



Quarterly Statement Blank

For the Year 2018

Not for Distribution

Fraternal

Not for Distribution

Official NAIC Quarterly Statement Blank

Fraternal

For the 2018 reporting year

Not for Distribution



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Not for Distribution

QUARTERLY STATEMENT

AS OF _____, 2018

OF THE CONDITION AND AFFAIRS OF THE

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

OFFICERS

Table with columns: Name, Title, Name, Title. Rows 1-4 for officers and an 'Other' row.

DIRECTORS OR TRUSTEES

Blank lines for listing 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 thereon, except as herein 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 of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period 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; and (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the signing 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 and Title lines for three individuals.

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

Subscribed and sworn before me this _____ day of _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....				
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens				
4. Real estate:				
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 (\$.....), cash equivalents (\$.....) and short-term investments (\$.....)				
6. Contract loans (including \$..... premium notes).....				
7. Derivatives				
8. Other invested assets.....				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)				
13. Title plants less \$..... charged off (for Title insurers only)				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans.....				
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$.....)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates.....				
24. Health care (\$.....) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets.....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....				
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)				
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

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LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts (including \$..... Modco Reserve)
2. Aggregate reserve for accident and health contracts (including \$..... Modco Reserve)
3. Liability for deposit-type contracts (including \$..... Modco Reserve)
4. Contract claims:		
4.1 Life
4.2 Accident and health.....
5. Refunds due and unpaid
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
8. Certificate and 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)
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.....
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
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
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 to 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) (including \$..... in Separate Accounts Statement).....
31. Totals (Lines 25 + 30) (including Lines 26, Col. 3)
DETAILS OF WRITE-INS		
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 to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts			
2. Considerations for supplementary contracts with life contingencies			
3. Net investment income			
4. Amortization of Interest Maintenance Reserve (IMR)			
5. Separate Accounts net gain from operations excluding unrealized gains and losses			
6. Commissions and expense allowances on reinsurance ceded			
7. Reserve adjustments on reinsurance ceded			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts			
8.3 Aggregate write-ins for miscellaneous income			
9. Totals (Lines 1 to 8.3)			
10. Death benefits.....			
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts including premiums waived \$			
14. Surrender benefits and withdrawals for life contracts			
15. Interest and adjustments on contract or deposit-type contract funds.....			
16. Payments on supplementary contracts with life contingencies			
17. Increase in aggregate reserve for life and accident and health contracts.....			
18. Totals (Lines 10 to 17).....			
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)			
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 gain (losses) (Line 27 minus Line 28).....			
30. Net realized capital gains (losses) less capital gains tax of \$ (excluding \$ transferred to the IMR)			
31. Net income (Lines 29 + 30)			
SURPLUS ACCOUNT			
32. Surplus December 31, prior year			
33. Net income from operations (Line 31).....			
34. Change in net unrealized capital gains (losses) less capital gains tax			
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 statement			
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 as of statement date (Lines 32 + 46)			
DETAILS OF WRITE-INS			
08.301			
08.302			
08.303			
08.398 Summary of remaining write-ins for Line 8.3 from overflow page			
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			
4501.			
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)			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance
2. Net investment income
3. Miscellaneous income
4. Total (Lines 1 to 3).....
5. Benefit and loss related payments.....
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts
7. Commissions, expenses paid and aggregate write-ins for deductions.....
8. Dividends paid to policyholders
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)
10. Total (Lines 5 through 9)
11. Net cash from operations (Line 4 minus Line 10)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds
12.2 Stocks
12.3 Mortgage loans
12.4 Real estate
12.5 Other invested assets.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments
12.7 Miscellaneous proceeds
12.8 Total investment proceeds (Lines 12.1 to 12.7)
13. Cost of investments acquired (long-term only):			
13.1 Bonds
13.2 Stocks
13.3 Mortgage loans
13.4 Real estate
13.5 Other invested assets.....
13.6 Miscellaneous applications.....
13.7 Total investments acquired (Lines 13.1 to 13.6)
14. Net increase (or decrease) in contract loans and premium notes.....
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....
16.2 Capital and paid in surplus, less treasury stock
16.3 Borrowed funds.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....
16.5 Dividends to stockholders.....
16.6 Other cash provided (applied)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17).....
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year
19.2 End of period (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 .....	.....	.....	.....

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Life insurance
2. Individual annuities
3. Accident and health
4. Aggregate of all other lines of business
5. Subtotal (Lines 1 through 4).....
6. Fraternal
7. Expenses
8. Subtotal (Lines 5 through 7).....
9. Deposit-type contracts
10. Total
DETAILS OF WRITE-INS			
0401.
0402.
0403.
0498. Summary of remaining write-ins for Line 4 from overflow page
0499. Total (Lines 0401 through 0403 plus 0498) (Line 4 above)

Not for Distribution

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 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 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 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
.....

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No N/A
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 6.2 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.
- 6.3 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). _____
- 6.4 By what department or departments?
- 6.5 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
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 7.1 Has this 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
If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
.....
.....
.....
.....

GENERAL INTERROGATORIES

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:

- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

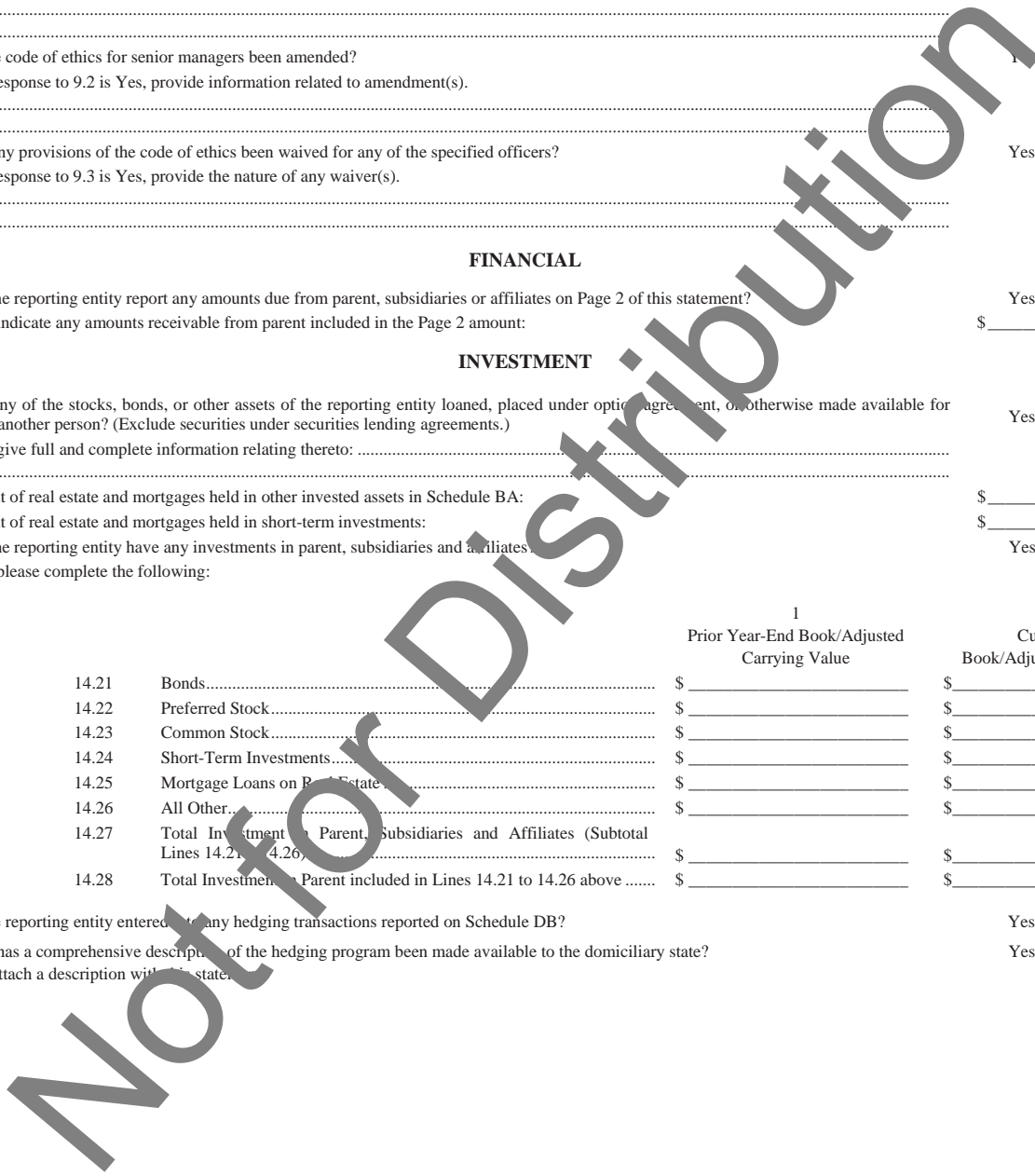
INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____
13. Amount of real estate and mortgages held in short-term investments: \$ _____
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$ _____	\$ _____
14.22 Preferred Stock.....	\$ _____	\$ _____
14.23 Common Stock.....	\$ _____	\$ _____
14.24 Short-Term Investments.....	\$ _____	\$ _____
14.25 Mortgage Loans on Real Estate.....	\$ _____	\$ _____
14.26 All Other.....	\$ _____	\$ _____
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21-14.26).....	\$ _____	\$ _____
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$ _____	\$ _____

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this state.



GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 16.3 Total payable for securities lending reported on the liability page \$ _____

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

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

1 Name of Custodian(s)	2 Custodian Address

17.2 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)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

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

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

17.5 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

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

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

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

18.2 If no, list exceptions:

.....

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for 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 []

GENERAL INTERROGATORIES

PART 2 - FRATERNAL

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

Responses

- 1.1 Long-Term Mortgages in Good Standing
 - 1.11 Farm Mortgages \$ _____
 - 1.12 Residential Mortgages \$ _____
 - 1.13 Commercial Mortgages \$ _____
 - 1.14 Total Mortgages in Good Standing \$ _____

- 1.2 Long-Term Mortgages in Good Standing with Restructured Terms
 - 1.21 Total Mortgages in Good Standing with Restructured Terms \$ _____

- 1.3 Long-Term Mortgage Loans upon which Interest is Overdue more than Three Months
 - 1.31 Farm Mortgages \$ _____
 - 1.32 Residential Mortgages \$ _____
 - 1.33 Commercial Mortgages \$ _____
 - 1.34 Total Mortgages with Interest Overdue more than Three Months \$ _____

- 1.4 Long-Term Mortgage Loans in Process of Foreclosure
 - 1.41 Farm Mortgages \$ _____
 - 1.42 Residential Mortgages \$ _____
 - 1.43 Commercial Mortgages \$ _____
 - 1.44 Total Mortgages in Process of Foreclosure \$ _____

- 1.5 Total Mortgage Loans (Lines 1.14 + 1.21+1.34+1.44) (Page 2, Column 3, Lines 3.1 +3.1) \$ _____

- 1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter
 - 1.61 Farm Mortgages \$ _____
 - 1.62 Residential Mortgages \$ _____
 - 1.63 Commercial Mortgages \$ _____
 - 1.64 Total Mortgages Foreclosed and Transferred to Real Estate \$ _____

- 2.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurances for reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done? Yes [] No []
- 2.2 If no, explain: _____
- 3. Operating Percentages:
 - 3.1 A&H loss percent _____ %
 - 3.2 A&H cost containment percent _____ %
 - 3.3 A&H expense percent excluding cost containment expenses _____ %
- 4.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 4.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 4.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 4.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
- 5.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []
- 5.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

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

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

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year to Date – Allocated by States and Territories

State, Etc.	1 Active Status (a)	Life Contracts		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. Dist. Columbia.....DC						
10. Florida.....FL						
11. Georgia.....GA						
12. Hawaii.....HI						
13. Idaho.....ID						
14. Illinois.....IL						
15. Indiana.....IN						
16. Iowa.....IA						
17. Kansas.....KS						
18. Kentucky.....KY						
19. Louisiana.....LA						
20. Maine.....ME						
21. Maryland.....MD						
22. Massachusetts.....MA						
23. Michigan.....MI						
24. Minnesota.....MN						
25. Mississippi.....MS						
26. Missouri.....MO						
27. Montana.....MT						
28. Nebraska.....NE						
29. Nevada.....NV						
30. New Hampshire.....NH						
31. New Jersey.....NJ						
32. New Mexico.....NM						
33. New York.....NY						
34. No. Carolina.....NC						
35. No. Dakota.....ND						
36. Ohio.....OH						
37. Oklahoma.....OK						
38. Oregon.....OR						
39. Pennsylvania.....PA						
40. Rhode Island.....RI						
41. So. Carolina.....SC						
42. South Dakota.....SD						
43. Tennessee.....TN						
44. Texas.....TX						
45. Utah.....UT						
46. Vermont.....VT						
47. Virginia.....VA						
48. Washington.....WA						
49. West Virginia.....WV						
50. Wisconsin.....WI						
51. Wyoming.....WY						
52. American Samoa.....AS						
53. Guam.....GU						
54. Puerto Rico.....PR						
55. U.S. Virgin Islands.....VI						
56. Northern Mariana Islands.....MP						
57. Canada.....CAN						
58. Aggregate other alien.....OT	XXX					
59. Subtotals.....	XXX					
90. Reporting entity contributions for employee benefit 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					
DETAILS OF WRITE-INS						
58001.....	XXX					
58002.....	XXX					
58003.....	XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX					
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above).....	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 plus 9498) Line 94 above.....	XXX					

(a) Active Status Counts:

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

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

PART 1 – ORGANIZATIONAL CHART

Not for Distribution

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

Response

- 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?
- 2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
- 3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?
- 4. 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?
- 5. 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?
- 6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?
- 7. 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?

Explanation:

Bar Code:

Not for Distribution

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

Not for Distribution

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SCHEDULE A – VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
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
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
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		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4-5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE B – VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
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
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
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 – PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock

(a) Book/Adjusted Carrying Value column for the end of the current reporting period 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 DA – PART 1
Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA – VERIFICATION
Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, 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+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)

Not for Distribution

SCHEDULE DB – PART A – VERIFICATION
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	_____
3.	Unrealized Valuation increase/(decrease)	_____
4.	Total gain (loss) on termination recognized	_____
5.	Considerations received/(paid) on terminations	_____
6.	Amortization	_____
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item	_____
8.	Total foreign exchange change in Book/Adjusted Carrying Value	_____
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
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 to date minus	_____
3.12	Section 1, Column 15, prior year.....	_____
	Change in variation margin on open contracts – All Other	
3.13	Section 1, Column 18, current year to date 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.....	_____
4.2	Less:	
4.21	Amount used to adjust basis of hedged item	_____
4.22	Amount recognized	_____
4.3	Subtotal (Line 4.1 minus Line 4.2).....	_____
5.	Dispositions gain/(losses) on contracts terminated in prior year:	
5.1	Total gain/(loss) recognized for terminations in prior year	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year.....	_____
6.	Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	_____
7.	Deduct total nonadmitted amounts	_____
8.	Statement value at end of current period (Line 6 minus Line 7).....	_____

SCHEDULE DB – PART C – SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

		Replication (Synthetic Asset) Transactions					Components of the Replication (Synthetic Asset) Transactions								
1	2	3	4	5	6	7	8	Derivative Instrument(s) Open			Cash Instrument(s) Field				
Number	Description	Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
9999999	Totals					XXX	XX	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	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value	Number of Positions	Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	xxx		xxx		xxx		xxx		xxx	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	xxx		xxx		xxx		xxx		xxx	
7. Ending Inventory										

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 (Line 13 plus Line 14 minus Line 15)	_____

Not for Distribution

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
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)

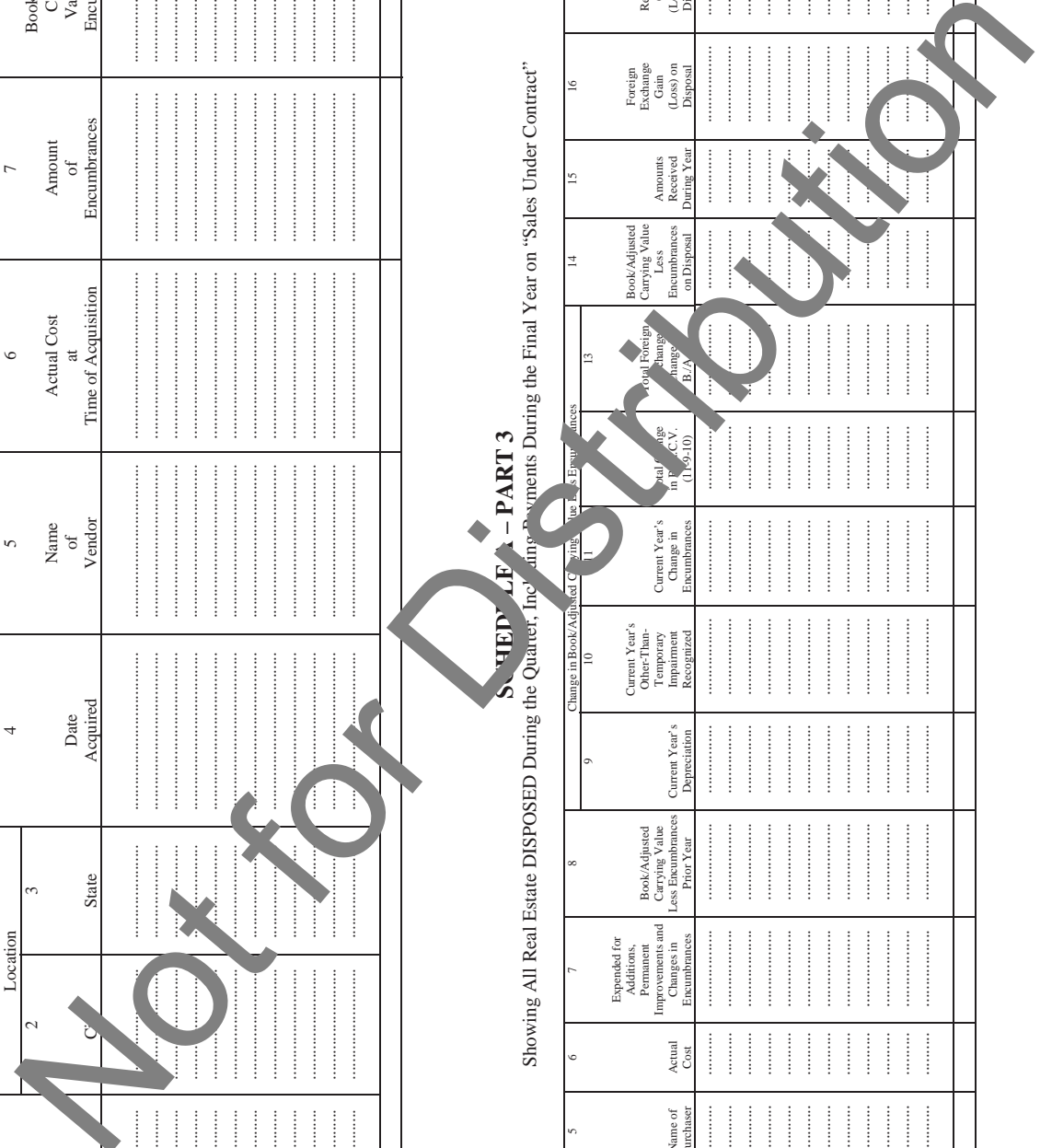
Not for Distribution

SCHEDULE A – PART 2
Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	2 Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	City	State						
0399999	Totals							

SCHEDULE A – PART 3
Showing All Real Estate DISPOSED During the Quarter, 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, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	9 Current Year's Depreciation	10 Current Year's After-Than- Temporary Improvements Recognized	11 Change in Book/Adjusted Carrying Value Due to Foreign Exchange Gains/Losses (1-9-10)	12 Current Year's Change in Encumbrances	13 Total Foreign Exchange Change in Book Value (1-9-10) B/L/A	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 Encumbrances	20 Taxes, Repairs and Expenses Incurred
	City	State																	
0399999	Totals																		



SCHEDULE B – PART 2
Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

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

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

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

SCHEDULE BA – PART 2
Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	2	3		5	6	7	8	9	10	11	12	13
		Name or Description	Location									
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership
4699999	Totals											XXX

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

1	2	3		5	6	7	8	9			13	14	15	16	17	18	19	20			
		Name or Description	Location					Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date									Book/Adjusted Carrying Value Less Encumbrances Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) /Accretion	Change in Book/Adjusted Carrying Value
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization) /Accretion	Change in Book/Adjusted Carrying Value	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B.A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B.A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income	
4699999	Totals																				

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

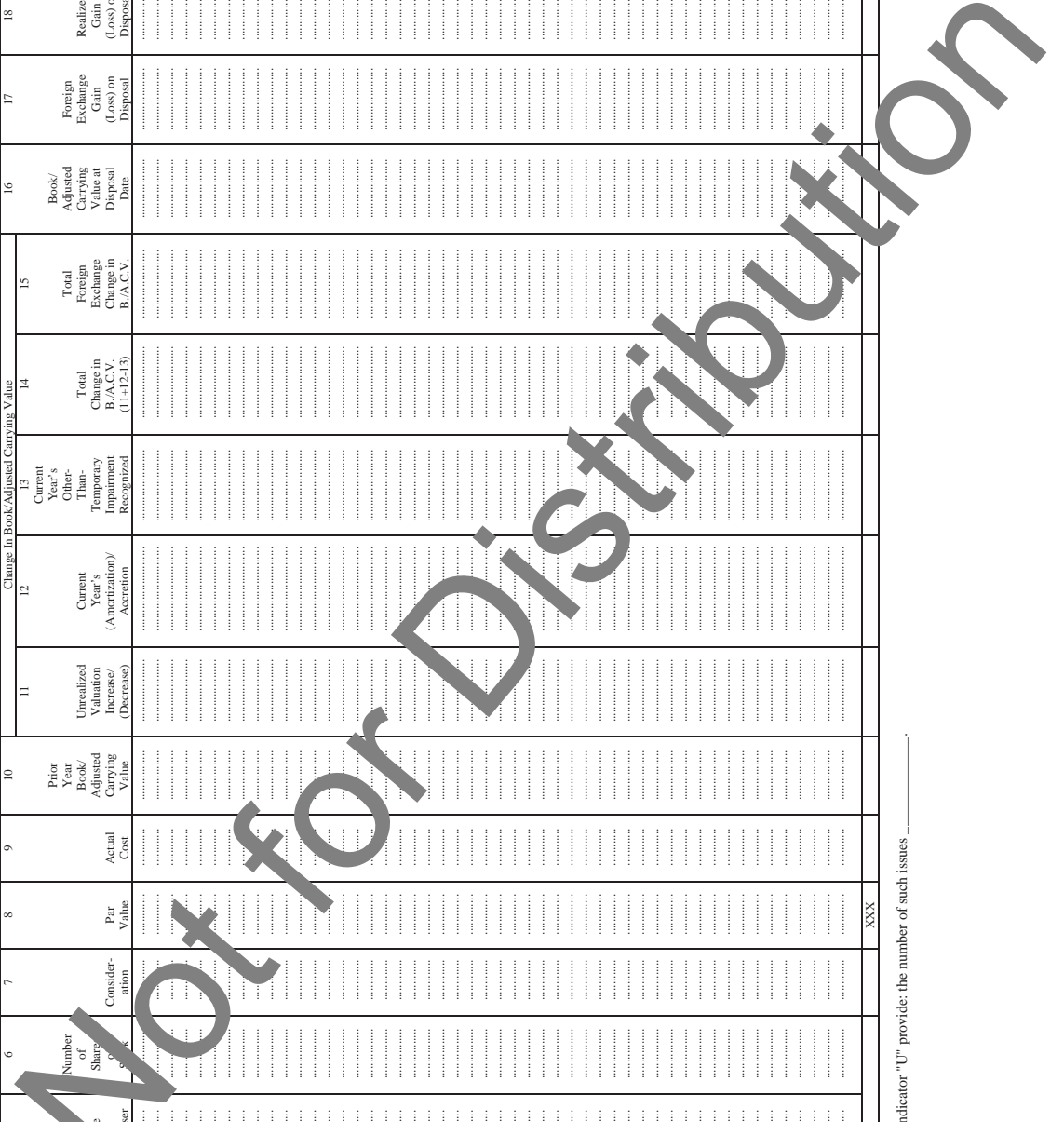
1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator(a)
<i>Not for Distribution</i>									
Totals								XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues _____.

SCHEDULE D – PART 4
 Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
 During the Current Quarter

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	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization)/Accretion	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 at 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	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
9999999	Totals						XXX													XXX	XXX

(a) For all common stock bearing the NAIC market indicator, "U" provide: the number of such issues _____



SCHEDULE DB – PART A – SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Description	Description of Items Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s)	Change in Fair Value	Contractual Cash Flows	Trade	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial 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 Quarter-end
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 Item(s)
.....
.....
.....

(b)

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

SCHEDULE DB – PART B – SECTION 1
 Future Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedge(s) Used to Generate or Replicate	Symbol/ Arbitrator Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Quarter-end (b)	Value of One (1) Point	
1399999			Subtotal - Hedging Effective																			
1409999			Subtotal - Hedging Other																			
1419999			Subtotal - Replication																			
1429999			Subtotal - Income Generation																			
1439999			Subtotal - Other																			
1449999			Totals																			

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

(a)	Code	Description of Hedged Risk

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

SCHEDULE DB – PART D – SECTION 1
 Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y 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												

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SCHEDULE DB – PART D – SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

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

Collateral Pledged to Reporting Entity

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

SCHEDULE E – PART 2 – CASH EQUIVALENTS
 Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
88999999	Total Cash Equivalents							

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.....
Affix Bar Code Above

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

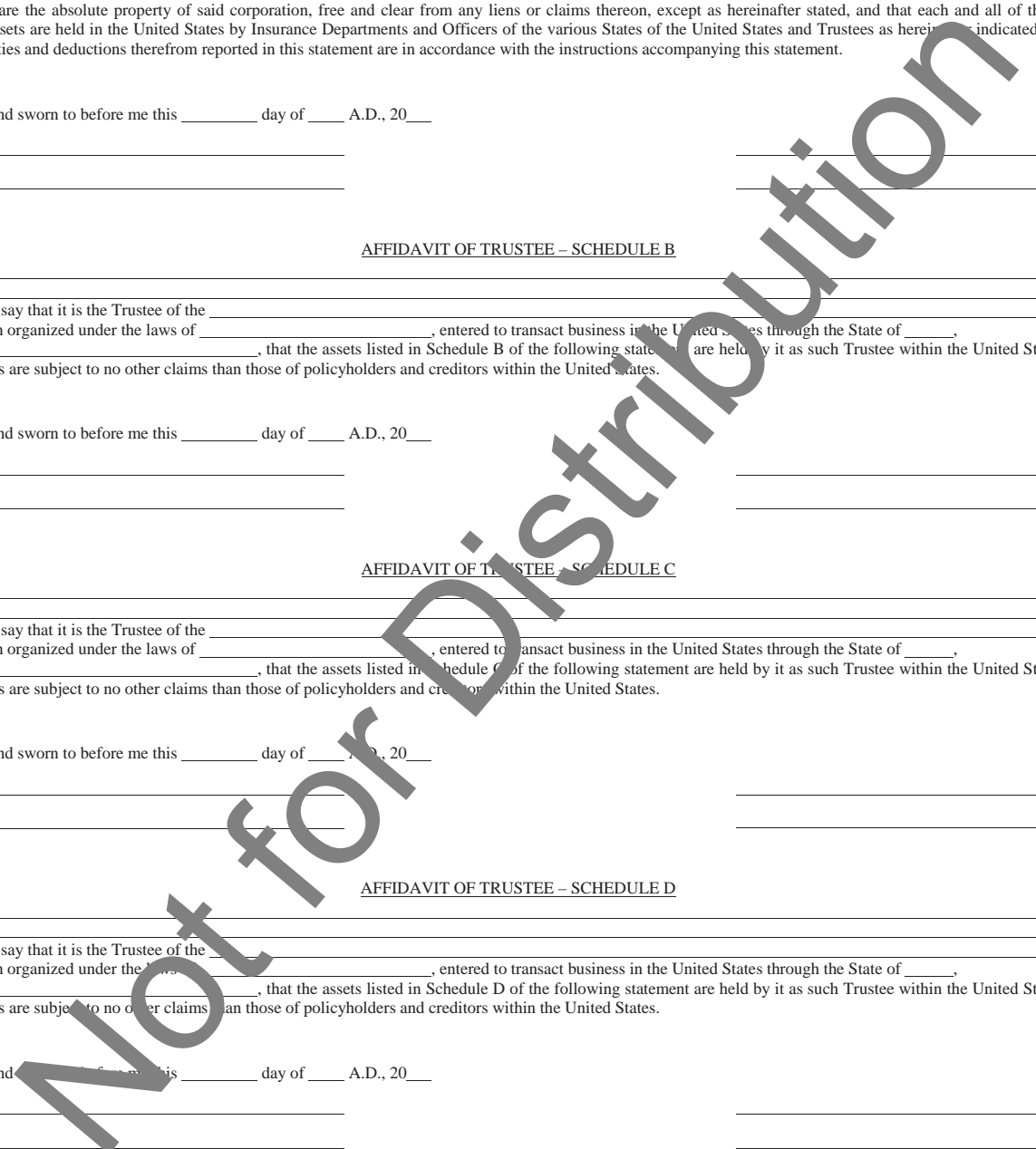
_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within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



**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

INTERROGATORIES (To be completed by Fraternal organizations only)

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

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OVERFLOW PAGE FOR WRITE-INS

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MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code

NAIC Company Code

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	XXX	.....	XXX	.....
2. Earned Premiums.....	XXX	.....	XXX	XXX
3. Claims Paid.....	XXX	.....	XXX	.....
4. Claims Incurred.....	XXX	.....	XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	XXX	.....	XXX	.....	.....
6. Aggregate Policy Reserves – change.....	XXX	.....	XXX	XXX
7. Expenses Paid.....	XXX	.....	XXX	.....
8. Expenses Incurred.....	XXX	.....	XXX	XXX
9. Underwriting Gain or Loss.....	XXX	.....	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$..... due from CMS or \$..... due to CMS

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