INDIANA DEPARTMENT OF INSURANCE

311 W. Washington St., Suite 300

Indianapolis, IN 46204-2787

LIFE - STATEMENT OF CONDITION

On the 31st day of December, 2003

COMPANY NAME:

ADDRESS:

CITY, STATE ZIPCODE:

ORGANIZED UNDER STATE OF FEIN: NAIC CODE:

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	$ 0.00

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		$ 0.00
Special Surplus Funds	$	
Capital Stock	$	
Gross Paid in and Contributed Surplus	$	
Unassigned Surplus	$	
Surplus as regards Policyholders		$ 0.00
TOTAL LIABILITIES AND SURPLUS		$ 0.00

Signature ☐ Signature ☐

(Print Name) President

(Print Name) Secretary

State Form 3887 (R/10-87)