

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>
	<u>Type (Residential, Commercial, Agricultural)</u>		
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.

Five 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: 1 2 3  
 \$ ..... %

Largest three investments held in mezzanine real estate loans:

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

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

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$..... %	\$..... %	\$.....	\$.....	\$.....
20.02 Repurchase agreements	\$..... %	\$..... %	\$.....	\$.....	\$.....
20.03 Reverse repurchase agreements	\$..... %	\$..... %	\$.....	\$.....	\$.....
20.04 Dollar repurchase agreements	\$..... %	\$..... %	\$.....	\$.....	\$.....
20.05 Dollar reverse repurchase agreements	\$..... %	\$..... %	\$.....	\$.....	\$.....

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

	<u>Owned</u>		<u>Written</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
21.01 Hedging	\$..... %	\$..... %	\$.....	\$.....
21.02 Income generation	\$..... %	\$..... %	\$.....	\$.....
21.03 Other	\$..... %	\$..... %	\$.....	\$.....

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

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
22.01 Hedging	\$..... %	\$..... %	\$.....	\$.....	\$.....
22.02 Income generation	\$..... %	\$..... %	\$.....	\$.....	\$.....
22.03 Replications	\$..... %	\$..... %	\$.....	\$.....	\$.....
22.04 Other	\$..... %	\$..... %	\$.....	\$.....	\$.....

23. Amounts and percentages of the reporting entity’s total admitted assets of potential exposure for futures contracts:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1<sup>st</sup> Qtr</u>	<u>2<sup>nd</sup> Qtr</u>	<u>3<sup>rd</sup> Qtr</u>
23.01 Hedging	\$ .....	..... %	\$ .....	\$ .....	\$ .....
23.02 Income generation	\$ .....	..... %	\$ .....	\$ .....	\$ .....
23.03 Replications	\$ .....	..... %	\$ .....	\$ .....	\$ .....
23.04 Other	\$ .....	..... %	\$ .....	\$ .....	\$ .....

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**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 BUSINESSES

TO ANNUAL STATEMENT OF THE

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COMPANY

Not for Distribution

### 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 or 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 .....
- c. Capital and Surplus Account.....

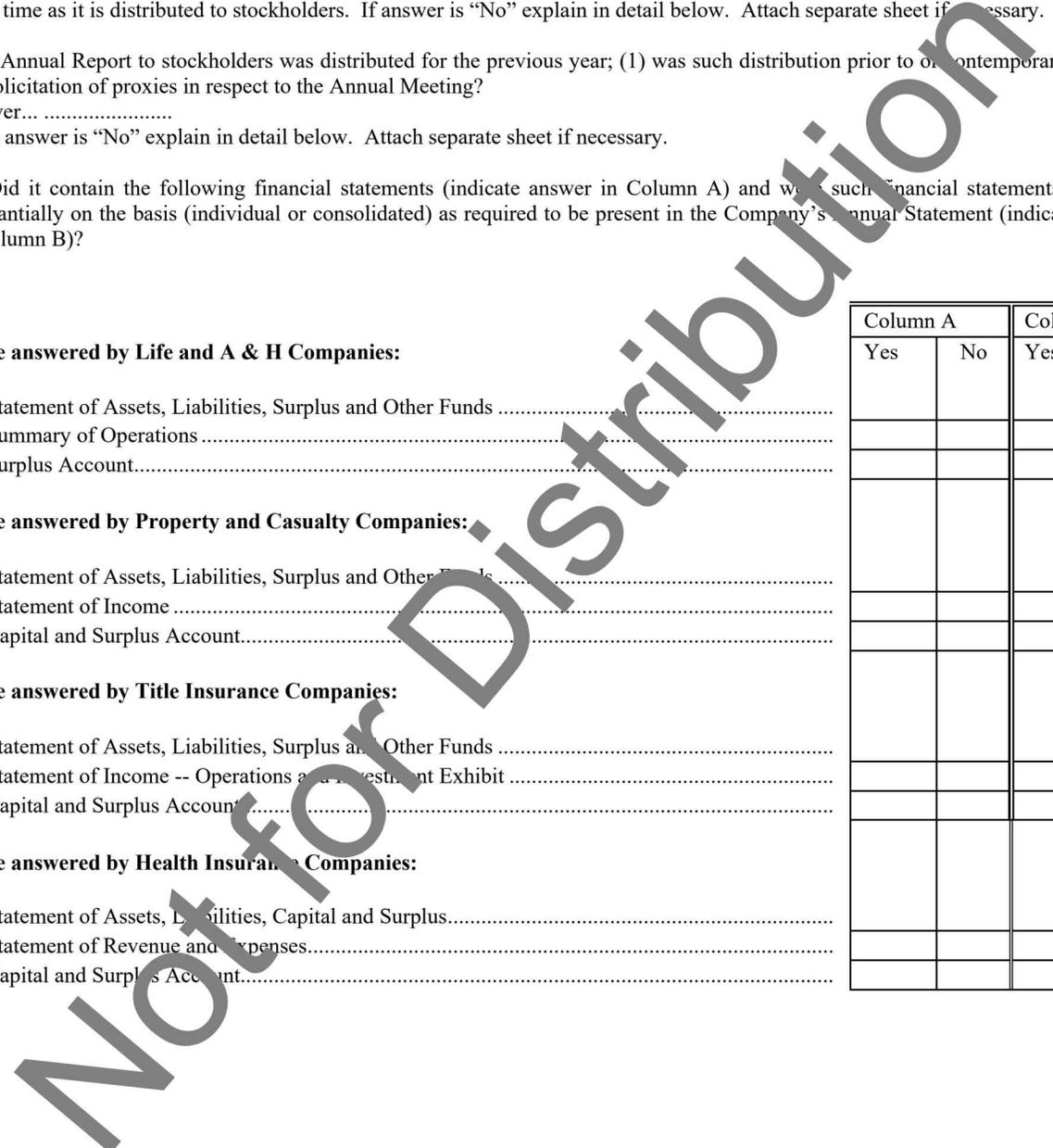
**To be answered by Title Insurance Companies:**

- 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







**FINANCIAL GUARANTY INSURANCE EXHIBIT**

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

Of The..... Insurance Company

NAIC Group Code..... NAIC Company Code..... Employer's ID Number.....

Not for Distribution

**PART 1**

Showing Total Net Exposures (Principal & Interest) By Year Payable  
On Municipal Bond Guaranties In Force As Of Year End

Year Payable	1 Municipal Obligation Bonds	2 Special Revenue Bonds	Industrial Development Bonds			6 Totals
			3 Type I	4 Type II	5 Type III	
1. 2020						
2. 2021						
3. 2022						
4. 2023						
5. 2024						
6. 2025						
7. 2026						
8. 2027						
9. 2028						
10. 2029						
11. 2030						
12. 2031						
13. 2032						
14. 2033						
15. 2034						
16. 2035-39						
17. 2040-44						
18. 2045+						
19. Totals						

**PART 2**

Showing Total Net Exposures (Principal & Interest) By Year Payable  
On Non-Municipal Bond Guaranties In Force As Of Year End

Year Payable	Corporate Obligations			4 Corp Det Obligations	5 Pass-Thru Securities	6 Ltd Partnerships	7 Other Non- Investment Grade Obligations	8 All Other Guaranties	9 Totals
	1 Type I	2 Type II	3 Type III						
1. 2020									
2. 2021									
3. 2022									
4. 2023									
5. 2024									
6. 2025									
7. 2026									
8. 2027									
9. 2028									
10. 2029									
11. 2030									
12. 2031									
13. 2032									
14. 2033									
15. 2034									
16. 2035-39									
17. 2040-44									
18. 2045+									
19. Totals									

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS  
PART 3A  
MUNICIPAL OBLIGATION BONDS**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2005 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2005 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2004 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2004 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2003 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2003 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2002 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2002 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2001 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2001 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2000 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2000 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2000 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2000 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

Not for Distribution

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS**  
**PART 3B**  
 SPECIAL REVENUE BONDS

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2005 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2005 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2004 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2004 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2003 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2003 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2002 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2002 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2001 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2001 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2000 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2000 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2000 S.P. ...	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2000 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

Not for Distribution

S.P. = Single Premiums  
 I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS  
PART 3C  
INDUSTRIAL DEVELOPMENT BONDS – TYPE I**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....								
2. 2019 I.P. ....								
3. 2018 S.P. ....								
4. 2018 I.P. ....								
5. 2017 S.P. ....								
6. 2017 I.P. ....								
7. 2016 S.P. ....								
8. 2016 I.P. ....								
9. 2015 S.P. ....								
10. 2015 I.P. ....								
11. 2014 S.P. ....								
12. 2014 I.P. ....								
13. 2013 S.P. ....								
14. 2013 I.P. ....								
15. 2012 S.P. ....								
16. 2012 I.P. ....								
17. 2011 S.P. ....								
18. 2011 I.P. ....								
19. 2010 S.P. ....								
20. 2010 I.P. ....								
21. 2009 S.P. ....								
22. 2009 I.P. ....								
23. 2008 S.P. ....								
24. 2008 I.P. ....								
25. 2007 S.P. ....								
26. 2007 I.P. ....								
27. 2006 S.P. ....								
28. 2006 I.P. ....								
29. 2005 S.P. ....								
30. 2005 I.P. ....								
31. 2004 S.P. ....								
32. 2004 I.P. ....								
33. 2003 S.P. ....								
34. 2003 I.P. ....								
35. 2002 S.P. ....								
36. 2002 I.P. ....								
37. 2001 S.P. ....								
38. 2001 I.P. ....								
39. 2000 S.P. ....								
40. 2000 I.P. ....								
41. Prior to 2000 S.P. ....								
42. Prior to 2000 I.P. ....								
43. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS  
PART 3D  
INDUSTRIAL DEVELOPMENT BONDS – TYPE II**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....								
2. 2019 I.P. ....								
3. 2018 S.P. ....								
4. 2018 I.P. ....								
5. 2017 S.P. ....								
6. 2017 I.P. ....								
7. 2016 S.P. ....								
8. 2016 I.P. ....								
9. 2015 S.P. ....								
10. 2015 I.P. ....								
11. 2014 S.P. ....								
12. 2014 I.P. ....								
13. 2013 S.P. ....								
14. 2013 I.P. ....								
15. 2012 S.P. ....								
16. 2012 I.P. ....								
17. 2011 S.P. ....								
18. 2011 I.P. ....								
19. 2010 S.P. ....								
20. 2010 I.P. ....								
21. 2009 S.P. ....								
22. 2009 I.P. ....								
23. 2008 S.P. ....								
24. 2008 I.P. ....								
25. 2007 S.P. ....								
26. 2007 I.P. ....								
27. 2006 S.P. ....								
28. 2006 I.P. ....								
29. 2005 S.P. ....								
30. 2005 I.P. ....								
31. 2004 S.P. ....								
32. 2004 I.P. ....								
33. 2003 S.P. ....								
34. 2003 I.P. ....								
35. 2002 S.P. ....								
36. 2002 I.P. ....								
37. 2001 S.P. ....								
38. 2001 I.P. ....								
39. 2000 S.P. ....								
40. 2000 I.P. ....								
41. Prior to 2000 S.P. ....								
42. Prior to 2000 I.P. ....								
43. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS  
PART 3E  
INDUSTRIAL DEVELOPMENT BONDS – TYPE III**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. 2009 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. 2009 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. 2008 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
24. 2008 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
25. 2007 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
26. 2007 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
27. 2006 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
28. 2006 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
29. 2005 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
30. 2005 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
31. 2004 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
32. 2004 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
33. 2003 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
34. 2003 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
35. 2002 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
36. 2002 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
37. 2001 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
38. 2001 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
39. 2000 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
40. 2000 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
41. Prior to 2000 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
42. Prior to 2000 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
43. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR MUNICIPAL OBLIGATIONS  
PART 3F  
TOTALS – ALL MUNICIPAL BONDS WRITTEN**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....								
2. 2019 I.P. ....								
3. 2018 S.P. ....								
4. 2018 I.P. ....								
5. 2017 S.P. ....								
6. 2017 I.P. ....								
7. 2016 S.P. ....								
8. 2016 I.P. ....								
9. 2015 S.P. ....								
10. 2015 I.P. ....								
11. 2014 S.P. ....								
12. 2014 I.P. ....								
13. 2013 S.P. ....								
14. 2013 I.P. ....								
15. 2012 S.P. ....								
16. 2012 I.P. ....								
17. 2011 S.P. ....								
18. 2011 I.P. ....								
19. 2010 S.P. ....								
20. 2010 I.P. ....								
21. 2009 S.P. ....								
22. 2009 I.P. ....								
23. 2008 S.P. ....								
24. 2008 I.P. ....								
25. 2007 S.P. ....								
26. 2007 I.P. ....								
27. 2006 S.P. ....								
28. 2006 I.P. ....								
29. 2005 S.P. ....								
30. 2005 I.P. ....								
31. 2004 S.P. ....								
32. 2004 I.P. ....								
33. 2003 S.P. ....								
34. 2003 I.P. ....								
35. 2002 S.P. ....								
36. 2002 I.P. ....								
37. 2001 S.P. ....								
38. 2001 I.P. ....								
39. 2000 S.P. ....								
40. 2000 I.P. ....								
41. Prior to 2000 S.P. ....								
42. Prior to 2000 I.P. ....								
43. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4A  
CORPORATE OBLIGATIONS TYPE I**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.								
2. 2019 I.P.								
3. 2018 S.P.								
4. 2018 I.P.								
5. 2017 S.P.								
6. 2017 I.P.								
7. 2016 S.P.								
8. 2016 I.P.								
9. 2015 S.P.								
10. 2015 I.P.								
11. 2014 S.P.								
12. 2014 I.P.								
13. 2013 S.P.								
14. 2013 I.P.								
15. 2012 S.P.								
16. 2012 I.P.								
17. 2011 S.P.								
18. 2011 I.P.								
19. 2010 S.P.								
20. 2010 I.P.								
21. Prior to 2010 S.P.								
22. Prior to 2010 I.P.								
23. Totals								

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4B  
CORPORATE OBLIGATIONS TYPE II**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.								
2. 2019 I.P.								
3. 2018 S.P.								
4. 2018 I.P.								
5. 2017 S.P.								
6. 2017 I.P.								
7. 2016 S.P.								
8. 2016 I.P.								
9. 2015 S.P.								
10. 2015 I.P.								
11. 2014 S.P.								
12. 2014 I.P.								
13. 2013 S.P.								
14. 2013 I.P.								
15. 2012 S.P.								
16. 2012 I.P.								
17. 2011 S.P.								
18. 2011 I.P.								
19. 2010 S.P.								
20. 2010 I.P.								
21. Prior to 2010 S.P.								
22. Prior to 2010 I.P.								
23. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4C  
CORPORATE OBLIGATIONS TYPE III**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.								
2. 2019 I.P.								
3. 2018 S.P.								
4. 2018 I.P.								
5. 2017 S.P.								
6. 2017 I.P.								
7. 2016 S.P.								
8. 2016 I.P.								
9. 2015 S.P.								
10. 2015 I.P.								
11. 2014 S.P.								
12. 2014 I.P.								
13. 2013 S.P.								
14. 2013 I.P.								
15. 2012 S.P.								
16. 2012 I.P.								
17. 2011 S.P.								
18. 2011 I.P.								
19. 2010 S.P.								
20. 2010 I.P.								
21. Prior to 2010 S.P.								
22. Prior to 2010 I.P.								
23. Totals								

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4D  
CONSUMER DEBT OBLIGATIONS**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.								
2. 2019 I.P.								
3. 2018 S.P.								
4. 2018 I.P.								
5. 2017 S.P.								
6. 2017 I.P.								
7. 2016 S.P.								
8. 2016 I.P.								
9. 2015 S.P.								
10. 2015 I.P.								
11. 2014 S.P.								
12. 2014 I.P.								
13. 2013 S.P.								
14. 2013 I.P.								
15. 2012 S.P.								
16. 2012 I.P.								
17. 2011 S.P.								
18. 2011 I.P.								
19. 2010 S.P.								
20. 2010 I.P.								
21. Prior to 2010 S.P.								
22. Prior to 2010 I.P.								
23. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4E  
PASS – THROUGH SECURITIES**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2019 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2015 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2015 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2014 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2013 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2013 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2012 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2012 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2011 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2011 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2010 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2010 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2010 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2010 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4F  
LIMITED PARTNERSHIPS**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2019 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2015 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2015 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2014 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2013 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2013 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2012 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2012 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2011 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2011 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2010 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2010 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2010 S.P.....	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2010 I.P.....	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS  
PART 4G  
OTHER NON-INVESTMENT GRADE OBLIGATIONS**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.								
2. 2019 I.P.								
3. 2018 S.P.								
4. 2018 I.P.								
5. 2017 S.P.								
6. 2017 I.P.								
7. 2016 S.P.								
8. 2016 I.P.								
9. 2015 S.P.								
10. 2015 I.P.								
11. 2014 S.P.								
12. 2014 I.P.								
13. 2013 S.P.								
14. 2013 I.P.								
15. 2012 S.P.								
16. 2012 I.P.								
17. 2011 S.P.								
18. 2011 I.P.								
19. 2010 S.P.								
20. 2010 I.P.								
21. Prior to 2010 S.P.								
22. Prior to 2010 I.P.								
23. Totals								

**CONTINGENCY RESERVE FOR NON – MUNICIPAL OBLIGATIONS  
PART 4H  
ALL OTHER GUARANTIES**

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P.								
2. 2019 I.P.								
3. 2018 S.P.								
4. 2018 I.P.								
5. 2017 S.P.								
6. 2017 I.P.								
7. 2016 S.P.								
8. 2016 I.P.								
9. 2015 S.P.								
10. 2015 I.P.								
11. 2014 S.P.								
12. 2014 I.P.								
13. 2013 S.P.								
14. 2013 I.P.								
15. 2012 S.P.								
16. 2012 I.P.								
17. 2011 S.P.								
18. 2011 I.P.								
19. 2010 S.P.								
20. 2010 I.P.								
21. Prior to 2010 S.P.								
22. Prior to 2010 I.P.								
23. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**CONTINGENCY RESERVE FOR NON-MUNICIPAL OBLIGATIONS  
PART 4I**

TOTALS – ALL NON-MUNICIPAL OBLIGATIONS WRITTEN

Calendar Year Written	1 Net Premiums Written	2 Net Principal Guaranteed	3 Average Premium (Cols. 1/2)	4 Current Year Earned Premium	5 Prior Year Reserve	Current Year		8 Contingency Reserve (Cols. 5+6-7)
						6 Addition to Reserve	7 Withdrawals from Reserve	
1. 2019 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2019 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2018 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2016 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2015 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2015 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
12. 2014 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
13. 2013 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
14. 2013 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
15. 2012 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
16. 2012 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
17. 2011 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
18. 2011 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
19. 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
20. 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
21. Prior to 2010 S.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
22. Prior to 2010 I.P. ....	.....	.....	.....	.....	.....	.....	.....	.....
23. Totals								

S.P. = Single Premiums  
I.P. = Installment Premiums

**MUNICIPAL BOND EXPOSURES WRITTEN  
PART 5A**

GROSS EXPOSURES WRITTEN DURING YEAR

	1 Direct Exposure Written	2 Assumed Exposure Written	3 Ceded Exposure Written	4 Net Exposure Written (Cols. 1 + 2 - 3)
1. MUNIC OBLIGATION BONDS .....	.....	.....	.....	.....
2. SPECIAL REVENUE BONDS .....	.....	.....	.....	.....
3. IDB'S—TYPE I .....	.....	.....	.....	.....
4. IDB'S—TYPE II .....	.....	.....	.....	.....
5. IDB'S—TYPE III .....	.....	.....	.....	.....
6. TOTAL MUNICIPAL BONDS				

**MUNICIPAL BOND EXPOSURES WRITTEN  
PART 5B**

NET OUTSTANDING EXPOSURE

	1 Net Outstanding Exposure (Part 5A, Col. 4)	2 Less Collateral Held	3 Exposures Net of Collateral	4 Net Exposure Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. MUNIC OBLIGATION BONDS .....	.....	.....	.....	.....	.....	.....
2. SPECIAL REVENUE BONDS .....	.....	.....	.....	.....	.....	.....
3. IDB'S—TYPE I .....	.....	.....	.....	.....	.....	.....
4. IDB'S—TYPE II .....	.....	.....	.....	.....	.....	.....
5. IDB'S—TYPE III .....	.....	.....	.....	.....	.....	.....
6. TOTAL MUNICIPAL BONDS						

**MUNICIPAL BOND EXPOSURES WRITTEN  
PART 5C**

BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END

	1 Direct Exposure	2 Assumed Exposure	Ceded Exposure		5 Net Outstanding Exposure (Part 5B, Col. 6) (Cols. 1 + 2 - 3 - 4)
			3 Authorized	4 Unauthorized	
1. MUNIC OBLIGATION BONDS .....	.....	.....	.....	.....	.....
2. SPECIAL REVENUE BONDS .....	.....	.....	.....	.....	.....
3. IDB'S—TYPE I .....	.....	.....	.....	.....	.....
4. IDB'S—TYPE II .....	.....	.....	.....	.....	.....
5. IDB'S—TYPE III .....	.....	.....	.....	.....	.....
6. TOTAL MUNICIPAL BONDS					

**NON – MUNICIPAL BOND EXPOSURES WRITTEN  
PART 6A  
GROSS EXPOSURES WRITTEN DURING YEAR**

	1 Direct Exposure Written	2 Assumed Exposure Written	3 Ceded Exposure Written	4 Net Exposure Written (Cols. 1+2-3)
1. CORP OBLIG BDS—TYPE I.....	.....	.....	.....	.....
2. CORP OBLIG BDS—TYPE II.....	.....	.....	.....	.....
3. CORP OBLIG BDS—TYPE III.....	.....	.....	.....	.....
4. CONSUMER DEBT OBLIGATIONS.....	.....	.....	.....	.....
5. PASS THROUGH SECURITIES.....	.....	.....	.....	.....
6. LIMITED PARTNERSHIPS.....	.....	.....	.....	.....
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS.....	.....	.....	.....	.....
8. ALL OTHER GUARANTEES.....	.....	.....	.....	.....
9. TOTAL NON-MUNICIPAL BONDS	.....	.....	.....	.....

**NON – MUNICIPAL BOND EXPOSURES WRITTEN  
PART 6B  
NET OUTSTANDING EXPOSURE**

	1 Net Outstanding Exposure (Part 6A, Col. 4)	2 Less Collateral Held	3 Exposures Net of Collateral	4 Net Exposure Prior Year	5 Net Exposure Expired During Year	6 Net Outstanding Exposure
1. CORP OBLIG BDS—TYPE I.....	.....	.....	.....	.....	.....	.....
2. CORP OBLIG BDS—TYPE II.....	.....	.....	.....	.....	.....	.....
3. CORP OBLIG BDS—TYPE III.....	.....	.....	.....	.....	.....	.....
4. CONSUMER DEBT OBLIGATIONS.....	.....	.....	.....	.....	.....	.....
5. PASS THROUGH SECURITIES.....	.....	.....	.....	.....	.....	.....
6. LIMITED PARTNERSHIPS.....	.....	.....	.....	.....	.....	.....
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS.....	.....	.....	.....	.....	.....	.....
8. ALL OTHER GUARANTEES.....	.....	.....	.....	.....	.....	.....
9. TOTAL NON-MUNICIPAL BONDS	.....	.....	.....	.....	.....	.....

**NON – MUNICIPAL BOND EXPOSURES WRITTEN  
PART 6C  
BREAKDOWN OF NET OUTSTANDING EXPOSURES AT YEAR-END**

	1 Direct Exposure	2 Assumed Exposure	Ceded Exposure		5 Net Outstanding Exposure (Part 6B, Col. 6) (Cols. 1+2-3-4)
			3 Authorized	4 Unauthorized	
1. CORP OBLIG BDS—TYPE I.....	.....	.....	.....	.....	.....
2. CORP OBLIG BDS—TYPE II.....	.....	.....	.....	.....	.....
3. CORP OBLIG BDS—TYPE III.....	.....	.....	.....	.....	.....
4. CONSUMER DEBT OBLIGATIONS.....	.....	.....	.....	.....	.....
5. PASS THROUGH SECURITIES.....	.....	.....	.....	.....	.....
6. LIMITED PARTNERSHIPS.....	.....	.....	.....	.....	.....
7. OTHER NON-INVESTMENT GRADE OBLIGATIONS.....	.....	.....	.....	.....	.....
8. ALL OTHER GUARANTEES.....	.....	.....	.....	.....	.....
9. TOTAL NON-MUNICIPAL BONDS	.....	.....	.....	.....	.....

**PART 7 – LOSS DEVELOPMENT (\$000 OMITTED)**

	Losses Paid During the Year Less Reinsurance Received During the Year			Salvage and Subrogation Received in the Current Year			7 Total (Cols. 1+2+3 4-5-6)	8 Losses paid during 2018 on losses incurred prior to 2018	Losses Unpaid December 31 of Current Year				Development		Estimated Liability on Unpaid Losses		Change in such Estimated Liability	
	1	2	3	4	5	6			9	10	11	12	13	14	15	16	17	18
	On losses incurred during 2019	On losses incurred during 2018	On losses incurred prior to 2018	On losses incurred during 2019	On losses incurred during 2018	On losses incurred prior to 2018			On losses incurred during 2019	On losses incurred during 2018	On losses incurred prior to 2018	Total P Col. Part Cols. 9+10+11	On losses incurred prior to 2018 (Cols. 9+10+11)	On losses incurred prior to 2018 (Cols. 3+8+11)	Dec. 31, 2018	Dec. 31, 2017	Dec. 31, 2018 (Col. 13 less Col. 15)	Dec. 31, 2017 (Col. 14 less Col. 16)
1. Municipal Obligation Bonds .....																		
2. Special Revenue Bonds .....																		
3. IDB's—Class I .....																		
4. IDB's—Class II .....																		
5. IDB's—Class III .....																		
6. Total Municipal Bonds .....																		
7. Corporate Obligation Bonds— Class I .....																		
8. Corporate Obligation Bonds— Class II .....																		
9. Corporate Obligation Bonds— Class III .....																		
10. Consumer Debt Obligations .....																		
11. Pass Through Securities .....																		
12. Limited Partnerships .....																		
13. Other Non-Investment Grade Obligations .....																		
14. All Other Non-Municipal .....																		
15. Total Non-Municipal Bonds .....																		
16. Totals																		

Not for Distribution

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**Not for Distribution**

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Designate the type of health care providers reported on this page.

Affix Bar Code Above

**SUPPLEMENT "A" TO SCHEDULE T  
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate other alien.....OT								
59. Totals								
<b>DETAILS OF WRITE-INS</b>								
58001. ....								
58002. ....								
58003. ....								
58998. Sum. of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)								

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### TRUSTEED SURPLUS STATEMENT

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

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

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

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

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

#### AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

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

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

#### AFFIDAVIT OF TRUSTEE - SCHEDULE C

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

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

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

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

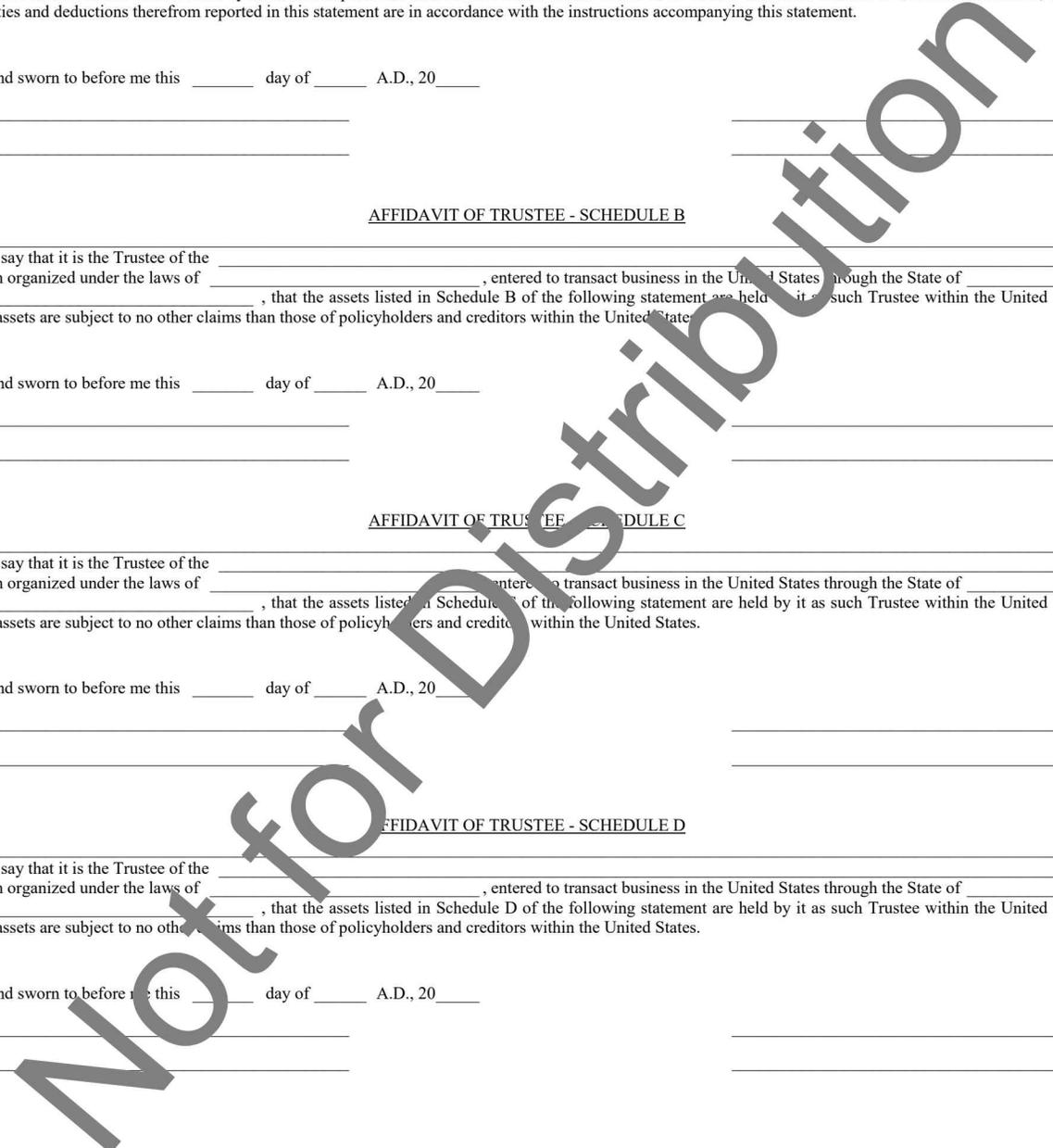
#### AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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

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

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





**TRUSTEED SURPLUS STATEMENT  
LIABILITIES AND TRUSTEED SURPLUS**

		1 Current Year
1.	Total liabilities.....	
<b>ADDITIONS TO LIABILITIES:</b>		
2.	Ceded reinsurance balances payable.....	
3.	Agents' credit balances.....	
4.	Aggregate write-ins for other additions to liabilities.....	
5.	Total additions (Lines 2 + 3 + 4).....	
6.	Total (Lines 1 + 5).....	
<b>DEDUCTIONS FROM LIABILITIES:</b>		
7.	Reinsurance recoverable on paid losses and loss adjustment expenses:	
7.1	Authorized companies.....	
7.2	Unauthorized companies.....	
7.3	Certified companies.....	
8.	Special state deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1	Special state deposits (submit schedule).....	
8.2	Accrued interest on special state deposits.....	
9.	Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon.....	
10.	Unpaid reinsurance premiums receivable, not exceeding losses and loss adjustment expenses due to reinsured:	
10.1	Authorized companies.....	
10.2	Unauthorized companies.....	
11.	Aggregate write-ins for other deductions from liabilities.....	
12.	Total deductions (Lines 7 thru 11).....	
13.	Total adjusted liabilities (Line 6 minus Line 12).....	
14.	Trusteed surplus.....	
15.	Total.....	
<b>DETAILS OF WRITE-INS</b>		
0401.	.....	
0402.	.....	
0403.	.....	
0498.	Summary of remaining write-ins for Line 4 from overflow page.....	
0499.	Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above).....	
1101.	.....	
1102.	.....	
1103.	.....	
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	

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**OVERFLOW PAGE FOR WRITE-INS**

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**PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT**

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

Of the ..... Insurance Company  
NAIC Group Code ..... NAIC Company Code ..... Employer's ID Number .....

Line of Business	Premiums				5 Paid	Losses			9 Incurred	10 Paid	Loss Adjustment Expenses		
	1 Attributed	2 Prior Year	3 Current Year	4 Earned Premium		Unpaid December 31					Unpaid December 31		13 Incurred
						6 Adjusted or in Process	7 Incurred But Not Reported	8 Prior Year Total			11 Current Year	12 Prior Year	
1. Fire .....													
2. Allied lines .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5. Commercial multiple peril .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11.1 Medical professional liability occurrence .....													
11.2 Medical professional liability claims-made .....													
12. Earthquake .....													
13. Group accident and health .....													
14. Credit accident and health (group and individual) .....													
15. Other accident and health .....													
16. Workers' compensation .....													
17.1 Other liability—occurrence .....													
17.2 Other liability—claims-made .....													
17.3 Excess workers' compensation .....													
18.1 Products liability—occurrence .....													
18.2 Products liability—claims-made .....													
19.1, 19.2 Private passenger auto liability .....													
19.3, 19.4 Commercial auto liability .....													
21. Auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
31. Reinsurance-nonproportional assumed property .....													
32. Reinsurance-nonproportional assumed liability .....													
33. Reinsurance-nonproportional assumed financial lines .....													
34. Aggregate write-ins for other lines of business .....													
35. Totals .....													
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Sum. of remaining write-ins for Line 34 from overflow page .....													
3499. Total (Lines 3401 through 3403 plus 3498) (Line 34 above) .....													

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**OVERFLOW PAGE FOR WRITE-INS**

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**MEDICARE PART D COVERAGE SUPPLEMENT**

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

NAIC Group Code.....

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	.....
1.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	.....
1.13 Risk-Corridor Payment Adjustments .....	.....	XXX	.....	XXX	.....
1.2 Supplemental Benefits .....	.....	XXX	.....	XXX	.....
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
2.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
2.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
3.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
3.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....	.....	XXX	.....	XXX	XXX
4.2 Payable .....	.....	XXX	.....	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
5.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
5.13 Risk-Corridor Payment Adjustments .....	.....	XXX	.....	XXX	XXX
5.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
6. Total Premiums.....		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	.....
7.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	.....
7.2 Supplemental Benefits .....	.....	XXX	.....	XXX	.....
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
8.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
8.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
9.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
9.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
10.12 Without Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
10.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
11. Total Claims.....		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net 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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Affix Bar Code Above

**BAIL BOND SUPPLEMENT**

For The Year Ended December 31, 20\_\_  
(To Be Filed by March 1)

NAIC Group Code.....

NAIC Company Code.....

Company Name .....

If the reporting entity writes any bail bond business, please provide the following:

1. Is the bail bond premium reported on a gross basis? Yes [ ] No [ ]
2. If the answer to #1 was no, was a permitted practice granted to the reporting entity? Yes [ ] No [ ]
3. If the answer to #2 was no, please explain .....
4. What bond life is used to calculate unearned premium in days? .....
5. Are any amounts charged to the consumer excluded from gross premiums? Yes [ ] No [ ]
6. If the answer to #5 was Yes, please explain .....
7. Do the agents have ongoing performance obligations on the bond after execution? Yes [ ] No [ ]
8. If the answer to #7 is Yes, please describe the nature of the agents' continuing obligations .....

	Current Year	% of GPW	Prior Year	% of GPW
9. Face amount of bail bonds written.....	\$.....		\$.....	
10. Direct premiums written (gross).....	\$.....		\$.....	
11. Commissions and brokerage expenses.....		.....%	\$.....	.....%
12. Premium written net of agent commissions and brokerage expenses (Line 10 minus Line 11 should equal Line 12).....	\$.....	.....%	\$.....	.....%
		% of GPE		% of NPE
13. Direct premiums earned (gross).....	\$.....		\$.....	
14. Premium earned net of agent commissions and brokerage expenses.....	\$.....		\$.....	
15. Direct unearned premium reserves.....	\$.....	.....%	\$.....	.....%
16. Direct losses paid (deducting salvage).....	\$.....	.....%	\$.....	.....%
17. Direct losses incurred.....	\$.....	.....%	\$.....	.....%
18. Direct losses unpaid.....	\$.....	.....%	\$.....	.....%
19. Direct defense and cost containment expense paid.....	\$.....	.....%	\$.....	.....%
20. Direct defense and cost containment expense incurred.....	\$.....	.....%	\$.....	.....%
21. Direct defense and cost containment expense unpaid.....	\$.....	.....%	\$.....	.....%
22. Taxes, licenses and fees.....	\$.....	.....%	\$.....	.....%

**Build-up Fund Information:**

23. Build-up fund account balances as of beginning of period.....	\$.....		\$.....	
24. Gross deposits to BUF accounts (including interest earned).....	\$.....		\$.....	
25. Gross withdrawals from build-up fund accounts.....	\$.....		\$.....	
26. Build-up fund account balances as of end of period.....	\$.....		\$.....	
(Line 23 plus Line 24 minus Line 25)				

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**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

For The Year Ended December 31, 20\_\_  
(To Be Filed by March 1)

NAIC Group Code .....

NAIC Company Code .....

Company Name .....

If the reporting entity writes any director and officer (D&O) business, please provide the following:

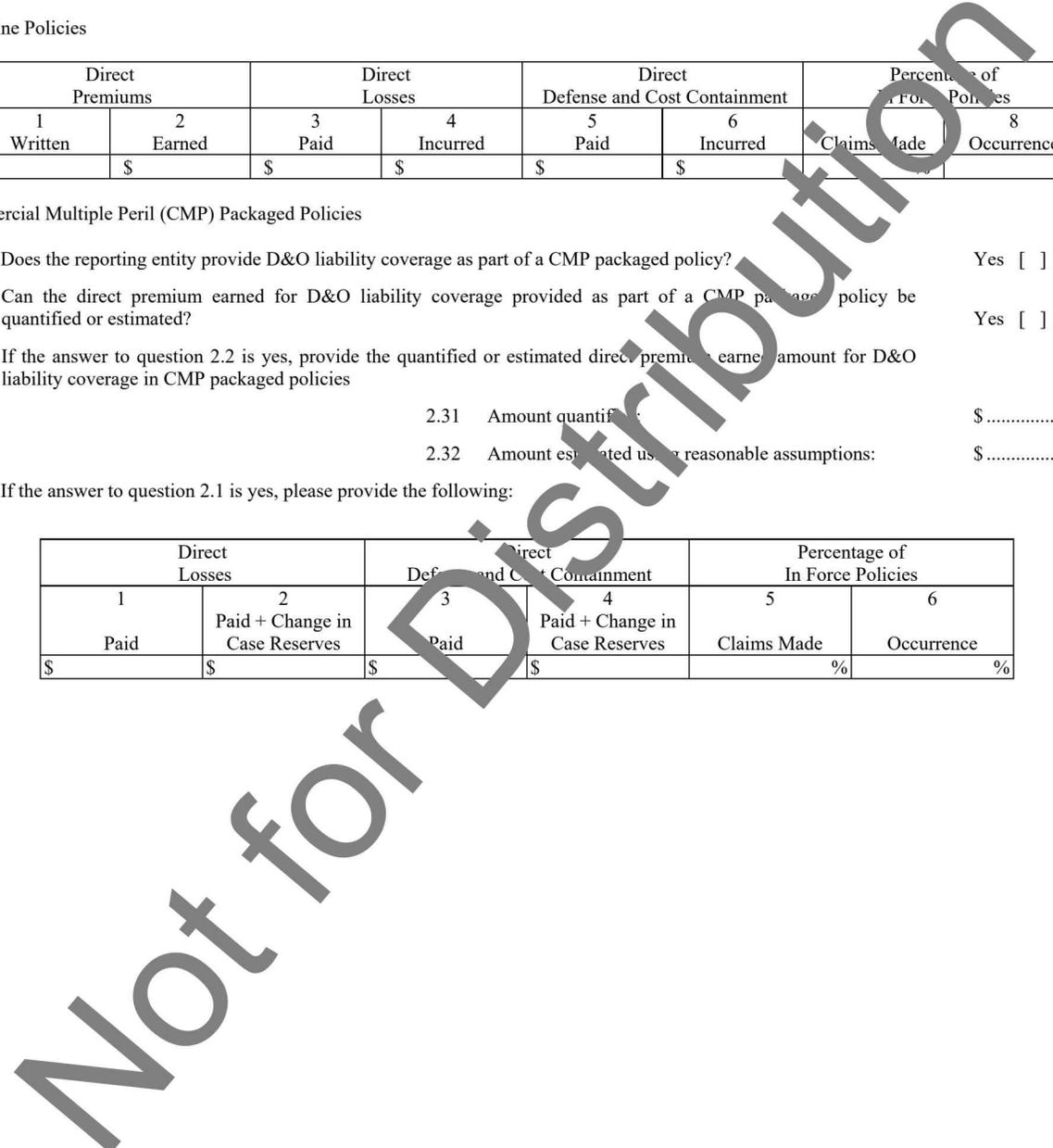
1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$	\$	\$	\$	\$	\$	%	%

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [ ] No [ ]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [ ] No [ ]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
- 2.31 Amount quantified: \$ .....
- 2.32 Amount estimated using reasonable assumptions: \$ .....
- 2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$	\$	\$	\$	%	%



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**CREDIT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2019  
(To Be Filed by April 1)

Of The..... Insurance Company

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

NAIC Group Code..... NAIC Company Code ..... Employer's ID Number .....

Direct Business in the State of .....

Does the company have credit insurance in this state Yes ( ) No ( )

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**PART 1A – CREDIT LIFE INSURANCE**  
Monthly Outstanding Balance (MOB)

**PART 1B – CREDIT LIFE INSURANCE**  
Single Premium (SP) and Total

	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
1. Earned Premiums:							
1.1 Gross written premiums .....	.....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations .....	.....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1–1.2).....	.....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3+1.4–1.5) .....	.....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred Claims:							
2.1 Claims paid.....	.....	.....	.....	.....	.....	.....	.....
2.2 Unreported claim reserve, start of period .....	.....	.....	.....	.....	.....	.....	.....
2.3 Unreported claim reserve, end of period .....	.....	.....	.....	.....	.....	.....	.....
2.4 Claim reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....
2.5 Claim reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....
2.6 Incurred claims (Lines 2.1–2.2+2.3–2.4+2.5) .....	.....	.....	.....	.....	.....	.....	.....
3. Incurred Compensation:							
3.1 Commissions and service fees incurred.....	.....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation .....	.....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2).....	.....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
5. Mean insurance in force .....	.....	.....	.....	.....	.....	.....	.....
6. Losses per \$1,000 mean insurance in force [(1,000 x Line 2.6)/Line 5].....	.....	.....	.....	.....	.....	.....	.....

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**PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE**  
Single Premium—Closed-End

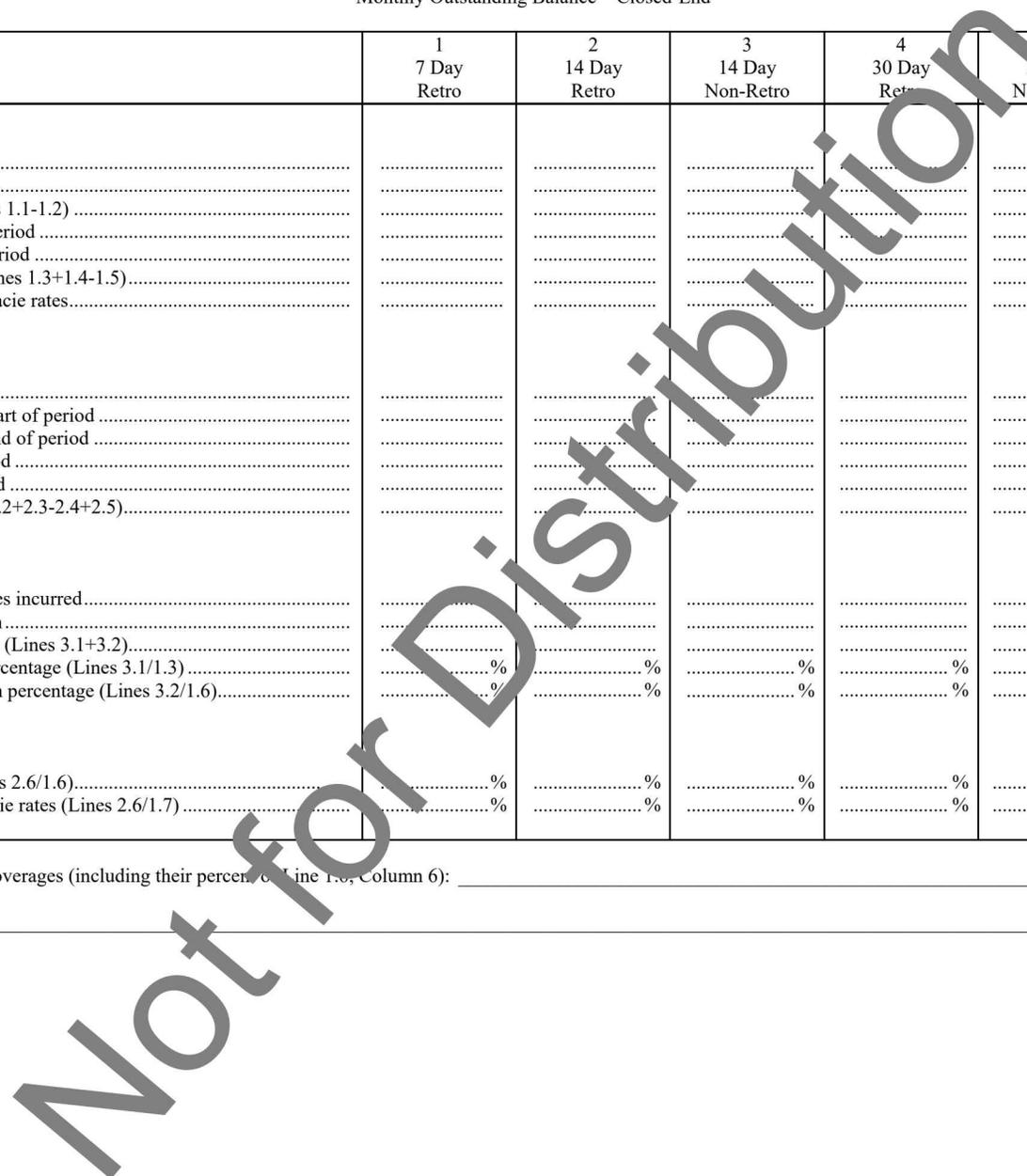
	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
<b>1. Earned Premiums:</b>							
1.1 Gross written premiums .....	.....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations .....	.....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1-1.2) .....	.....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3+1.4-1.5).....	.....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates.....	.....	.....	.....	.....	.....	.....	.....
<b>2. Incurred Claims:</b>							
2.1 Claims paid.....	.....	.....	.....	.....	.....	.....	.....
2.2 Unreported claim reserve, start of period .....	.....	.....	.....	.....	.....	.....	.....
2.3 Unreported claim reserve, end of period .....	.....	.....	.....	.....	.....	.....	.....
2.4 Claim reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....
2.5 Claim reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5).....	.....	.....	.....	.....	.....	.....	.....
<b>3. Incurred Compensation:</b>							
3.1 Commissions and service fees incurred.....	.....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation.....	.....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2).....	.....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%

(a) Provide a description of "other" coverages (including their percent of line 1.6, Column 6): \_\_\_\_\_

**PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE**  
 Monthly Outstanding Balance—Closed-End

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
<b>1. Earned Premiums:</b>							
1.1 Gross written premiums .....							
1.2 Refunds on terminations .....							
1.3 Net written premiums (Lines 1.1-1.2) .....							
1.4 Premium reserves, start of period .....							
1.5 Premium reserves, end of period .....							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5) .....							
1.7 Earned premiums at prima facie rates .....							
<b>2. Incurred Claims:</b>							
2.1 Claims paid .....							
2.2 Unreported claim reserve, start of period .....							
2.3 Unreported claim reserve, end of period .....							
2.4 Claim reserves, start of period .....							
2.5 Claim reserves, end of period .....							
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5) .....							
<b>3. Incurred Compensation:</b>							
3.1 Commissions and service fees incurred .....							
3.2 Other incurred compensation .....							
3.3 Total incurred compensation (Lines 3.1+3.2) .....							
3.4 Commissions/service fee percentage (Lines 3.1/1.3) .....	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6) .....	%	%	%	%	%	%	%
<b>4. Loss Percentage:</b>							
4.1 Actual loss percentage (Lines 2.6/1.6) .....	%	%	%	%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) .....	%	%	%	%	%	%	%

(a) Provide a description of "other" coverages (including their percentage of line 1.6, Column 6): \_\_\_\_\_



**PART 2C – CREDIT ACCIDENT AND HEALTH INSURANCE**  
 Monthly Outstanding Balance – Open-End

**PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE**

	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other	7 Total	1 All Other (b)	2 Total -Parts 2A, 2B, 2C and 2D
<b>1. Earned Premiums:</b>									
1.1 Gross written premiums .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1-1.2) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3+1.4-1.5) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>2. Incurred Claims:</b>									
2.1 Claims paid .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.2 Unreported claim reserve, start of period .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Unreported claim reserve, end of period .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Claim reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.5 Claim reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>3. Incurred Compensation:</b>									
3.1 Commissions and service fees incurred .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%
<b>4. Loss Percentage:</b>									
4.1 Actual loss percentage (Lines 2.6/1.6) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6): \_\_\_\_\_

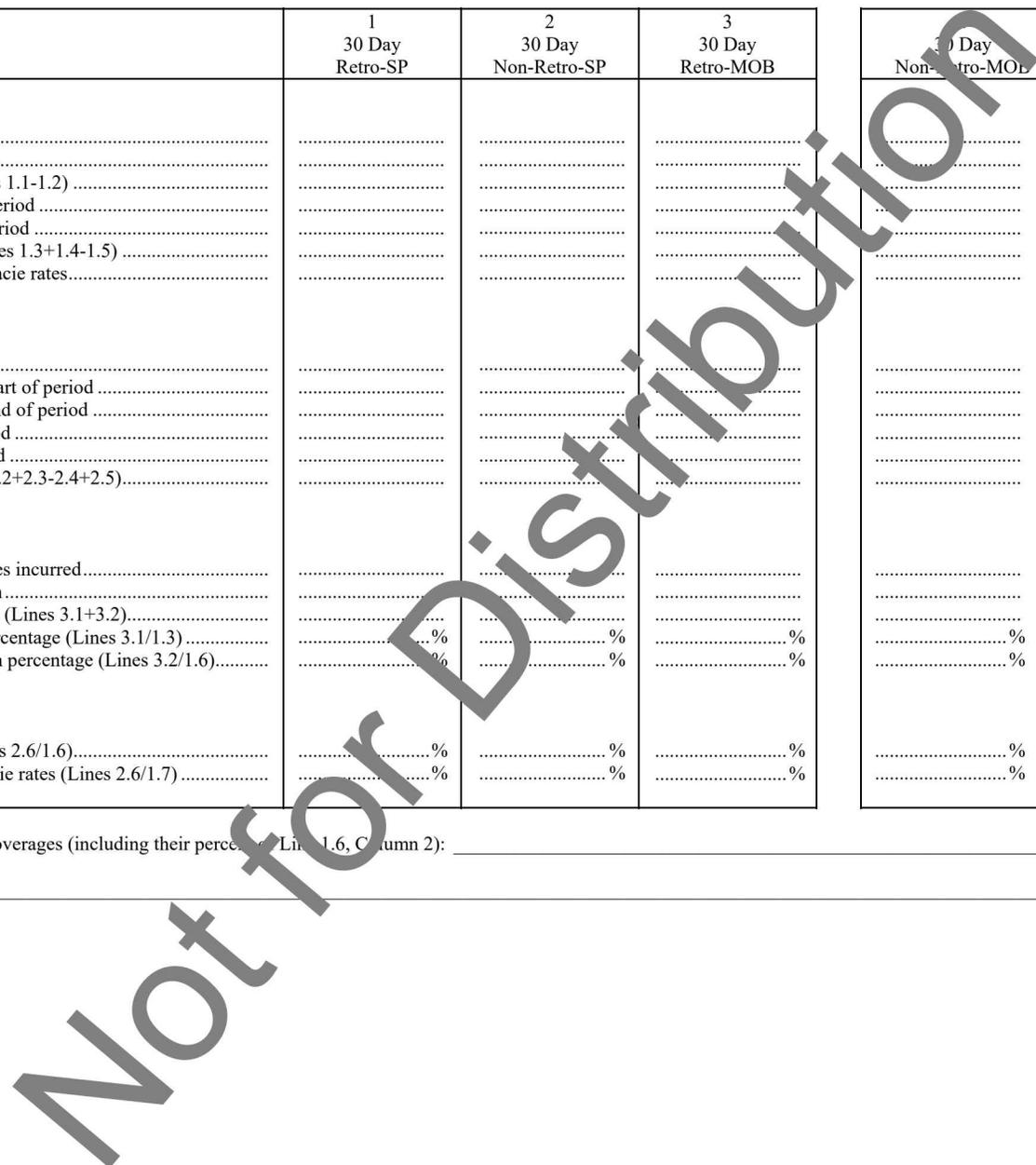
(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1): \_\_\_\_\_

**PART 3A – CREDIT UNEMPLOYMENT INSURANCE**

**PART 3B – CREDIT UNEMPLOYMENT INSURANCE**

	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB	1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
<b>1. Earned Premiums:</b>						
1.1 Gross written premiums .....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations .....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1-1.2) .....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period .....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period .....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premium (Lines 1.3+1.4-1.5) .....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates .....	.....	.....	.....	.....	.....	.....
<b>2. Incurred Claims:</b>						
2.1 Claims paid .....	.....	.....	.....	.....	.....	.....
2.2 Unreported claim reserve, start of period .....	.....	.....	.....	.....	.....	.....
2.3 Unreported claim reserve, end of period .....	.....	.....	.....	.....	.....	.....
2.4 Claim reserves, start of period .....	.....	.....	.....	.....	.....	.....
2.5 Claim reserves, end of period .....	.....	.....	.....	.....	.....	.....
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5) .....	.....	.....	.....	.....	.....	.....
<b>3. Incurred Compensation:</b>						
3.1 Commissions and service fees incurred .....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation .....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2) .....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3) .....	.....%	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6) .....	.....%	.....%	.....%	.....%	.....%	.....%
<b>4. Loss Percentage:</b>						
4.1 Actual loss percentage (Lines 2.6/1.6) .....	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7) .....	.....%	.....%	.....%	.....%	.....%	.....%

(a) Provide a description of "other" coverages (including their percentage) (Line 1.6, Column 2): \_\_\_\_\_



**PART 4 – CREDIT PROPERTY INSURANCE**

	1 Creditor Placed Home-Single Interest	2 Creditor Placed Home-Dual Interest	3 Creditor Placed Auto-Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property-Single Interest	6 Personal Property-Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums .....	.....	.....	.....	.....	.....	.....	.....
1.2 Refunds on terminations .....	.....	.....	.....	.....	.....	.....	.....
1.3 Net written premiums (Lines 1.1-1.2) .....	.....	.....	.....	.....	.....	.....	.....
1.4 Premium reserves, start of period .....	.....	.....	.....	.....	.....	.....	.....
1.5 Premium reserves, end of period .....	.....	.....	.....	.....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3+1.4-1.5).....	.....	.....	.....	.....	.....	.....	.....
1.7 Earned premiums at prima facie rates.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred Claims:							
2.1 Claims paid.....	.....	.....	.....	.....	.....	.....	.....
2.2 Total claim reserves, start of period.....	.....	.....	.....	.....	.....	.....	.....
2.3 Total claim reserves, end of period.....	.....	.....	.....	.....	.....	.....	.....
2.4 Incurred claims (Lines 2.1-2.2+2.3) .....	.....	.....	.....	.....	.....	.....	.....
3. Incurred Compensation:							
3.1 Commissions and service fees incurred.....	.....	.....	.....	.....	.....	.....	.....
3.2 Other incurred compensation.....	.....	.....	.....	.....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1+3.2).....	.....	.....	.....	.....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4/1.6).....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.4/1.7) .....	.....%	.....%	.....%	.....%	.....%	.....%	.....%
5. Incurred Loss Adjustment Expense:							
5.1 Defense and cost containment expenses incurred .....	.....	.....	.....	.....	.....	.....	.....
5.2 Adjusting and other expenses incurred.....	.....	.....	.....	.....	.....	.....	.....

(a) Provide a description of "other" coverages (including the percent of Line 1.6, Column 7): \_\_\_\_\_

Not for Distribution

**PART 5 – OTHER CREDIT INSURANCE**

	1 Credit Family Leave	2 Personal Credit	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums .....	.....	.....	.....
1.2 Refunds on terminations .....	.....	.....	.....
1.3 Net written premiums (Lines 1.1 – 1.2).....	.....	.....	.....
1.4 Premium reserves, start of period .....	.....	.....	.....
1.5 Premium reserves, end of period .....	.....	.....	.....
1.6 Actual earned premiums (Lines 1.3 + 1.4 – 1.5).....	.....	.....	.....
1.7 Earned premiums at prima facie rates.....	.....	.....	.....
2. Incurred Claims:			
2.1 Claims paid .....	.....	.....	.....
2.2 Total claim reserve, start of period .....	.....	.....	.....
2.3 Total claim reserve, end of period .....	.....	.....	.....
2.4 Incurred claims (Lines 2.1 – 2.2 + 2.3).....	.....	.....	.....
3. Incurred Compensation:			
3.1 Commissions and service fees incurred.....	.....	.....	.....
3.2 Other incurred compensation .....	.....	.....	.....
3.3 Total incurred compensation (Lines 3.1 + 3.2).....	.....	.....	.....
3.4 Commissions/service fee percentage (Lines 3.1/1.3) .....	.....%	.....%	.....%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....	.....%	.....%	.....%
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4/1.6).....	.....%	.....%	.....%
4.2 Loss percentage at prima facie rates (Lines 2.4/1.7) .....	.....%	.....%	.....%

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3): \_\_\_\_\_

Not for Distribution

**PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES**

	1 Creditor Placed Home	2 Creditor Placed Auto	3 Personal Property	4 Other (a)
1. Premiums:				
1.1 Direct written premiums .....	.....	.....	.....	.....
1.2 Direct earned premiums .....	.....	.....	.....	.....
2. Underwriting expenses incurred:				
2.1 Commissions and brokerage expenses incurred .....	.....	.....	.....	.....
2.2 Taxes, licenses and fees incurred.....	.....	.....	.....	.....
2.3 Other acquisitions, field supervision and collection expenses incurred.....	.....	.....	.....	.....
2.4 General expenses incurred .....	.....	.....	.....	.....

(a) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4): \_\_\_\_\_

Not for Distribution

Not for Distribution

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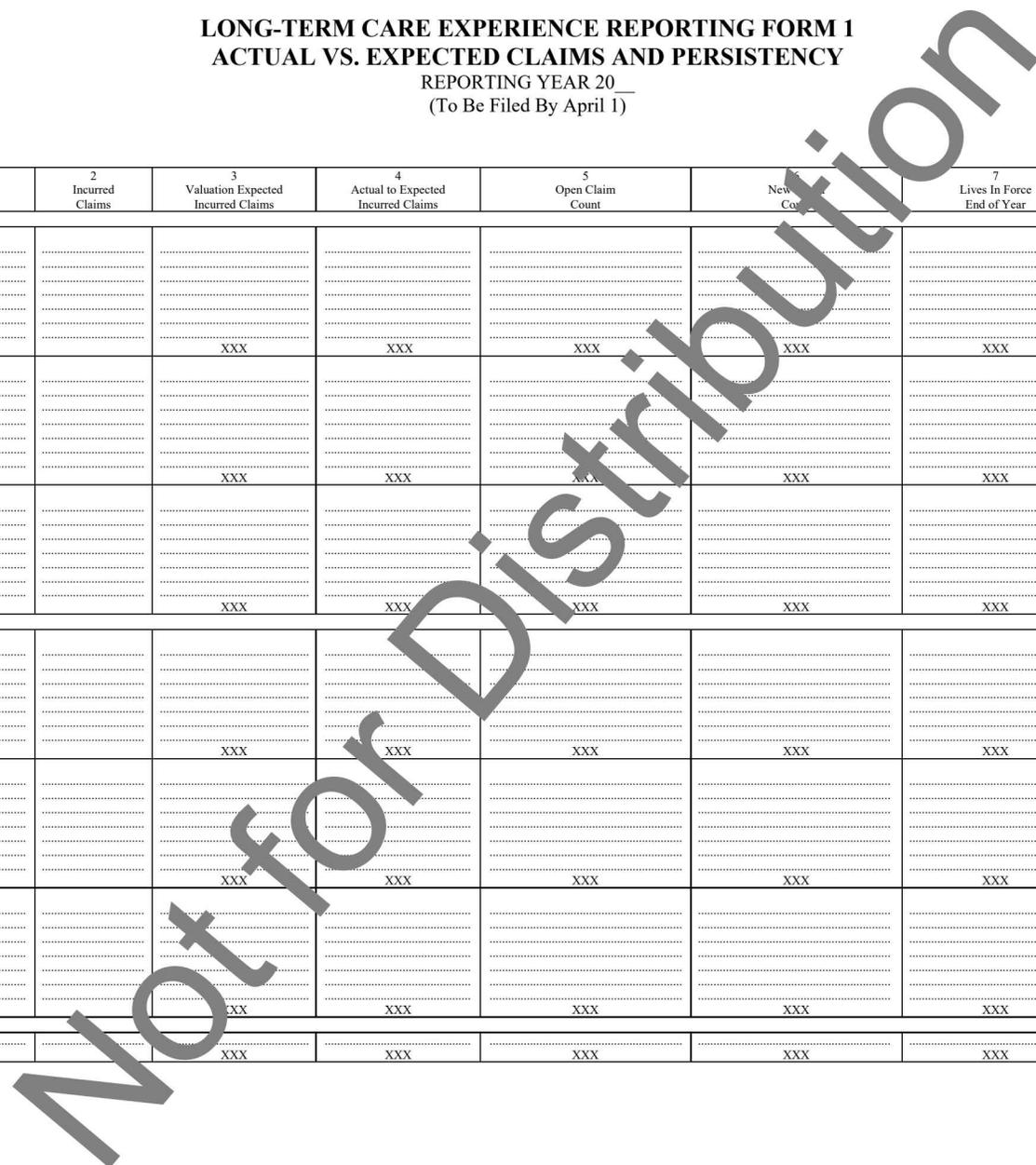
**LONG-TERM CARE EXPERIENCE REPORTING FORM 1  
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY**

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 Cases	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



**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.....															

Not for Distribution

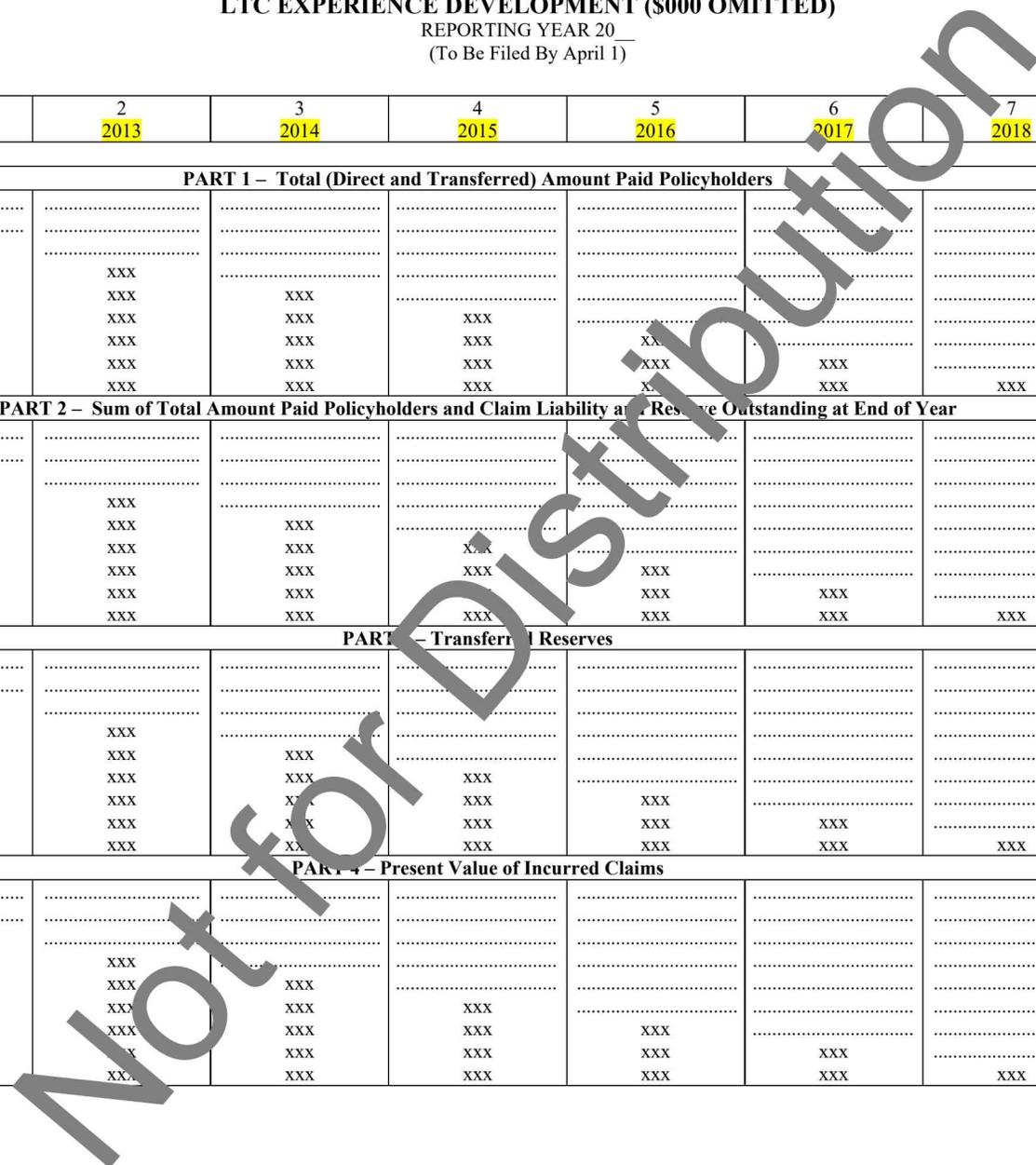
**LONG-TERM CARE EXPERIENCE REPORTING FORM 3  
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)**

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	.....						
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	.....						
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	.....						
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	.....						
9. 2019 .....	xxx							



**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>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							
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							
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							
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							
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 \_\_\_\_\_

Incurred Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
<b>A. Individual</b>					
1. Current .....	.....	.....	.....	.....	.....
2. Prior .....	.....	.....	.....	.....	.....
3. 2nd Prior					
<b>B. Group</b>					
1. Current .....	.....	.....	.....	.....	.....
2. Prior .....	.....	.....	.....	.....	.....
3. 2nd Prior					
<b>C. Summary</b>					
1. Total Inception-to-Date					

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

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Affix Bar Code Above

**LONG-TERM CARE EXPERIENCE REPORTING FORM 5**  
**EXPERIENCE IN THE STATE OF \_\_\_\_\_**

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

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

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

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

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**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)

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 Affix Bar Code Above

NAIC Group Code.....

NAIC Company Code.....

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
<b>A. 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	.....	.....	.....	.....	.....	.....	.....

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

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 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							

Not for Distribution

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

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

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

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

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

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

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

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

**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\\_schce\\_cautionary\\_statement.pdf](http://www.naic.org/documents/committees_e_app_blanks_rebate_schce_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									9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expensive Plans									
		1	2	3	4	5	6	7	8	Student Health Plans							
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	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								
	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	XXX		
13.	Net Investment and Other Gain/(Loss)	XXX	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	XXX		
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	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																

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

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES					
		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									10	11	12	13				
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9					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	8									
		Individual	Small Group Employer	Large Group Employer	Individual	Small Employer	Large Employer	Small Group	Large Group	Student Health Plans								
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 – 2.11c).....																	
	2.11a Paid medical incentive pools and bonuses current year.....																	
	2.11b Accrued medical incentive pools and bonuses current year.....																	
	2.11c Accrued medical incentive pools and bonuses prior year.....																	
	2.12 Net health care receivables (Lines 2.12a – 2.12b).....																	
	2.12a Health care receivables current year.....																	
	2.12b Health care receivables prior year.....																	
	2.13 Group conversion charge.....																	
	2.14 Multi-option coverage blended rate adjustment.....																	
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14).....																	
	2.16 Assumed incurred claims from non-affiliates.....																	
	2.17 Net assumed less ceded incurred claims from affiliates.....																	
	2.18 Ceded incurred claims to non-affiliates.....																	
	2.19 Other adjustments due to MLR calculation – Claims.....																	
	2.20 Net Incurred Claims (Lines 2.15 – 2.8 – 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14).....																	
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					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		
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	XXX				
	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	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	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		
	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)		XXX	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		
	3.10 Total (3.7 to 3.9) .....									
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

Not for Distribution

**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		
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)									

Not for Distribution

**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	8 Other Claims Adjustment 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	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	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	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:

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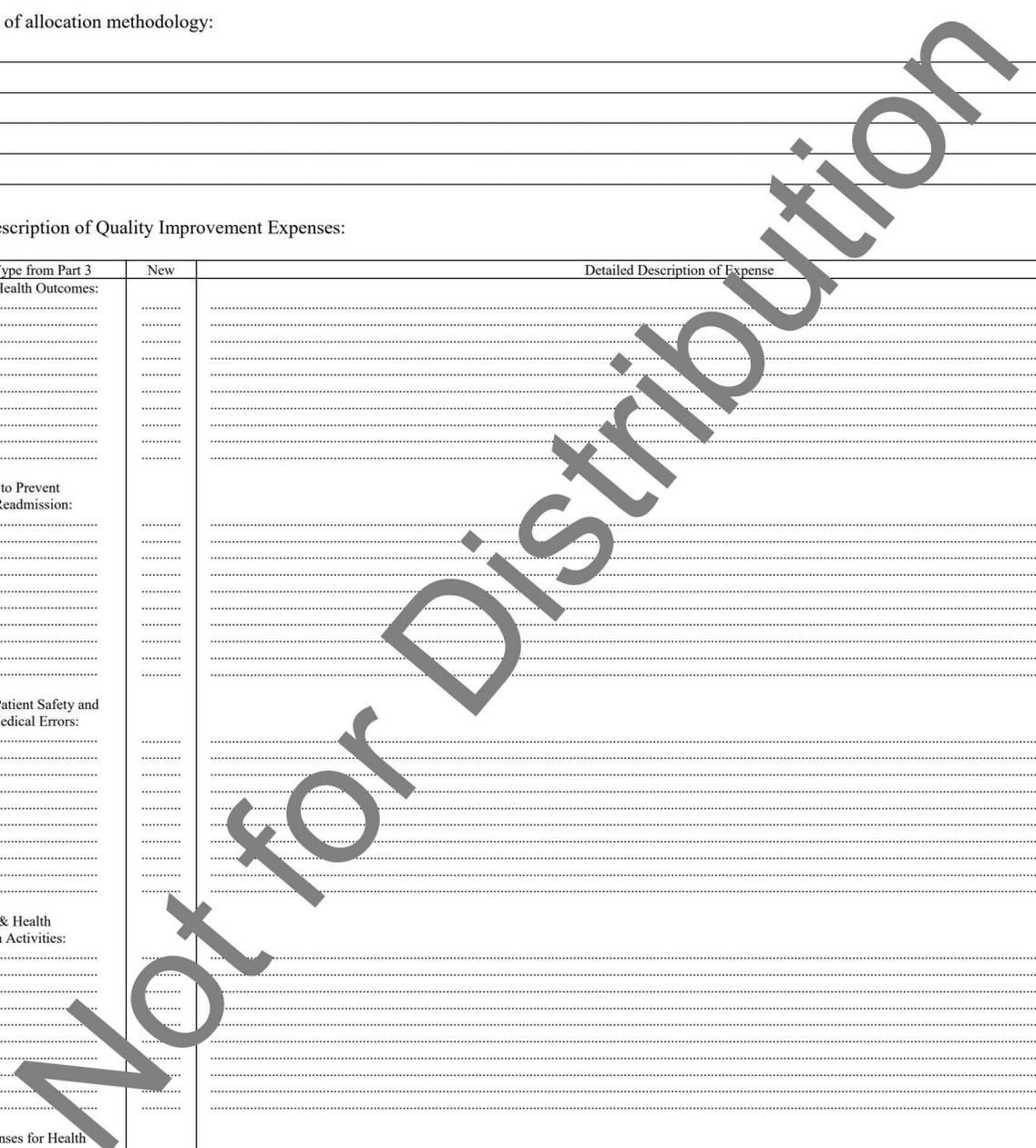
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Detailed Description of Quality Improvement Expenses:

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 Improvements:		



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**CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT**  
For The Year Ended December 31, 20\_\_  
(To Be Filed by April 1)

NAIC Group Code .....

NAIC Company Code .....

Company Name .....

**PART 1 – INTERROGATORIES**

**Cybersecurity Insurance Coverage:**

- 1. Does the reporting entity write any stand-alone cybersecurity insurance coverage? Yes [ ] No [ ]  
If yes, complete Column 1 for Part 2.
- 2. Does the reporting entity write any cybersecurity insurance coverage provided as part of a package policy? Yes [ ] No [ ]  
If yes, complete Column 1 for Part 3.
- 3. If the liability portion of a cybersecurity insurance policy is a claims-made policy, is an extended reporting endorsement (tail coverage) offered? Yes [ ] No [ ] N/A [ ]

**Identity Theft Insurance Coverage:**

- 4. Does the reporting entity write any stand-alone identity theft insurance coverage? Yes [ ] No [ ]  
If yes, complete Column 2 for Part 2.
- 5. Does the reporting entity write any identity theft insurance coverage provided as part of a package policy? Yes [ ] No [ ]  
If yes, complete Column 2 for Part 3.

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**CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT**

**PART 2 – STAND-ALONE POLICIES  
POLICY AND CLAIMS DATA**

	1 Cybersecurity Insurance	2 Identity Theft Insurance
Direct Premiums		
1. Written .....	.....	.....
2. Earned .....	.....	.....
Direct Losses		
3. Paid .....	.....	.....
4. Incurred.....	.....	.....
Direct Defense and Cost Containment		
5. Paid .....	.....	.....
6. Incurred.....	.....	.....
Number of Policies in Force		
7. Claims-Made .....	.....	XXX
8. Occurrence.....	.....	XXX
9. Total (7 + 8).....	.....	.....
Number of Claims Reported		
10. First Party .....	.....	XXX
11. Third Party .....	.....	XXX
12. Total (10 + 11).....	.....	.....
Number of Claims Open		
13. First Party .....	.....	XXX
14. Third Party .....	.....	XXX
15. Total (13 + 14).....	.....	.....
Number of Claims Closed with Payment		
16. First Party .....	.....	XXX
17. Third Party .....	.....	XXX
18. Total (16 + 17).....	.....	.....
Number of Claims Closed without Payment		
19. First Party .....	.....	XXX
20. Third Party .....	.....	XXX
21. Total (19 + 20)	.....	.....

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.....  
Affix Bar Code Above

**CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT**

**PART 3 – PART OF A PACKAGE POLICY  
POLICY AND CLAIMS DATA**

	1 Cybersecurity Insurance	2 Identity Theft Insurance
Direct Premiums Quantified		
1. Written .....	.....	.....
2. Earned .....	.....	.....
Direct Premiums Estimated Using Reasonable Assumptions		
3. Written .....	.....	.....
4. Earned .....	.....	.....
Direct Losses		
5. Paid .....	.....	.....
6. Case Reserves .....	.....	.....
Direct Defense and Cost Containment		
7. Paid .....	.....	.....
8. Case Reserves .....	.....	.....
Number of Policies in Force		
9. Claims-Made .....	.....	XXX
10. Occurrence .....	.....	XXX
11. Total (9 + 10).....	.....	.....
Number of Claims Reported		
12. First Party .....	.....	XXX
13. Third Party .....	.....	XXX
14. Total (12 + 13).....	.....	.....
Number of Claims Open		
15. First Party .....	.....	XXX
16. Third Party .....	.....	XXX
17. Total (15 + 16).....	.....	.....
Number of Claims Closed with Payment		
18. First Party .....	.....	XXX
19. Third Party .....	.....	XXX
20. Total (18 + 19).....	.....	.....
Number of Claims Closed without Payment		
21. First Party .....	.....	XXX
22. Third Party .....	.....	XXX
23. Total (21 + 22).....	.....	.....

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

For Year Ended December 31, 2019  
(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	Auto Health 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 the Premiums or 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 an employee union or association of natural persons benefit 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 refunds paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2) .....	.....	.....	.....	.....
9. Aggregate write-ins for Other Deductions .....	.....	.....	.....	.....
10. Total (Lines 6 + 7.4 + 8 + 9) .....	.....	.....	.....	.....
<b>MODEL ACT BASE (Line 5 plus 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, **2019**  
(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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OVERFLOW PAGE FOR WRITE-INS

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