

# Official NAIC Annual Statement Blank

**Health**

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For the 2019 reporting year

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National Association of  
Insurance Commissioners

*The NAIC is the authoritative source for insurance industry information. Our expert solutions support the efforts of regulators, insurers and researchers by providing detailed and comprehensive insurance information. The NAIC offers a wide range of publications in the following categories:*

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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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**ANNUAL STATEMENT**

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**of** \_\_\_\_\_

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

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE YEAR ENDED  
DECEMBER 31, 2019**

**HEALTH**

**2019**

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# ANNUAL STATEMENT

FOR THE YEAR ENDING \_\_\_\_\_  
(Month) (Day) (Year)

Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

\_\_\_\_\_  
(Name)

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 \_\_\_\_\_

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Services Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
Other [ ] Is HMO Federally Qualified? Yes [ ] No [ ]

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) (Area Code) (Telephone Number)

Mail Address \_\_\_\_\_  
(Street and Number or P.O. Box) (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) (Extension)

Internet Web Site Address \_\_\_\_\_

Statutory Statement Contact \_\_\_\_\_  
(Name) (Area Code) (Telephone Number) (Extension)

(E-Mail Address) (Fax Number)

### OFFICERS

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

### DIRECTORS OR TRUSTEES

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

State of \_\_\_\_\_

County of \_\_\_\_\_

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, or, (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. Further, 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) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Printed Name) \_\_\_\_\_  
2. 3.

(Title) \_\_\_\_\_ (Title) \_\_\_\_\_ (Title) \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2020

- 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 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 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 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) .....				

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**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....				
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves.....				
8. Premiums received in advance .....				
9. General expenses due or accrued.....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses)) .....				
10.2 Net deferred tax liability.....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated.....				
14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current).....				
15. Amounts due to parent, subsidiaries and affiliates.....				
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending.....				
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$.....) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates.....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$..... current).....				
24. Total liabilities (Lines 1 to 23) .....				
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX		
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus).....	XXX	XXX		
32. Less treasury stock, at cost:				
32.1..... shares common (value included in Line 26 \$.....) .....	XXX	XXX		
32.2..... shares preferred (value included in Line 27 \$.....) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX		
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX		
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2303. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page.....				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....				
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	XXX		
2. Net premium income (including \$..... non-health premium income) .....	XXX		
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$..... medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX		
7. Aggregate write-ins for other non-health revenues .....	XXX		
8. Total revenues (Lines 2 to 7) .....	XXX		
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....			
10. Other professional services .....			
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....			
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Lines 9 to 15) .....			
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. Total hospital and medical (Lines 16 minus 17) .....			
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$..... cost containment expenses .....			
21. General administrative expenses .....			
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only) .....			
23. Total underwriting deductions (Lines 18 through 22) .....			
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX		
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....			
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....			
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)] .....			
29. Aggregate write-ins for other income or expenses .....			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX		
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX		
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX		
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX		
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....			
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....			

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**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	.....	.....
34. Net income or (loss) from Line 32 .....	.....	.....
35. Change in valuation basis of aggregate policy and claim reserves .....	.....	.....
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	.....	.....
37. Change in net unrealized foreign exchange capital gain or (loss).....	.....	.....
38. Change in net deferred income tax .....	.....	.....
39. Change in nonadmitted assets.....	.....	.....
40. Change in unauthorized and certified reinsurance .....	.....	.....
41. Change in treasury stock.....	.....	.....
42. Change in surplus notes .....	.....	.....
43. Cumulative effect of changes in accounting principles.....	.....	.....
44. Capital Changes:		
44.1 Paid in .....	.....	.....
44.2 Transferred from surplus (Stock Dividend) .....	.....	.....
44.3 Transferred to surplus.....	.....	.....
45. Surplus adjustments:		
45.1 Paid in .....	.....	.....
45.2 Transferred to capital (Stock Dividend).....	.....	.....
45.3 Transferred from capital.....	.....	.....
46. Dividends to stockholders.....	.....	.....
47. Aggregate write-ins for gains or (losses) in surplus .....	.....	.....
48. Net change in capital and surplus (Lines 34 to 47) .....	.....	.....
49. Capital and surplus end of reporting year (Line 33 plus 48)	.....	.....
<b>DETAILS OF WRITE-INS</b>		
4701. ....	.....	.....
4702. ....	.....	.....
4703. ....	.....	.....
4798. Summary of remaining write-ins for Line 47 from overflow page.....	.....	.....
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 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 premiums.....	.....	.....
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 17 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**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....										
2. Change in unearned premium reserves and reserve for rate credit .....										
3. Fee-for-service (net of \$..... medical expenses) .....										XXX
4. Risk revenue .....										XXX
5. Aggregate write-ins for other health care related revenues .....										XXX
6. Aggregate write-ins for other non-health care related revenues .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6) .....										
8. Hospital/medical benefits .....										XXX
9. Other professional services .....										XXX
10. Outside referrals .....										XXX
11. Emergency room and out-of-area .....										XXX
12. Prescription drugs .....										XXX
13. Aggregate write-ins for other hospital and medical .....										XXX
14. Incentive pool, withhold adjustments and bonus amounts .....										XXX
15. Subtotal (Lines 8 to 14) .....										XXX
16. Net reinsurance recoveries .....										XXX
17. Total hospital and medical (Lines 15 minus 16) .....										XXX
18. Non-health claims (net) .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses .....										
20. General administrative expenses .....										
21. Increase in reserves for accident and health contracts .....										XXX
22. Increase in reserves for life contracts .....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....										
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....										
<b>DETAILS OF WRITE-INS</b>										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....										XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....										XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....			XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....										XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....										XXX

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**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 – PREMIUMS**

Line of Business	1  Direct Business	2  Reinsurance Assumed	3  Reinsurance Ceded	4  Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical).....	.....	.....	.....	.....
2. Medicare Supplement.....	.....	.....	.....	.....
3. Dental only.....	.....	.....	.....	.....
4. Vision only.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan.....	.....	.....	.....	.....
6. Title XVIII – Medicare.....	.....	.....	.....	.....
7. Title XIX – Medicaid.....	.....	.....	.....	.....
8. Other health.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8).....	.....	.....	.....	.....
10. Life.....	.....	.....	.....	.....
11. Property/casualty.....	.....	.....	.....	.....
12. Totals (Lines 9 to 11)	.....	.....	.....	.....

Not for Distribution

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Pl	Th VIII Measure	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....										
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....										
1.4 Net .....										
2. Paid medical incentive pools and bonuses .....										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....										
3.2 Reinsurance assumed.....										
3.3 Reinsurance ceded.....										
3.4 Net .....										
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....										
4.2 Reinsurance assumed.....										
4.3 Reinsurance ceded.....										
4.4 Net .....										
5. Accrued medical incentive pools and bonuses, current year.....										
6. Net health care receivables (a) .....										
7. Amounts recoverable from reinsurers December 31, current year.....										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....										
8.2 Reinsurance assumed.....										
8.3 Reinsurance ceded.....										
8.4 Net .....										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....										
9.2 Reinsurance assumed.....										
9.3 Reinsurance ceded.....										
9.4 Net .....										
10. Accrued medical incentive pools and bonuses, prior year.....										
11. Amounts recoverable from reinsurers December 31, prior year .....										
12. Incurred benefits:										
12.1 Direct .....										
12.2 Reinsurance assumed.....										
12.3 Reinsurance ceded.....										
12.4 Net .....										
13. Incurred medical incentive pools and bonuses .....										

(a) Excludes \$..... loans or advances to providers not yet expensed.

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**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct.....										
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....										
1.4 Net.....										
2. Incurred but Unreported:										
2.1 Direct.....										
2.2 Reinsurance assumed.....										
2.3 Reinsurance ceded.....										
2.4 Net.....										
3. Amounts Withheld from Paid Claims and Capitations:										
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.....										

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**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental Only .....	.....	.....	.....	.....	.....	.....
4. Vision Only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII – Medicare .....	.....	.....	.....	.....	.....	.....
7. Title XIX – Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8) .....	.....	.....	.....	.....	.....	.....
10. Health care receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
13. Totals (Lines 9-10+11+12)	.....	.....	.....	.....	.....	.....

(a) Excludes \$..... loans or advances to providers not yet expensed.

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**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)**

**Section A – Paid Health Claims**

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

**Section B – Incurred Health Claims**

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

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015.....										
2. 2016.....										
3. 2017.....										
4. 2018.....										
5. 2019.....										

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Feder- Employ- Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....									
2. Additional policy reserves (a).....									
3. Reserve for future contingent benefits .....									
4. Reserve for rate credits or experience rating refunds (including \$..... for investment income).....									
5. Aggregate write-ins for other policy reserves .....									
6. Totals (gross).....									
7. Reinsurance ceded.....									
8. Totals (Net) (Page 3, Line 4).....									
9. Present value of amounts not yet due on claims .....									
10. Reserve for future contingent benefits .....									
11. Aggregate write-ins for other claim reserves .....									
12. Totals (gross).....									
13. Reinsurance ceded.....									
14. Totals (Net) (Page 3, Line 7)									
<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 plus 0598) (Line 5 above)									
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 \$..... premium deficiency reserve.

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**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 – ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$..... for occupancy of own building).....					
2. Salaries, wages and other benefits.....					
3. Commissions (less \$..... ceded plus \$..... assumed).....					
4. Legal fees and expenses.....					
5. Certifications and accreditation fees.....					
6. Auditing, actuarial and other consulting services.....					
7. Traveling expenses.....					
8. Marketing and advertising.....					
9. Postage, express and telephone.....					
10. Printing and office supplies.....					
11. Occupancy, depreciation and amortization.....					
12. Equipment.....					
13. Cost or depreciation of EDP equipment and software.....					
14. Outsourced services including EDP, claims, and other services.....					
15. Boards, bureaus and association fees.....					
16. Insurance, except on real estate.....					
17. Collection and bank service charges.....					
18. Group service and administration fees.....					
19. Reimbursements by uninsured plans.....					
20. Reimbursements from fiscal intermediaries.....					
21. Real estate expenses.....					
22. Real estate taxes.....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					
23.2 State premium taxes.....					
23.3 Regulatory authority licenses and fees.....					
23.4 Payroll taxes.....					
23.5 Other (excluding federal income and real estate taxes).....					
24. Investment expenses not included elsewhere.....					
25. Aggregate write-ins for expenses.....					
26. Total expenses incurred (Lines 1 to 25).....					(a).....
27. Less expenses unpaid December 31, current year.....					
28. Add expenses unpaid December 31, prior year.....					
29. Amounts receivable relating to uninsured plans, prior year.....					
30. Amounts receivable relating to uninsured plans, current year.....					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30).....					
<b>DETAILS OF WRITE-INS</b>					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 for the following year.....					
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above).....					

(a) Includes management fees of \$..... to affiliates and \$..... to non-affiliates.

**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.....	.....	(g).....
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 less \$ \_\_\_\_\_ 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 excludes \$ \_\_\_\_\_ 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 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).....			

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**EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	.....	.....	.....	.....	.....	.....
2. Provider Service Organizations.....	.....	.....	.....	.....	.....	.....
3. Preferred Provider Organizations.....	.....	.....	.....	.....	.....	.....
4. Point of Service.....	.....	.....	.....	.....	.....	.....
5. Indemnity Only.....	.....	.....	.....	.....	.....	.....
6. Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7. Total	.....	.....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>						
0601. ....	.....	.....	.....	.....	.....	.....
0602. ....	.....	.....	.....	.....	.....	.....
0603. ....	.....	.....	.....	.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.....	.....	.....	.....	.....	.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	.....	.....	.....	.....	.....	.....

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**EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	.....	.....	.....	.....	.....	.....
Group subscribers:	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
0299997 Group subscriber subtotal .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed.....	.....	.....	.....	.....	.....	.....
0299999 Total group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	.....	.....	.....	.....	.....	.....

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**EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	.....	.....	.....	.....	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables.....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	.....	.....	.....	.....	.....	.....
7. Totals (Lines 1 through 6)	.....	.....	.....	.....	.....	.....

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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**EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers.....	.....	.....	.....	.....	.....	.....
4. Total capitation payments.....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service.....	.....	.....	XXX	XXX	.....	.....
6. Contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
7. Bonus/withhold arrangements – fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements – contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries.....	.....	.....	XX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments.....	.....	.....	XXX	XXX	.....	.....
12. Total other payments	.....	.....	XXX	XXX	.....	.....
13. Total (Line 4 plus Line 12)		100%	XXX	XXX		

**EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
9999999 Totals			XXX	XXX	XXX

**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrance	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2. Medical furniture, equipment and fixtures.....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment	.....	.....	.....	.....	.....	.....
6. Total	.....	.....	.....	.....	.....	.....

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? \_\_\_\_\_
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or declaration 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 to 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 for 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 [ ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the 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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by a governmental entity during the reporting period? Yes [ ] No [ ]
- 6.2 If yes, give the 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 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 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 Other
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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 insurer 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 insurer 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/certification?  
 .....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ ]

12.1.1 Name of real estate holding company \_\_\_\_\_  
 12.1.2 Number of parcels involved \_\_\_\_\_  
 12.1.3 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 manager or the United States trustees of the reporting entity? .....

13.2 Does this statement contain all business transacted from 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 last indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry 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.

14.1.1 If the response to 14.1 is no, please explain: .....

14.2 Has the code of ethics for managers been amended? Yes [ ] No [ ]

14.2.1 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 [ ]

14.3.1 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 To 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 To 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 the liability for 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 2 of this statement? Yes [ ] No [ ]
- 23.2 If yes, indicate any amounts received from parent included in the Page 2 amount: \$ \_\_\_\_\_

**INVESTMENT**

- 24.01 Were all the stocks, bonds, and other securities owned December 31 of 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 complete information, relating thereto.....
- 24.03 For securities 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 company'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 other 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 non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ ]
- 24.09 Does the reporting entity or the 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 backstop funding agreements \$ \_\_\_\_\_
  - 25.32 Other \$ \_\_\_\_\_

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 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 domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

**LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

- 26.3 Does the reporting entity utilize derivatives to hedge variable annuity reserves subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]
- 26.4 If the response to 26.3 is YES, does the reporting entity utilize:
- 26.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
  - 26.42 Permitted accounting practice Yes [ ] No [ ]
  - 26.43 Other accounting guidance Yes [ ] No [ ]
- 26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Approach.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 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 1 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safe 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 – Safekeeping, Custodial or Safekeeping Agreements of the 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

**GENERAL INTERROGATORIES**

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

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, e.g., “...those with 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 affiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s **invested** 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 **invested** 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) Filed

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)])? Yes  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	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all 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			

**GENERAL INTERROGATORIES**

- 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: .....
33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for FE or PL security is not available.
  - 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 5GI securities? Yes [ ] No [ ]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SRO.
- Has the reporting entity self-designated PLGI securities? Yes [ ] No [ ]
35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ ]

**OTHER**

- 36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ \_\_\_\_\_
- 36.2 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
	\$
	\$
	\$
	\$

- 37.1 Amount of payments for legal expenses, if any? \$ \_\_\_\_\_
- 37.2 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
	\$
	\$
	\$
	\$

**GENERAL INTERROGATORIES**

- 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ \_\_\_\_\_
- 38.2 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 – HEALTH 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. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ _____	\$ _____
2.2 Premium Denominator	\$ _____	\$ _____
2.3 Premium Ratio (2.1/2.2)	_____	_____
2.4 Reserve Numerator	\$ _____	\$ _____
2.5 Reserve Denominator	\$ _____	\$ _____
2.6 Reserve Ratio (2.4/2.5)	_____	_____

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ ]

3.2 If yes, give particulars: \_\_\_\_\_

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ ]

5.2 If no, explain: \_\_\_\_\_

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical \$ \_\_\_\_\_

5.32 Medical Only \$ \_\_\_\_\_

5.33 Medicare Supplement \$ \_\_\_\_\_

5.34 Dental and Vision \$ \_\_\_\_\_

5.35 Other Limited Benefit Plan \$ \_\_\_\_\_

5.36 Other \$ \_\_\_\_\_

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provision, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: \_\_\_\_\_

7.1 Does the reporting entity secure its claim liability for provider services on a service date basis? Yes [ ] No [ ]

7.2 If no, give details: \_\_\_\_\_

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year \_\_\_\_\_

8.2 Number of providers at end of reporting year \_\_\_\_\_

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months \_\_\_\_\_

9.22 Business with rate guarantees over 36 months \_\_\_\_\_

**GENERAL INTERROGATORIES**

**PART 2 – HEALTH INTERROGATORIES**

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ ] No [ ]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ \_\_\_\_\_
  - 10.22 Amount actually paid for year bonuses \$ \_\_\_\_\_
  - 10.23 Maximum amount payable withholds \$ \_\_\_\_\_
  - 10.24 Amount actually paid for year withholds \$ \_\_\_\_\_

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [ ] No [ ]
  - 11.13 An Individual Practice Association (IPA), or, Yes [ ] No [ ]
  - 11.14 A Mixed Model (combination of above)? Yes [ ] No [ ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [ ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. \_\_\_\_\_
- 11.4 If yes, show the amount required. \_\_\_\_\_
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [ ]
- 11.6 If the amount is calculated, show the calculation \_\_\_\_\_

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ \_\_\_\_\_
- 13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date \$ \_\_\_\_\_
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] NA [ ]
- 14.2 If the answer to 14.1 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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$ \_\_\_\_\_
  - 15.2 Total Incurred Claims \$ \_\_\_\_\_
  - 15.3 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)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ ]
- 16.1 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 [ ]

**FIVE-YEAR HISTORICAL DATA**

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28).....					
2. Total liabilities (Page 3, Line 24).....					
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....					
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....					
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....					
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11).....					
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....					
15. Authorized control level risk-based capital.....					
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7).....					
17. Total members months (Column 6, Line 7).....					
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0		100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....					
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....					
23. Total underwriting gain (loss) (Line 24).....					
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....					
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 5)].....					
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 17, Col. 1).....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....					
33. Total investment in parent included in Lines 26 to 31 above.....					

NOTE: If a party to this exhibit has restated the two most recent years of this exhibit 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 in .....  
 .....  
 .....

.....  
Affix Bar Code Above

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

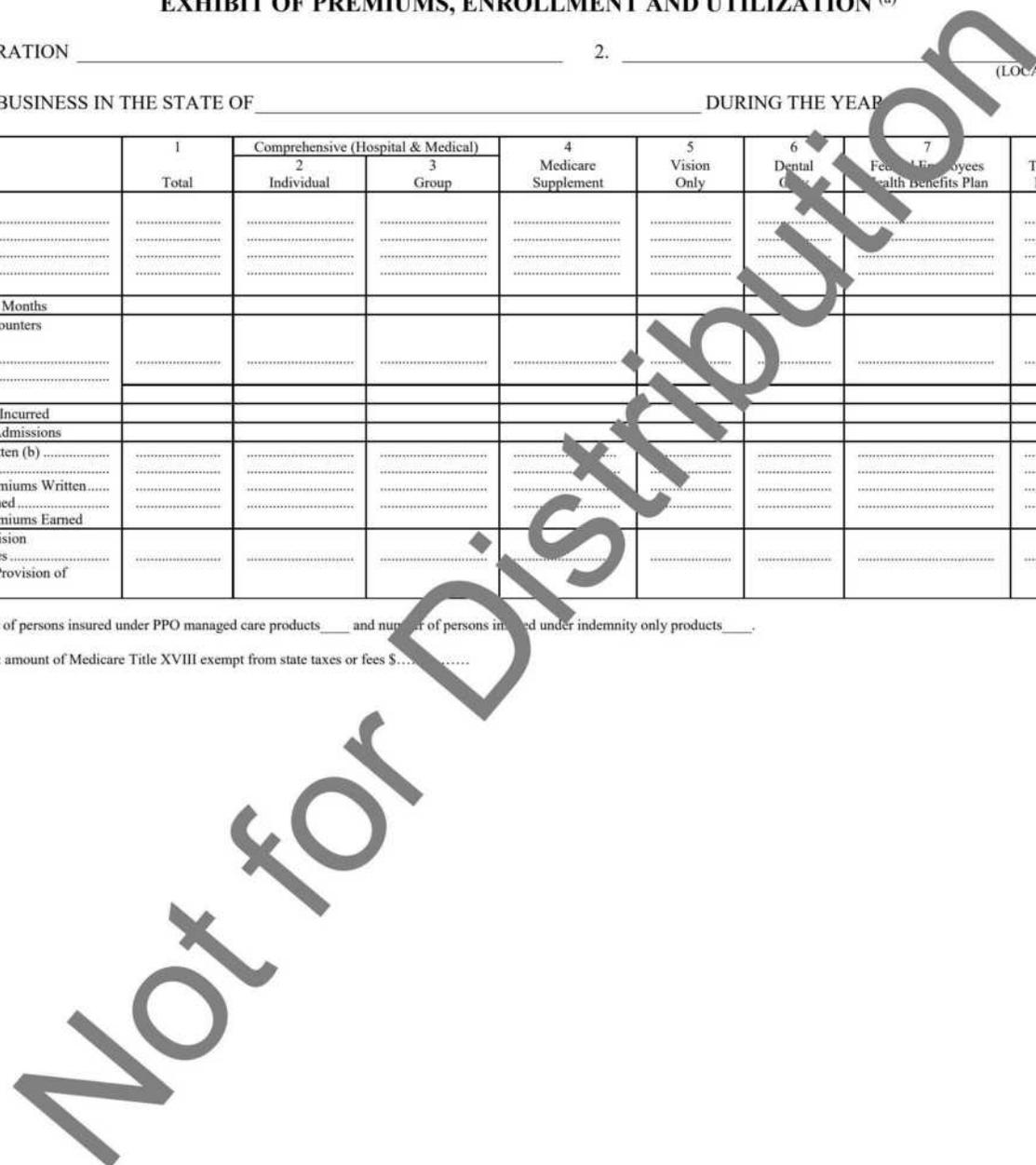
REPORT FOR: 1. CORPORATION \_\_\_\_\_ 2. \_\_\_\_\_  
(LOCATION)

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Coverage	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. First Quarter .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Second Quarter .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. Third Quarter .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Current Year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7. Physician .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. Non-Physician .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. Total	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13. Life Premiums Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14. Property/Casualty Premiums Written .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15. Health Premiums Earned .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....











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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% -100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 – 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 14 – Col. 25)	
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number	19 Collateral Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)
9999999 Totals																	XXX				XXX	XXX			

(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 Amount
.....	.....	.....	.....	.....

Not for Distribution

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....					
2. Title XVIII-Medicare .....					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T).....					
16. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T).....					
21. 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. Accident and health premiums due and unpaid (Line 15).....	.....	.....	.....
3. Amounts recoverable from reinsurers (Line 16.1).....	.....	.....	.....
4. Net credit for ceded reinsurance.....	XXX	.....	.....
5. All other admitted assets (Balance).....	.....	.....	.....
6. Total assets (Line 28)	.....	.....	.....
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	.....	.....	.....
8. Accrued medical incentive pool and bonus payments (Line 2).....	.....	.....	.....
9. Premiums received in advance (Line 8).....	.....	.....	.....
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	.....	.....	.....
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	.....	.....	.....
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	.....	.....	.....
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	.....	.....	.....
14. All other liabilities (Balance).....	.....	.....	.....
15. Total liabilities (Line 24).....	.....	.....	.....
16. Total capital and surplus (Line 33).....	.....	XXX	.....
17. Total liabilities, capital and surplus (Line 34)	.....	.....	.....
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	.....	.....	.....
19. Accrued medical incentive pool.....	.....	.....	.....
20. Premiums received in advance.....	.....	.....	.....
21. Reinsurance recoverable on paid losses.....	.....	.....	.....
22. Other ceded reinsurance recoverables.....	.....	.....	.....
23. Total ceded reinsurance recoverables.....	.....	.....	.....
24. Premiums receivable.....	.....	.....	.....
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	.....	.....	.....
26. Unauthorized reinsurance.....	.....	.....	.....
27. Reinsurance with Certified Reinsurers.....	.....	.....	.....
28. Funds held under reinsurance treaties with Certified Reinsurers.....	.....	.....	.....
29. Other ceded reinsurance payables/offsets.....	.....	.....	.....
30. Total ceded reinsurance payables/offsets.....	.....	.....	.....
31. Total net credit for ceded reinsurance	.....	.....	.....

Not for Distribution

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

State, Etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
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. North Carolina.....NC									
35. North Dakota.....ND									
36. Ohio.....OH									
37. Oklahoma.....OK									
38. Oregon.....OR									
39. Pennsylvania.....PA									
40. Rhode Island.....RI									
41. South Carolina.....SC									
42. South Dakota.....SD									
43. Tennessee.....TN									
44. Texas.....TX									
45. Utah.....UT									
46. Vermont.....VT									
47. Virginia.....VA									
48. Washington.....WA									
49. West Virginia.....WV									
50. Wisconsin.....WI									
51. Wyoming.....WY									
52. American Samoa.....AS									
53. Guam.....GU									
54. Puerto Rico.....PR									
55. U.S. Virgin Islands.....VI									
56. Northern Mariana Islands.....MP									
57. Canada.....CAN									
58. Aggregate other alien.....OT	XX								
59. Subtotal.....XXX	XXX								
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								
61. Total (Direct Business)	XXX								
<b>DETAILS OF WRITE-INS</b>									
58001.....	XXX								
58002.....									
58003.....	XXX								
58998. Summary of reinsurance for Line 58 from overline.....	XXX								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above).....	XXX								

(a) Active Status Counts:

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

(b) Explanation of basis of allocation by states, premiums by state, etc.

**SCHEDULE T – PART 2**

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

States, Etc.		Direct Business Only					6 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.....AN							
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





## 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 domiciliary state 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

### Responses

- |                                                                                                                 |       |
|-----------------------------------------------------------------------------------------------------------------|-------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | ..... |
| 2. Will an actuarial opinion be filed by March 1?                                                               | ..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | ..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required 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? | ..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | ..... |

### JUNE FILING

- |                                                                                                                              |       |
|------------------------------------------------------------------------------------------------------------------------------|-------|
| 8. Will an audited financial report be filed by June 1?                                                                      | ..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | ..... |

### AUGUST FILING

- |                                                                                                                                                                                                                                       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 10. 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 **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the specific 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

- |                                                                                                                                                                                                                                        |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?                                                                                                             | ..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?                                                                                                                                      | ..... |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?                                                                                                                             | ..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | ..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?                                                                                                                          | ..... |
| 17. 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?                                   | ..... |
| 18. 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?                                         | ..... |
| 19. 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?                                                       | ..... |

### APRIL FILING

- |                                                                                                                                                                                                         |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 20. Will the Long-Term Care Compliance Reporting Forms be filed with the state of domicile and the NAIC by April 1?                                                                                     | ..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?                                                                                                       | ..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                                                                           | ..... |
| 23. 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?                                              | ..... |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?                                  | ..... |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | ..... |

### AUGUST FILING

- |                                                                                                                            |       |
|----------------------------------------------------------------------------------------------------------------------------|-------|
| 26. 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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Not for Distribution

**Not for Distribution**

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**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage of Column 5 Line 13
1. Long-term bonds (Schedule D, Part 1):						
1.01 U.S. governments .....						
1.02 All other governments .....						
1.03 U.S. states, territories and possessions, etc. guaranteed .....						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed .....						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed .....						
1.06 Industrial and miscellaneous .....						
1.07 Hybrid securities .....						
1.08 Parent, subsidiaries and affiliates .....						
1.09 SVO identified funds .....						
1.10 Unaffiliated bank loans .....						
1.11 Total long-term bonds .....						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated) .....						
2.02 Parent, subsidiaries and affiliates .....						
2.03 Total preferred stocks .....						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated) .....						
3.02 Industrial and miscellaneous Other (Unaffiliated) .....						
3.03 Parent, subsidiaries and affiliates Publicly traded .....						
3.04 Parent, subsidiaries and affiliates Other .....						
3.05 Mutual funds .....						
3.06 Unit investment trusts .....						
3.07 Closed-end funds .....						
3.08 Total common stocks .....						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages .....						
4.02 Residential mortgages .....						
4.03 Commercial mortgages .....						
4.04 Mezzanine real estate loans .....						
4.05 Total mortgage loans .....						
5. Real estate (Schedule A):						
5.01 Properties occupied by company .....						
5.02 Properties held for production of income .....						
5.03 Properties held for sale .....						
5.04 Total real estate .....						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1) .....						
6.02 Cash equivalents (Schedule E, Part 2) .....						
6.03 Short-term investments (Schedule DA) .....						
6.04 Total cash, cash equivalents and short-term investments .....						
7. Contract loans .....						
8. Derivatives (Schedule DB) .....						
9. Other invested assets (Schedule BA) .....						
10. Receivables for securities .....						
11. Securities lending (Schedule DL, Part 1) .....				XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11) .....						
13. 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 points 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 excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____	_____
12.	Total valuation increase (decrease).....	_____	_____
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).....	_____	_____

**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 .....	_____	_____
9.3	Part 2, Section 2, Column 14 .....	_____	_____
9.4	Part 4, Column .....	_____	_____
10.	Total investment income recognized as result of prepayment penalties and/or acceleration fees, <b>Note SQ, Line 2</b> .....	_____	_____
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 – 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, Unaffiliated Bank Loans 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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
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						
<b>2. All Other Governments</b>												
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						
<b>3. U.S. States, Territories and Possessions, etc., Guaranteed</b>												
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						
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
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						
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
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						

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>11. Total Bonds Current Year</b>												
11.1 NAIC 1	(d)								XXX	XXX		
11.2 NAIC 2	(d)								XXX	XXX		
11.3 NAIC 3	(d)								XXX	XXX		
11.4 NAIC 4	(d)								XXX	XXX		
11.5 NAIC 5	(d)						(c)		XXX	XXX		
11.6 NAIC 6	(d)						(c)		XXX	XXX		
11.7 Totals							(b)		XXX	XXX		
11.8 Line 11.7 as a % of Col. 7								XXX	XXX	XXX		
<b>12. Total Bonds Prior Year</b>												
12.1 NAIC 1							XX	XXX				
12.2 NAIC 2							XXX	XXX				
12.3 NAIC 3							XXX	XXX				
12.4 NAIC 4							XX	XXX				
12.5 NAIC 5							XXX	XXX	(c)			
12.6 NAIC 6							XXX	XXX	(c)			
12.7 Totals							XXX	XXX	(b)			
12.8 Line 12.7 as a % of Col. 9							XXX	XXX		XXX		
<b>13. Total Publicly Traded Bonds</b>												
13.1 NAIC 1												XXX
13.2 NAIC 2												XXX
13.3 NAIC 3												XXX
13.4 NAIC 4												XXX
13.5 NAIC 5												XXX
13.6 NAIC 6												XXX
13.7 Totals												XXX
13.8 Line 13.7 as a % of Col. 7								XXX	XXX	XXX		XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11								XXX	XXX	XXX		XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 NAIC 1											XXX	
14.2 NAIC 2											XXX	
14.3 NAIC 3											XXX	
14.4 NAIC 4											XXX	
14.5 NAIC 5											XXX	
14.6 NAIC 6											XXX	
14.7 Totals											XXX	
14.8 Line 14.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11								XXX	XXX	XXX	XXX	

- (a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$..... current year of bonds with Z designations and \$..... 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.
- (c) Includes \$..... current year, \$..... prior year of bonds with 5GI designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5GI" 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\*" 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 long-term 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

Distribution by Type		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 11.08	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
1.	U.S. Governments												
1.01	Issuer Obligations.....						XXX						
1.02	Residential Mortgage-Backed Securities.....						XXX						
1.03	Commercial Mortgage-Backed Securities.....						XXX						
1.04	Other Loan-Backed and Structured Securities.....						XXX						
1.05	Totals						XXX						
2.	All Other Governments												
2.01	Issuer Obligations.....						XXX						
2.02	Residential Mortgage-Backed Securities.....						XXX						
2.03	Commercial Mortgage-Backed Securities.....						XXX						
2.04	Other Loan-Backed and Structured Securities.....						XXX						
2.05	Totals						XXX						
3.	U.S. States, Territories and Possessions, Guaranteed												
3.01	Issuer Obligations.....						XXX						
3.02	Residential Mortgage-Backed Securities.....						XXX						
3.03	Commercial Mortgage-Backed Securities.....						XXX						
3.04	Other Loan-Backed and Structured Securities.....						XXX						
3.05	Totals						XXX						
4.	U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01	Issuer Obligations.....						XXX						
4.02	Residential Mortgage-Backed Securities.....						XXX						
4.03	Commercial Mortgage-Backed Securities.....						XXX						
4.04	Other Loan-Backed and Structured Securities.....						XXX						
4.05	Totals						XXX						
5.	U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01	Issuer Obligations.....						XXX						
5.02	Residential Mortgage-Backed Securities.....						XXX						
5.03	Commercial Mortgage-Backed Securities.....						XXX						
5.04	Other Loan-Backed and Structured Securities.....						XXX						
5.05	Totals						XXX						
6.	Industrial and Miscellaneous												
6.01	Issuer Obligations.....						XXX						
6.02	Residential Mortgage-Backed Securities.....						XXX						
6.03	Commercial Mortgage-Backed Securities.....						XXX						
6.04	Other Loan-Backed and Structured Securities.....						XXX						
6.05	Totals						XXX						
7.	Hybrid Securities												
7.01	Issuer Obligations.....						XXX						
7.02	Residential Mortgage-Backed Securities.....						XXX						
7.03	Commercial Mortgage-Backed Securities.....						XXX						
7.04	Other Loan-Backed and Structured Securities.....						XXX						
7.05	Totals						XXX						
8.	Parent, Subsidiaries and Affiliates												
8.01	Issuer Obligations.....						XXX						
8.02	Residential Mortgage-Backed Securities.....						XXX						
8.03	Commercial Mortgage-Backed Securities.....						XXX						
8.04	Other Loan-Backed and Structured Securities.....						XXX						
8.05	Affiliated Bank Loans – Issued						XXX						
8.06	Affiliated Bank Loans – Acquired						XXX						
8.07	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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 % of Line 11.08	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.02 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.03 Totals	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued						XXX						
10.02 Unaffiliated Bank Loans - Acquired						XXX						
10.03 Totals						XXX						
11. Total Bonds Current Year												
11.01 Issuer Obligations						XXX			XXX	XXX		
11.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
11.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
11.04 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
11.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
11.06 Affiliated Bank Loans						XXX			XXX	XXX		
11.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
11.08 Totals									XXX	XXX		
11.09 Line 11.08 as a % of Col. 7								XXX		XXX		
12. Total Bonds Prior Year												
12.01 Issuer Obligations						XXX		XXX				
12.02 Residential Mortgage-Backed Securities						XXX		XXX				
12.03 Commercial Mortgage-Backed Securities						XXX		XXX				
12.04 Other Loan-Backed and Structured Securities						XXX		XXX				
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Totals									XXX	XXX		
12.09 Line 12.08 as a % of Col. 9								XXX		XXX		
13. Total Publicly Traded Bonds												
13.01 Issuer Obligations						XXX						XXX
13.02 Residential Mortgage-Backed Securities						XXX						XXX
13.03 Commercial Mortgage-Backed Securities						XXX						XXX
13.04 Other Loan-Backed and Structured Securities						XXX						XXX
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
13.06 Affiliated Bank Loans						XXX						XXX
13.07 Unaffiliated Bank Loans						XXX						XXX
13.08 Totals												XXX
13.09 Line 13.08 as a % of Col. 7								XXX	XXX	XXX		XXX
13.10 Line 13.08 as a % of Line 11.08, Col. 7, Section 11								XXX	XXX	XXX		XXX
14. Total Privately Placed Bonds												
14.01 Issuer Obligations						XXX					XXX	
14.02 Residential Mortgage-Backed Securities						XXX					XXX	
14.03 Commercial Mortgage-Backed Securities						XXX					XXX	
14.04 Other Loan-Backed and Structured Securities						XXX					XXX	
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX						XXX	
14.06 Affiliated Bank Loans						XXX					XXX	
14.07 Unaffiliated Bank Loans						XXX					XXX	
14.08 Totals											XXX	
14.09 Line 14.08 as a % of Col. 7								XXX	XXX	XXX		XXX
14.10 Line 14.08 as a % of Line 11.08, Col. 7, Section 11								XXX	XXX	XXX		XXX

Not for Distribution

**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, 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)	.....	.....	.....	.....	.....

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

Not for Distribution

**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.	SSAP No. 108 adjustments .....	_____
5.	Total gain (loss) on termination recognized, Section 2, Column 22 .....	_____
6.	Considerations received/(paid) on terminations, Section 2, Column 15 .....	_____
7.	Amortization:	
7.1	Section 1, Column 19 .....	_____
7.2	Section 2, Column 21 .....	_____
8.	Adjustment to the book/adjusted carrying value of hedged item:	
8.1	Section 1, Column 20 .....	_____
8.2	Section 2, Column 23 .....	_____
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Section 1, Column 18 .....	_____
9.2	Section 2, Column 20 .....	_____
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6+7+8+9) .....	_____
11.	Deduct nonadmitted assets .....	_____
12.	Statement value at end of current period (Line 10 minus Line 11) .....	_____

**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 16, current year to date minus .....	_____
3.24	Section 1, Column 16, prior year plus .....	_____
3.25	SSAP No. 108 adjustments .....	_____
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 16).....	_____
4.23	SSAP No. 108 adjustments.....	_____
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 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 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: Opened or Acquired Transactions .....										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value .....	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		X		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 D – PART 1**  
 Showing All Long-Term **BONDS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation and Administrative Symbol	7 Actual Cost	Fair Value		10 Par Value	11 Book / Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				16 Rate of	17 Effective Rate of	Interest			Dates	
		3 Code	4 F o r e i g n	5 Bond CHAR			8 Rate Used To Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in B./A.C.V.			18 When Paid	19 Admitted Amount Due & Accrued	20 Amount Rec. During Year	21 Acquired	22 Stated Contractual Maturity Date
8399999	Total Bonds						XXX							XXX	XXX	XXX			XXX	XXX	

Not for Distribution

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

1 CUSIP Identification	2 Description	3 Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			15 Unrealized Valuation Increase/ (Decrease)	Change in Book/Adjusted Carrying Value			20 NAIC Designation and Administrative Symbol	21 Date Acquired
		3 Code	4 F o r e i g n					9 Rate per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid		16 Current Year's (mortization) secretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change in B./A.C.V. (15+16-17)		
8999999	Total Preferred Stocks							XXX										XXX	XXX

Not for Distribution













**SCHEDULE DB – PART A – SECTION 1**

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

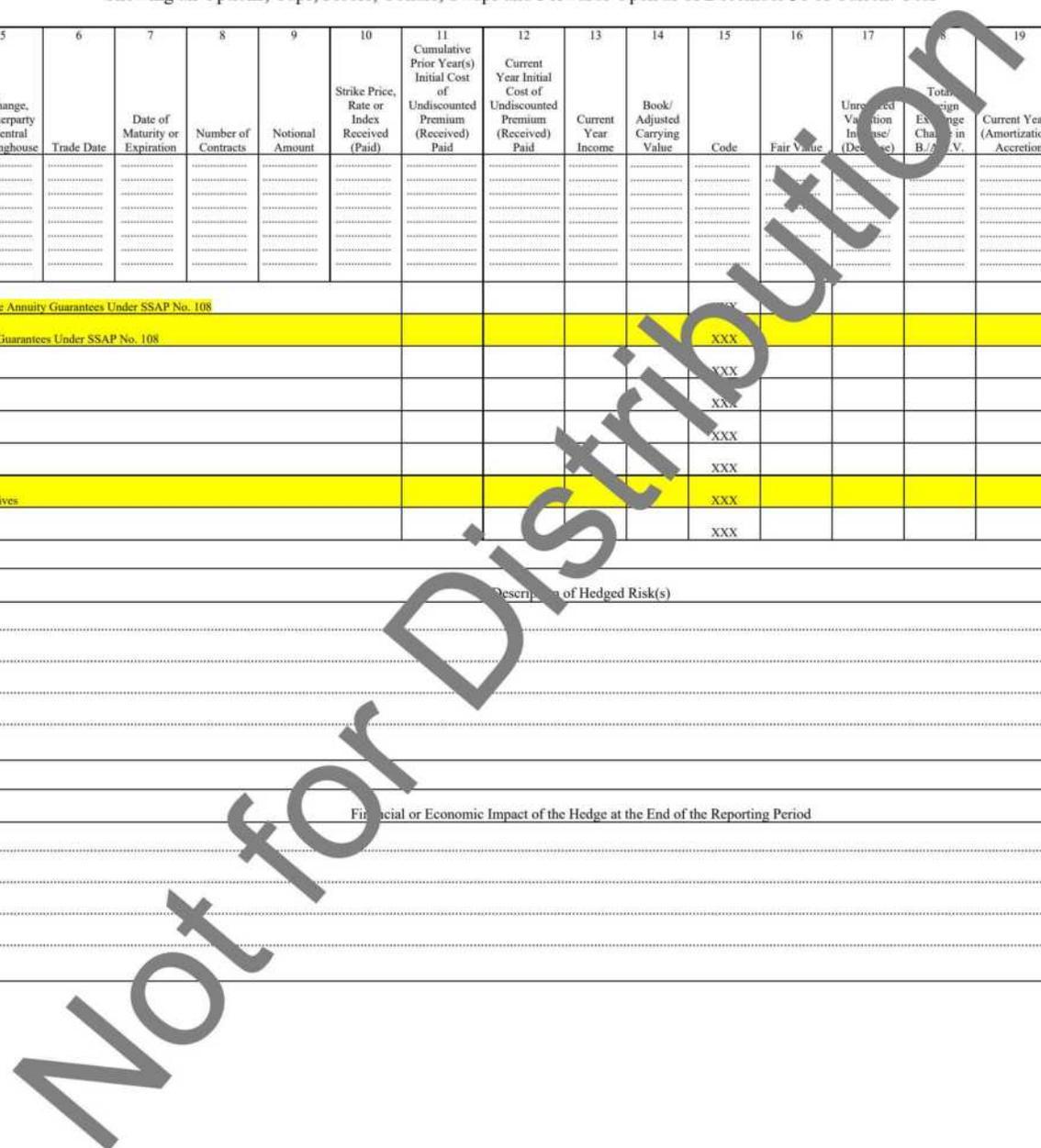
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./\$ U.S. 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)
1689999999	Subtotal - Hedging Effective - Excluding Variable Annuity Guarantees Under SSAP No. 108																		XXX	XXX		
1699999999	Subtotal - Hedging Effective - Variable Annuity Guarantees Under SSAP No. 108																		XXX	XXX		
1709999999	Subtotal - Hedging Other																		XXX	XXX		
1719999999	Subtotal - Replication																		XXX	XXX		
1729999999	Subtotal - Income Generation																		XXX	XXX		
1739999999	Subtotal - Other																		XXX	XXX		
1749999999	Subtotal - Adjustments for SSAP No. 108 Derivatives																		XXX	XXX		
1759999999	Totals																		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 D – SECTION 1**  
 Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

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	10 Exposure Net of Collateral		
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
099999999 Gross Totals											
1. Offset per SSAP No. 64											
2. Net after right of offset per SSAP No. 64											

Not for Distribution

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

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
0199999999 Totals							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....	.....	.....	.....	.....	.....	XXX	.....	.....
.....	.....	.....	.....	.....	.....	XXX	.....	.....
.....	.....	.....	.....	.....	.....	XXX	.....	.....
.....	.....	.....	.....	.....	.....	XXX	.....	.....
.....	.....	.....	.....	.....	.....	XXX	.....	.....
0299999999 Totals						XXX	XXX	XXX

Not for Distribution











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

States, etc.	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
			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 Alien and Other	XXX	XXX				
59. Total	XXX	XXX				
<b>DETAILS OF WRITE-INS</b>						
5801. ....						
5802. ....						
5803. ....						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above)	XXX	XXX				

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

**PART 1 – INTERROGATORIES**

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ ] No [ ]  
 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 [ ]; or 2) allocation to each insurer: Yes [ ].
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- Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Principal Executive Officer	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
Current: 2. Principal Financial Officer	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
3.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
4.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
5.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
6.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
7.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
8.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
9.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
10.	2019 2018 2017	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....

**PART 3 – DIRECTOR COMPENSATION**

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



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

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

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

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

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

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

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

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

	<u>1</u>	<u>2</u>	<u>3</u>	
	<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.

14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities 1 2 3  
 \$..... %

Largest three investments held in nonaffiliated, privately placed equities:

14.03 ..... \$..... %  
 14.04 ..... \$..... %  
 14.05 ..... \$..... %

Ten largest fund managers:

	<u>1</u> Fund Manager	<u>2</u> Total Invested	<u>3</u> Diversified	<u>4</u> Nondiversified
14.06	.....	\$.....	\$.....	\$.....
14.07	.....	\$.....	\$.....	\$.....
14.08	.....	\$.....	\$.....	\$.....
14.09	.....	\$.....	\$.....	\$.....
14.10	.....	\$.....	\$.....	\$.....
14.11	.....	\$.....	\$.....	\$.....
14.12	.....	\$.....	\$.....	\$.....
14.13	.....	\$.....	\$.....	\$.....
14.14	.....	\$.....	\$.....	\$.....
14.15	.....	\$.....	\$.....	\$.....

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

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

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

15.02 Aggregate statement value of investments held in general partnership interests 1 2 3  
 \$..... %

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:

<u>Loan-to-Value</u>	<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>2</u>	<u>3</u>
	<u>1</u>		
18.02	.....	\$.....	.....%
18.03	.....	\$.....	.....%
18.04	.....	\$.....	.....%
18.05	.....	\$.....	.....%
18.06	.....	\$.....	.....%

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

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

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

19.02 Aggregate statement value of investments held in mezzanine real estate loans: \$ ..... %

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:

	At Year-End		At End of Each Quarter		
	1	2	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr
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:

	Owned		Written	
	1	2	3	4
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:

	At Year-End		At End of Each Quarter		
	1	2	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr
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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**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

United States Policy Forms Direct Business Only  
For The Year Ended December 31, 2019  
(To Be Filed by April 1)

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



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

	1	2	3	4	5	6	7
	Premiums Earned	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		6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies of Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer.....							
1.2 Other Employer.....							
1.3 Single Employer Subtotal .....							
2. Multiple Employer Assns and Trusts.....							
3. Other Associations and Discretionary Trusts.....							
4. Other Comprehensive Major Medical.....							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease.....							
7. Limited Benefit.....							
8. Student.....							
9. Accident Only or AD&D .....							
10. Disability Income – Short-term .....							
11. Disability Income – Long-term .....							
12. Long-Term Care .....							
13. Medicare Supplement (Medigap).....							
14. Federal Employees Health Benefits Plan.....							
15. Tricare.....							
16. Dental .....							
17. Medicare.....							
18. Medicare Part D – Stand-Alone .....							
19. Other Group Care.....							
20. Grand Total Group Business							
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group).....							
2. Stop Loss/Excess Loss .....							
3. Administrative Services Only .....	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts.....	XXX	XXX	XXX	XXX			
5. Grand Total Other Business							
<b>D. TOTAL BUSINESS</b>							
1. Total Non U.S. Policy Forms .....							
2. Grand Total Individual, Group and Other Business							

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

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	.....	.....	.....	.....

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**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
 For The Year Ended December 31, 2019  
 (To Be Filed by March 1)  
 FOR THE STATE OF \_\_\_\_\_

NAIC Group Code \_\_\_\_\_  
 Address (City, State and Zip Code) \_\_\_\_\_  
 Person Completing This Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_

NAIC Company Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued through 2016			Policies Issued in 2017, 2018, 2019			
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims	
										16 Amount	17 Percent of Premiums Earned					
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																

GENERAL INTERROGATORIES

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 this 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. 1395u(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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**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

**SCHEDULE SIS**

**STOCKHOLDER INFORMATION SUPPLEMENT**

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

**REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES  
FOR THE PROPERTY/CASUALTY, LIFE, ACCIDENT AND HEALTH,  
TITLE AND HEALTH INSURANCE BLANK**

**TO ANNUAL STATEMENTS OF THE**

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COMP

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**FINANCIAL REPORTING TO STOCKHOLDERS**

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

**To be answered by Life and A & H Companies:**

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

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

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

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

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

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

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

Column A		Column B	
Yes	No	Yes	No

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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	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
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 of 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
14. Expenses Paid.....	.....	XXX	.....	XXX	.....
15. Expenses Incurred.....	.....	XXX	.....	XXX	XXX
16. Underwriting Gain/Loss .....	.....	XXX	.....	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

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

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

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

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

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**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 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/ Annual Gross Premiums	8 Current Year Net Premiums	9 In Force Count Beginning of Year	10 New Issues Current Year	11 In Force Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/ Reported Ratio
<b>A. Individual</b>															
1. Current .....															
2. Prior.....															
3. 2nd Prior.....															
1. Current .....															
2. Prior.....															
3. 2nd Prior.....															
1. Current .....															
2. Prior.....															
3. 2nd Prior .....															
<b>B. Group</b>															
1. Current .....															
2. Prior .....															
3. 2nd Prior .....															
1. Current .....															
2. Prior .....															
3. 2nd Prior .....															
1. Current .....															
2. Prior .....															
3. 2nd Prior .....															
<b>C. SUMMARY</b>															
1. Total Current-Individual .....						xxx	xxx					xxx			xxx
2. Total Prior-Individual .....						xxx	xxx					xxx			xxx
3. Total 2nd Prior-Individual .....						xxx	xxx					xxx			xxx
4. Total Current-Group .....						xxx	xxx					xxx			xxx
5. Total Prior-Group .....						xxx	xxx					xxx			xxx
6. Total 2nd Prior-Group .....						xxx	xxx					xxx			xxx
7. Current Year Total .....															

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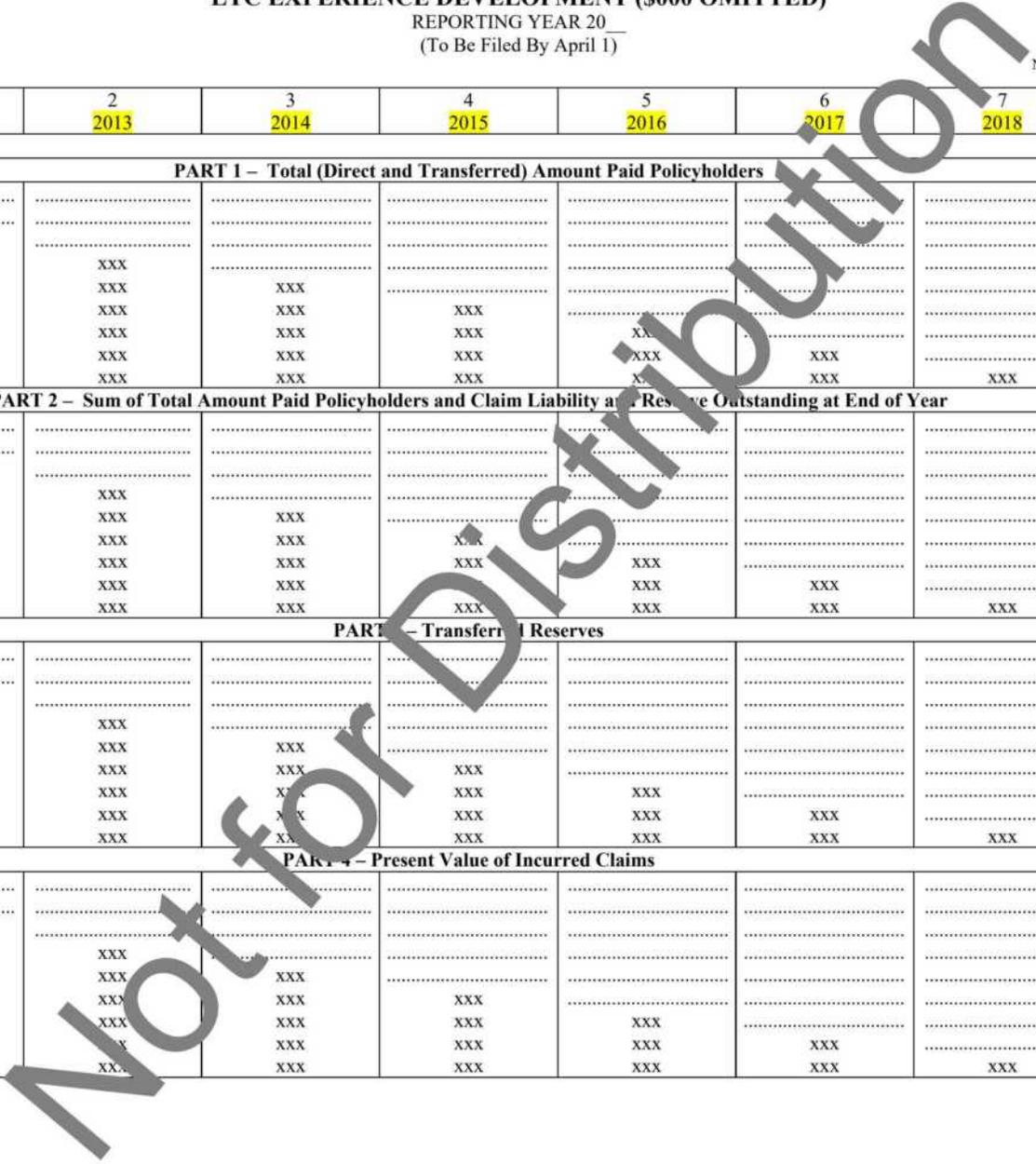
**LONG-TERM CARE EXPERIENCE REPORTING FORM 3  
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

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

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

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

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



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

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

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

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

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

Incurring 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

Not for Distribution

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**LIFE SUPPLEMENTS**  
For the Year Ended December 31, 2019  
(To Be Filed By March 1)

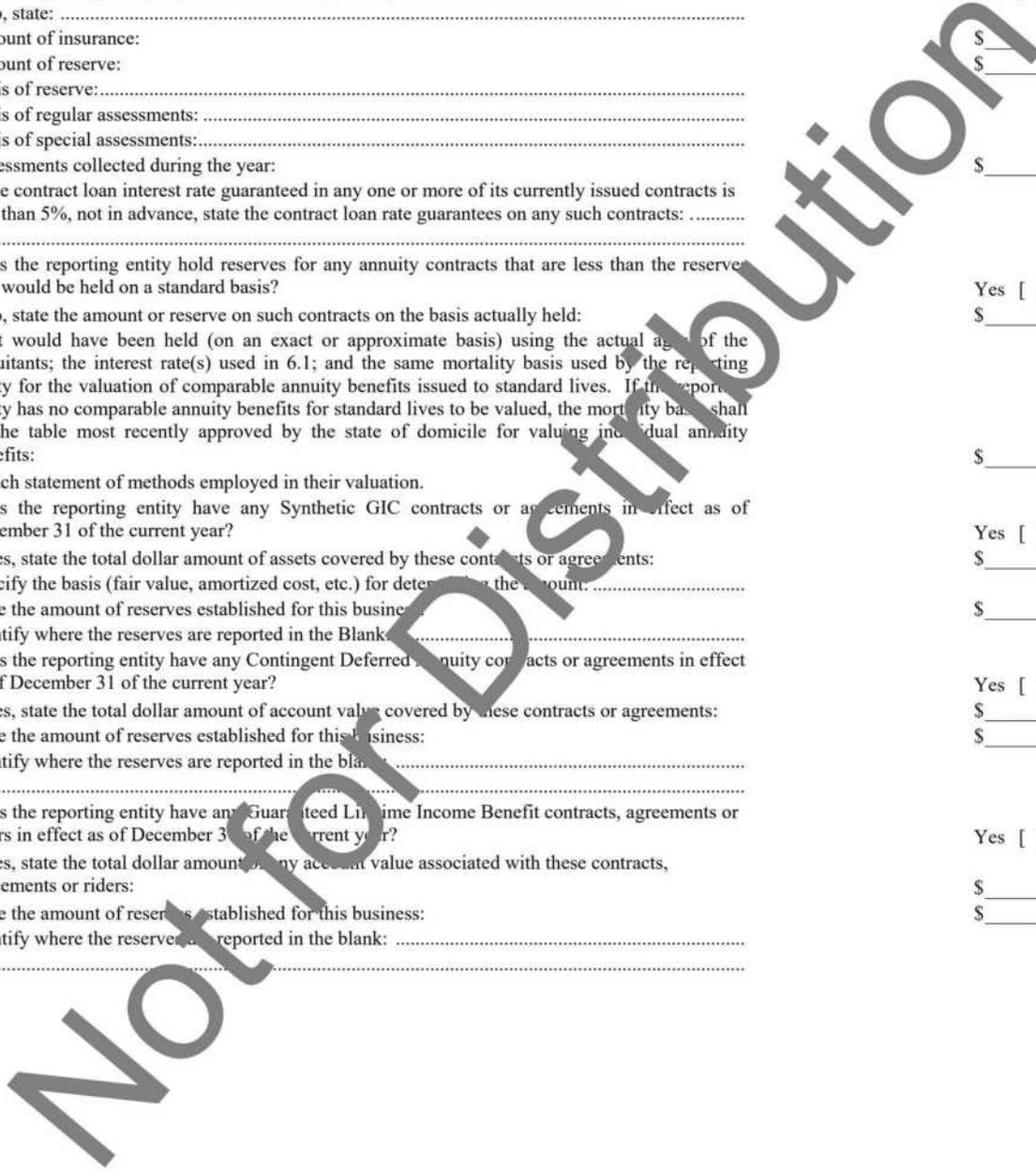
Of The..... Insurance Company  
Address (City, State and Zip Code).....  
NAIC Group Code..... NAIC Company Code..... Employer's ID Number .....

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**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: .....
- 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: .....
- 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 reserve that would be held on a standard basis? Yes [ ] No [ ]  
 6.1 If so, state the amount or 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 7 – DEPOSIT-TYPE CONTRACTS**

	1	2	3		5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	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 transfers 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 balance at the end of current year after reinsurance (Lines 9+13)	.....	.....	.....	.....	.....	.....

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DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

**LIFE INSURANCE**

NAIC Company Code.....

	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total																																																																																																																																																																																																						
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>																																																																																																																																																																																																															
1. Life insurance																																																																																																																																																																																																															
2. Annuity considerations																																																																																																																																																																																																															
3. Deposit-type contract funds			XXX				XXX																																																																																																																																																																																																								
4. Other considerations																																																																																																																																																																																																															
5. Totals (Sum of Lines 1 to 4)																																																																																																																																																																																																															
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/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 Totals (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 Totals (sum of Lines 7.1 to 7.3)																																																																																																																																																																																																															
8. Grand Totals (Lines 6.5 + 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 and health																																																																																																																																																																																																															
15. Totals																																																																																																																																																																																																															
<b>DETAILS OF WRITE-INS</b>																																																																																																																																																																																																															
1301.																																																																																																																																																																																																															
1302.																																																																																																																																																																																																															
1303.																																																																																																																																																																																																															
1398. Summary of remaining write-ins for Line 13 from overflow page																																																																																																																																																																																																															
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)																																																																																																																																																																																																															
<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Ordinary</th> <th colspan="2">Credit Life (Group and Individual)</th> <th colspan="2">Group</th> <th colspan="2">Industrial</th> <th colspan="2">Total</th> </tr> <tr> <th>1 No. of Pols. &amp; Certifs.</th> <th>2 Amount</th> <th>3 No. of Pols. &amp; Certifs.</th> <th>4 Amount</th> <th>5 No. of Certifs.</th> <th>6 Amount</th> <th>7 No. of Pols. &amp; Certifs.</th> <th>8 Amount</th> <th>9 No. of Pols. &amp; Certifs.</th> <th>10 Amount</th> </tr> </thead> <tbody> <tr> <td colspan="11"><b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b></td> </tr> <tr> <td>16. Unpaid December 31, prior year</td> <td></td> </tr> <tr> <td>17. Incurred during current year</td> <td></td> </tr> <tr> <td colspan="11">Settled during current year:</td> </tr> <tr> <td>18.1 By payment in full</td> <td></td> </tr> <tr> <td>18.2 By payment on compromised claims</td> <td></td> </tr> <tr> <td>18.3 Totals paid</td> <td></td> </tr> <tr> <td>18.4 Reduction by compromise</td> <td></td> </tr> <tr> <td>18.5 Amount rejected</td> <td></td> </tr> <tr> <td>18.6 Total settlements</td> <td></td> </tr> <tr> <td>19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)</td> <td></td> </tr> <tr> <td colspan="11"><b>POLICY EXHIBIT</b></td> </tr> <tr> <td>20. In force December 31, prior year</td> <td></td> </tr> <tr> <td>21. Issued during year</td> <td></td> <td></td> <td>(a)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>22. Other changes to in force (Net)</td> <td></td> </tr> <tr> <td>23. In force December 31 of current year</td> <td></td> <td></td> <td>(a)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		1 No. of Pols. & Certifs.	2 Amount	3 No. of Pols. & Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount	<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>											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 Totals 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			(a)								22. Other changes to in force (Net)											23. In force December 31 of current year			(a)							
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<b>POLICY EXHIBIT</b>																																																																																																																																																																																																															
20. In force December 31, prior year																																																																																																																																																																																																															
21. Issued during year			(a)																																																																																																																																																																																																												
22. Other changes to in force (Net)																																																																																																																																																																																																															
23. In force December 31 of current year			(a)																																																																																																																																																																																																												

(a) Includes Individual Credit Life Insurance prior year \$..... current year \$.....  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..... current year \$.....  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..... current year \$.....

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from taxes					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_.

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**ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS**

For the Year Ended December 31, 2019

(To Be Filed by April 1)

	1	Individual					Group				
		2	3	4	5	6	7	8	9	10	11
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities - General Account	Variable Annuities - Separate Account	Other 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. 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.....											
14. Coupons, guaranteed annual pure endowments and similar benefits.....											
15. Surrender benefits and withdrawals for life contracts.....											
16. Group conversions.....											
17. Interest and adjustments on contract or deposit-type contract funds.....											
18. Payments on supplementary contracts with life contingencies.....											
19. Increase in aggregate reserves for life and accident and health contracts.....											
20. Totals (Lines 10 to 19).....											
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....											
22. Commissions and expense allowances on reinsurance assumed.....											
23. General insurance expenses.....											
24. Insurance taxes, licenses and fees, excluding federal income taxes.....											
25. Increase in loading on deferred and uncollected premiums.....											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....											
27. Aggregate write-ins for deductions.....											
28. Totals (Lines 20 to 27).....											
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....											
30. Dividends to policyholders.....											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....											
32. Federal income taxes incurred (excluding tax on capital gains).....											
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b).....											
34. Policies/certificates in force end of year.....											
<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. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....											
2701.....											
2702.....											
2703.....											
2798. Summary of remaining write-ins for Line 27 from overflow page.....											
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....											

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

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OVERFLOW PAGE FOR WRITE-INS

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**ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR**  
 For the Year Ended December 31, 2019  
 (To Be Filed by April 1)

	1	Individual					Group				
	Total Annuities	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities - General Account	5 Variable Annuities - Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities - General Account	10 Variable Annuities - Separate Account	11 Other Annuities
<b>Involving Life or Disability Contingencies (Reserves)</b> (Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....											
2. Tabular net premiums or considerations.....											
3. Present value of disability claims incurred.....											
4. Tabular interest.....											
5. Tabular less actual reserve released.....											
6. Increase in reserve on account of change in valuation basis.....											
7. Other increases (net).....											
8. Totals (Lines 1 to 7).....											
9. Tabular cost.....											
10. Reserves released by death.....	XXX	XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net).....											
12. Annuity, supplementary contract, and 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 (a)											

(a) Reserve December 31, current year includes \$\_\_\_\_\_ for individual variable annuities not associated with guarantees, \$\_\_\_\_\_ for individual variable annuities associated with guarantees, \$\_\_\_\_\_ for group variable annuities not associated with guarantees, and \$\_\_\_\_\_ for group variable annuities associated with guarantees.

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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\\_rebate\\_notice\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_rebate_notice_cautionary_statement.pdf))

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

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

		Business Subject to MLR										10	11	12	13	14	15					
		Comprehensive Health Coverage			Mini-Med Plans			Expensive Plans		9	Government Business (excluded by statute)							Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
		1	2	3	4	5	6	7	8													
1.	Premium:																					
	1.1 Health premiums earned (From Part 2, Line 1.11).....																XXX					
	1.2 Federal high risk pools.....																XXX					
	1.3 State high risk pools.....																XXX					
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3).....																XXX					
	1.5 Federal taxes and federal assessments.....																					
	1.6 State insurance, premium and other taxes (Similar local taxes of \$ _____ ).....																					
	1.6a Community Benefit Expenditures (informational only).....																					
	1.7 Regulatory authority licenses and fees.....																					
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....																XXX					
	1.9 Net assumed less ceded reinsurance premiums earned.....																XXX					
	1.10 Other adjustments due to MLR calculations – Premiums.....																XXX					
	1.11 Risk revenue.....																XXX					
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11).....																XXX					
2.	Claims:																					
	2.1 Incurred claims excluding prescription drugs.....																XXX					
	2.2 Prescription drugs.....																XXX					
	2.3 Pharmaceutical rebates.....																XXX					
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only).....																XXX					
3.	Incurred medical incentive pools and bonuses.....																XXX					
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only).....																					
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15).....																XXX					
	5.1 Net assumed less ceded reinsurance claims incurred.....																XXX					
	5.2 Other adjustments due to MLR calculations – Claims.....																XXX					
	5.3 Rebates paid.....											XXX	XXX				XXX					
	5.4 Estimated rebates unpaid prior year.....											XXX	XXX				XXX					
	5.5 Estimated rebates unpaid current year.....											XXX	XXX				XXX					
	5.6 Fee for service and co-pay revenue.....																XXX					
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6).....																XXX					
6.	Improving Health Care Quality Expenses Incurred:																					
	6.1 Improve Health Outcomes.....																					
	6.2 Activities to prevent hospital readmissions.....																					
	6.3 Improve patient safety and reduce medical errors.....																					
	6.4 Wellness and health promotion activities.....																					
	6.5 Health Information Technology expenses related to health improvement.....																					
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5).....																					
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8.....											XXX	XXX		XXX	XXX	XXX					
8.	Claims Adjustment Expenses:																					
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....																					
	8.2 All other claims adjustment expenses.....																					
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2).....																					
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8).....															XXX	XXX					

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

		Business Subject to MLR									9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans									
		1	2	3	4	5	6	7	8	9							
	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	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14		
10.	General and Administrative (G&A) Expenses:																
	10.1 Direct sales salaries and benefits																
	10.2 Agents and brokers fees and commissions																
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)																
	10.4 Other general and administrative expenses																
	10.4a 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 1.12 – 5.7 – 6.6 – 8.3 – 10.5)															XXX	
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)																
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)																
	<b>OTHER INDICATORS:</b>																
1.	Number of Certificates/Policies																
2.	Number of Covered Lives																
3.	Number of Groups	XXX			XXX												
4.	Member Months																

If 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					
		Current Year		Prior Year	
		Comprehensive Health Coverage		Comprehensive Health Coverage	
		1	2	3	4
		Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
<b>ACA Receivables and Payables</b>					
1.	Permanent ACA Risk Adjustment Program				
	1.0 Premium adjustments receivable/(payable)				
2.	Transitional ACA Reinsurance Program				
	2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3.	Temporary ACA Risk Corridors Program				
	3.1 Accrued retrospective premium				
	3.2 Reserve for rate credits or policy experience refunds				
<b>ACA Receipts and Payments</b>					
4.	Permanent ACA Risk Adjustment Program				
	4.0 Premium adjustments receipts/(payments)				
5.	Transitional ACA Reinsurance Program				
	5.0 Amounts received for claims		XXX		XXX
6.	Temporary ACA Risk Corridors 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 \_\_\_\_\_

		Business Subject to MLR								9	10	11	12	13				
		Comprehensive Health Coverage			Mini-Med Plans		Expatriate Plans		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 (a)
		1	2	3	4	5	6	7										
		Individual	Small Group Employer	Large Group Employer	Individual	Small Employer	Large Employer	Small Group	Large Group									
1.	Health Premiums Earned:																	
	1.1 Direct premiums written.....																	
	1.2 Unearned premium prior year.....																	
	1.3 Unearned premium current year.....																	
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....																	
	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 (Lines 1.6 – 1.7).....																	
	1.9 Premium balances written off.....																	
	1.10 Group conversion charges.....																	
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 1.10).....																	
	1.12 Assumed premiums earned from non-affiliates.....																	
	1.13 Net assumed less ceded premiums earned from affiliates.....																	
	1.14 Ceded premiums earned to 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 – 2.11d).....																	
	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 – 2.8 – 2.9 – 2.10 – 2.11 + 2.12 – 2.18 + 2.19).....																	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	

(a) 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)

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

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

	All Expenses	Improving Health Care Quality Expenses					Cost Adjustment Expenses			9 General Administrative Expenses	10 Total Expenses (6 to 9)
		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 Cost Containment Expenses	8 Other Claims Adjustment Expenses		
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	XXX	XX					
	1.6 Other expenses (incl \$ for affiliated services) .....										
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6).....										
	1.8 Reimbursements by uninsured plans and fiscal intermediaries ..										
	1.9 Taxes, licenses and fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX		
	1.10 Total (1.7 to 1.9) .....										
	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	XXY	XXX	XXX					
	2.6 Other expenses (incl \$ for affiliated services) .....										
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6).....										
	2.8 Reimbursements by uninsured plans and fiscal intermediaries ..										
	2.9 Taxes, licenses and fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	2.10 Total (2.7 to 2.9) .....										
	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)		XX	XXX	XXX	XXX					
	3.6 Other expenses (incl \$ for affiliated services) .....										
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6).....										
	3.8 Reimbursements by uninsured plans and fiscal intermediaries ..										
	3.9 Taxes, licenses and fees (in total, for tying purposes) .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	3.10 Total (3.7 to 3.9) .....										
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

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

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9	10	
		1	2	3	4	5	6	7			8
		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)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	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 Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX					
	4.6 Other expenses (incl \$ for affiliated services)										
	4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)										
	4.8 Reimbursements by uninsured plans and fiscal intermediaries										
	4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	4.10 Total (4.7 to 4.9)										
	4.11 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)		XXX	XXX	XXX	XXX					
	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)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	5.10 Total (5.7 to 5.9)										
	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)		XXX	XXX	XXX	XXX					
	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)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	6.10 Total (6.7 to 6.9)										
	6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)										

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

	All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses		9 General Administrative Expenses	10 Total Expenses (6 to 9)
		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 Cost Containment Expenses		
7.	Small Group Expatriate Plans Expenses									
	7.1 Salaries (including \$ ___ for affiliated services).....									
	7.2 Outsourced 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	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.....									
	7.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	7.10 Total (7.7 to 7.9).....									
	7.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
8.	Large Group Expatriate Plans Expenses									
	8.1 Salaries (including \$ ___ for affiliated services).....									
	8.2 Outsourced 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	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.....									
	8.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	8.10 Total (8.7 to 8.9).....									
	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.....									
	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	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.....									
	9.9 Taxes, licenses and fees (in total, for tying purposes).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	9.10 Total (9.7 to 9.9).....									
	9.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

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**SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT**  
(To Be Filed by April 1)

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

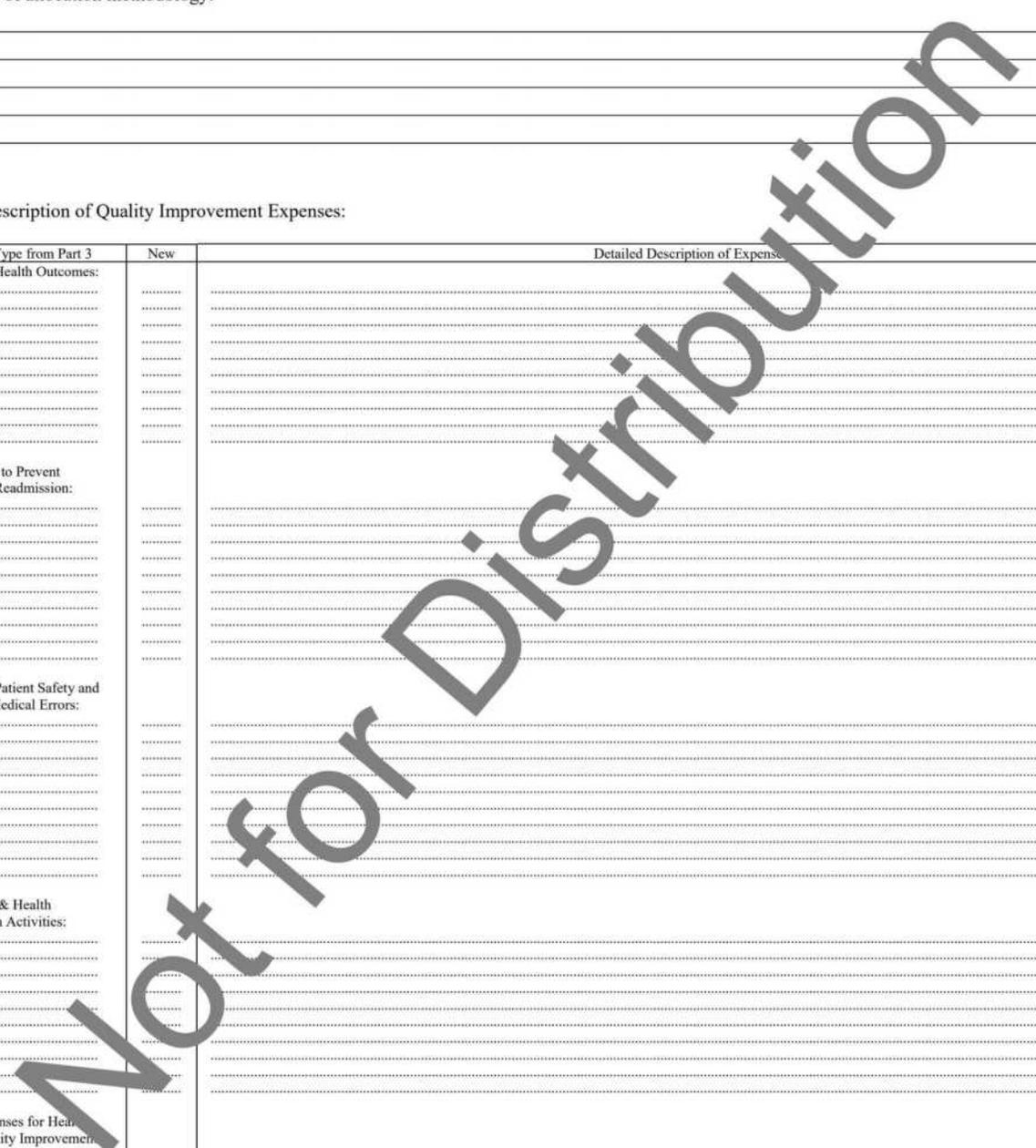
NAIC Company Code: \_\_\_\_\_

Description of allocation methodology:

.....  
.....  
.....  
.....

Detailed Description of Quality Improvement Expenses:

Expense Type from Part 3	New	Detailed Description of Expense
1. Improve Health Outcomes: ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....
2. Activities to Prevent Hospital Readmission: ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....
3. Improve Patient Safety and Reduce Medical Errors: ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....
4. Wellness & Health Promotion Activities: ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....
5. HIT Expenses for Health Care Quality Improvement: ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....



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

For Year Ended December 31, 2018  
(To be Filed by April 1)

OF THE ..... NAIC COMPANY CODE .....  
Direct Business in the State of .....

	1	2	3	4
	Life Insurance Premiums	Annuity Considerations	A & H Premiums	Deposit-Type Contract Funds and Other Considerations
<b>PREMIUMS, CONSIDERATIONS AND DEPOSITS</b>				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses ..	.....	.....	.....	.....
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account .....	.....	.....	.....	.....
2.1 Contract fees for variable contracts with guarantees .....	.....	.....	.....	.....
2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses .....	.....	.....	.....	.....
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts.....	.....	.....	.....	.....
3.2 Roll over of GICs or annuities into other companies .....	.....	.....	.....	.....
3.3 Surrenders or other benefits paid out.....	.....	.....	.....	.....
3.4 Excess interest credited to accounts .....	.....	.....	.....	.....
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2.....	.....	.....	.....	.....
3.99 Total (Lines 3.1 through 3.5) .....	.....	.....	.....	.....
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2, and 3.99 .....	.....	.....	.....	.....
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2) .....	.....	.....	.....	.....
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2, and 3.99 that are unallocated .....	.....	.....	.....	.....
4.99 Total (Lines 4.1 + 4.2 + 4.3) .....	.....	.....	.....	.....
5. Total (Lines 1 + 2 + 3.99 + 4.99) .....	.....	.....	.....	.....
<b>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</b>				
Do not include any amounts more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement .....	.....	.....	.....	.....
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans .....	XXX	XXX	XXX	.....
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefits plans protected by the Federal Pension Benefit Guaranty Corporation .....	XXX	XXX	XXX	.....
7.3 Unallocated funding obligations that fund government lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation.....	XXX	XXX	XXX	.....
7.4 Total (Lines 7.1 + 7.2 + 7.3) .....	XXX	XXX	XXX	.....
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT allocated in determining Lines 1 and 2) .....	.....	.....	.....	.....
9. Aggregate write-ins for Other Deductions .....	.....	.....	.....	.....
10. Total (Lines 6 + 7.1 + 8 + 9) .....	.....	.....	.....	.....
<b>MODEL ACT BASE (Line 5 minus Line 10)</b>				
11. Current Year .....	.....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>				
3.501 .....	.....	.....	.....	.....
3.502 .....	.....	.....	.....	.....
3.503 .....	.....	.....	.....	.....
3.598 Summary of remaining write-ins for Line 3.5 from overflow page .....	.....	.....	.....	.....
3.599 Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above) .....	.....	.....	.....	.....
0601 .....	.....	.....	.....	.....
0602 .....	.....	.....	.....	.....
0603 .....	.....	.....	.....	.....
0698 Summary of remaining write-ins for Line 6 from overflow page .....	.....	.....	.....	.....
0699 Total (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	.....	.....	.....
0901 .....	.....	.....	.....	.....
0902 .....	.....	.....	.....	.....
0903 .....	.....	.....	.....	.....
0998 Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999 Total (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

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OVERFLOW PAGE FOR WRITE-INS

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

For The Year Ended December 31, 2018  
(To Be Filed by April 1)

OF THE ..... NAIC COMPANY CODE.....

Direct Business in the State of .....

	1  Life Insurance Premium	2  Allocated Annuity and Other Allocated Fund Deposits	3  Accident & Health Premium	4  Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
<b>AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE</b>				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above.....	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
3.2 All amounts.....	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	
4.3 Amounts in excess of \$5 million per contract.....	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3).....	XXX	XXX	XXX	
4.5 Amounts up to \$7.5 million per contract (Minnesota only).....	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of \$1 million per contract.....	XXX	XXX	XXX	
5.2 All amounts.....	XXX	XXX	XXX	
5.3 Amounts in excess of \$2 million per contract (New Jersey Only).....	XXX	XXX	XXX	
5.4 Amounts not in excess of \$7.5 million per contract (Minnesota only).....	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
6.2 Amounts in excess of \$1 million per contract.....	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2).....	XXX	XXX	XXX	
6.4 Amounts in excess of \$2 million per contract (New Jersey Only).....	XXX	XXX	XXX	
6.5 Amounts not in excess of \$7.5 million per contract (Minnesota only).....	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of \$1 million per contract.....	XXX	XXX	XXX	
7.2 All amounts.....	XXX	XXX	XXX	
7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only).....	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only).....	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract. (New Jersey Only).....	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions				
BASE				
11. Current Year (20 )				
<b>DETAILS OF WRITE-INS</b>				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page.....				
1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above)				

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