

INDIANA DEPARTMENT OF INSURANCE

311 W. Washington St., Suite 300
 Indianapolis, IN 46204-2787
 LIFE - STATEMENT OF CONDITION
 On the 31st day of December, 20__

COMPANY NAME:

ADDRESS:

CITY, STATE ZIPCODE:

ORGANIZED UNDER STATE OF

FEIN:

NAIC CODE:

CONTACT PERSON:

PHONE:

EAMIL:

ASSETS OF COMPANY

(Nearest dollar)

Bonds (Schedule D)	\$	
Stocks (Schedule D)	\$	
Mortgage Loans on Real Estate (Schedule B)	\$	
Real Estate (Schedule A)	\$	
Policy Loans	\$	
Premium Notes	\$	
Cash & Short Term Investments (Schedule DA & E)	\$	
Deferred and Uncollected Premiums	\$	
Other assets	\$	
TOTAL ASSETS	\$	

LIABILITIES, SURPLUS AND OTHER FUNDS

Aggregate Reserve for Life Policies and Contracts	\$	
Aggregate Reserve for Accident and Health Policies	\$	
Policy and Contract Claims--Life	\$	
-Accident and Health	\$	
Taxes, licenses and fees due or accrued	\$	
All other Liabilities	\$	
TOTAL LIABILITIES	\$	
Special Surplus Funds	\$	
Capital Stock	\$	
Gross Paid in and Contributed Surplus	\$	
Unassigned Surplus	\$	
Surplus as regards Policyholders	\$	
TOTAL LIABILITIES AND SURPLUS	\$	

 Signature



 Signature



 (Print Name)
 President

 (Print Name)
 Secretary