

# 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 .....	\$	_____
<b>TOTAL ASSETS</b> .....	<b>\$</b>	<b>_____</b>

## 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 .....	\$	_____
<b>TOTAL LIABILITIES</b> .....	<b>\$</b>	<b>_____</b>
Special Surplus Funds .....	\$	_____
Capital Stock .....	\$	_____
Gross Paid in and Contributed Surplus .....	\$	_____
Unassigned Surplus .....	\$	_____
Surplus as regards Policyholders .....	\$	_____
<b>TOTAL LIABILITIES AND SURPLUS</b> .....	<b>\$</b>	<b>_____</b>

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Signature



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Signature



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(Print Name)  
President

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(Print Name)  
Secretary