART 4 – INTERROGATORIES**

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



**ALPHABETICAL INDEX**

**ANNUAL STATEMENT BLANK**

Analysis of Increase in Reserves During The Year .....	7
Analysis of Operations By Lines of Business.....	6
Asset Valuation Reserve.....	26
Asset Valuation Reserve Default Component.....	27
Asset Valuation Reserve Equity and Other Invested Asset Component .....	29
Asset Valuation Reserve Replications (Synthetic) Assets .....	32
Assets.....	2
Cash Flow.....	5
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts .....	7
Exhibit 1 – Part 2 – Refunds Applied, Reinsurance Commissions and Expense .....	10
Exhibit 2 – General Expenses .....	11
Exhibit 3 – Taxes, Licenses and Fees .....	11
Exhibit 4 – Dividends or Refunds.....	11
Exhibit 5 – Aggregate Reserve for Life Contracts .....	12
Exhibit 5 – Interrogatories .....	13
Exhibit 5A – Changes in Bases of Valuation During The Year.....	13
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts.....	14
Exhibit 7 – Deposit-Type Contracts.....	14
Exhibit 8 – Part 1 – Claims for Life and Accident and Health Contracts.....	15
Exhibit 8 – Part 2 – Claims for Life and Accident and Health Contracts.....	16
Exhibit of Capital Gains (Losses).....	8
Exhibit of Life Insurance .....	24
Exhibit of Net Investment Income .....	8
Exhibit of Nonadmitted Assets .....	17
Exhibit of Number of Certificates for Supplementary Contracts, Annuities and Accident and Health Insurance .....	24
Five-Year Historical Data.....	21
Form for Calculating the Interest Maintenance Reserve (IMR).....	25
General Interrogatories .....	19
Jurat Page.....	1
Liabilities, Surplus and Other Funds.....	3
Life Insurance (State Page).....	23
Notes To Financial Statements .....	18
Overflow Page For Write-Ins.....	52
Schedule A – Part 1 .....	E01
Schedule A – Part 2 .....	E02
Schedule A – Part 3 .....	E03
Schedule A – Verification Between Years.....	SI02
Schedule B – Part 1.....	E04
Schedule B – Part 2.....	E05
Schedule B – Part 3.....	E06

**ANNUAL STATEMENT BLANK (Continued)**

Schedule B – Verification Between Years.....	SI02
Schedule BA – Part 1.....	E07
Schedule BA – Part 2.....	E08
Schedule BA – Part 3.....	E09
Schedule BA – Verification Between Years.....	SI03
Schedule D – Part 1.....	E10
Schedule D – Part 1A – Section 1.....	SI05
Schedule D – Part 1A – Section 2.....	SI08
Schedule D – Part 2 – Section 1.....	E11
Schedule D – Part 2 – Section 2.....	E12
Schedule D – Part 3.....	E13
Schedule D – Part 4.....	E14
Schedule D – Part 5.....	E15
Schedule D – Part 6 – Section 1.....	E16
Schedule D – Part 6 – Section 2.....	E16
Schedule D – Summary By Country.....	SI04
Schedule D – Verification Between Years.....	SI03
Schedule DA – Part 1.....	E17
Schedule DA – Verification Between Years.....	SI10
Schedule DB – Part A – Section 1.....	E18
Schedule DB – Part A – Section 2.....	E19
Schedule DB – Part A – Verification Between Years.....	SI11
Schedule DB – Part B – Section 1.....	E20
Schedule DB – Part B – Section 2.....	E21
Schedule DB – Part B – Verification Between Years.....	SI11
Schedule DB – Part C – Section 1.....	SI12
Schedule DB – Part C – Section 2.....	SI13
Schedule DB – Part D – Section 1.....	E22
Schedule DB – Part D – Section 2.....	E23
Schedule DB – Verification.....	SI14
Schedule DL – Part 1.....	E24
Schedule DL – Part 2.....	E25
Schedule E – Part 1 – Cash.....	E26
Schedule E – Part 2 – Cash Equivalents.....	E27
Schedule E – Part 3 – Special Deposits.....	E28
Schedule E – Verification Between Years.....	SI15
Schedule F.....	33
Schedule H – Accident and Health Exhibit – Part 1.....	34
Schedule H – Part 2, Part 3 and Part 4.....	35
Schedule H – Part 5 – Health Claims.....	36
Schedule S – Part 1 – Section 1.....	37
Schedule S – Part 1 – Section 2.....	38

Not for Distribution



**ANNUAL STATEMENT BLANK (Continued)**

Schedule S – Part 2 .....	39
Schedule S – Part 3 – Section 1 .....	40
Schedule S – Part 3 – Section 2 .....	41
Schedule S – Part 4 .....	42
Schedule S – Part 5 .....	43
Schedule S – Part 6 .....	44
Schedule S – Part 7 .....	45
Schedule T – Part 2 – Interstate Compact .....	47
Schedule T – Premiums and Annuity Considerations .....	46
Schedule Y – Part 1 – Information Concerning Activities of Insurer Members of a Holding Company Group .....	48
Schedule Y – Part 1A – Detail of Insurance Holding Company System .....	49
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates .....	50
Summary Investment Schedule .....	SI01
Summary of Operations .....	1
Supplemental Exhibits and Schedules Interrogatories .....	51

Not for Distribution

Not for Distribution

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**TOPICAL INDEX**

Accident and Health ..... 3; 4; 6; 9; 10; 11; 13; 14; 15; 16; 21; 22; 23; 24; 34; 35; 38; 39; 41; 44; 46; 51; Supp13; Supp26; Supp29; Supp30; Supp31; Supp32; Supp33

Accounting Changes and Corrections of Errors ..... 4; 18–Note 2; 22

Accounting Practices and Policies ..... 18–Note 1

Accredited Reinsurer ..... 39; 46

Admitted Assets ..... 2; 17; 21; 45; SI01; SI02; SI03; SI10; SI11; SI15; Supp2; Supp4; Supp5; Supp6; Supp7; Supp12

Affiliated Transactions ..... 2; 3; 8; 11; 17; 19; 19.1; 19.2; 19.4; 20.2; 21; 27; 29; 30; 31; 48; 49; 50; SI01; SI04; SI06; SI08; SI10; E16; Supp8; Supp9; Supp39; Supp40; Supp41

Affordable Care Act  
 Assessment ..... 18–Note 22  
 Risk-Sharing Provisions ..... 18–Note 24; Supp36; Supp37; Supp38

Annuities ..... 3; 4; 6; 7; 9; 10; 11; 12; 13; 14; 15; 16; 20.1; 21; 22; 23; 24; 37; 39; 40; 44; 45; 46; 47; 51; 51.1; Supp8; Supp9; Supp13; Supp23; Supp26; Supp27; Supp35; Supp35

Annuity Actuarial Reserves ..... 6; 7; 21; 18–Note 32; 44; Supp25; Supp26; Supp27; Supp33

Annuity Benefits ..... 4; 6; 12; 13; 15; 16; 20.1; 22; 23; Supp25; Supp26; Supp27; Supp33

Asset Valuation Reserve ..... 3; 4; 21; 26; 27; 28; 29; 30; 31; 32

Audit Committee ..... 19.1; 51.1

Basic Contribution ..... 26; 27; 28; 29; 30; 31; 32

Bonds ..... 2; 5; 8; 17; 19.2; 19.3; 19.4; 21; 27; 29; SI01; SI03; SI04; SI05; SI06; SI07; SI08; SI09; SI10; SI15; E10; E13; E14; E15; Supp2; Supp12

Business Combinations and Goodwill ..... 18–Note 3

Capital Gains (Losses) ..... 4; 5; 6; 8; 21; 25; 26; Supp25; Supp26; Supp27; Supp33

Capital Notes ..... 3; 5; 8; 18–Note 11

Capital Stock ..... 18–Note 13; 19.3

Caps ..... SI11; E18; E19; Supp7

Cash ..... 2; 5; 8; 11; 17; 21; 23; 36; SI01; E17; Supp12; Supp15; Supp46; Supp47

Cash Equivalents ..... 2; 5; 8; 17; 21; SI01; SI07; SI15; E2

Certified Reinsurer ..... 3; 39; 40; 41; 43; 44; 45; Supp43

Claim Adjustment Expenses ..... 11; 18–Note 35; Supp36; Supp37; Supp40; Supp41

Claims ..... 3; 7; 11; 14; 15; 16; 20; 20.1; 20.2; 22; 23; 33; 34; 35; 36; 44; Supp10; Supp15; Supp18; Supp19; Supp20; Supp21; Supp22; Supp23; Supp24; Supp27; Supp29; Supp30; Supp31; Supp32; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41

Claim Reserves ..... 3; 4; 15; 22; 33; 34; 36; 45; Supp15; Supp38

Claims Resisted ..... 15; 22

Coinsurance ..... 3; 37; 38; 40; 41; Supp44; Supp45

Collars ..... SI11; E18; E19; Supp7

Commissions ..... 3; 4; 5; 6; 10; 19; 20.1; 34; 35; 44; Supp1; Supp26; Supp33; Supp37

Common Stock ..... 2; 5; 7; 21; 26; 29; 31; SI01; SI03; SI04; E12; E13; E14; E15; E16; Supp12

Compromised or Resisted Claims ..... 23; 33

Contingencies ..... 18–Note 14; Supp48

Contract Claims ..... 3; 33; 44

**TOPICAL INDEX**

Contract Loans..... 2; 5; 8; 13; 17; 21; SI01; Supp13

Cost Containment Expenses ..... 11; 22; 34; 36; Supp36; Supp39; Supp40; Supp41

Counterparty Exposure ..... 18–Note 5, Note 8, Note 16, Note 21; 19.2; E18; E19; E22; E23

Debt ..... 18–Note 11; 29; 31; SI01

Deferred Compensation ..... 18–Note 12

Deposit Liabilities by Withdrawal Characteristics..... 18–Note 32

Deposit-Type Contracts ..... 3; 4; 5; 6; 10; 13; 21; 23; 44; 45; 46; 47; Supp26; Supp33

Depreciation..... 8; 11; 18–Note 1, Note 15; SI02; SI03; E01; E07; E09

Derivative Instruments..... 2; 3; 8; 17; 18–Note 1, Note 5, Note 8, Note 16; Note 20; 21; 27; SI01; SI12; SI14; E18; E19; E20; E21; E22; E23; Supp46; Supp47

Disability Benefits ..... 4; 6; 7; 12; 15; 16; 20.1; 24; 33; Supp26; Supp27; Supp28; Supp30; Supp31; Supp33; Supp35

Discontinued Operations..... 18–Note 4

Dividends or Refunds ..... 3; 4; 5; 6; 8; 10; 11; 14; 18–Note 1, Note 9, Note 10, Note 13, Note 14, Note 29, Note 32; 22; 23; 24; 34; 44; 45; 46; 50; Supp25; Supp33

Electronic Data Processing

Equipment..... 2; 11; 17; Supp39; Supp40; Supp41

Encumbrances..... 2; 27; 28; 29; 30; 31; SI02; E01; E02; E03; E04; E08; E09

Equity Component ..... 26; 29; 30; 31

Equity Securities ..... SI01; Supp5

Exchange or Counterparty ..... 49; E18; E19; E20; E24; E25; E23

Expenses ..... 3; 4; 5; 6; 8; 9; 10; 11; 19.3; 19.3.20; 20.1; 22; 24; 34; 36; 44; E01; E03; Supp15; Supp26; Supp33; Supp35; Supp37; Supp39; Supp40; Supp41; Supp42

Experience Rating Refunds ..... 44; Supp37

Extinguishment of Liabilities..... 18–Note 17

Fair Value ..... 13; 18–Note 20; 19.3; 19.4; SI04; SI12; SI14; E01; E07; E10; E11; E12; E18; E20; E22; E23; E24; E25; E28; Supp12

Floors ..... SI11; E18; Supp7

Foreign Control..... 19

Foreign Exchange ..... 2; 3; 8; 11; SI02; SI03; SI10; SI11; SI15; E01; E03; E04; E06; E07; E09; E10; E11; E13; E14; E15; E17; E18; E19

Forwards ..... SI11; E18; E19; Supp7

Fraternal ..... 6; 9; 10; 11; 20; 22; Supp26

Furniture and Equipment ..... 2; 11; 17

Futures Contracts ..... SI11; SI12; E20; E21 Supp7

Guaranteed Death Benefit ..... Supp8; Supp9

Guaranteed Living Benefit ..... Supp8; Supp9

General Account ..... Supp8; Supp9

General Insurance Expenses ..... 4; 6; 11; 34; Supp26; Supp33

Guaranteed Interest Contracts..... 13; 14

Guaranty Fund ..... 2; 17; 18–Note 14; 19.2

Health Care ..... 2; 17; 51.1; Supp15; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42

Health Care Receivables ..... 2; 18–Note 28; Supp15; Supp38;

Hedging Transactions ..... 19.3; 51; SI11; E18; E19; E20; E21; Supp7

Holdings Company..... 19; 19.1; 48; 49; Supp1

## TOPICAL INDEX

ID Number.....	1; 37; 38; 39; 40; 41; 42; 43; 49; 50; E16; Supp2; Supp43; Supp44; Supp45; Supp46; Supp47
Income Generation Transactions.....	E18; E19; E20; E21; Supp7
Income Taxes.....	2; 3; 4; 5; 8; 17; 18–Note 9; Supp33; Supp37
Incurred Losses and Loss Adjustment Expenses.....	18–Note 25; 22; 23; 33; 37; 38; 39; 42; 43
Individual Annuities.....	See Annuities
Insurance Future Options.....	SI11; E20; E21
Intercompany Pooling.....	18–Note 26
Interstate Compact Products.....	47
Interest Maintenance Reserve.....	3; 4; 6; 25; Supp26; Supp33
Investment Income:	3; 6; 18–Note 7; 21; E07; E09; Supp26; Supp33
Accrued.....	2; 17; E27; Supp12
Collected.....	8
Earned.....	4; 8
Received.....	5; E27
Investments.....	2; 3; 4; 5; 6; 8; 17; 18–Note 5 19.2; 19.3; 19.4; 21; 29; 30; 31; 50; SI01; SI02; SI03; SI04; SI05; SI06; SI07; SI08; SI09; SI10; SI11; SI12; SI13; SI14; SI15; E01; E02; E03; E04; E05; E06; E07; E08; E09; E10; E11; E12; E13; E14; E15; E16; E17; E18; E19; E20; E21; E21; E22; E23; E24; E25; E26; E27; E28; Supp2; Supp3; Supp4; Supp5; Supp6; Supp7; Supp12; Supp46; Supp47
Joint Venture.....	18–Note 6; SI03; E07; E08; E09
Leases.....	18–Note 15; 19.2; SI01
Letters of Credit.....	19.2; 20.2; 42; 43; 44; Supp46; Supp48
Licensed Reinsurer.....	Supp43
Licensing.....	3; 4; 6; 8; 11; 19; 34; 46; Supp22; Supp23; Supp24; Supp25; Supp35; Supp36; Supp37; Supp43
Life Insurance.....	6; 7; 9; 10; 12; 15; 16; 20.2; 21; 22; 23; 24; 37; 46; Supp11; Supp21; Supp22; Supp23
Limited Liability Company (LLC).....	18–Note 6; E07; E08; E09
Limited Partnership.....	18–Note 6; E07; E08; E09
Long-Term Invested Assets.....	2; 5; 8; 17; 19.2; 19.3; 19.4; 19.5; 20; 26; 27; 28; 29; 30; 31; 45; SI01; SI02; SI03; SI04; SI05; SI06; SI07; SI08; SI09; E01; E02; E03; E04; E05; E06; E07; E08; E09; E10; E11; E12; E13; E14; E15; Supp02; Supp03; Supp04; Supp05; Supp06; Supp07; Supp12
Managing General Agents.....	18–Note 19
Medical.....	11; 20; 36; Supp29; Supp31; Supp36; Supp38; Supp39; Supp40; Supp41; Supp42
Medicare.....	20; 23; 51; Supp10; Supp30; Supp31
Medicare Advantage.....	Supp36; Supp37; Supp38
Medicare Part D Coverage.....	50; 51; Supp15; Supp30; Supp31; Supp36; Supp37; Supp38
Medicare Supplement.....	20; Supp30; Supp31
Mergers.....	19; 22
Modified Coinsurance.....	37; 38; 40; 41; Supp44; Supp45
Modco Reserve.....	3
Mortgage Loans.....	2; 3; 6; 17; 19.3; 21; 26; 28; 30; 50; SI01; SI02; SI10; E04; E05; E06; Supp5; Supp6; Supp12
Nonadmitted Assets.....	2; 4; 17; 21; SI02; SI03; SI10; SI11; SI15; E11; E12; E16
Non-Cash Transactions.....	5

**TOPICAL INDEX**

Non-Participating Contracts ..... 13; 51; Supp16; Supp17

Off-Balance Sheet Risk ..... 18–Note 16; 19.2; E22

Options..... 19.3; SI11; E18; E19; Supp7

Organizational Chart..... 48

Other Derivative Instruments..... E18; E19; E20; E21; E22; E23

Parent, Subsidiaries and Affiliates..... 2; 3; 17; 18–Note 10; 19.2; 21; 49; 50; SI04; SI06; SI08; SI10; E16; Supp46; Supp47; Supp48

Participating Policies ..... 13; 18–Note 29; 51

Pharmaceutical Rebates ..... 2; 17; 18–Note 28; Supp36

Policyholder Dividends ..... 3; 4; 5; 10; 11; 14; 34; 46

Postemployment Benefits ..... 18–Note 12

Postretirement Benefits..... 18–Note 12

Preferred Stock ..... 2; 8; 17; 19.3; 19.4; 21; 27; 30; SI01; SI03; SI04; E11; E13; E14; E15; E16; Supp2; Supp12

Premium Deficiency Reserves..... 3; 18–Note 30; 35

Premiums and Annuity Considerations ..... 10; 11; 14; 18–Note 33; 20; 21; 44; 45; 46; 47; Supp26; Supp27; Supp33; Supp35

    Advance..... 3; 9; 35; 45

    Collected..... 5; 9; Supp15

    Deferred..... 2; 9; 17; Supp13; Supp16

    Direct ..... 6; 9; 20.2; 23; 46

    Earned..... 34; Supp10

    Incurred..... 4; 6

    Uncollected..... 2; 9; 17; Supp13

    Unearned..... 35

    Written..... 34

Quasi-Reorganizations..... 18–Note 13

Real Estate ..... 2; 5; 8; 11; 17; 19.3; 21; 26; 28; 29; 31; 50; SI01; SI02; E01; E02; E03; Supp6; Supp12

Redetermination, Contracts Subject to ..... 18–Note 24

Refunds..... 3; 4; 6; 11; 14; 22; 23; 24; 34; 44; 45; 46; Supp26; Supp33

Reinsurance:

    Assumed ..... 5; 18–Note 23; 20.1; 20.2; 50; Supp8; Supp16

    Ceded..... 3; 4; 6; 9; 10; 14; 15; 16; 20; 24; 35; 36; 37; 38; 46; Supp26; Supp32; Supp33; Supp36; Supp38

    Ceded..... 3; 4; 6; 9; 10; 12; 14; 15; 16; 24; 35; 36; 40; 41; 42; 43; 44; 45; 46; Supp26; Supp27; Supp32; Supp33; Supp35; Supp36; Supp38

    Certified..... 3; 40; 41; 43; 44; 45

    Funds Held..... 2; 3; 37; 38; 44; 45; Supp40; Supp41

    Licensed..... Supp43

    Payable ..... 3; 4; 35; 37; 38; 45

    Premiums ..... 9; 37; 38

    Recoverable/Recoverable ..... 2; 17; 39; 44; 45; 50; Supp13

    Surplus Relief ..... 4; 41

    Term and Universal Life ..... Supp43; Supp44; Supp45; Supp46; Supp47; Supp48

    Insurance Cessions ..... 3; 4; 42; 44; 45

**TOPICAL INDEX**

Replicated (Synthetic) Assets ..... 32; SI12; SI13; E18; E19; E20; E21; Supp7

Reserves: 18–Note 31; 50; Supp8; Supp9; Supp16; Supp17

    Accident and Health ..... 3; 4; 6; 14; 21; 22; 34; 35; 36; 38; 41; 42; 43; 44; 45; Supp15; Supp19; Supp20; Supp21; Supp22; Supp23; Supp26; Supp29; Supp30; Supp31; Supp32; Supp33; Supp38

    Annuity ..... 3; 7; 12; 13; 20.1; 37; 40; Supp35

    Claim ..... 3; 14; 15; 35; 36; 45

    Credit ..... 40; 42; 43; Supp8; Supp9

    Deterministic ..... Supp8; Supp9

    Life ..... 3; 4; 6; 7; 12; 13; 20.1; 21; 22; 37; 40; 42; 43; 44; 45; Supp26; Supp27; Supp33; Supp43; Supp44; Supp45; Supp47

    Stochastic ..... Supp8; Supp9

Retirement Plans ..... 18–Note 12; Supp1

Retrospectively Rated Policies ..... 2; 17; 18–Note 24

Risk-Based Capital

    Authorized Control Level ..... 21

    Total Adjusted Capital ..... 21

Securities Lending ..... 2; 3; 17; 19.2; 19.3; 21; SI01; E24; E25; Supp7

Separate Accounts ..... 2; 3; 4; 5; 6; 7; 8; 14; 17; 18–Note 34; 19.1; 20; 21; 26; 45; Supp8; Supp9; Supp26; Supp27; Supp33; Supp35

Servicing of Financial Assets ..... 18–Note 17

Short-Term Investments ..... 2; 5; 8; 17; 19.4; 21; 27; 31; SI01; SI07; SI10; E17; Supp11

Special Deposits ..... 19.3; E28; Supp12

Statutory Reserve ..... Supp43; Supp44; Supp45

Stockholder Dividends ..... 5; 50

Structured Settlements ..... 18–Note 27

Subsequent Events ..... 18–Note 22

Supplemental Exhibits and Schedules Interrogatories ..... 51

Supplementary Contracts ..... 4; 6; 7; 12; 13; 15; 16; 22; 24; Supp21; Supp27; Supp33; Supp34

Surplus ..... 3; 4; 5; 18–Note 13; 20.1; 40; 41; 45; E16; Supp11; Supp12; Supp13

Surplus Notes ..... 3; 4; 5; 8

Surrender Values ..... 3; 4; 6; 14; 23; 24; 44; Supp26; Supp33

Swaps ..... SI11; E18; E19; Supp7

Synthetic GIC Contracts ..... 13; 14

Tabular Interest ..... 7; 14; 18–Note 31; Supp27; Supp35

Tabular Net Premiums ..... 7; Supp27; Supp35

Third Party Administrator ..... 18–Note 9

Total Adjusted Capital ..... 21

Treasury Stock ..... 5

Trust Agreements ..... 20.2; 42; 43; 44

Uninsured Accident and Health ..... 2; 11; 17; 18–Note 18; Supp36; Supp37; Supp39; Supp40; Supp41

Unusual and Infrequent Item ..... 18–Note 21

Valuation Allowance ..... SI02

Variable Annuities ..... 51.1; Supp8; Supp9; Supp33; Supp35

VM-20 Reserves ..... 7; 21; 51.1; Supp16; Supp17; Supp27

Wash Sales ..... 18–Note 17

Not for Distribution

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