

INDIANA DEPARTMENT OF INSURANCE

311 W. Washington St., Suite 300

Indianapolis, IN 46204-2787

LIFE - STATEMENT OF CONDITION

On the 31st day of December, 20_

COMPANY NAME:

ADDRESS:

CITY, STATE ZIPCODE:

ORGANIZED UNDER STATE OF

FEIN:

NAIC CODE:

CONTACT PERSON:

PHONE:

EMAIL:

ASSETS OF COMPANY

(Nearest dollar)

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

LIABILITIES, SURPLUS AND OTHER FUNDS

Aggregate Reserve for Life Policies and Contracts..... \$
Aggregate Reserve for Accident and Health Policies..... \$
Policy and Contract Claims--Life..... \$
 -Accident and Health..... \$
Taxes, licenses and fees due or accrued..... \$
All other Liabilities..... \$
TOTAL LIABILITIES..... \$

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

Signature



Signature



(Print Name)
President

(Print Name)
Secretary