

HEALTH

2024

**Annual
Statement
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NATIONAL ASSOCIATION OF
INSURANCE COMMISSIONERS

Official NAIC Annual Statement Blank

Health

For the 2024 reporting year

UPDATES TO THESE BLANKS

There may be modifications to this blank from year to year. As such, guidance is subject to the maintenance process. Yellow highlighting identifies changes from the previous year. Any modifications after the initial release of this blank, which are applicable to the filing year of this publication, are posted on the NAIC website at https://content.naic.org/cmte_e_app_blanks.htm.

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ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2024

HEALTH

2024

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ANNUAL STATEMENT

FOR THE YEAR ENDING _____, _____, _____
(Month) (Day) (Year)

.....
Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

(Name)

NAIC Group Code _____, _____ NAIC Company Code _____ Employer's ID Number _____
(Current Period) (Prior Period)

Organized under the Laws of _____, State of Domicile or Port of Entry _____

Country of Domicile _____

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

Incorporated/Organized _____ Commenced Business _____

Statutory Home Office _____, _____
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office _____
(Street and Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address _____, _____
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____
(Street and Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address _____

Statutory Statement Contact _____, _____
(Name) (Area Code) (Telephone Number) (Extension)

(E-Mail Address) (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

State of _____ ss

County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)

(Signature)

(Signature)

(Printed Name)
1.

(Printed Name)
2.

(Printed Name)
3.

(Title)

(Title)

(Title)

Subscribed and sworn to before me
this _____ day of _____, 2025
.....

a. Is this an original filing? Yes [] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)
2. Stocks (Schedule D):
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):
4.1 Properties occupied by the company (less \$..... encumbrances)
4.2 Properties held for the production of income (less \$..... encumbrances)
4.3 Properties held for sale (less \$..... encumbrances)
5. Cash (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA)
6. Contract loans (including \$..... premium notes)
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants less \$..... charged off (for Title insurers only)
14. Investment income due and accrued
15. Premiums and considerations:
15.1 Uncollected premiums and agents' balances in the course of collection
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)
16. Reinsurance:
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured companies
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets (\$.....)
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care (\$.....) and other amounts receivable
25. Aggregate write-ins for other-than-invested assets
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. Total (Lines 26 and 27)
DETAILS OF WRITE-INS				
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)
2501.
2502.
2503.
2598. Summary of remaining write-ins for Line 25 from overflow page
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)

LIABILITIES, CAPITAL AND SURPLUS

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

STATEMENT OF REVENUE AND EXPENSES

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

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

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1.	Premiums collected net of reinsurance .....	.....	.....
2.	Net investment income .....	.....	.....
3.	Miscellaneous income .....	.....	.....
4.	Total (Lines 1 through 3) .....	.....	.....
5.	Benefit and loss related payments .....	.....	.....
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.....	.....
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	.....	.....
8.	Dividends paid to policyholders .....	.....	.....
9.	Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses) .....	.....	.....
10.	Total (Lines 5 through 9) .....	.....	.....
11.	Net cash from operations (Line 4 minus Line 10) .....	.....	.....
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	.....	.....
12.2	Stocks .....	.....	.....
12.3	Mortgage loans .....	.....	.....
12.4	Real estate .....	.....	.....
12.5	Other invested assets .....	.....	.....
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	.....	.....
12.7	Miscellaneous proceeds .....	.....	.....
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....	.....	.....
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	.....	.....
13.2	Stocks .....	.....	.....
13.3	Mortgage loans .....	.....	.....
13.4	Real estate .....	.....	.....
13.5	Other invested assets .....	.....	.....
13.6	Miscellaneous applications .....	.....	.....
13.7	Total investments acquired (Lines 13.1 to 13.6) .....	.....	.....
14.	Net increase/(decrease) in contract loans and premium notes .....	.....	.....
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	.....	.....
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....	.....	.....
16.2	Capital and paid in surplus, less treasury stock .....	.....	.....
16.3	Borrowed funds .....	.....	.....
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....	.....	.....
16.5	Dividends to stockholders .....	.....	.....
16.6	Other cash provided (applied) .....	.....	.....
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	.....	.....
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	.....	.....
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	.....	.....
19.2	End of year (Line 18 plus Line 19.1) .....	.....	.....

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001	.....	.....	.....
20.0002	.....	.....	.....
20.0003	.....	.....	.....
20.9996	.....	.....	.....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual
2. Comprehensive (hospital and medical) group
3. Medicare Supplement.....
4. Vision only
5. Dental only
6. Federal Employees Health Benefits Plan.....
7. Title XVIII – Medicare
8. Title XIX – Medicaid
9. Credit A&H
10. Disability Income
11. Long-Term Care.....
12. Other health
13. Health subtotal (Lines 1 through 12)
14. Life
15. Property/casualty
16. Totals (Lines 13 to 15)

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct														
1.2 Reinsurance assumed														
1.3 Reinsurance ceded														
1.4 Net														
2. Paid medical incentive pools and bonuses														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct														
3.2 Reinsurance assumed														
3.3 Reinsurance ceded														
3.4 Net														
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed														
4.3 Reinsurance ceded														
4.4 Net														
5. Accrued medical incentive pools and bonuses, current year														
6. Net health care receivables (a)														
7. Amounts recoverable from reinsurers December 31, current year														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct														
8.2 Reinsurance assumed														
8.3 Reinsurance ceded														
8.4 Net														
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed														
9.3 Reinsurance ceded														
9.4 Net														
10. Accrued medical incentive pools and bonuses, prior year														
11. Amounts recoverable from reinsurers December 31, prior year														
12. Incurred benefits:														
12.1 Direct														
12.2 Reinsurance assumed														
12.3 Reinsurance ceded														
12.4 Net														
13. Incurred medical incentive pools and bonuses														

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

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

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
1. Reported in Process of Adjustment:														
1.1 Direct.....
1.2 Reinsurance assumed
1.3 Reinsurance ceded
1.4 Net.....
2. Incurred but Unreported:														
2.1 Direct.....
2.2 Reinsurance assumed
2.3 Reinsurance ceded
2.4 Net.....
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct.....
3.2 Reinsurance assumed
3.3 Reinsurance ceded
3.4 Net.....
4. TOTALS:														
4.1 Direct.....
4.2 Reinsurance assumed
4.3 Reinsurance ceded
4.4 Net.....

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....
2. Comprehensive (hospital and medical) group
3. Medicare Supplement
4. Vision Only.....
5. Dental Only.....
6. Federal Employees Health Benefits Plan
7. Title XVIII – Medicare.....
8. Title XIX – Medicaid
9. Credit A&H
10. Disability Income
11. Long-Term Care
12. Other health
13. Health subtotal (Lines 1 to 12).....
14. Health care receivables (a)
15. Other non-health
16. Medical incentive pools and bonus amounts
17. Totals (Lines 13-14+15+16)

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

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

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior.....	.....	.....	.....	.....	.....
2.	2020.....	.....	.....	.....	.....	.....
3.	2021.....	XXX	.....	.....	.....	.....
4.	2022.....	XXX	XXX	.....	.....	.....
5.	2023.....	XXX	XXX	XXX	.....	.....
6.	2024.....	XXX	XXX	XXX	XXX	.....

Section B – Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior.....	.....	.....	.....	.....	.....
2.	2020.....	.....	.....	.....	.....	.....
3.	2021.....	XXX	.....	.....	.....	.....
4.	2022.....	XXX	XXX	.....	.....	.....
5.	2023.....	XXX	XXX	XXX	.....	.....
6.	2024.....	XXX	XXX	XXX	XXX	.....

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020.....
2. 2021.....
3. 2022.....
4. 2023.....
5. 2024.....

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves.....													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including \$..... for investment income).....													
5. Aggregate write-ins for other policy reserves.....													
6. Totals (gross).....													
7. Reinsurance ceded.....													
8. Totals (Net) (Page 3, Line 4)													
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves.....													
12. Totals (gross).....													
13. Reinsurance ceded.....													
14. Totals (Net) (Page 3, Line 7)													
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page.....													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													

(a) Includes \$..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES

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

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds.....	(a) .....	.....
1.1	Bonds exempt from U.S. tax.....	(a) .....	.....
1.2	Other bonds (unaffiliated).....	(a) .....	.....
1.3	Bonds of affiliates.....	(a) .....	.....
2.1	Preferred stocks (unaffiliated).....	(b) .....	.....
2.11	Preferred stocks of affiliates.....	(b) .....	.....
2.2	Common stocks (unaffiliated).....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c) .....	.....
4.	Real estate.....	(d) .....	.....
5.	Contract loans.....	.....	.....
6.	Cash, cash equivalents and short-term investments.....	(e) .....	.....
7.	Derivative instruments.....	(f) .....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	.....	.....
10.	Total gross investment income.....	.....	.....
11.	Investment expenses.....		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes.....		(g)
13.	Interest expense.....		(h)
14.	Depreciation on real estate and other invested assets.....		(i)
15.	Aggregate write-ins for deductions from investment income.....		.....
16.	Total deductions (Lines 11 through 15).....		.....
17.	Net investment income (Line 10 minus Line 16)		.....
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....		.....
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		.....
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		.....

- (a) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
- (b) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued dividends on purchases.
- (c) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
- (d) Includes \$ _____ for company's occupancy of its own buildings; and excludes \$ _____ interest on encumbrances.
- (e) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
- (f) Includes \$ _____ accrual of discount less \$ _____ amortization of premium.
- (g) Includes \$ _____ investment expenses and \$ _____ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ _____ interest on surplus notes and \$ _____ interest on capital notes.
- (i) Includes \$ _____ depreciation on real estate and \$ _____ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds.....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax.....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated).....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates.....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....	.....	.....	.....
3.	Mortgage loans.....	.....	.....	.....	.....	.....
4.	Real estate.....	.....	.....	.....	.....	.....
5.	Contract loans.....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....	.....	.....	.....
7.	Derivative instruments.....	.....	.....	.....	.....	.....
8.	Other invested assets.....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	.....	.....	.....	.....	.....
10.	Total capital gains (losses)	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2– Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other-than-invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)			
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

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

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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

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

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

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

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

[illegible]

EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES[illegible]

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

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

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

Not for Distribution

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
- If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? _____
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 3.4 By what department or departments?
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No []
- 4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No []
- 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
- If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes, _____ %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No []

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No []

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No []

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No []

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No []

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

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

12.11 Name of real estate holding company _____

12.12 Number of parcels involved _____

12.13 Total book/adjusted carrying value \$ _____

12.2 If yes, provide explanation:

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ☐ No ☐
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

- | | | | | | |
|-----|---|-----|--------------------------|----|--------------------------|
| 16. | Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 17. | Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 18. | Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

FINANCIAL

- | | | |
|------|--|--|
| 19. | Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20.1 | Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): | |
| | 20.11 To directors or other officers | \$ _____ |
| | 20.12 To stockholders not officers | \$ _____ |
| | 20.13 Trustees, supreme or grand (Fraternal only) | \$ _____ |
| 20.2 | Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): | |
| | 20.21 To directors or other officers | \$ _____ |
| | 20.22 To stockholders not officers | \$ _____ |
| | 20.23 Trustees, supreme or grand (Fraternal only) | \$ _____ |
| 21.1 | Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21.2 | If yes, state the amount thereof at December 31 of the current year: | |
| | 21.21 Rented from others | \$ _____ |
| | 21.22 Borrowed from others | \$ _____ |
| | 21.23 Leased from others | \$ _____ |
| | 21.24 Other | \$ _____ |
| 22.1 | Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 22.2 | If answer is yes: | |
| | 22.21 Amount paid as losses or risk adjustment | \$ _____ |
| | 22.22 Amount paid as expenses | \$ _____ |
| | 22.23 Other amounts paid | \$ _____ |
| 23.1 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 23.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount: | \$ _____ |
| 24.1 | Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24.2 | If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party. | |

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- | | | |
|-------|--|---|
| 25.01 | Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 25.02 | If no, give full and complete information, relating thereto..... | |
| 25.03 | For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)..... | \$ _____ |
| | | \$ _____ |
| 25.04 | For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. | |
| 25.05 | For the reporting entity's securities lending program, report amount of collateral for other programs. | |
| 25.06 | Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 25.07 | Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 25.08 | Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

GENERAL INTERROGATORIES

- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 25.093 Total payable for securities lending reported on the liability page \$ _____
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes ☐ No ☐
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ _____
- 26.22 Subject to reverse repurchase agreements \$ _____
- 26.23 Subject to dollar repurchase agreements \$ _____
- 26.24 Subject to reverse dollar repurchase agreements \$ _____
- 26.25 Placed under option agreements \$ _____
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$ _____
- 26.27 FHLB Capital Stock \$ _____
- 26.28 On deposit with states \$ _____
- 26.29 On deposit with other regulatory bodies \$ _____
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ _____
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ _____
- 26.32 Other \$ _____
- 26.3 For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☐
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☐
- If no, attach a description with this statement.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes ☐ No ☐
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes ☐ No ☐
- 27.42 Permitted accounting practice Yes ☐ No ☐
- 27.43 Other accounting guidance Yes ☐ No ☐
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes ☐ No ☐
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ☐ No ☐
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ _____
29. Excluding items in Schedule E– Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes ☐ No ☐
- 29.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian's Address

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes ☐ No ☐

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. **This includes both primary and sub-advisors.** For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets? Yes ☐ No ☐

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets? Yes ☐ No ☐

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes ☐ No ☐

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999	TOTAL	

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds			
31.2 Preferred Stocks			
31.3 Totals			

31.4 Describe the sources or methods utilized in determining the fair values:

.....

.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes ☐ No ☐

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes ☐ No ☐

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

.....

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes ☐ No ☐

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes ☐ No ☐

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual)* for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes ☐ No ☐

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes ☐ No ☐

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes ☐ No ☐ N/A ☐

GENERAL INTERROGATORIES

- 38.1

Does the reporting entity directly hold cryptocurrencies?

Yes ☐ No ☐
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?

Yes ☐ No ☐
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21

Held directly

Yes ☐ No ☐

39.22

Immediately converted to U.S. dollars

Yes ☐ No ☐
- 39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ _____
- 40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
	\$ _____
	\$ _____
	\$ _____
	\$ _____

- 41.1

Amount of payments for legal expenses, if any?

\$ _____
- 41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$ _____
	\$ _____
	\$ _____
	\$ _____

- 42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$ _____
- 42.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
	\$ _____
	\$ _____
	\$ _____
	\$ _____

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

- | | | | | | | |
|-----|--|-------------------------|--------------------------|----|--------------------------|--|
| 1.1 | Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 1.2 | If yes, indicate premium earned on U.S. business only. | \$ | <input type="text"/> | | | |
| 1.3 | What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ | <input type="text"/> | | | |
| | 1.31 Reason for excluding | <input type="text"/> | | | | |
| 1.4 | Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above | \$ | <input type="text"/> | | | |
| 1.5 | Indicate total incurred claims on all Medicare Supplement insurance. | \$ | <input type="text"/> | | | |
| 1.6 | Individual policies: | | | | | |
| | Most current three years: | | | | | |
| | 1.61 Total premium earned | \$ | <input type="text"/> | | | |
| | 1.62 Total incurred claims | \$ | <input type="text"/> | | | |
| | 1.63 Number of covered lives | | <input type="text"/> | | | |
| | All years prior to most current three years: | | | | | |
| | 1.64 Total premium earned | \$ | <input type="text"/> | | | |
| | 1.65 Total incurred claims | \$ | <input type="text"/> | | | |
| | 1.66 Number of covered lives | | <input type="text"/> | | | |
| 1.7 | Group policies: | | | | | |
| | Most current three years: | | | | | |
| | 1.71 Total premium earned | \$ | <input type="text"/> | | | |
| | 1.72 Total incurred claims | \$ | <input type="text"/> | | | |
| | 1.73 Number of covered lives | | <input type="text"/> | | | |
| | All years prior to most current three years: | | | | | |
| | 1.74 Total premium earned | \$ | <input type="text"/> | | | |
| | 1.75 Total incurred claims | \$ | <input type="text"/> | | | |
| | 1.76 Number of covered lives | | <input type="text"/> | | | |
| 2. | Health Test: | | | | | |
| | | 1 | 2 | | | |
| | | Current Year | Prior Year | | | |
| | 2.1 Premium Numerator | \$ <input type="text"/> | \$ <input type="text"/> | | | |
| | 2.2 Premium Denominator | \$ <input type="text"/> | \$ <input type="text"/> | | | |
| | 2.3 Premium Ratio (2.1/2.2) | <input type="text"/> | <input type="text"/> | | | |
| | 2.4 Reserve Numerator | \$ <input type="text"/> | \$ <input type="text"/> | | | |
| | 2.5 Reserve Denominator | \$ <input type="text"/> | \$ <input type="text"/> | | | |
| | 2.6 Reserve Ratio (2.4/2.5) | <input type="text"/> | <input type="text"/> | | | |
| 3.1 | Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 3.2 | If yes, give particulars: | <input type="text"/> | | | | |
| | | <input type="text"/> | | | | |
| | | <input type="text"/> | | | | |
| 4.1 | Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 4.2 | If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 5.1 | Does the reporting entity have stop-loss reinsurance? | | | | | |
| 5.2 | If no, explain: | <input type="text"/> | | | | |
| 5.3 | Maximum retained risk (see instructions) | | | | | |
| | 5.31 Comprehensive Medical | \$ | <input type="text"/> | | | |
| | 5.32 Medical Only | \$ | <input type="text"/> | | | |
| | 5.33 Medicare Supplement | \$ | <input type="text"/> | | | |
| | 5.34 Dental and Vision | \$ | <input type="text"/> | | | |
| | 5.35 Other Limited Benefit Plan | \$ | <input type="text"/> | | | |
| | 5.36 Other | \$ | <input type="text"/> | | | |
| 6. | Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: | <input type="text"/> | | | | |
| | | <input type="text"/> | | | | |
| 7.1 | Does the reporting entity set up its claim liability for provider services on a service date basis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 7.2 | If no, give details | <input type="text"/> | | | | |
| | | <input type="text"/> | | | | |
| 8. | Provide the following information regarding participating providers: | | | | | |
| | 8.1 Number of providers at start of reporting year | <input type="text"/> | | | | |
| | 8.2 Number of providers at end of reporting year | <input type="text"/> | | | | |
| 9.1 | Does the reporting entity have business subject to premium rate guarantees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 9.2 | If yes, direct premium earned: | | | | | |
| | 9.21 Business with rate guarantees between 15-36 months | <input type="text"/> | | | | |
| | 9.22 Business with rate guarantees over 36 months | <input type="text"/> | | | | |

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

- 10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes ☐ No ☐
- 10.2

If yes:

10.21

Maximum amount payable bonuses

\$ _____

10.22

Amount actually paid for year bonuses

\$ _____

10.23

Maximum amount payable withholds

\$ _____

10.24

Amount actually paid for year withholds

\$ _____
- 11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes ☐ No ☐

11.13

An Individual Practice Association (IPA), or,

Yes ☐ No ☐

11.14

A Mixed Model (combination of above)?

Yes ☐ No ☐
- 11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes ☐ No ☐
- 11.3

If yes, show the name of the state requiring such minimum capital and surplus.

- 11.4

If yes, show the amount required.

\$ _____
- 11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ☐ No ☐
- 11.6

If the amount is calculated, show the calculation _____

12.

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

1
Name of Service Area

- 13.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☐
- 13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$ _____
- 13.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☐
- 13.4

If yes, please provide the balance of the funds administered as of the reporting date

\$ _____
- 14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ☐ No ☐ NA ☐
- 14.2

If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15.

Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1

Direct Premium Written

\$ _____

15.2

Total Incurred Claims

\$ _____

15.3

Number of Covered Lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☐ No ☐
- 16.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☐

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....					
2. Total liabilities (Page 3, Line 24).....					
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....					
Income Statement (Page 4)					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....					
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....					
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....					
Risk-Based Capital Analysis					
14. Total adjusted capital.....					
15. Authorized control level risk-based capital.....					
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....					
17. Total members months (Column 6, Line 7).....					
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....					
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....					
23. Total underwriting gain (loss) (Line 24).....					
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5).....					
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]					
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....					
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain

.....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION ^(a)

REPORT FOR: 1. CORPORATION _____

2. _____

(LOCATION)

NAIC Group Code _____

BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

NAIC Company Code _____

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

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

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

SCHEDULE S – PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S – PART 4
Reinsurance Ceded To Unauthorized Companies

[illegible]

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

35

Health

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

	1	2	3	4	5
	2024	2023	2022	2021	2020
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	.....	.....	.....
2. Accident and health premiums due and unpaid (Line 15) .....	.....	.....	.....
3. Amounts recoverable from reinsurers (Line 16.1).....	.....	.....	.....
4. Net credit for ceded reinsurance.....	XXX	.....	.....
5. All other admitted assets (Balance).....	.....	.....	.....
6. Total assets (Line 28)			
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	.....	.....	.....
8. Accrued medical incentive pool and bonus payments (Line 2).....	.....	.....	.....
9. Premiums received in advance (Line 8).....	.....	.....	.....
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	.....	.....	.....
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	.....	.....	.....
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	.....	.....	.....
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	.....	.....	.....
14. All other liabilities (Balance) .....	.....	.....	.....
15. Total liabilities (Line 24).....		XXX	
16. Total capital and surplus (Line 33).....			
17. Total liabilities, capital and surplus (Line 34)			
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	.....	
19. Accrued medical incentive pool.....	.....	
20. Premiums received in advance .....	.....	
21. Reinsurance recoverable on paid losses .....	.....	
22. Other ceded reinsurance recoverables.....	.....	
23. Total ceded reinsurance recoverables.....			
24. Premiums receivable .....	.....	
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	.....	
26. Unauthorized reinsurance .....	.....	
27. Reinsurance with Certified Reinsurers.....	.....	
28. Funds held under reinsurance treaties with Certified Reinsurers .....	.....	
29. Other ceded reinsurance payables/offsets .....	.....	
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

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

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit- Type Contracts
1. Alabama.....AL										
2. Alaska.....AK										
3. Arizona.....AZ										
4. Arkansas.....AR										
5. California.....CA										
6. Colorado.....CO										
7. Connecticut.....CT										
8. Delaware.....DE										
9. Dist. Columbia.....DC										
10. Florida.....FL										
11. Georgia.....GA										
12. Hawaii.....HI										
13. Idaho.....ID										
14. Illinois.....IL										
15. Indiana.....IN										
16. Iowa.....IA										
17. Kansas.....KS										
18. Kentucky.....KY										
19. Louisiana.....LA										
20. Maine.....ME										
21. Maryland.....MD										
22. Massachusetts.....MA										
23. Michigan.....MI										
24. Minnesota.....MN										
25. Mississippi.....MS										
26. Missouri.....MO										
27. Montana.....MT										
28. Nebraska.....NE										
29. Nevada.....NV										
30. New Hampshire.....NH										
31. New Jersey.....NJ										
32. New Mexico.....NM										
33. New York.....NY										
34. North Carolina.....NC										
35. North Dakota.....ND										
36. Ohio.....OH										
37. Oklahoma.....OK										
38. Oregon.....OR										
39. Pennsylvania.....PA										
40. Rhode Island.....RI										
41. South Carolina.....SC										
42. South Dakota.....SD										
43. Tennessee.....TN										
44. Texas.....TX										
45. Utah.....UT										
46. Vermont.....VT										
47. Virginia.....VA										
48. Washington.....WA										
49. West Virginia.....WV										
50. Wisconsin.....WI										
51. Wyoming.....WY										
52. American Samoa.....AS										
53. Guam.....GU										
54. Puerto Rico.....PR										
55. U.S. Virgin Islands.....VI										
56. Northern Mariana Islands.....MP										
57. Canada.....CAN										
58. Aggregate other alien.....OT	XXX									
59. Subtotal.....	XXX									
60. Reporting entity contributions for Employee Benefit Plans.....	XXX									
61. Total (Direct Business)	XXX									
DETAILS OF WRITE-INS	XXX									
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX									
58999. ... Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

- (a) Active Status Counts:
1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG.....

2. R – Registered – Non-domiciled RRGs

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state.....
4. Q – Qualified - Qualified or accredited reinsurer

5. N – None of the above - Not allowed to write business in the state
- (b) Explanation of basis of allocation by states, premiums by state, etc.

SCHEDULE T – PART 2

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

		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
States, Etc.						6 Totals
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					

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Not for Distribution

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible][illegible]

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?
APRIL FILING	
5. Will Management’s Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
JUNE FILING	
8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....
16. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....
17. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....
18. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	.....
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	.....
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	.....
AUGUST FILING	
24. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....

Explanation:

Bar code:

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

SUMMARY INVESTMENT SCHEDULE

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

SCHEDULE A – VERIFICATION BETWEEN YEARS
Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6)		
2.2	Additional investment made after acquisition (Part 2, Column 9)		
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13		
3.2	Totals, Part 3, Column 11		
4.	Total gain (loss) on disposals, Part 3, Column 18.....		
5.	Deduct amounts received on disposals, Part 3, Column 15		
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15		
6.2	Totals, Part 3, Column 13		
7.	Deduct current year's other-than-temporary impairment recognized:		
7.1	Totals, Part 1, Column 12		
7.2	Totals, Part 3, Column 10		
8.	Deduct current year's depreciation:		
8.1	Totals, Part 1, Column 11		
8.2	Totals, Part 3, Column 9		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10).....		

SCHEDULE B – VERIFICATION BETWEEN YEARS
Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7)		
2.2	Additional investment made after acquisition (Part 2, Column 8)		
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12		
3.2	Totals, Part 3, Column 11		
4.	Accrual of discount		
5.	Unrealized valuation increase/(decrease):		
5.1	Totals, Part 1, Column 9		
5.2	Totals, Part 3, Column 8		
6.	Total gain (loss) on disposals, Part 3, Column 18.....		
7.	Deduct amounts received on disposals, Part 3, Column 15		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1	Totals, Part 1, Column 13		
9.2	Totals, Part 3, Column 13		
10.	Deduct current year's other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 11		
10.2	Totals, Part 3, Column 10		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12).....		
14.	Deduct total nonadmitted amounts		
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....		

SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.....	_____
2.	Cost of acquired:	_____
2.1	Actual cost at time of acquisition (Part 2, Column 8)	_____
2.2	Additional investment made after acquisition (Part 2, Column 9)	_____
3.	Capitalized deferred interest and other:	_____
3.1	Totals, Part 1, Column 16	_____
3.2	Totals, Part 3, Column 12	_____
4.	Accrual of discount	_____
5.	Unrealized valuation increase/(decrease):	_____
5.1	Totals, Part 1, Column 13	_____
5.2	Totals, Part 3, Column 9	_____
6.	Total gain (loss) on disposals, Part 3, Column 19	_____
7.	Deduct amounts received on disposals, Part 3, Column 16	_____
8.	Deduct amortization of premium and depreciation	_____
9.	Total foreign exchange change in book/adjusted carrying value:	_____
9.1	Totals, Part 1, Column 17	_____
9.2	Totals, Part 3, Column 14	_____
10.	Deduct current year's other-than-temporary impairment recognized:	_____
10.1	Totals, Part 1, Column 15	_____
10.2	Totals, Part 3, Column 11	_____
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	_____
12.	Deduct total nonadmitted amounts	_____
13.	Statement value at end of current period (Line 11 minus Line 12)	_____

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year.....	_____
2.	Cost of bonds and stocks acquired, Part 3, Column 7	_____
3.	Accrual of discount	_____
4.	Unrealized valuation increase/(decrease):	_____
4.1	Part 1, Column 12	_____
4.2	Part 2, Section 1, Column 15	_____
4.3	Part 2, Section 2, Column 13	_____
4.4	Part 4, Column 11	_____
5.	Total gain (loss) on disposals, Part 4, Column 19	_____
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	_____
7.	Deduct amortization of premium	_____
8.	Total foreign exchange change in book/adjusted carrying value:	_____
8.1	Part 1, Column 15	_____
8.2	Part 2, Section 1, Column 19	_____
8.3	Part 2, Section 2, Column 16	_____
8.4	Part 4, Column 15	_____
9.	Deduct current year's other-than-temporary impairment recognized:	_____
9.1	Part 1, Column 14	_____
9.2	Part 2, Section 1, Column 17	_____
9.3	Part 2, Section 2, Column 14	_____
9.4	Part 4, Column 13	_____
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2	_____
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	_____
12.	Deduct total nonadmitted amounts	_____
13.	Statement value at end of current period (Line 11 minus Line 12)	_____

SCHEDULE D – SUMMARY BY COUNTRY
Long-Term Bonds and Stocks **OWNED** December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (including all obligations guaranteed by governments)	1. United States.....	.....	.....	.....	.....
	2. Canada .....	.....	.....	.....	.....
	3. Other Countries .....	.....	.....	.....	.....
	4. Totals				
U.S. States, Territories and Possessions (direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States.....	.....	.....	.....	.....
	9. Canada .....	.....	.....	.....	.....
	10. Other Countries .....	.....	.....	.....	.....
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds				
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States.....	.....	.....	.....
	15. Canada .....	.....	.....	.....
	16. Other Countries .....	.....	.....	.....
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States.....	.....	.....	.....
	21. Canada .....	.....	.....	.....
	22. Other Countries .....	.....	.....	.....
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks				
	26. Total Stocks				
	27. Total Bonds and Stocks				

SCHEDULE D – PART 1A – SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
1.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
1.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
1.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
1.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
1.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
1.7 Totals	XXX	.....	.....	.....	.....	.....	.....
2. All Other Governments												
2.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
2.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
2.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
2.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
2.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
2.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
2.7 Totals	XXX	.....	.....	.....	.....	.....	.....
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
3.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
3.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
3.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
3.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
3.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
3.7 Totals	XXX	.....	.....	.....	.....	.....	.....
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
4.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
4.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
4.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
4.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
4.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
4.7 Totals	XXX	.....	.....	.....	.....	.....	.....
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
5.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
5.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
5.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
5.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
5.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
5.7 Totals	XXX	.....	.....	.....	.....	.....	.....

SCHEDULE D – PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1						XXX						
6.2 NAIC 2						XXX						
6.3 NAIC 3						XXX						
6.4 NAIC 4						XXX						
6.5 NAIC 5						XXX						
6.6 NAIC 6						XXX						
6.7 Totals						XXX						
7. Hybrid Securities												
7.1 NAIC 1						XXX						
7.2 NAIC 2						XXX						
7.3 NAIC 3						XXX						
7.4 NAIC 4						XXX						
7.5 NAIC 5						XXX						
7.6 NAIC 6						XXX						
7.7 Totals						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX						
8.2 NAIC 2						XXX						
8.3 NAIC 3						XXX						
8.4 NAIC 4						XXX						
8.5 NAIC 5						XXX						
8.6 NAIC 6						XXX						
8.7 Totals						XXX						
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX							
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7 Totals	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX						
10.2 NAIC 2						XXX						
10.3 NAIC 3						XXX						
10.4 NAIC 4						XXX						
10.5 NAIC 5						XXX						
10.6 NAIC 6						XXX						
10.7 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.1 NAIC 1						XXX						
11.2 NAIC 2						XXX						
11.3 NAIC 3						XXX						
11.4 NAIC 4						XXX						
11.5 NAIC 5						XXX						
11.6 NAIC 6						XXX						
11.7 Totals						XXX						

SCHEDULE D – PART 1A – SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 12.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
12. Total Bonds Current Year												
12.1 NAIC 1	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
12.2 NAIC 2	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
12.3 NAIC 3	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
12.4 NAIC 4	(d) .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
12.5 NAIC 5	(d) .....	.....	.....	.....	.....	.....	(c) .....	.....	XXX	XXX	.....	.....
12.6 NAIC 6	(d) .....	.....	.....	.....	.....	.....	(c) .....	.....	XXX	XXX	.....	.....
12.7 Totals .....	.....	.....	.....	.....	.....	.....	(b) .....	.....	XXX	XXX	.....	.....
12.8 Line 12.7 as a % of Col. 7	.....	.....	.....	.....	.....	.....	.....	XXX	.....	XXX	.....	.....
13. Total Bonds Prior Year												
13.1 NAIC 1 .....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
13.2 NAIC 2 .....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
13.3 NAIC 3 .....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
13.4 NAIC 4 .....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....	.....	.....
13.5 NAIC 5 .....	.....	.....	.....	.....	.....	.....	XXX	XXX	(c) .....	.....	.....	.....
13.6 NAIC 6 .....	.....	.....	.....	.....	.....	.....	XXX	XXX	(c) .....	.....	.....	.....
13.7 Totals .....	.....	.....	.....	.....	.....	.....	XXX	XXX	(b) .....	.....	.....	.....
13.8 Line 13.7 as a % of Col. 9	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	XXX	.....	.....
14. Total Publicly Traded Bonds												
14.1 NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14.2 NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14.3 NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14.4 NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14.5 NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14.6 NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14.7 Totals .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	XXX
14.8 Line 14.7 as a % of Col. 7	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....
15.2 NAIC 2 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....
15.3 NAIC 3 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....
15.4 NAIC 4 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....
15.5 NAIC 5 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....
15.6 NAIC 6 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....
15.7 Totals .....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	XXX	.....
15.8 Line 15.7 as a % of Col. 7	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	XXX	.....
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	XXX	.....

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$..... current year of bonds with Z designations and \$..... prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.

(c) Includes \$..... current year, \$..... prior year of bonds with 5GI designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....; NAIC 2 \$.....; NAIC 3 \$.....; NAIC 4 \$.....; NAIC 5 \$.....; NAIC 6 \$......

SCHEDULE D – PART 1A – SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1.	U.S. Governments												
1.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
1.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
1.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
1.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
1.05	Totals						XXX						
2.	All Other Governments												
2.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
2.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
2.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
2.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
2.05	Totals						XXX						
3.	U.S. States, Territories and Possessions, Guaranteed												
3.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
3.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
3.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
3.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
3.05	Totals						XXX						
4.	U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
4.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
4.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
4.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
4.05	Totals						XXX						
5.	U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
5.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
5.03	Commercial Mortgage Backed Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
5.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
5.05	Totals						XXX						
6.	Industrial and Miscellaneous												
6.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
6.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
6.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
6.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
6.05	Totals						XXX						
7.	Hybrid Securities												
7.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
7.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
7.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
7.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
7.05	Totals						XXX						
8.	Parent, Subsidiaries and Affiliates												
8.01	Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
8.02	Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
8.03	Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
8.04	Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
8.05	Affiliated Bank Loans – Issued.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
8.06	Affiliated Bank loans – Acquired .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
8.07	Totals						XXX						

SCHEDULE D – PART 1A – SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11	12
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 12.09	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans						XXX						
10.01 Unaffiliated Bank Loans - Issued.....						XXX						
10.02 Unaffiliated Bank Loans - Acquired.....						XXX						
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.01 Totals						XXX						
12. Total Bonds Current Year												
12.01 Issuer Obligations.....						XXX			XXX	XXX		
12.02 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
12.03 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
12.04 Other Loan-Backed and Structured Securities.....						XXX			XXX	XXX		
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
12.06 Affiliated Bank Loans						XXX			XXX	XXX		
12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
12.09 Totals.....						XXX			XXX	XXX		
12.10 Lines 12.09 as a % Col. 7								XXX	XXX	XXX		
13. Total Bonds Prior Year												
13.01 Issuer Obligations.....						XXX	XXX	XXX				
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
13.04 Other Loan-Backed and Structured Securities.....						XXX	XXX	XXX				
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX				
13.06 Affiliated Bank Loans						XXX	XXX	XXX				
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX				
13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
13.09 Totals.....							XXX	XXX				
13.10 Line 13.09 as a % of Col. 9							XXX	XXX		XXX		
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations.....						XXX						XXX
14.02 Residential Mortgage-Backed Securities						XXX						XXX
14.03 Commercial Mortgage-Backed Securities						XXX						XXX
14.04 Other Loan-Backed and Structured Securities.....						XXX						XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX							XXX
14.06 Affiliated Bank Loans						XXX						XXX
14.07 Unaffiliated Bank Loans						XXX						XXX
14.08 Unaffiliated Certificates of Deposit						XXX						XXX
14.09 Totals.....												XXX
14.10 Line 14.09 as a % of Col. 7								XXX	XXX	XXX		XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX		XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations.....						XXX					XXX	
15.02 Residential Mortgage-Backed Securities						XXX					XXX	
15.03 Commercial Mortgage-Backed Securities						XXX					XXX	
15.04 Other Loan-Backed and Structured Securities.....						XXX					XXX	
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX						XXX	
15.06 Affiliated Bank Loans						XXX					XXX	
15.07 Unaffiliated Bank Loans						XXX					XXX	
15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
15.09 Totals.....											XXX	
15.10 Line 15.09 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX	XXX	

SCHEDULE DA – VERIFICATION BETWEEN YEARS
Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year.....
2. Cost of short-term investments acquired
3. Accrual of discount
4. Unrealized valuation increase/(decrease).....
5. Total gain (loss) on disposals.....
6. Deduct consideration received on disposals
7. Deduct amortization of premium
8. Total foreign exchange change in book/adjusted carrying value
9. Deduct current year's other-than-temporary impairment recognized
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....
11. Deduct total nonadmitted amounts.....
12. Statement value at end of current period (Line 10 minus Line 11)

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

SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 10, prior year)	_____
2.	Cost paid/(consideration received) on additions:	_____
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12	_____
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14	_____
3.	Unrealized valuation increase/(decrease):	_____
3.1	Section 1, Column 17	_____
3.2	Section 2, Column 19	_____
4.	SSAP No. 108 adjustments	_____
5.	Total gain (loss) on termination recognized, Section 2, Column 22	_____
6.	Considerations received/(paid) on terminations, Section 2, Column 15	_____
7.	Amortization:	_____
7.1	Section 1, Column 19	_____
7.2	Section 2, Column 21	_____
8.	Adjustment to the book/adjusted carrying value of hedged item:	_____
8.1	Section 1, Column 20	_____
8.2	Section 2, Column 23	_____
9.	Total foreign exchange change in book/adjusted carrying value:	_____
9.1	Section 1, Column 18	_____
9.2	Section 2, Column 20	_____
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9)	_____
11.	Deduct nonadmitted assets	_____
12.	Statement value at end of current period (Line 10 minus Line 11)	_____

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS

Futures Contracts

1.	Book/adjusted carrying value, December 31 of prior year (Line 6, prior year)	_____
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)	_____
3.1	Add:	_____
	Change in variation margin on open contracts – Highly effective hedges:	_____
3.11	Section 1, Column 15, current year minus	_____
3.12	Section 1, Column 15, prior year	_____
	Change in the variation margin on open contracts – All other:	_____
3.13	Section 1, Column 18, current year minus	_____
3.14	Section 1, Column 18, prior year	_____
3.2	Add:	_____
	Change in adjustment to basis of hedged item:	_____
3.21	Section 1, Column 17, current year to date minus	_____
3.22	Section 1, Column 17, prior year	_____
	Change in amount recognized	_____
3.23	Section 1, Column 19, current year to date minus	_____
3.24	Section 1, Column 19, prior year plus	_____
3.25	SSAP No. 108 adjustments	_____
3.3	Subtotal (Line 3.1 minus Line 3.2)	_____
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15)	_____
4.2	Less:	_____
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)	_____
4.22	Amount recognized (Section 2, Column 16)	_____
4.23	SSAP No. 108 adjustments	_____
4.3	Subtotal (Line 4.1 minus Line 4.2)	_____
5.	Dispositions gains (losses) on contracts terminated in prior year:	_____
5.1	Total gain (loss) recognized for terminations in prior year	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	_____
6.	Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	_____
7.	Deduct total nonadmitted amounts	_____
8.	Statement value at end of current period (Line 6 minus Line 7)	_____

SCHEDULE DB – PART C – SECTION 2
Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Add: Opened or Acquired Transactions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
4. Less: Closed or Disposed of Transactions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
7. Ending Inventory										

SCHEDULE DB – VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

		Book/Adjusted Carrying Value Check
1.	Part A, Section 1, Column 14	_____
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance	_____
3.	Total (Line 1 plus Line 2)	_____
4.	Part D, Section 1, Column 6	_____
5.	Part D, Section 1, Column 7	_____
6.	Total (Line 3 minus Line 4 minus Line 5)	_____
		Fair Value Check
7.	Part A, Section 1, Column 16	_____
8.	Part B, Section 1, Column 13	_____
9.	Total (Line 7 plus Line 8)	_____
10.	Part D, Section 1, Column 9	_____
11.	Part D, Section 1, Column 10.....	_____
12.	Total (Line 9 minus Line 10 minus Line 11)	_____
		Potential Exposure Check
13.	Part A, Section 1, Column 21	_____
14.	Part B, Section 1, Column 20	_____
15.	Part D, Section 1, Column 12.....	_____
16.	Total (Lines 13 plus Line 14 minus Line 15)	_____

Not for Distribution

SCHEDULE E – PART 2 – VERIFICATION BETWEEN YEARS
(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....
2. Cost of cash equivalents acquired.....
3. Accrual of discount.....
4. Unrealized valuation increase/(decrease)
5. Total gain (loss) on disposals.....
6. Deduct consideration received on disposals.....
7. Deduct amortization of premium.....
8. Total foreign exchange change in book/adjusted carrying value.....
9. Deduct current year's other-than-temporary impairment recognized
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....
11. Deduct total nonadmitted amounts
12. Statement value at end of current period (Line 10 minus Line 11)

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment.....

E07

Investment

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
1F	6 \$						

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$ -----	1B \$ -----	1C \$ -----	1D \$ -----	1E \$ -----	1F \$ -----	1G \$ -----
1B	2A \$ -----	2B \$ -----	2C \$ -----				
1C	3A \$ -----	3B \$ -----	3C \$ -----				
1D	4A \$ -----	4B \$ -----	4C \$ -----				
1E	5A \$ -----	5B \$ -----	5C \$ -----				
1F	6 \$ -----						

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

[illegible]

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:					
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$
1B	2A \$	2B \$	2C \$			
1C	3A \$	3B \$	3C \$			
1D	4A \$	4B \$	4C \$			
1E	5A \$	5B \$	5C \$			
1F	6 \$					

SCHEDULE D – PART 2 – SECTION 2
Showing all **COMMON STOCKS** Owned December 31 of Current Year

[illegible]

Line	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
1.	

number	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
1F	6 \$						

E14

Investment

[illegible]

E15

Investment

[illegible]

SCHEDULE D – PART 6 – SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

[illegible]

1. Total amount of goodwill nonadmitted \$.....

SCHEDULE D – PART 6 – SECTION 2

[illegible]

E17

Investment

Line Number	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:						
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$
1B	2A \$	2B \$	2C \$				
1C	3A \$	3B \$	3C \$				
1D	4A \$	4B \$	4C \$				
1E	5A \$	5B \$	5C \$				
1F	6 \$						

E18

Investment

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB – PART A – SECTION 2
Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Termination Date	Indicate Exercise, Expiration, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Consideration Received (Paid) on Termination	Current Year Income	Book/ Adjusted Carrying Value	Code	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A./C./V.	Current Year's (Amortization)/Accretion	Gain(Loss) on Termination – Recognized	Adjustment to Carrying Value of Hedged Item	Gain(Loss) on Termination – Deferred	Hedge Effectiveness at Inception and at Termination (b)
1689999999 Subtotal - Hedging Effective - Excluding Variable Annuity Guarantees Under SSAP No. 108																	XXX							XXX
1699999999 Subtotal - Hedging Effective - Variable Annuity Guarantees Under SSAP No. 108																	XXX							XXX
1709999999 Subtotal - Hedging Other																	XXX							XXX
1719999999 Subtotal - Replication																	XXX							XXX
1729999999 Subtotal - Income Generation																	XXX							XXX
1739999999 Subtotal - Other																	XXX							XXX
1749999999 Subtotal - Adjustments for SSAP No. 108 Derivatives																	XXX							XXX
1759999999 Totals																	XXX							XXX

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
.....
.....
.....
Total Net Cash Deposits			

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB – PART B – SECTION 2

Future Contracts Terminated December 31 of Current Year

[illegible]

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

SCHEDULE DB – PART D – SECTION 1
Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	Counterparty Offset		Book/Adjusted Carrying Value			Fair Value			12	13
			4	5	6	7	8	9	10	11		
Description of Exchange, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Present Value of Financing Premium	Contracts With Book/Adjusted Carrying Value >0	Contracts With Book/Adjusted Carrying Value <0	Exposure Net of Collateral	Contracts With Fair Value >0	Contracts With Fair Value <0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
.....
.....
.....
.....
.....
.....
099999999 Gross Totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												

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

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....
.....
.....
.....
019999999 Totals							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....	XXX	.....	.....
.....	XXX	.....	.....
.....	XXX	.....	.....
.....	XXX	.....	.....
.....	XXX	.....	.....
029999999 Totals						XXX	XXX	XXX

SCHEDULE DB – PART E

Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year[illegible]

SCHEDULE DL – PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year
(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E
and not reported in aggregate on Line 10 of the Assets page (Line 9 for Separate Accounts))

[illegible]

General Interrogatories:

1.	Total activity for the year	Fair Value	\$	Book/Adjusted Carrying Value	\$
2.	Average balance for the year	Fair Value	\$	Book/Adjusted Carrying Value	\$

SCHEDULE E – PART 1 – CASH[illegible]

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR							
1. January.....	.....	4. April .....	.....	7. July .....	.....	10. October.....	.....
2. February.....	.....	5. May .....	.....	8. August .....	.....	11. November....	.....
3. March .....	.....	6. June .....	.....	9. September .....	.....	12. December .....	.....

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama..... AL						
2. Alaska..... AK						
3. Arizona..... AZ						
4. Arkansas..... AR						
5. California..... CA						
6. Colorado..... CO						
7. Connecticut..... CT						
8. Delaware..... DE						
9. District of Columbia..... DC						
10. Florida..... FL						
11. Georgia..... GA						
12. Hawaii..... HI						
13. Idaho..... ID						
14. Illinois..... IL						
15. Indiana..... IN						
16. Iowa..... IA						
17. Kansas..... KS						
18. Kentucky..... KY						
19. Louisiana..... LA						
20. Maine..... ME						
21. Maryland..... MD						
22. Massachusetts..... MA						
23. Michigan..... MI						
24. Minnesota..... MN						
25. Mississippi..... MS						
26. Missouri..... MO						
27. Montana..... MT						
28. Nebraska..... NE						
29. Nevada..... NV						
30. New Hampshire..... NH						
31. New Jersey..... NJ						
32. New Mexico..... NM						
33. New York..... NY						
34. North Carolina..... NC						
35. North Dakota..... ND						
36. Ohio..... OH						
37. Oklahoma..... OK						
38. Oregon..... OR						
39. Pennsylvania..... PA						
40. Rhode Island..... RI						
41. South Carolina..... SC						
42. South Dakota..... SD						
43. Tennessee..... TN						
44. Texas..... TX						
45. Utah..... UT						
46. Vermont..... VT						
47. Virginia..... VA						
48. Washington..... WA						
49. West Virginia..... WV						
50. Wisconsin..... WI						
51. Wyoming..... WY						
52. American Samoa..... AS						
53. Guam..... GU						
54. Puerto Rico..... PR						
55. U.S. Virgin Islands..... VI						
56. Northern Mariana Islands..... MP						
57. Canada..... CAN						
58. Aggregate Alien and Other..... OT	XXX	XXX				
59. Total	XXX	XXX				
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above)	XXX	XXX				

.....
Affix Bar Code Above

LIFE SUPPLEMENTS
For the Year Ended December 31, **2024**
(To Be Filed By March 1)

Of The..... Insurance Company

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

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

Not for Distribution

EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS

[illegible]

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$ _____; Annuities \$ _____; Supplementary Contracts with Life Contingencies \$ _____; Accidental Death Benefits \$ _____; Disability – Active Lives \$ _____; Disability – Disabled Lives \$ _____; Miscellaneous Reserves \$ _____.

EXHIBIT 5 – INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes ☐ No ☐
- 1.2 If not, state which kind is issued: Yes ☐ No ☐
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes ☐ No ☐
- 2.2 If not, state which kind is issued: Yes ☐ No ☐
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes ☐ No ☐
- If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes ☐ No ☐
- If so, state:
- 4.1 Amount of insurance: \$
- 4.2 Amount of reserve: \$
- 4.3 Basis of reserve:.....
- 4.4 Basis of regular assessments:
- 4.5 Basis of special assessments:.....
- 4.6 Assessments collected during the year: \$
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes ☐ No ☐
- 6.1 If so, state the amount or reserve on such contracts on the basis actually held: \$
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$
- Attach statement of methods employed in their valuation.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes ☐ No ☐
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:
- 7.3 State the amount of reserves established for this business: \$
- 7.4 Identify where the reserves are reported in the Blank:
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes ☐ No ☐
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$
- 8.2 State the amount of reserves established for this business: \$
- 8.3 Identify where the reserves are reported in the blank:
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes ☐ No ☐
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$
- 9.2 State the amount of reserves established for this business: \$
- 9.3 Identify where the reserves are reported in the blank:

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)(a)
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10+11-12)
14. Net balance at the end of current year after reinsurance (Lines 9+13)

(a) FHLB funding agreements:

1. Reported as GICs (captured in column 2) \$
2. Reported as Annuities Certain (captured in column 3) \$
3. Reported as Supplemental Contracts (captured in column 4) \$
4. Reported as Dividend Accumulations or Refunds (captured in column 5) ... \$
5. Reported as Premium or Other Deposit Funds (captured in column 6) \$
6. Total reported as Deposit-Type Contracts (captured in column 1): (Sum of
Lines 1 through 5) \$

SCHEDULE S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

[illegible]

Affix Bar Code Above

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE (STATE PAGE) (b)

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid- Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole.....												
3. Term.....												
4. Indexed												
5. Universal.....												
6. Universal with secondary guarantees.....												
7. Variable.....												
8. Variable universal												
9. Credit												
10. Other.....(f)												
11. Total Individual Life												
Group Life												
12. Whole.....												
13. Term.....												
14. Universal.....												
15. Variable.....												
16. Variable universal												
17. Credit												
18. Other.....(f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout.....												
25. Other.....(f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed.....												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout.....												
32. Other.....(f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual.....(d)								XXX	XXX	XXX		
35. Comprehensive group.....(d)								XXX	XXX	XXX		
36. Medicare Supplement.....(d)								XXX	XXX	XXX		
37. Vision only.....(d)								XXX	XXX	XXX		
38. Dental only.....(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan.....(d)								XXX	XXX	XXX		
40. Title XVIII Medicare.....(e)								XXX	XXX	XXX		
41. Title XIX Medicaid.....(d)								XXX	XXX	XXX		
42. Credit A&H.....								XXX	XXX	XXX		
43. Disability income.....(d)								XXX	XXX	XXX		
44. Long-term care.....(d)								XXX	XXX	XXX		
45. Other health.....(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

LIFE INSURANCE (STATE PAGE) (Continued) (b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount							
Individual Life																
1. Industrial.....																
2. Whole.....																
3. Term.....																
4. Indexed.....																
5. Universal.....																
6. Universal with secondary guarantees.....																
7. Variable.....																
8. Variable universal.....																
9. Credit.....																
10. Other.....(f)																
11. Total Individual Life																
Group Life																
12. Whole.....																
13. Term.....																
14. Universal.....																
15. Variable.....																
16. Variable universal.....																
17. Credit.....																
18. Other.....(f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed.....																
21. Indexed.....																
22. Variable with guarantees.....																
23. Variable without guarantees.....																
24. Life contingent payout.....																
25. Other.....(f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed.....																
28. Indexed.....																
29. Variable with guarantees.....																
30. Variable without guarantees.....																
31. Life contingent payout.....																
32. Other.....(f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. TOTAL																

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies:2) covering number of lives:3) face amount: \$.....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$..... Group: \$..... Total: \$.....

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

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

.....
Affix Bar Code Above**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

For The Year Ended December 31, 20__

(To Be Filed by April 1)

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

	1 Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	12 Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
A. INDIVIDUAL BUSINESS														
1. Comprehensive major medical														
2.1 Short-Term Medical – 6 Months or Less														
2.2 Short-Term Medical – Over 6 Months														
2.3 Subtotal Short-Term Medical (2.1+2.2)														
3. Other Medical (Non-Comprehensive)														
4. Specified/Named Disease														
5. Limited Benefit														
6. Student														
7. Accident Only or AD&D														
8. Disability Income – Short-Term														
9. Disability Income – Long-Term														
10. Long-Term Care														
11. Medicare Supplement (Medigap)														
12. Dental														
13. State Children's Health Insurance Program														
14. Medicare														
15. Medicaid														
16. Medicare Part D – Stand-Alone														
17. Vision														
18. Other Individual Business														
19. Grand Total Individual														
B. GROUP BUSINESS														
Comprehensive Major Medical														
1.1 Single Employer – Small Employer														
1.2 Single Employer – 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. Vision														
20. Other Group Care														
21. Grand Total Group Business														
C. OTHER BUSINESS														
1. Credit (Individual and Group)														
2. Stop Loss/Excess Loss														
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5. Grand Total Other Business														
D. TOTAL BUSINESS														
1. Total Non-U.S. Policy Forms														
2. Grand Total Individual, Group and Other Business														

Affix Bar Code Above

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2024

(To Be Filed by April 1)

	1	Individual					Group				
		2	3	4	5	6	7	8	9	10	11
	Total	Fixed	Indexed	Variable	Variable	Other	Fixed	Indexed	Variable	Variable	Other
	Annuities	Annuities	Annuities	Annuities	Separate	Annuities	Annuities	Annuities	General	Separate	Annuities
				General	Account				Account	Account	
1. Premiums and annuity considerations for life and accident and health contracts (a).....											
2. Considerations for supplementary contracts with life contingencies.....											
3. Net investment income.....											
4. Amortization of Interest Maintenance Reserve (IMR).....											
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....											
6. Commissions and expense allowances on reinsurance ceded.....											
7. Reserve adjustments on reinsurance ceded.....											
8. Miscellaneous Income:											
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....											
8.2 Charges and fees for deposit-type contracts.....											
8.3 Aggregate write-ins for miscellaneous income.....											
9. Totals (Lines 1 to 8.3).....											
10. Death benefits.....											
11. Matured endowments (excluding guaranteed annual pure endowments).....											
12. Annuity benefits.....											
13. Disability benefits and benefits under accident and health contracts.....											
14. Coupons, guaranteed annual pure endowments and similar benefits.....											
15. Surrender benefits and withdrawals for life contracts.....											
16. Group conversions.....											
17. Interest and adjustments on contract or deposit-type contract funds.....											
18. Payments on supplementary contracts with life contingencies.....											
19. Increase in aggregate reserves for life and accident and health contracts.....											
20. Totals (Lines 10 to 19).....											
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....											
22. Commissions and expense allowances on reinsurance assumed.....											
23. General insurance expenses.....											
24. Insurance taxes, licenses and fees, excluding federal income taxes.....											
25. Increase in loading on deferred and uncollected premiums.....											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....											
27. Aggregate write-ins for deductions.....											
28. Totals (Lines 20 to 27).....											
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....											
30. Dividends to policyholders.....											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....											
32. Federal income taxes incurred (excluding tax on capital gains).....											
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b).....											
34. Policies/certificates in force end of year.....											
DETAILS OF WRITE-INS											
08.301.....											
08.302.....											
08.303.....											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....											
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....											
2701.											
2702.											
2703.											
2798. Summary of remaining write-ins for Line 27 from overflow page.....											
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....											

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

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

.....
Affix Bar Code Above

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

For the Year Ended December 31, **2024**
(To Be Filed by April 1)

	1 Total Annuities	Individual					Group				
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....
2. Tabular net premiums or considerations.....
3. Present value of disability claims incurred
4. Tabular interest
5. Tabular less actual reserve released.....
6. Increase in reserve on account of change in valuation basis
7. Other increases (net)
8. Totals (Lines 1 to 7).....
9. Tabular cost.....
10. Reserves released by death	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net)
12. Annuity, supplementary contract, and disability payments involving life contingencies
13. Net transfers to or (from) Separate Accounts
14. Total deductions (Lines 9 to 13).....
15. Reserve December 31, current year (a)

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

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION _____ 2. _____
(LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

		Business Subject to MLR									10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		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
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)															
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															
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	
	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									10	11	12 Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		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		Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14
10.	General and Administrative (G&A) Expenses: 10.1 Direct sales salaries and benefits..... 10.2 Agents and brokers fees and commissions..... 10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)..... 10.4 Other general and administrative expenses..... 10.4a Community Benefit Expenditures (informational only) 10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)														XXX	
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)..... 16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	OTHER INDICATORS:															
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
ACA Receivables and Payables					
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				
ACA Receipts and Payments					
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 Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	13				
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9								
		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		Total (a)				
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 + 2.16 + 2.17 – 2.18 + 2.19).....																	
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)																	

(a) Column 13, Line 1.1 includes direct written premium of \$..... for stand-alone dental and \$..... for stand-alone vision policies.

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2024
(To Be Filed by April 1)

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

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

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

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$
2. Ten largest exposures to a single issuer/borrower/investment.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Issuer</u>	<u>Description of Exposure</u>	<u>Amount</u>	<u>Percentage of Total Admitted Assets</u>
2.01			\$	%
2.02			\$	%
2.03			\$	%
2.04			\$	%
2.05			\$	%
2.06			\$	%
2.07			\$	%
2.08			\$	%
2.09			\$	%
2.10			\$	%

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	<u>Bonds</u>	<u>1</u>	<u>2</u>	<u>Preferred Stocks</u>	<u>3</u>	<u>4</u>
3.01	NAIC 1	\$	%	3.07	NAIC 1	\$ %
3.02	NAIC 2	\$	%	3.08	NAIC 2	\$ %
3.03	NAIC 3	\$	%	3.09	NAIC 3	\$ %
3.04	NAIC 4	\$	%	3.10	NAIC 4	\$ %
3.05	NAIC 5	\$	%	3.11	NAIC 5	\$ %
3.06	NAIC 6	\$	%	3.12	NAIC 6	\$ %

4. Assets held in foreign investments:

- 4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [] No []
- If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.
- 4.02 Total admitted assets held in foreign investments \$ %
- 4.03 Foreign-currency-denominated investments \$ %
- 4.04 Insurance liabilities denominated in that same foreign currency \$ %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		<u>1</u>	<u>2</u>
5.01	Countries designated NAIC 1	\$.....%
5.02	Countries designated NAIC 2	\$.....%
5.03	Countries designated NAIC 3 or below	\$.....%

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		<u>1</u>	<u>2</u>
	Countries designated NAIC 1:		
6.01	Country 1:	\$.....%
6.02	Country 2:	\$.....%
	Countries designated NAIC 2:		
6.03	Country 1:	\$.....%
6.04	Country 2:	\$.....%
	Countries designated NAIC 3 or below:		
6.05	Country 1:	\$.....%
6.06	Country 2:	\$.....%

7. Aggregate unhedged foreign currency exposure \$.....%
1 2

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		<u>1</u>	<u>2</u>
8.01	Countries designated NAIC 1	\$.....%
8.02	Countries designated NAIC 2	\$.....%
8.03	Countries designated NAIC 3 or below	\$.....%

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		<u>1</u>	<u>2</u>
	Countries designated NAIC 1:		
9.01	Country 1:	\$.....%
9.02	Country 2:	\$.....%
	Countries designated NAIC 2:		
9.03	Country 1:	\$.....%
9.04	Country 2:	\$.....%
	Countries designated NAIC 3 or below:		
9.05	Country 1:	\$.....%
9.06	Country 2:	\$.....%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Issuer</u>	<u>NAIC Designation</u>		
10.01	\$.....%
10.02	\$.....%
10.03	\$.....%
10.04	\$.....%
10.05	\$.....%
10.06	\$.....%
10.07	\$.....%
10.08	\$.....%
10.09	\$.....%
10.10	\$.....%

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? Yes ☐ No ☐

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

		<u>1</u>	<u>2</u>	
11.02	Total admitted assets held in Canadian investments	\$ .....	.....	%
11.03	Canadian-currency-denominated investments	\$ .....	.....	%
11.04	Canadian-denominated insurance liabilities	\$ .....	.....	%
11.05	Unhedged Canadian currency exposure	\$ .....	.....	%

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? Yes ☐ No ☐

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

		<u>1</u>	<u>2</u>	<u>3</u>	
12.02	Aggregate statement value of investments with contractual sales restrictions	\$ .....	.....	.....	%
	Largest three investments with contractual sales restrictions:				
12.03	.....	\$ .....	.....	.....	%
12.04	.....	\$ .....	.....	.....	%
12.05	.....	\$ .....	.....	.....	%

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

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

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

		<u>1</u>	<u>2</u>	<u>3</u>	
	<u>Issuer</u>				
13.02	\$	%
13.03	\$	%
13.04	\$	%
13.05	\$	%
13.06	\$	%
13.07	\$	%
13.08	\$	%
13.09	\$	%
13.10	\$	%
13.11	\$	%

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

- 14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 14.01 above is yes, responses are not required for 14.02 through 14.05.

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

Largest three investments held in nonaffiliated, privately placed equities:

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

Ten largest fund managers:

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

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

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

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

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

Largest three investments in general partnership interests:

- 15.03 \$..... %
15.04 \$..... %
15.05 \$..... %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

- 16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	<u>1</u>	<u>2</u>	<u>3</u>
	Type (Residential, Commercial, Agricultural)		
16.02	\$..... %
16.03	\$..... %
16.04	\$..... %
16.05	\$..... %
16.06	\$..... %
16.07	\$..... %
16.08	\$..... %
16.09	\$..... %
16.10	\$..... %
16.11	\$..... %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

	<u>Loans</u>	
16.12	Construction loans	\$..... %
16.13	Mortgage loans over 90 days past due	\$..... %
16.14	Mortgage loans in the process of foreclosure	\$..... %
16.15	Mortgage loans foreclosed	\$..... %
16.16	Restructured mortgage loans	\$..... %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

<u>Loan-to-Value</u>	<u>Residential</u>	<u>Commercial</u>	<u>Agricultural</u>
	<u>1</u>	<u>2</u>	<u>3</u>
17.01	above 95%	\$..... %	\$..... %
17.02	91% to 95%	\$..... %	\$..... %
17.03	81% to 90%	\$..... %	\$..... %
17.04	71% to 80%	\$..... %	\$..... %
17.05	below 70%	\$..... %	\$..... %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

- 18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [] No []

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	<u>Description</u>	<u>2</u>	<u>3</u>
	<u>1</u>		
18.02	\$..... %
18.03	\$..... %
18.04	\$..... %
18.05	\$..... %
18.06	\$..... %

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

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

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

- 19.02 Aggregate statement value of investments held in mezzanine real estate loans: 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>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</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>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</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>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
23.01 Hedging	\$ %	\$	\$	\$
23.02 Income generation	\$ %	\$	\$	\$
23.03 Replications	\$ %	\$	\$	\$
23.04 Other	\$ %	\$	\$	\$

Not for Distribution

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 1

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

OF THE NAIC COMPANY CODE

Direct Business in the State of

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Fund Deposits	Accident & Health Premiums	Unallocated Annuity and Other Unallocated Fund Deposits
DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS				
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 Reporting entity contributions to employee benefits plans				
2.3 Dividends or refunds applied to purchase paid-up additions and annuities				
2.4 Dividends or refunds applied to shorten endowment or premium paying period				
2.5 Premium and annuity considerations waived under disability or other contract provisions				
2.6 Aggregate write-ins for other considerations, if any				
2.99 Total (Lines 2.1 through 2.6)				
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 between Columns 2 and 4 (Note: allocated governmental retirement plans established under Sections 401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be transferred on Line 4.2:				
4.1 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included in Column 4, Lines 1, 2.99, and 3.99	XXX		XXX	
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all UNALLOCATED contracts issued to fund ONLY governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S Internal Revenue Code that are included in Column 4, Lines 1, 2.99 and 3.99	XXX		XXX	
4.3 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all other amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are allocated. (Note: Do NOT include amounts received to fund allocated annuity contracts owned by both non-governmental and governmental retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts are to be included on Line 4.1)	XXX		XXX	
4.4 Enter in Column 4, as a positive number, and Column 2 as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund unallocated contracts owned by a governmental retirement plan (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2.	XXX		XXX	
4.99 Total (Lines 4.1 through 4.4)	XXX		XXX	
5. Total (Lines 1 + 2.99 + 3.99 + 4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE PRIOR TO ADDITIONAL ADJUSTMENTS IN PART 2. Do not include any amounts more than once in Lines 6 through 9.				
6. Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder				
7. Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5				
8. Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included in Line 5 and if any prior years original premiums were reported as assessable premium				
9. Dividends paid or credited, but only if NOT guaranteed in advance				
ASSESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
10. Current Year before Part 2 additional adjustments (Line 5 – 6 – 7 – 8 – 9)				
DETAILS OF WRITE-INS				
2.601				
2.602				
2.603				
2.698 Summary of remaining write-ins for Line 2.6 from overflow page				
2.699 Total (Lines 2.601 through 2.603 plus 2.698) (Line 2.6 above)				
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)				

Footnote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the premium associated with standalone Disability Income ("DI" - include both short and long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a rider that is attached to a life or annuity policy should NOT be included.

1 a) Disability income (include both short and long term)	XXX	XXX	XXX
1 b) Long-term care	XXX	XXX	XXX

Footnote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty association should contact regarding assessment inquiries (billing, payment, etc.)

Individual name	
Title	
Department	
Street address	
City, State ZIP	
Direct phone number	
Email address	

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 2For The Year Ended December 31, _____
(To Be Filed by April 1)

OF THE NAIC COMPANY CODE

Direct Business in the State of

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premiums	4 Unallocated Annuity & Other Unallocated Fund Deposits
11. Line 10 of the Assessable Premium Exhibit – Part 1				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
12. Premium received for multiple non-group policies of life insurance owned by one owner:				
12.1 Amounts in excess of \$1 million .....	.....	XXX	XXX	XXX
12.2 Amounts in excess of \$5 million .....	.....	XXX	XXX	XXX
13. Excludable premiums for accident and health contracts:				
13.1 Federal Employees Health Benefit Program.....	XXX	XXX	.....	XXX
13.2 Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3)	XXX	XXX	.....	XXX
13.3 Medicare Part D stand alone plans.....	XXX	XXX	.....	XXX
13.4 Medicaid Title XIX.....	XXX	XXX	.....	XXX
13.5 Stop loss contracts.....	XXX	XXX	.....	XXX
13.6 MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or uninsured.....	XXX	XXX	.....	XXX
13.7 State Children's Health Insurance Program Title XXI.....	XXX	XXX	.....	XXX
13.99 Total (Lines 13.1 through 13.7).....	XXX	XXX	.....	XXX
14. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans.....	XXX	.....	XXX	.....
15. Amounts received from obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is not an affiliate of the member insurer:				
15.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
15.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	.....
15.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	.....
15.4 Total (Lines 15.1 + 15.2 + 15.3).....	XXX	XXX	XXX	.....
15.5 Amounts NOT in excess of \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	.....
15.6 Amounts in excess of \$2 million per contract (New Jersey only).....	XXX	XXX	XXX	.....
16. Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific employee, union, or association of natural persons benefit plans:				
16.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
16.2 All amounts (include amounts reported on Line 16.1)	XXX	XXX	XXX	.....
16.3 Amounts in excess of \$2 million per contract that are NOT issued to a specific employee, union, or association of natural persons benefit plans (New Jersey only).....	XXX	XXX	XXX	.....
17. Unallocated funding obligations issued to or in connection with a government lottery, based on the resident of the owner, or a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor, 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:				
17.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
17.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	.....
17.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	.....
17.4 Total (Lines 17.1 + 17.2 + 17.3).....	XXX	XXX	XXX	.....
17.5 Amounts up to \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	.....
18. Amounts for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
18.1 Amounts NOT in excess of \$2 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (New Jersey only).....	XXX	XXX	XXX	.....
18.2 Amounts NOT in excess of \$5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (Iowa only)	XXX	XXX	XXX	.....
19. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2 Line 11 above that have been received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
19.1 Amounts NOT in excess of \$1 million per contract	XXX	.....	XXX	.....
19.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	.....	XXX	.....
19.3 Amounts in excess of \$5 million per contract	XXX	.....	XXX	.....
19.4 Total (Lines 19.1 + 19.2 + 19.3).....	XXX	.....	XXX	.....
19.5 Amounts NOT in excess of \$10 million per contract (Minnesota Only).....	XXX	XXX	XXX	.....
19.6 Amounts NOT in excess of \$2 million per contract (New Jersey only)	XXX	XXX	XXX	.....
19.7 Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the U.S. Internal Revenue Code (Louisiana only)	XXX	XXX	XXX	.....
19.8 Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of the U.S. Internal Revenue Code (Kansas only)	XXX	.....	XXX	XXX
20. Unallocated funding obligations issued to or in connection with benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
20.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
20.2 All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	.....
21. Aggregate write-ins for other deductions				
22. ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
DETAILS OF WRITE-INS				
21.01 .....	.....	.....	.....	.....
21.02 .....	.....	.....	.....	.....
21.03 .....	.....	.....	.....	.....
21.98 Summary of remaining write-ins for Line 21 from overflow page.....	.....	.....	.....	.....
21.99 Totals (Lines 21.01 through 21.03 plus 21.98) (Line 21 above)	.....	.....	.....	.....

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
STAND-ALONE LTC ONLY (\$000 OMITTED)

REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code_____

NAIC Company Code_____

	1	2	3	4	5	6	7	8	9	10	11
	Earned Premiums	Incurred Claims ^(a)	Number of Claims Opened	Number of Claims Closed	Number of Claims Remaining Open	Number of Terminations	Number of Policies In Force Year-End	Number of Lives In Force Year-End	Active Life Reserves	Claim Reserves	Other Reserves
Individual											
Direct											
1. Current											
2. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed											
3. Current											
Ceded											
4. Current											
Net (Direct+Assumed-Ceded)											
5. Current											
Group											
Direct											
6. Current											
7. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed											
8. Current											
Ceded											
9. Current											
Net (Direct+Assumed-Ceded)											
10. Current											

(a) Indicate whether policies on claims that have triggered waiver of premium are considered paid-up or paid by waiver.

[] Paid by Waiver
[] Paid Up

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
DIRECT INDIVIDUAL EXPERIENCE STAND-ALONE ONLY (\$000 OMITTED) ^(a)
REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
Primarily 2002 and Prior Issue Years								
1. Current (Comprehensive)
2. Total Inception-to-Date (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
3. Current (Institutional Only)
4. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
5. Current (Non-Institutional Only).....
6. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
7. Current (Grand Total)
8. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....
Primarily 2003 to 2010 Issue Years								
9. Current (Comprehensive)
10. Total Inception-to-Date (Comprehensive)	XXX	.....	.....	XXX	XXX	.....
11. Current (Institutional Only)
12. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
13. Current (Non-Institutional Only).....
14. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
15. Current (Grand Total)
16. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....
Primarily 2011 and Later Issue Years								
17. Current (Comprehensive)
18. Total Inception-to-Date (Comprehensive)	XXX	.....	.....	XXX	XXX	.....
19. Current (Institutional Only)
20. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
21. Current (Non-Institutional Only).....
22. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
23. Current (Grand Total)
24. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy or per-policy form basis.

☐ Policy
☐ Policy Form

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED) ^(a)REPORTING YEAR 20____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
A. Individual								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....

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

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
B. Group								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2019	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2020	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2021	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2022	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2019	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2020	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2021	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2022	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2019	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2020	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2021	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2022	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....	.....	.....	.....
4. 2019	XXX	XXX	.....	.....	.....	.....	.....	.....
5. 2020	XXX	XXX	XXX	.....	.....	.....	.....	.....
6. 2021	XXX	XXX	XXX	XXX	.....	.....	.....	.....
7. 2022	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
8. 2023	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
9. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....

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

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....

(a) Indicate whether claim reserves and liabilities for prior years are based on historical or current reserving assumptions:

☐ Historical
☐ Current

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
DIRECT GROUP EXPERIENCE – STAND-ALONE ONLY (\$000 OMITTED)
REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Calendar Year of Peak Issues	2 Third Party Funding (%)	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
1. Current (Comprehensive)	XXX	.....	.....	XXX	XXX	.....
2. Total Inception-to-Date (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
3. Current (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
4. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
5. Current (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
6. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
7. Current (Grand Total)	XXX	.....	.....	XXX	XXX	.....
8. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____
STAND-ALONE AND HYBRID PRODUCTS – DIRECT STATE REPORTING (\$000 OMITTED)
REPORTING YEAR 20_____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1	2	3	4	5	6	7	8	9	10
	Number of New Lives Insured	Number of Lives In Force Year End	Earned Premiums	Incurred LTC Claims	Incurred Extended Benefits Claims	Number of Claims Remaining Open	Number of Claims Opened	Number of New Extended Benefits Claims	Accelerated Benefits Available	Extended Benefits Available
Stand-Alone LTC										
1. Current.....	XXX	.....	.....	XXX	XXX	XXX
2. Total Inception-to-Date.....	XXX	.....	.....	XXX	XXX	.....	XXX	XXX	XXX
LTC Hybrid Policies and Riders										
3. Current (Acceleration Only)	XXX	.....	.....	XXX	.....	XXX
4. Total Inception-to-Date (Acceleration Only)	XXX	.....	.....	XXX	XXX	.....	XXX	XXX	XXX
5. Current (Extended Benefits Policies)
6. Total Inception-to-Date (Extended Benefits Policies)	XXX	.....	.....	.....	XXX	.....	.....	XXX	XXX

Telephone Number _____

GENERAL INTERROGATORIES

- Health

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....

(To Be Filed By March 1)

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	

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2024
(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/FRATERNAL,
TITLE AND HEALTH INSURANCE BLANKS**

TO ANNUAL STATEMENT OF THE

COMPANY

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, Accident and Health 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:

- Statement of Assets, Liabilities, Capital and Surplus
- Statement of Revenue and Expenses
- Capital and Surplus Account

[illegible]

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

[illegible]

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
- B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.

2. Answer “yes” or “no” in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is “no” explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

XXX XXX XXX

4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer If answer is “no” explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer If answer is "yes" and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is “no” and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

[illegible]

Note: Answer "yes" or "no" as to whether the information concerning number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise.

Answer If answer is “no” explain in detail on separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer

Has the state of domicile granted an exemption or disclaimer of control? Answer

If answer is “yes” explain:

Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT
For the Year Ended December 31, 2024
(To Be Filed by March 1)

PART 1 – INTERROGATORIES

1. Is the reporting insurer a member of a group of insurers or other holding company system?
If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [] ; or
2) allocation to each insurer: Yes [].

2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?
- Yes [] No []

Yes [] No []

Yes [] No []

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Principal Executive Officer	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
Current: 2. Principal Financial Officer	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
3.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
4.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
5.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
6.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
7.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
8.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
9.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
10.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............

PART 3 – DIRECTOR COMPENSATION

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

PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

nt for Distribution

.....
Affix Bar Code Above

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

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

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

MCAS LINE OF BUSINESS	¹ MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income
2. Health
3. Homeowners
4. Individual annuity
5. Individual life.....
6. Lender-placed home and auto.....
7. Long-term care
8. Other health.....
9. Private flood.....
10. Private passenger auto
Short-term limited duration health
11. plans
12. Travel

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