# LIFE, ACCIDENT & HEALTH FRATERNAL

2024

# Annual Statement Blank





# Official NAIC Annual Statement Blank

# Life, Accident & Health/ Fraternal

## 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 <a href="https://content.naic.org/cmte\_e\_app\_blanks.htm">https://content.naic.org/cmte\_e\_app\_blanks.htm</a>.

#### **CONTENT QUESTIONS**

Questions regarding the content of this blank should be directed to Linda Hunsucker, Senior Blanks and Vendor Liaison Specialist, at <a href="mailto:linearing-nuic.org">lhunsucker@naic.org</a>.

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Information about statutory accounting principles and the procedures necessary for filing financial annual statements and conducting risk-based capital calculations.

#### Consumer Information

Important answers to common questions about auto, home, health and life insurance — as well as buyer's guides on annuities, long-term care insurance and Medicare supplement plans.

#### **Financial Regulation**

Useful handbooks, compliance guides and reports on financial analysis, company licensing, state audit requirements and receiverships.

#### Legal

Comprehensive collection of NAIC model laws, regulations and guidelines; state laws on insurance topics; and other regulatory guidance on antifraud and consumer privacy.

#### **Market Regulation**

Regulatory and industry guidance on market-related issues, including antifraud, product filing requirements, producer licensing and market analysis.

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ISBN: 978-1-64179-401-5

Printed in the United States of America

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TO THE
Insurance Department
OF THE
STATE OF
FOR THE YEAR ENDED DECEMBER 31, <mark>2024</mark>
[ ] LIFE, ACCIDENT AND HEALTH [ ] FRATERNAL BENEFIT SOCIETIES

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#### LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES – ASSOCIATION EDITION

Affix Bar Code Above

### ANNUAL STATEMENT

For the Year Ended December 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code,	NAIC Company Cod	le	Employer's ID Number			
(Current Period) (Prior Organized under the Laws of	r Period)	, Stat	e of Domicile or Port of E	Entry		
Country of Domicile						
Licensed as business type: Life, Accident a	and Health [ ]	Fra	ternal Benefit Societies	[ ]		
Incorporated/Organized		Co	mmenced Business			
Statutory Home Office	(Street and Number)					
M: 41 :: 4 000	(Street and Number)			(City or Town, State, Cour	try and Zip Code)	
Main Administrative Office		(Street and Number)				
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(City or Town, State, C Mail Address	ountry and Zip Code)		(Area Code)	(Telephone )	lumber)	
	et and Number or P.O. Box)	,		(City or Town, State, Cour	ntry and Zip Code)	
Primary Location of Books and Records						
•		(Stree	t and Number)	<b>*</b>		
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Internet Web Site Address						
Statutory Statement Contact	(Name)		(Area Code)	(Telephone N	Number) (Extensi	ion)
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	(E-Mail Address)		(Fax Num	iber)		
`						
		OFFICERS				
Name	7	Title	X	Name	Title	
1.					<i>_</i>	
2.	,		Other		_,	
3.					<i>_</i>	
4					_,	
		DIRECTORS OR T	DUCTEEC			
		DIRECTORS OR 11	RUSTEES			
State of						
County of	ss					
•						
The officers of this reporting entity being dul	ly sworn, each depose and say th	at they are the described office	rs of said reporting entity,	, and that on the reportin	g period stated above, all of the here	in describe
assets were the absolute property of the said	d reporting entity, free and clear	from any liens or claims there	eon, except as herein state	ed, and that this stateme	nt, together with related exhibits, sc	hedules and
explanations therein contained, annexed or re	eferred to, is a full and true state	ment of all the assets and liab	ilities and of the condition	n and affairs of the said	reporting entity as of the reporting p	period state
above, and of its income and deductions there						
except to the extent that: (1) state law may	y differ; or, (2) that state rules of	r regulations require differenc	es in reporting not related	d to accounting practice	s and procedures, according to the b	oest of thei
information, knowledge and belief, respective						
an exact copy (except for formatting difference	ces due to electronic filing) of the	enclosed statement. The electro	onic filing may be requested	ed by various regulators i	n lieu of or in addition to the enclose	d statement
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(Printed Name)		(Printed Name)			(Printed Name)	
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#### LIABILITIES, SURPLUS AND OTHER FUNDS

	,	1 Cumant Vaan	2 Drien Veen
1.	Aggregate reserve for life contracts \$ (Exhibit 5, Line 9999999) less \$ included in Line 6.3 (including	Current Year	Prior Year
2.	\$		
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modeo Reserve)		
4.	Contract claims:		
	4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6)		
_	4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6)		
5.	Policyholders' dividends/refunds to members \$		
6.	Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year—estimated amounts:  6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$		
	6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$		
	6.3 Coupons and similar benefits (including \$		
7.	Amount provisionally held for deferred dividend policies not included in Line 6		
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount;		
0	including \$ accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)		
9.	Contract liabilities not included elsewhere: 9.1 Surrender values on canceled contracts		
	9.2 Provision for experience rating refunds, including the liability of \$		
	rating refunds of which \$ is for medical loss ratio rebate per the Public Health Service Act		
	9.3 Other amounts payable on reinsurance, including \$ assumed and \$		
10	9.4 Interest Maintenance Reserve (IMR, Line 6)		
10. 11.	Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$  Commissions and expense allowances payable on reinsurance assumed		
12.	General expenses due or accrued (Exhibit 2, Line 12, Col. 7).		
13.	Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net		
	of reinsured allowances)		
14.	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6)		
15.1 15.2	Current federal and foreign income taxes, including \$ on realized capital gains (losses)  Net deferred tax liability		
16.	Unearned investment income		
17.	Amounts withheld or retained by reporting entity as agent or trustee		
18.	Amounts held for agents' account, including \$agents' credit balances		
19.	Remittances and items not allocated		
20.	Net adjustment in assets and liabilities due to foreign exchange rates		
21. 22.	Liability for benefits for employees and agents if not included above		
23.	Dividends to stockholders declared and unpaid		
24.			
	Miscellaneous liabilities: 24.01 Asset valuation reserve (AVR, Line 16, Col. 7)		
	24.02 Reinsurance in unauthorized and certified (\$) companies		
	24.03 Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers		
	24.04 Payable to parent, subsidiaries and affiliates		
	24.06 Liability for amounts held under uninsured plans		
	24.07 Funds held under coinsurance		
	24.08 Derivatives		
	24.09 Payable for securities		
	24.10 Payable for securities lending		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding Separate Accounts business (Lines 1 to 25)		
27.	From Separate Accounts statement		
28.	Total liabilities (Lines 26 and 27)		
29.	Common capital stock		
30.	Preferred capital stock		
31. 32.	Aggregate write-ins for other-than-special surplus funds		
33.	Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)		
34.	Aggregate write-ins for special surplus funds		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:  36.1 shares common (value included in Line 29 \$)		
	36.2 shares preferred (value included in Line 29 \$)		
37.	Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$		
38.	Totals of Lines 29, 30 and 37 (Page 4, Line 55)		
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)		
DETAI	LS OF WRITE-INS		
2501.			
2502. 2503			
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
3101.	Towns (Eline 2501 through 2505) (Eline 25 40014)		
3102.			
3103.			
3198.	Summary of remaining write-ins for Line 31 from overflow page		
3199. 3401.	Totals (Lines 3101 through 3103 plus 3198) (Line 31 above)	+	
3401. 3402.			
3403.			
3498.	Summary of remaining write-ins for Line 34 from overflow page		
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		

#### **SUMMARY OF OPERATIONS**

		1 Current Year	2 Prior Year
1.	Premiums and annuity considerations for life and accident and health contracts		
2.			
3. 4.	Net investment income (Exhibit of Net Investment Income, Line 17)  Amortization of Interest Maintenance Reserve (IMR, Line 5)		
5.			
6.	Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)		
7. 8.	Reserve adjustments on reinsurance ceded		
0.	8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
	8.2 Charges and fees for deposit-type contracts		
0	8.3 Aggregate write-ins for miscellaneous income		
9. 10.			
11.			
12.			
13. 14.			
15.			
16.			
17. 18.	Interest and adjustments on contract or deposit-type contract funds		
19.	Increase in aggregate reserves for life and accident and health contracts		
20.	Totals (Lines 10 to 19)		
21.			
22. 23.	Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
24.	Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)		
25.	Increase in loading on deferred and uncollected premiums.		
26. 27.	Net transfers to or (from) Separate Accounts net of reinsurance		
28.	Totals (Lines 20 to 27)		
29.	Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)		
30.	Dividends to policyholders and refunds to members.		
31. 32.	Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)		
33.	Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line		
	31 minus Line 32)		
34.	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)		
35.			
	AL AND SURPLUS ACCOUNT		
36.	Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)		
37.	Net income (Line 35)		
38. 39.	Change in net unrealized capital gains (losses) less capital gains tax of \$		
40.	Change in net deferred income tax		
41.			
42. 43.	Change in liability for reinsurance in unauthorized and certified companies		
44.	Change in asset valuation reserve		
45.	Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)		
46. 47.	Surplus (contributed to) withdrawn from Separate Accounts during period  Other changes in surplus in Separate Accounts statement		
48.	Change in surplus notes		
49.	Cumulative effect of changes in accounting principles		
50.	Capital changes:           50.1         Paid in		
	50.2 Transferred from surplus (Stock Dividend)		
	50.3 Transferred to surplus		
51.	Surplus adjustment:         51.1 Paid in		
	51.2 Transferred to capital (Stock Dividend)		
	51.3 Transferred from capital		
52.	51.4 Change in surplus as a result of reinsurance  Dividends to stockholders		
53.	Aggregate write-ins for gains and losses in surplus		
54.	Net change in capital and surplus for the year (Lines 37 through 53)		
55.	Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)		
	LS OF WRITE-INS		
08.303			
	Summary of remaining write-ins for Line 8.3 from overflow page.		
	Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)		
2703.			
	Summary of remaining write-ins for Line 27 from overflow page		
	Otats (Lines 2701 turough 2705 pius 2796) (Line 27 adove)		
5302.			
	Commence of some sixting profits in the Line 52 from constitution		
	Summary of remaining write-ins for Line 53 from overflow page		
	7 E 1 37 3		

#### **CASH FLOW**

1. 1		Current Year	Prior Year
	Premiums collected net of reinsurance		11101 1 001
	Net investment income		
	Miscellaneous income		
4.	Total (Lines 1 through 3)		
	Benefit and loss related payments		
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
	Commissions, expenses paid and aggregate write-ins for deductions		
	Dividends paid to policyholders		
9. 1	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10.	Total (Lines 5 through 9)		
	Net cash from operations (Line 4 minus Line 10)		
	Cash from Investments		
12. I	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		
1	12.4 Real estate		
1	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
1	12.7 Miscellaneous proceeds		
1	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
]	13.1 Bonds		
1	13.2 Stocks		
1	13.3 Mortgage loans		
]	13.4 Real estate		
]	13.5 Other invested assets		
1	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):		
1	Cash provided (applied):  16.1 Surplus notes, capital notes		
1	16.2 Capital and paid in surplus, less treasury stock		
1	16.3 Borrowed funds		
]	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
1	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
	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		
	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		
1	19.1 Beginning of year		
1	19.2 End of year (Line 18 plus Line 19.1)		
Note: S	upplemental disclosures of cash flow information for non-eash transactions:		
20.0001			
20.0002			
20.0003			
20.9996			

5

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – SUMMARY

Penninns and annity conciderations for life and accident and badio contract   Penninns and annity conciderations for injections of the penninns and annity concideration and deposit type contract funds (direct business of the penninns and annity concideration and penninns and an		1	2	3	4	5	6	7	8	9
2 Considerations for supplementary contracts with life contingencies		Total	Individual Life	Group Life				Fraternal		,
3. Net investment incores.  4. Annotation of interest Munitenance Reserve (IMR).  5. Septemble Assumants again from operations excluding interest of the second of the sec										
4. Anortization of Interest Maintenance Reserve (MIR)  5. Separate Accounts of an interest Maintenance Reserve (MIR)  6. Commissions and expense allowances on retinamente celed  7. Separate Accounts of an interest of the Commissions and expense allowances on retinamente celed  8. Host-collection from Fees associated with investment management, administration and contract guarantees from Separate Accounts across  8. Host-collection from Fees associated with investments management, administration and contract guarantees from Separate Accounts across  8. Agregate vivile in for mixed lancount provided actual pure endowments)  9. Tools (Line 10 83)  10. Death benefits.  11. Material endowanteed (excluding guaranteed annual pure endowments)  12. Agregate vivile in the Account across  13. Agregate vivile in the Account across  14. Agregate vivile in the Account across  15. Agregate vivile in the Account across  16. Agregate vivile in the Account across  17. Agregate vivile in the Account across  18. Agregate vivile in the Account across				XXX			XXX			XXX
S. Separate Accounts not gain from operations excluding unrealized gains or looses.										
6. Commissions and exposes allowances or reinstrunce coded  7. Reserve applicaments on reinstrunce coded  8. Mouch lenses become  8. Lenses become  8. Lenses become  8. Lenses become  8. Lenses and fees for deposit very contracts  8. Lenses and fees fees fees fees fees fees fees fee										
8. Miscellaneous incomes 8.1 Income from fives associated with investment management, administration and contract generates from fives associated with investment management, administration and contract generates from fives associated with investment management, administration and contract  8.3 Agregate write-in for mitted introductions.  9. Totals (Lines 1 to 8.3)  10. Death benefits.  11. Matured endowments (excluding guaranteed annual pure endowments).  12. Annualy benefits.  13. Agregate write-in for mitted annual pure endowments and similar benefits.  13. Annualy benefits.  14. Couptons, parameteed annual pure endowments and similar benefits.  15. Surreador benefits and windownsks for life contracts.  16. Group conversions.  16. Group conversions.  17. Annual benefits and windownsks for life contracts.  18. Lines and adjustments were contract of clopic type contract fluids.  18. Lines and adjustments were contracted with five contracts.  19. Totals (Lines 1 to 19)  19. Totals (Lines 1 to 19)  10. Totals (Lines 1 to 19)  11. Annual performance expenses and fluids and deposit-type contract fluids (direct business only).  10. Totals (Lines 1 to 19)  10. ANNUAL SAXX  10. Totals (Lines 1 to 19)  10. ANNUAL SAXX  10. Totals (Lines 1 to 19)  10. ANNUAL SAXX  10. Totals (Lines 1 to 19)  10. ANNUAL SAXX  10. Totals (Lines 1 to 19)  10. ANNUAL SAXX  10. Totals (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX  10. Annual Sax (Lines 1 to 19)  10. ANNUAL SAXX										
8.2 I Income from fees associated with investment management, administration and contract guarantees from Separate Accounts 8.2 Charges and fees for deposit-type contracts 8.3 Agreepes write-is for influentiations income. 9.10 Death benefits 10. Death benefits 11. Matured enhowments (excluding guaranteed annual pure endowments) 12. Annually benefits 13. Deshabity benefits and benefits under accident and health contracts 14. Copyona, guaranteed annual pure endowments and similar benefits 15. Deshabity benefits and benefits under accident and health contracts 16. Group conversions 17. Interest and adjustments on contract or deposit-type contract funds 18. Payments on supplementary contracts with life confinences 19. Totals (Linear St.) 19. Totals (Linear St.) 10. Totals (Linear St.) 20. Commissions and expense allowances on reinsurance assumed 21. Commissions and expense allowances on reinsurance assumed 22. Commissions and expense allowances on reinsurance assumed 23. Commissions and expense allowances on reinsurance assumed 24. Agreepes write-in for finite stream of the contracts 25. Totals (Linear 20 to 27) 26. Net transfers to or fiftom) Sparate Accounts and federal income taxes 26. Net transfers to or fiftom) Sparate Accounts and federal income taxes 27. Agreepes write-in for finite stream of the contracts 28. Totals (Linear 20 to 27) 29. Net gain from operations after dividuals to policyholders, refunds to members and federal income taxes (Line 29 minus Line 20). 20. Sparate contracts in force and of your 20. Sparate and the contracts of th								XXX		
Section   Sect										
8.2 Clauges and fees for deposit-type contracts 8.3 Agregate wither-is for miscellaneous income. 9 Tetals (Lines 1 to 8.3). 9 Death Section of Contracts of Contr								YYY		
S.   Aggregate writes for miscellaneous income							XXX			
Death benefits										
11.   Animaly benefits and benefits under accident and health contracts   XXX   XX										
12   Annually benefits   XXX						)				
13. Disability benefits and benefits under accident and health contracts				vvv						vvv
14. Coupons, guaranteed annual pure endowments and similar benefits   XXX			AAA	AAA			ΛΛΛ			
16. Group conversions   XXX										
Interest and adjustments on contract or deposit-type contract funds   XXX							XXX			
18. Payments on supplementary contracts with life contingencies.										
Increase in aggregate reserves for life and accident and health contracts							VVV			
Totals (Lines 10 to 19)							AAA			
only)										
22. Commissions and expense allowances on reinsurance assumed										
23. General insurance expenses and fraternal expenses										XXX
Insurance taxes, licenses and fees, excluding federal income taxes.										
25. Increase in loading on deferred and uncollected premiums										
27. Aggregate write-ins for deductions.  28. Totals (Lines 20 to 27).  29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).  30. Dividends to policyholders and refunds to members.  31. Net gain from operations after dividends to policyholders, refunds to members 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, refunds to members and federal income taxes and before realized capital gains or (Iosses) (Line 31 minus Line 32)  34. Policies/certificates in force end of year  DETAILS OF WRITE-INS  08.301.  08.302.  08.303.  08.303.  08.309.  08.309.  08.309. Summary of remaining write-ins for Line 8.3 from overflow page.  08.309. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)  2701.  2702.  2703.								XXX		
28. Totals (Lines 20 to 27) 29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) 30. Dividends to policyholders and refunds to members 31. Net gain from operations after dividends to policyholders, refunds to members 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, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)  34. Policies/certificates in force end of year  DETAILS OF WRITE-INS 08.301. 08.302. 08.303. 08.309. 08.309. Summary of remaining write-ins for Line 8.3 from overflow page 08.309. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)  2701. 2702. 2703.	26. Net transfers to or (from) Separate Accounts net of reinsurance							XXX		
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).  30. Dividends to policyholders and refunds to members.  31. Net gain from operations after dividends to policyholders, refunds to members 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, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)  34. Policies/certificates in force end of year  DETAILS OF WRITE-INS  08.301.  08.302.  08.303.  08.303.  08.309. 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.										
income taxes (Line 9 minus Line 28)										
30. Dividends to policyholders and refunds to members.  31. Net gain from operations after dividends to policyholders, refunds to members 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, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)  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.										
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)								XXX		
income taxes (Line 29 minus Line 30)										
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)  34. Policies/certificates in force end of year  DETAILS OF WRITE-INS  08.301	income taxes (Line 29 minus Line 30)									
taxes and before realized capital gains or (losses) (Line 31 minus Line 32)  34. Policies/certificates in force end of year  DETAILS OF WRITE-INS  (98.301										
34. Policies/certificates in force end of year  DETAILS OF WRITE-INS  08.301										
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.								VVV		
08.301								XXX		
08.302. 08.303. 08.308. 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.										
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	08.303									
2701. 2702. 2703.										
2702										
2703.										
27/0. Summary of femaning write-ins for Eine 27 from overnow page	2798. Summary of remaining write-ins for Line 27 from overflow page									
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)										

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – INDIVIDUAL LIFE INSURANCE (b)

			2	1 2				7	0	9	10		T 12
		1	2	3	4	5	6	Universal	8	9	10	11	12
								Life With		Variable		Other	YRT
			Industrial				Universal	Secondary		Universal		Individual	Mortality
		Total	Life	Whole Life	Term Life	Indexed Life	Life	Guarantees	Variable Life	Life	Credit Life (c)	Life	Risk Only
1.	Premiums for life contracts (a)												
2.	Considerations for supplementary contracts with life contingencies.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 4.	Net investment income												
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 Income from fees associated with 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. 11.	Death benefits												
11.	endowments)												
12.	Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13.	Disability benefits and benefits under accident and health contracts												
14.	Coupons, guaranteed annual pure endowments and similar benefits Surrender benefits and withdrawals for life contracts												
15. 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												
20.	contracts				<b>+</b> (								<del>                                     </del>
21.	Commissions on premiums, annuity considerations and deposit-		***************************************										
21.	type contract funds (direct business only)												XXX
22.	Commissions and expense allowances on reinsurance assumed												
23.	General insurance expenses												
24. 25.	Insurance taxes, licenses and fees, excluding federal income taxes  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,			$\times \cup$									
	refunds to members and federal income taxes (Line 9 minus Line												
30.	28) Dividends to policyholders and refunds to members												
31.	Net gain from operations after dividends to policyholders, refunds												1
İ	to members and before federal income taxes (Line 29 minus Line				ĺ								
22	30)												
32. 33.	Federal income taxes incurred (excluding tax on capital gains)  Net gain from operations after dividends to policyholders, refunds												
33.	to members and federal income taxes and before realized capital												
	gains or (losses) (Line 31 minus Line 32)												
34.	Policies/certificates in force end of year												
	AILS OF WRITE-INS												
	1												
08.30	13												
08.39	8. Summary of remaining write-ins for Line 8.3 from overflow page.												
08.39	9. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)												
2702 2703													
	Summary of remaining write-ins for Line 27 from overflow page												
2799	Total (Lines 2701 through 2703 plus 2798) (Line 27 above)												
-///	(a) Include premium amounts for preneed plans included in Line 1							1					

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – GROUP LIFE INSURANCE (c)

	1	2	3	4	5	6	7	8	9
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life (d)	Other Group Life (a)	YRT Mortality Risk Only
Premiums for life contracts (b)									
Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Net investment income									
Amortization of Interest Maintenance Reserve (IMR)     Separate Accounts net gain from operations excluding unrealized gains or losses									
Separate Accounts net gain from operations excluding unlearized gains of losses     Commissions and expense allowances on reinsurance ceded									
Reserve adjustments on reinsurance ceded									
8. Miscellaneous Income:									
8.1 Income from fees associated with 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									
Matured endowments (excluding guaranteed annual pure endowments)      Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	VVV	
Annuity benefits		XXX	XXX	XXX	AAA	AAA	AAA	XXX	XXX
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).									XXX
22. Commissions and expense allowances on reinsurance assumed			·····						
General insurance expenses									
Insurance taxes, licenses and rees, excluding rederal 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, refunds to members and federal income taxes									
(Line 9 minus Line 28)									
30. Dividends to policyholders and refunds to members									
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income									
taxes (Line 29 minus Line 30)									
32. Federal income taxes incurred (excluding tax on capital gains)									
<ol> <li>Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)</li> </ol>									
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)						ĺ			
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)						1			

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – INDIVIDUAL ANNUITIES (a)

	1	1	Defe	prrad		6	7
	1	2	3	4	5	Life	′
		_	,	Variable	Variable	Contingent Payout	
		Fixed	Indexed	Annuities with	Annuities Without	(Immediate and	
	Total	Annuities	Annuities	Guarantees	Guarantees	Annuitizations)	Other Annuities
1. Description for individual country or contracts						/	
Premiums for individual annuity contracts     Considerations for supplementary contracts with life contingencies		XXX	XXX	XXX	XXX		XXX
Considerations for supplementary contracts with the contingencies.  Net investment income							ΛΛΛ
Net investment income     Amortization of Interest Maintenance Reserve (IMR)							
Separate Accounts net gain from operations excluding unrealized gains or losses							
Separate Accounts net gain from operations excluding unrealized gains of losses.      Commissions and expense allowances on reinsurance ceded							
7. Reserve adjustments on reinsurance ceded							
Miscellaneous Income:							
8.1 Income from fees associated with 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				7			
Matured endowments (excluding guaranteed annual pure endowments)							
12. Annuity benefits							
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							
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		<b>Y</b>					
27. Aggregate write-ins for deductions							
28. Totals (Lines 20 to 27)							
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes							
(Line 9 minus Line 28)							
30. Dividends to policyholders and refunds to members							
31. Net gain from operations after dividends to policyholders, refunds to members 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, refunds to members and federal income taxes and							
before realized capital gains or (losses) (Line 31 minus Line 32)							
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)							
	•	•			•		

<sup>(</sup>a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – GROUP ANNUITIES (a)

	1 1	ı			7		
	1	2	3 3	erred 4	5	6 Life	/
		Fixed	Indexed	Variable Annuities with	Variable Annuities Without	Contingent Payout (Immediate and	
	Total	Annuities	Annuities	Guarantees	Guarantees	Annuitizations)	Other Annuities
Premiums for group annuity contracts							
Considerations for supplementary contracts with life contingencies		XXX	XXX	XXX	XXX		XXX
3. Net investment income							
Amortization of Interest Maintenance Reserve (IMR)							
Separate Accounts net gain from operations excluding unrealized gains or losses							
Commissions and expense allowances on reinsurance ceded							
7. Reserve adjustments on reinsurance ceded							
Miscellaneous Income:     8.1 Income from fees associated with 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)	1						
Death benefits							
11. Matured endowments (excluding guaranteed annual pure endowments)							
12. Annuity 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			1				
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)							
Commissions and expense allowances on reinsurance assumed							
General insurance expenses							
24. Insurance taxes, neenses and rees, excluding lederal 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, refunds to members and federal income taxes							
(Line 9 minus Line 28)							
30. Dividends to policyholders and refunds to members							
31. Net gain from operations after dividends to policyholders, refunds to members 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, refunds to members and federal income taxes and							
before realized capital gains or (losses) (Line 31 minus Line 32)							
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							
2798. Summary of remaining write-ins for Line 27 from overflow page							
2798. Summary of remaining write-ins for Line 27 from overflow page							
2.77. Tom (2.110-2.70. unough 2.70.) pino 2.70.) (2.110-2.7 unous)	.1	L	L	l	1	I	

<sup>(</sup>a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – ACCIDENT AND HEALTH (a)

	1		ehensive & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long- Term Care	Other Health
Premiums for accident and health contracts	Total	marviduai	Group	Supplement	Olly	Olly	1 1411	Wicdicare	Wicdicald	Acti	meome	Carc	Heartin
Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Net investment income													
Amortization of Interest Maintenance Reserve (IMR)													
<ol><li>Separate Accounts net gain from operations excluding unrealized gains or losses</li></ol>													
Commissions and expense allowances on reinsurance ceded													
Reserve adjustments on reinsurance ceded      Miscellaneous Income:													
8. Miscellaneous income: 8.1 Income from fees associated with investment management,													
administration and contract guarantees from Separate Accounts													
8.2 Charges and fees for deposit-type contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 Aggregate write-ins for miscellaneous income						•	· ·						
9. Totals (Lines 1 to 8.3)													
10. Death benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Matured endowments (excluding guaranteed annual pure endowments)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Disability benefits and benefits under accident and health contracts      Coupons, guaranteed annual pure endowments and similar benefits													
Coupons, guaranteed aintual pure endowments and similar benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. Group conversions	7.7.2.1	70.01	70.00	70.00		1	70,07	70.01	70.01	717171	70.01	717171	7000
17. Interest and adjustments on contract or deposit-type contract funds													
18. Payments on supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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			4										
funds (direct business only)													
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		4	·										
28. Totals (Lines 20 to 27)													
Net gain from operations before dividends to policyholders, and refunds to members and federal income taxes (Line 9 minus Line 28)													
30. Dividends to policyholders and refunds to members			,										
31. Net gain from operations after dividends to policyholders, refunds to members													
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, refunds to members													
and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)													
34. Policies/certificates in force end of year													
DETAILS OF WRITE-INS			l	l	1			l			l		
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)					ļ								
2701													
2702													
2798. Summary of remaining write-ins for Line 27 from overflow page													
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)													
2.75. Time (Immediately) (Immediately)					1		1						

<sup>(</sup>a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

#### ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL LIFE INSURANCE (a)

	1	2	3	4	5	6	7	8	9	10	11	12
							Universal			Credit		
							Life With		Variable	Life (b)	Other	YRT
		Industrial	Whole		Indexed	Universal	Secondary	Variable	Universal	(N/A	Individual	Mortality
	Total	Life	Life	Term Life	Life	Life	Guarantees	Life	Life	Fraternal)	Life	Risk Only
Involving Life or Disability Contingencies (Reserves)												
(Net of Reinsurance Ceded)												
Reserve December 31 prior year												
Tabular net premiums or considerations												
Present value of disability claims incurred												
4. Tabular interest												
Tabular less actual reserve released												
Increase in reserve on account of change in valuation basis												
6.1 Change in excess of VM-20 deterministic/stochastic reserve over												
net premium reserve		XXX								XXX		
7. Other increases (net)						*						
8. Totals (Lines 1 to 7)												
9. Tabular cost												
Reserves released by death												
Reserves released by other terminations (net)												
<ol><li>Annuity, supplementary contract, and disability payments</li></ol>												
involving life contingencies												
13. Net transfers to or (from) Separate Accounts												
14. Total deductions (Lines 9 to 13)	,											
15. Reserve December 31 current year												
Cash Surrender Value and Policy Loans												
16. CSV Ending balance December 31, current year												
17. Amount Available for Policy Loans Based upon Line 16 CSV												

a loss than 5% of promiums and loss than 5% of records and loops liability		

# ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP LIFE INSURANCE (a) (N/A Fraternal)

	1	2.	3	4	5	6	7	8	9
	•	_		·		Variable	,	Other	YRT
		Whole		Universal		Universal	Credit	Group	Mortality
	Total	Life	Term Life	Life	Variable Life	Life	Life (b)	Life	Risk Only
Involving Life or Disability Contingencies (Reserves)									Ĭ
(Net of Reinsurance Ceded)									
Reserve December 31 of prior year									
Tabular net premiums and considerations									
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									
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 of current year									
Cash Surrender Value and Policy Loans									
16. CSV Ending balance December 31, current year									
17. Amount Available for Policy Loans Based upon Line 16 CSV		X							

(z	<ul> <li>a) Indicate if blocks of business in run-off that compri</li> </ul>	rise less than 5% of premiums and less than 50	of reserve and loans liability are aggregated with mater	rial blocks of business and which columns are affected.	

#### ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL ANNUITIES (a)

	1		De	eferred		6	7
		2	3	4	5		
					Variable	Life Contingent	
				Variable	Annuities	Payout (Immediate	
		Fixed	Indexed	Annuities with	without	and	Other
	Total	Annuities	Annuities	Guarantees	Guarantees	Annuitizations)	Annuities
Involving Life or Disability Contingencies (Reserves)							
(Net of Reinsurance Ceded)							
Reserve December 31 of prior year							
Tabular net premiums and considerations							
Present value of disability claims incurred	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Tabular interest							
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
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 of current year							
Cash Surrender Value and Policy Loans							
16. CSV Ending balance December 31, current year							
17. Amount Available for Policy Loans Based upon Line 16 CSV							

<sup>(</sup>a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

# ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP ANNUITIES (a) (N/A Fraternal)

		1		De	eferred		6	7
			2	3	4	5		
		m . 1	Fixed	Indexed	Variable Annuities with	Variable Annuities without	Life Contingent Payout (Immediate and	Other
T 1.	THE DESIGNATION OF THE PROPERTY OF THE PROPERT	Total	Annuities	Annuities	Guarantees	Guarantees	Annuitizations)	Annuities
(Net of	ng Life or Disability Contingencies (Reserves) Reinsurance Ceded) Reserve December 31 of prior year							
2. 3. 4.	Tabular net premiums and considerations  Present value of disability claims incurred  Tabular interest	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 6.	Tabular less actual reserve released  Increase in reserve on account of change in valuation basis							
7. 8.	Other increases (net)							
9. 10.	Tabular cost	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. 13.	Annuity, supplementary contract, and disability payments involving life contingencies  Net transfers to or (from) Separate Accounts							
14. 15.	Total deductions (Lines 9 to 13)							
	irrender Value and Policy Loans		<del></del>	1		<u> </u>		
16. 17.	CSV Ending balance December 31, current year							

<sup>(</sup>a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.

#### EXHIBIT OF NET INVESTMENT INCOME

		1	2
		1	_
		Collected	Earned
		During Year	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		(1)
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		
	ALS OF WRITE-INS	· · · · · · · · · · · · · · · · · · ·	
0901.	ALS OF WRITE-INS		
0901.			
0902.			
0903.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
	Totals (Lines 0901 tillough 0903 plus 0998) (Line 9 above)		
1501. 1502.			
1502.			
1503.	Company of the Compan		
	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		
(a)	includes \$ accepted of discount loss \$ amortization of premium and loss \$	maid for accurad interes	ot on munchages
(a)	ncludes \$ accrual of discount less \$ amortization of premium and less \$ ncludes \$ accrual of discount less \$ amortization of premium and less \$	paid for accrued interes	idends on purchases
	ncludes \$ accrual of discount less \$ amortization of premium and less \$ ncludes \$ accrual of discount less \$ amortization of premium and less \$		
	ncludes \$ accrual of discount less \$ amortization of premium and less \$ ncludes \$ for company's occupancy of its own buildings; and excludes \$ int		crest on purchases.
			4 interest on months
(e)	ncludes \$ accrual of discount less \$ amortization of premium and less \$	paid for accrue	u interest on purchases.
	ncludes \$ accrual of discount less \$ amortization of premium.	valudina fadaral in aama t	wihartahla ta agamagatad and
	ncludes \$ investment expenses and \$ investment taxes, licenses and fees, ex	xciuding rederal income taxes, attr	noutable to segregated and
	Separate Accounts.  ncludes \$ interest on surplus notes and \$ interest on capital notes.		
	ncludes \$ interest on surplus notes and \$ interest on capital notes.		
(i)	ncludes \$ depreciation on real estate and \$ depreciation on other invested	a assets.	

#### **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
		Realized				Change in
		Gain (Loss)	Other	Total Realized	Change in	Unrealized Foreign
		On Sales or	Realized	Capital Gain (Loss)	Unrealized Capital	Exchange Capital
		Maturity	Adjustments	(Columns $1+2$ )	Gain (Loss)	Gain (Loss)
1.	U.S. Government bonds					
	Bonds exempt from U. S. tax					
	Other bonds (unaffiliated)					
	Bonds of affiliates					
	Preferred stocks (unaffiliated)					
	Preferred stocks of affiliates					
	Common stocks (unaffiliated)					
	Common stocks of affiliates					
	Mortgage loans					
	Real estate					
	Contract loans					
	Cash, cash equivalents and short-term investments					
	Derivative instruments					
	Other invested assets					
	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
DETAIL	LS 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 1 – PART 1 – PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

		1	2	3	4	5	6	7	8
		Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
	FIRST YEAR (other than single)	Totai	Life	Group Life	Aimutues	Group Aminutes	Accident & Health	Fraternai	Other Lines of Business
1. Une	collected								
	erred and accrued								
	Ferred, accrued and uncollected:								
3.1									
3.1									
3.2									
	Net (Line 1 + Line 2)								
	vance								
	e 3.4 - Line 4								
	lected during year:								
6.1									
6.2									
6.3									
6.4									
	e 5 + Line 6.4				*				
8. Pric	or year (uncollected + deferred and accrued - advance)								
	st year premiums and considerations:								
9.1	* *								
9.1									
9.3									
9.4									
7.4	SINGLE								
10 6:	gle premiums and considerations:								
	gree premiums and considerations:  1 Direct								
	2 Reinsurance assumed								
	3 Reinsurance ceded								
	4 Net								
10.	RENEWAL								
11. Un	collected								
	erred and accrued								
	erred, accrued and uncollected:								
	1 Direct								
	2 Reinsurance assumed								
	3 Reinsurance ceded								
	4 Net (Line 11 + Line 12)								
	vance								
	e 13.4 - Line 14								
	lected during year:			Ÿ					
	lected during year:  1 Direct		X						
	2 Reinsurance assumed								
	3 Reinsurance ceded								
	4 Net								
	e 15 + Line 16.4								
	or year (uncollected + deferred and accrued - advance)								
	newal premiums and considerations:								
	1 Direct								
	2 Reinsurance assumed								
	3 Reinsurance ceded								
	4 Net (Line 17 - Line 18)								
19.	TOTAL	▼							
20. Tot	TOTAL al premiums and annuity considerations:								
	1 Direct								
	Reinsurance ceded								
20.	4 Net (Lines 9.4 + 10.4 + 19.4)								

# EXHIBIT 1 – PART 2 – POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

	1	2	3	4	5	6	7	8
		Individual		Individual				Other Lines of
	Total	Life	Group Life	Annuities	Group Annuities	Accident & Health	Fraternal	Business
POLICYHOLDERS'S DIVIDENDS, REFUNDS TO			•					
MEMBERS AND COUPONS APPLIED (included in Part 1)								
21. To pay renewal premiums								
22. All other								
REINSURANCE COMMISSIONS AND EXPENSE								
ALLOWANCES INCURRED								
22 F' ( ( 4 4 1 1 1 )								
23. First year (other than single):				<b>*</b>				
23.1 Reinsurance ceded								
23.2 Reinsurance assumed								
23.3 Net ceded less assumed								
24. Single:								
24.1 Reinsurance ceded								
24.2 Reinsurance assumed								
24.3 Net ceded less assumed								
25. Renewal:			A.4					
25.1 Reinsurance ceded								
25.2 Reinsurance assumed								
25.3 Net ceded less assumed								
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6)								
26.2 Reinsurance assumed (Page 6, Line 22)								
26.3 Net ceded less assumed								
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single)								
28. Single								
29. Renewal								
30. Deposit-type contract funds								
31. Totals (to agree with Page 6, Line 21)								
( mgree 1 mge 0, 21110 21)		1	1	1	l .	l	l .	1

			Insur			5	6	7
		1	Accident a	nd Health	4			
		Life	2 Cost Containment	3 All Other	All Other Lines of Business	Investment	Fraternal	Total
1.	Rent							
2.	Salaries and wages							
3.11	Contributions for benefit plans for employees							
3.12	Contributions for benefit plans for agents							
3.21	Payments to employees under non-funded benefit plans							
3.22	Payments to agents under non-funded benefit plans							
3.31	Other employee welfare							
3.32	Other agent welfare							
4.1	Legal fees and expenses							
4.2 4.3	Medical examination fees							
4.3	Inspection report fees							
4.4	Fees of public accountants and consulting actuaries  Expense of investigation and settlement of policy claims							
5.1	Traveling expenses							
5.2	Advertising							
5.3	Postage, express, telegraph and telephone							
5.4	Printing and stationery							
5.5	Cost or depreciation of furniture and equipment							
5.6	Rental of equipment							
5.7	Cost or depreciation of EDP equipment and software							
6.1	Books and periodicals							
6.2	Bureau and association fees							
6.3	Insurance, except on real estate							
6.4	Miscellaneous losses							
6.5	Collection and bank service charges							
6.6	Sundry general expenses							
6.7	Group service and administration fees							
6.8	Reimbursements by uninsured plans							
7.1	Agency expense allowance					·		
7.2	Agents' balances charged off (less \$ recovered)							
7.3	Agency conferences other than local meetings							
8.1	Official publication (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		
8.2	Expense of supreme lodge meetings(Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		
9.1	Real estate expenses							
9.2	Investment expenses not included elsewhere							
9.3	Aggregate write-ins for expenses							
10.	General expenses incurred						(b)	(a)
11.	General expenses unpaid December 31, prior year							
12.	General expenses unpaid December 31, current year							
13.	Amounts receivable relating to uninsured plans, prior year							
14.	Amounts receivable relating to uninsured plans, current year							
15.	General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14)			•				
DETAIL	S OF WRITE-INS	•						
09.301.	001 ((A112 2.10							
09.302.								
09.303.								
09.398.	Summary of remaining write-ins for Line 9.3 from overflow page			1				
09.399.	Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above)		ľ					
(a) Inclu	des management fees of \$ to affiliates and \$ to non-affiliates.		•		•			
	the distribution of this amount in the following categories (Fraternal Benefit Societies Or							
1. CI	naritable \$; 2. Institutional \$	;	3. Recreational and			4. Educational \$		
5. R	eligious \$; 6. Membership \$	G . ND E==		DING DE		8. Total \$		
	EXHIBIT 3 – TAXES, LICENSE	S AND FEE	S (EXCLU	DING FE	DERAL INC	OME TAXE	S)	
			Insurance		4	4	5	6
		1	2	3				
	X	1	Accident an	d All Othe	r Lines			
		Life	Hoolth	of Duc		tmont Erot	tornol	Total

	Emile Times, Ered telepting The (Emelepting The Emile)									
		Insurance			4	5	6			
		1	2	3						
			Accident and	All Other Lines						
		Life	Health	of Business	Investment	Fraternal	Total			
1.	Real estate taxes									
2.	State insurance department licenses and fees									
3.	State taxes on premiums									
4.	Other state taxes, incl. \$ for employee benefits									
5.	U.S. Social Security taxes									
6.	All other taxes									
7.	Taxes, licenses and fees incurred									
8.	Taxes, licenses and fees unpaid December 31, prior year									
9.	Taxes, licenses and fees unpaid December 31, current year									
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)									

#### **EXHIBIT 4 – DIVIDENDS OR REFUNDS**

1		EMILDIT 4 DIVIDENDO ON REI CIUDO		
1. Applied to pay renewal premiums			1	2
Left on deposit			Life	Accident and Health
Left on deposit   Aggregate write-ins for dividend or refund options	1.	Applied to pay renewal premiums		
Left on deposit   Aggregate write-ins for dividend or refund options	2.	Applied to shorten the endowment or premium-paying period		
Left on deposit   Aggregate write-ins for dividend or refund options	3.	Applied to provide paid-up additions		
Left on deposit   Aggregate write-ins for dividend or refund options	4.	Applied to provide paid-up annuities		
Left on deposit   Aggregate write-ins for dividend or refund options	5.	Total Lines 1 through 4		
Left on deposit   Aggregate write-ins for dividend or refund options	6.	Paid-in cash		
11.   Provision for dividends or refunds payable in the following calendar year	/	Left on deposit		
11.   Provision for dividends or refunds payable in the following calendar year	8.	Aggregate write-ins for dividend or refund options		
11.   Provision for dividends or refunds payable in the following calendar year	9.	Total Lines 5 through 8		
12. Terminal dividends	10.	Amount due and unpaid		
13.   Provision for deferred dividend contracts	11.	Provision for dividends or refunds payable in the following calendar year		
13.   Provision for deferred dividend contracts		Terminal dividends		
15. Total Lines 10 through 14		Provision for deferred dividend contracts		
17. Total dividends or refunds (Lines 9 + 15 - 16)  DETAILS OF WRITE-INS  0801.  0802.  0803.  0808. Summary of remaining write-ins for Line 8 from overflow page.				
17. Total dividends or refunds (Lines 9 + 15 - 16)  DETAILS OF WRITE-INS  0801.  0802.  0803.  0808. Summary of remaining write-ins for Line 8 from overflow page.	15.	Total Lines 10 through 14		
DETAILS OF WRITE-INS  0801	16.			
0801.	17.	Total dividends or refunds (Lines 9 + 15 - 16)		
0802		LS OF WRITE-INS		
0803. Summary of remaining write-ins for Line 8 from overflow page				
0898. Summary of remaining write-ins for Line 8 from overflow page.				

#### **EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS**

1	2	3	4	5	6
				Credit	
Valuation Standard  LIFE INSURANCE	Total (a)	Industrial	Ordinary	(Group and Individual)	Group
LIFE INSURANCE					
0199997 Totals (Gross)					
0199998 Reinsurance ceded					
0199999 Totals (Net)					
ANNUITIES (excluding supplementary contracts with life contingencies):		XXX		XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	
0299997 Totals (Gross)		XXX		XXX	
0299998 Reinsurance ceded		XXX		XXX	
0299999 Totals (Net)		λλλ		AAA	
0399997 Totals (Gross)					
0399998 Reinsurance ceded					
039999 Totals (Net)ACCIDENTAL DEATH BENEFITS:					
0499997 Totals (Gross)					
0499998 Reinsurance ceded					
0499999 Totals (Net)					
		l			
OSO0007 Totals (Green)					
0599997 Totals (Gross)					
0599998         Reinsurance ceded           0599999         Totals (Net)					
0599998 Reinsurance ceded					
0599998         Reinsurance ceded           0599999         Totals (Net)					
0599998         Reinsurance ceded           0599999         Totals (Net)					
0599998         Reinsurance ceded           0599999         Totals (Net)					
0599998   Reinsurance ceded					
0599998   Reinsurance ceded					
0599998   Reinsurance ceded					
0599998   Reinsurance ceded.					
0599998   Reinsurance ceded.					
0599998   Reinsurance ceded.					
0599998   Reinsurance ceded.					
0599998   Reinsurance ceded.					
0599998   Reinsurance ceded.					

<sup>(</sup>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:			
2.1	Does the reporting entity at present issue both participating and non-participating contracts?	Yes [ ]	No	[]
2.2	If not, state which kind is issued:			
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?	Yes [ ]	No	[ ]
	If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.			
4.	Has the reporting entity any assessment or stipulated premium contracts in force?	Yes [ ]	No	[]
	If so, state:			
4.1	Amount of insurance:	\$		
4.2	Amount of reserve:	\$		
4.3	Basis of reserve:			
4.4	Basis of regular assessments:			
4.5	Basis of special assessments:			
4.6	Assessments collected during the year:	\$		
5.	If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:			
6.	Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?	Yes [ ]	No	[ ]
6.1	If so, state the amount of 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:	\$		
7.	Attach statement of methods employed in their valuation.  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	C+++ +h+ -f	\$		
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 [ ]		
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 5A – CHANGES IN BASES OF VALUATION DURING THE	YEAR		

1			4
i '	Valuati	on Basis	Increase in
	2	3	Actuarial
Description of Valuation Class	Changed	Changed	Reserve Due to
·	From	То	Change
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
		******	
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
2000000 G L - 1	373737	373737	
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
039999 Subratal	XXX	XXX	
03////	ΛΛΛ	AAA	
9999999 TOTAL (Column 4 only)			

#### EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS (a)

	1	Compre	hensive	1	5	6	7	8	9	10	11	12	13
	1	2	3	, 4			Federal Employees Health	Title				Long-	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Term Care	Other Health
ACTIVE LIFE RESERVE				20//									
Unearned premium reserves													
Additional contract reserves (b)													
<ol><li>Additional actuarial reserves - Asset/ Liability</li></ol>													
analysis													
Reserve for future contingent benefits													
Reserve for rate credits													
Aggregate write-ins for reserves													
7. Totals (Gross)									*				
8. Reinsurance ceded													
9. Totals (Net)							-						
CLAIM RESERVE													
10. Present value of amounts not yet due on claims .													
11. Additional actuarial reserves-Asset/ Liability													
analysis													
12. Reserve for future contingent benefits													
Aggregate write-ins for reserves      Totals (Gross)													
14. Totals (Gross)													
16. Totals (Net)					-								
17. TOTAL (Net)													
18. TABULAR FUND INTEREST					• C								
			1					1		1	1	1	
DETAILS OF WRITE-INS													
0601													
0602													
0603.													
0698. Summary of remaining write-ins for Line 6 from overflow page							ĺ						
0699. Totals (Lines 0601 through 0603 plus 0698)													
(Line 6 above)													
1301			<b>-</b>										
1302.													
1303.													
1398. Summary of remaining write-ins for Line 13													
from overflow page													l
1399. Totals (Lines 1301 through 1303 plus 1398)													
(Line 13 above)							ĺ						
* · · · · · · · · · · · · · · · · · · ·						•		•		•	•	•	

<sup>(</sup>a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.
(b) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

#### **EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS**

		1	2	3	4	5	6
			Guaranteed Interest	Annuities	Supplemental	Dividend Accumulations	Premium and Other
		Total	Contracts	Certain	Contracts	or Refunds	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:
(a)	THLD	Tunume	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	

#### EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

Total   Individual   Group Life   Annuities   Annuities		 Other Lines of Business
1. Due and unpaid:       1.1 Direct		
1.1 Direct		
1.2 Reinsurance assumed		
1.3 Reinsurance ceded		
1.4 Net		 
2. In course of settlement:         2.1 Resisted		
2.1 Resisted		
2.12 Paingurange assumed		
2.12 Reinsurance assumed		 
2.13 Reinsurance ceded		 
2.14 Net		 
2.2 Other		 
2.22 Reinsurance assumed		 
2.23 Reinsurance ceded		 
2.24 Net	(b)	 
3. Incurred but unreported: 3.1 Direct		 
.2 Reinsurance assumed		 
3.3 Reinsurance ceded		 
3.4 Net	(b)	 
4. TOTALS		 
4.2 Reinsurance assumed		 
4.3 Reinsurance ceded		
4.4 Net (a) (a)		

(a)	Including matured endowments	(but not guaranteed annual	pure endowments) unpaid ame	ounting to	\$ in Column 2 and \$ ji	n Column 3	3.

#### EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 – Incurred During the Year

			_			_	_	_	0
		1	2	3	4	5	6	7	8
		T-4-1	Individual Life	Group Life	Individual	C Aiti	A: 1 4 0 TT141-	Enstern 1	Other Lines of
_	01	Total	(a)	(b)	Annuities	Group Annuities	Accident & Health	Fraternal	Business
1.	Settlements during the year:								
	1.1 Direct				•••••				
	1.2 Reinsurance assumed								
	1.3 Reinsurance ceded								
	1.4 Net	(c)							
2.	Liability December 31, current year from Part 1:								
	2.1 Direct								
	2.2 Reinsurance assumed								
	2.3 Reinsurance ceded								
	2.4 Net								
3.	Amounts recoverable from reinsurers December 31, current year								
	Liability December 31, prior year:								
	4.1 Direct								
	4.2 Reinsurance assumed								
	4.3 Reinsurance ceded								
	4.4 Net								
	Amounts recoverable from reinsurers December 31, prior year								
6.	Incurred benefits:								
	6.1 Direct								
	6.2 Reinsurance assumed								
	6.3 Reinsurance ceded		•	5					
	6.4 Net								

<ul> <li>(a) Including matured endowments (but not guaranteed annual pure en</li> </ul>	endowmen	its) amounting t
---	----------	------------------

...... in Line 1.1, \$ ..... in Line 1.4
..... in Line 6.1 and \$ ..... in Line 6.4

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to

(c) Includes \$..... premiums waived under total and permanent disability benefits.

#### EXHIBIT OF NONADMITTED ASSETS

Current Year   Total   Nonadmitted Assets   Nonadmitted Nonadmit			1	2.	3			
Total   Nonadmitted Assets			Current Year	_	_			
1. Bonds (Schedule D).   2. Stocks (Schedule D).   2. 1 Preferred stocks								
2. Stocks (Schedule D): 2.1 Preferred stocks. 2.2 Common stocks. 3. Mortgage loss on real estate (Schedule B): 3.1 First Item				* * * * * * * * * * * * * * * * * * * *				
2. Stocks (Schedule D): 2.1 Preferred stocks. 2.2 Common stocks. 3. Mortgage loans on real estate (Schedule B): 3.1 First Hem 3.2 Other far first stress. 4. Properties led for fast production of income 4.1 Properties beld for the production of income 4.2 Properties held for stee production of income 4.3 Properties held for stee production of income 4.3 Properties held for stee production of income 4.3 Properties held for sale. 5. Cash (Schedule EP art ). Subs equivalents (Schedule E-Part 2) and short-term investments (Schedule DA). 6. Contract loans. 7. Dorivatives (Schedule DA). 8. Receivable of securities. 9. Securities lending reinvested collateral assets (Schedule DL). 9. Receivable for securities. 9. Securities lending reinvested collateral assets (Schedule DL). 1. Aggregate write ins for invested assets. 12. Subtotals, cash and invested assets. 12. Subtotals, cash and invested assets (Lines 1 to 11). 13. Tide plants (for Tile issures only) 14. Investment income the and accrued 15. Prentumas and considerations. 16. Prentumas and considerations. 17. Prentumas and considerations. 18. Prentumas and considerations. 18. Carter developments, agents' balances in the course of collection. 19. Deferred prentumas, agents' balances in the course of collection. 19. Deferred prentumas, agents' balances and installments booked but deferred and not yet due. 19. Accrued retrospective premiums and contract subject to redetermination. 19. Receivable and the contract subject to redetermination. 19. Receivable and the course of collection	1.	Bonds (Schedule D)						
2.2 Common stocks. 3. Mortage loans on real state (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 the production of income 4.4 Properties held for the production of income 4.5 Coals (Schedule B Part I): east equivalents (Schedule E-Part 2) and short-term 6. Contract loans. 7. Derivatives (Schedule BA) 9. Receivables for securities. 10. Securities lending reinvested assets (Schedule BA) 11. Aggregate write ins for invested assets. 12. Subtotals, eash and invested assets (Schedule DI). 13. Title plants (for Title insurers only) 14. Investment income due and actuced 15. Premiums and considerations. 16. Terminus and considerations. 17. Aggregate write insurance and agents' balances in the course of collection. 18. Journal of the state of the st		· · · · · · · · · · · · · · · · · · ·						
3. Mortgage loans on real estate (Schedule B): 3.1 First liens. 3.2 Other than first liens. 4.2 Properties bed for site. 4.3 Properties bed for the production of income. 4.3 Properties bed for the production of income. 4.3 Properties bed for site. 5. Cash (Schedule EP art 1): cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA). 6. Contract loans. 7. Derivatives (Schedule DA). 8. Cavelwise (Schedule DA). 9. Secorables for securities. 9. Secorables for securities. 10. Secorables for securities. 11. Aggregate write-ins for invested assets. 12. Subrotals, cash and invested assets (Schedule DL). 13. Title plants (for Title insures only) 14. Investment income due and accrued. 15. Prentums and considerations: 15.1 Uncollected prentums and easier's balances in the course of collection. 15.2 Deferred prentums; agents' balances in the course of collection. 15.3 Carcend retrospective prentums and contracts subject to redetermination. 16. Reinsurance: 16.1 Annotated by or episable with viriances and installments booked but deferred and not yet due. 15.1 Accruent retrospective prentums and contracts subject to redetermination. 16. Reinsurance: 16.1 Annotated by or episable with viriances and installments booked but deferred and not yet due. 15.1 Order annotate receivable under reinsurance companies. 16.3 Other annotate receivable under reinsurance companies. 16.4 Other annotates receivable under reinsurance companies. 16.5 Other annotates receivable under reinsurance companies. 16.6 Guaranty funds receivable under reinsurance companies. 16.7 Guaranty funds receivable under reinsurance companies. 16.8 Vet deferred ax asset . 18. Permiture and equipment, including beath care device yeasets . 19. Guaranty funds receivable under reinsurance companies. 19. Guaranty funds receivable under reinsurance companies. 19. Guaranty funds receivable under reinsurance companies. 19. Total under a device of the produce of the produc		2.1 Preferred stocks						
3. Mortgage loans on real estate (Schedule B): 3.1 First liens. 3.2 Other than first liens. 3.2 Other than first liens. 4.1 Properties occupied by the company. 4.2 Properties held for sale. 5. Cash (Schedule FAP 1): Cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA). 6. Cash (Schedule E-Part 1): Cash equivalents (Schedule E-Part 2): and short-term investments (Schedule DA). 7. Catter (Jose). 8. Other invested assets (Schedule DA). 8. Other invested assets (Schedule DA). 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 Tific insurers only) 14. Investment income due and accrued 15. Title plants (for Tific insurers only) 15. Deferred premiums and considerations: 15.1 Uncollected premiums and ensisterations: 15.2 Deferred premiums and considerations: 15.3 Carcend reirospective premiums and contracts subject to redetermination. 16. Reinsurance: 16. Agency and the subject to redetermination. 16. Reinsurance: 16. Other amounts receivable lender reinsurance contracts. 16. Other amounts receivable and reinsurance contracts. 16. Other amounts receivable and reinsurance contracts. 17. Amounts receivable and foreign income tax recoverable and interest thereon. 18. Net deferred tax asset. 19. Guaranty funds receivable and software. 21. Furniture and equipment, including bealth care delivery assets. 22. Net adjustment in assets and infailities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care and other amounts receivable under reinsurance contracts. 25. Aggregate write-ins for the subsidiaries and affiliates. 26. Total assets excluding Septental Accounts and Protected Cell Accounts (Lines 12 to 25). 27. From September Accounts September Accounts and Protected Cell Accounts (Lines 12 to 25). 28. Summary of remaining write-ins for Line 25 from overflow page.  290. 2901. 2902.		2.2 Common stocks						
3.2 Other than first leins. 4. Real estate (Schedule JA) 4.1 Properties bed for the production of income. 4.2 Properties beld for the production of income. 4.3 Properties beld for side. 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA). 6. Contract loans. 7. Derivatives (Schedule DA). 8. Other invested assets (Schedule BA). 9. Receivables (Schedule BA). 10. Receivables (Schedule BA). 11. Aggregate write-ins for invested assets (Schedule BL). 12. Subtotals, each and invested assets (Lines I to I I). 13. Title plants (for Title insurers only). 14. Investment income due and accrued. 15. Uncollected premiums and agents' balances in the course of collection. 15.1 Uncollected premiums and agents' balances and installments booked but deferred and not yet due. 15.1 Derivatives (Schedule Ba). 15.2 Derivatives (Schedule Ba). 15.3 Title plants (for Title insurers only). 15.4 Derivative (Schedule Ba). 15.5 Derivatives (Schedule Ba). 15.6 Reinsurance: 16.1 Amounts recoverable from reinsurers. 16.2 Funds held by or deposited with reinsured companies. 16.3 Funds for the insurance of the insurance contracts. 16.4 Funds in the course of collection. 16.5 Reinsurance: 17. Amounts recoverable from reinsurers. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 18.2 Net deferred tax asset. 18.3 Title plants and insulinative and interest thereon. 18.4 Healt acrea and other amounts receivable under reinsurance contracts. 20. Receivables from parent, subsidiaries and affiliates. 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. Healt acrea and other amounts receivable and interest thereon. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets exchaling Separat Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25). 27. The contract o	3.							
4.1 Properties occupied by the company. 4.2 Properties beld for the production of income. 4.3 Properties beld for sale. 5. Cash (Schedule F-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. 9. Receivables for secur		3.1 First liens						
4.1 Properties occupied by the company. 4.2 Properties beld for the production of income. 4.3 Properties beld for sale. 5. Cash (Schedule F-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. 9. Receivables for secur		3.2 Other than first liens						
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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	10.							
16.3 Other amounts receivable unisured plans 17. Amounts receivable relating to unisured 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 (Lines 12 to 25). 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. 2503. 2508. Summary of remaining write-ins for Line 25 from overflow page.								
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 (Lines 12 to 25).  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.  2503.  2598. Summary of remaining write-ins for Line 25 from overflow page.								
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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. 2503. 2598. Summary of remaining write-ins for Line 25 from overflow page.								
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 33. Receivables from parent, subsidiaries and affiliates 44. Health care and other amounts receivable 55. Aggregate write-ins for other-than-invested assets. 56. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell 57. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 58. Total (Lines 12 to 25) 59. Total (Lines 26 and 27)  DETAILS OF WRITE-INS 1101. 1102. 1103. 1109. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 12501. 12502. 12503. 12598. Summary of remaining write-ins for Line 25 from overflow page.								
21. Furniture and equipment, including health care delivery assets		1						
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								
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.	24.							
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	25.	Aggregate write-ins for other-than-invested assets						
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.	26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell						
28. Total (Lines 26 and 27)  DETAILS OF WRITE-INS  1101								
DETAILS OF WRITE-INS	27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts						
1101	28.	Total (Lines 26 and 27)						
1102.	DETAILS OF WRITE-INS							
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	1103.							
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)								
	2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)						

#### NOTES TO FINANCIAL STATEMENTS

Not for Distribution

#### 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? 4.12 renewals?	Yes [ ] No [ ] 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? 4.22 renewals?	Yes [ ] No [ ] 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 2 3	
	Name of Entity NAIC Company Code 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,	0.4
	<ul><li>7.21 State the percentage of foreign control</li><li>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).</li></ul>	%
	1 2 Nationality Type of Entity	
	reauonanty 1 ype of Entity	

finai Dep	ncial regulatory service osit Insurance Corpora	es agency [i.e. the Federal ation (FDIC) and the Secur	Reserve Board (FRB), the ities Exchange Commission	Office of the Comptroller of on (SEC)] and identify the af	f the Currency (OCC), the Fe filiate's primary federal regu	deral lator.	
	1	2	3	4	5	6	7
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC	
Fede	eral Reserve System or	a subsidiary of the deposit	tory institution holding co	mpany?	ined by the Board of Govern-		No [ ]
Rese	erve Board's capital rul	le?		* *		Yes [ ]	No [ ]
					conduct the annual audit?		
Has requ state	the insurer been grante irements as allowed in law or regulation?	ed any exemptions to the p Section 7H of the Annual	rohibited non-audit servic Financial Reporting Mod	es provided by the certified i el Regulation (Model Audit	ndependent public accountar Rule), or substantially simila	it	No [ ]
f th							
as al	the insurer been grante llowed for in Section 1	ed any exemptions related 8A of the Model Regulation	to the other requirements on, or substantially similar	of the Annual Financial Reports	orting Model Regulation	Yes [ ]	No [ ]
Has	the reporting entity est	tablished an Audit Commit	ttee in compliance with th	e domiciliary state insurance	laws?	Yes [ ]	No [ ]
If the							
cons	at is the name, addre sulting firm) of the indi	ess and affiliation (officer ividual providing the stater	/employee of the report ment of actuarial opinion/	ing entity or actuary/consucertification?	ltant associated with an ac	tuarial 	
Doe	s the reporting entity o	wn any securities of a real	estate holding company of	12.12 Number of parcel	te holding company s involved	Yes [ ]	No [ ]
If ye	es, provide explanation			12.13 Total book/adjust	ed carrying value	s	
FOR		RANCHES OF ALIEN R					
Wha	at changes have been m	nade during the year in the	United States manager or	the United States trustees of	the reporting entity?		
			,	agh its United States Branch	on risks wherever located?		No [ ]
		ges made to any of the trust has the domiciliary or entry				Yes [ ] Yes [ ]	No [ ]
	lar functions) of the re	porting entity subject to a	code of ethics, which included	ides the following standards		Yes [ ]	No [ ]
1.	relationships;		Ü	••	between personal and profes	sional	
).		•	-	reports required to be filed b	y the reporting entity;		
). 1.		plicable governmental law reporting of violations to a	_	ersons identified in the code;	and		
a. e.		dherence to the code.		racinimou in the code,			
	e response to 14.1 is no	o, please explain:					
Has							No [ ]
Has the code of ethics for senior managers been amended?  Yes [] No []  If the response to 14.2 is yes, provide information related to amendment(s)							

1	2		3		4	Ī	
American Bankers	2		3		4		
Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumetances Tha	ıt Can Trigge	er the Letter of Credit	Amount		
Number	Dank Ivanic	Circumstances Tha	it Call Trigge	i the Letter of Credit	Amount		
		PO.	DD OF D	DECTOR			
s the nurchase or sal	e of all investments of the repo			RECTORS  ne board of directors or a	subordinate		
committee thereof?	ntity keep a complete permanen		-				Yes [ ] No
committees thereof? Has the reporting ent	ity an established procedure for	disclosure to its board	d of directors	or trustees of any mater	rial interest or affi	liation on the part of	Yes [ ] No [
any of its officers, di	rectors, trustees or responsible	employees that is in co	nflict or is lil	cely to conflict with the	official duties of s	uch person?	Yes [ ] No
			FINANC	CIAL			
Has this statement b Principles)?	een prepared using a basis of	accounting other than	Statutory A	accounting Principles (e	.g., Generally Ac	cepted Accounting	Yes [ ] No [
Total amount loaned	during the year (inclusive of Se	eparate Accounts, exclu	usive of polic	ey loans): To directors or other of	officers		\$
				To stockholders not o Trustees, supreme or	fficers	nlv)	\$ 
Total amount of loan	s outstanding at the end of year	(inclusive of Separate		clusive of policy loans)	:	,)	\$
			20.22 20.23	To stockholders not o Trustees, supreme or		nly)	\$ \$
reported in the staten			on to transfer	to another party without	t the liability for s	uch obligation being	Yes [ ] No [
If yes, state the amou	ant thereof at December 31 of the	e current year:	21.21	Rented from others			\$
		C()	21.22	Borrowed from others	S		\$
			21.23 21.24	Leased from others Other			\$
Does this statement association assessme If answer is yes:	include payments for assessments?	ients as described in	the Annual S	Statement Instructions of	other than guarant	ty fund or guaranty	Yes [ ] No [
11 answer 18 yes.	770		22.21 22.22	Amount paid as losses Amount paid as exper			\$ \$
Danishan d			22.23	Other amounts paid			\$
If yes, indicate any a	ntity report any amounts due from parent	included in the Page 2	amount:	J			Yes [ ] No [ \$
days?	ize third parties to pay agent c 1 is yes, identify the third-party				arues are not sett	iea in Tuli Within 90	Yes [ ] No [
if the response to 24.	1	that pays the agents a		2	D (V/NI-)		
	Name of Third-Party		is the Thire	d-Party Agent a Related	rafty (Yes/No)		
			INVESTM	ENT			

25.02 25.03	If no, give full and complete information For securities lending programs, provide collateral is carried on or off-balance she	a description of the propert. (an alternative is to	ogram including value reference Note 17 wh	for collateral and amount of loan- ere this information is also provid-	ed securities, and whether			
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 25.06							] No[]	N/A [ ]
25.07 25.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?  Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?						No[] No[]	
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							
26.1	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  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).						[ ] No	
26.2	If yes, state the amount thereof at Decem		ear:			103	[ ] 110	LJ
		26.21	Subject to repurch			\$		
		26.22 26.23		repurchase agreements		\$		
		26.23		dollar repurchase agreements		\$		
		26.25	Placed under optic	n agreements		\$		
		26.26		urities restricted as to sale – exclu-	ding FHLB Capital Stock	\$		
		26.27	FHLB Capital Sto			\$ \$		
		26.28 26.29	On deposit with st	her regulatory bodies		\$		
		26.30	Pledged as collater	al - excluding collateral pledged		\$		
		26.31		ral to FHLB - including assets bac	king funding agreements	\$		
26.3	For category (26.26) provide the following	26.32	Other			\$		
20.3	Tor category (20.20) provide the following			+ 1				
		1	2		3			
	Nature	of Restriction	Descript	ion A	Amount			
			*.					
27.1 27.2	Does the reporting entity have any hedgi If yes, has a comprehensive description of If no, attach a description with this stater	of the hedging program		to the domiciliary state?		Yes [ ] Yes [ ]		N/A [ ]
LINES 2	7.3 through 27.5: FOR LIFE/FRATERN	AL REPORTING ENT	TITIES ONLY:					
27.3 27.4	Does the reporting entity utilize derivative If the response to 27.3 is YES, does the YE	reporting entity utilize:			terest rate sensitivity?	Yes [ ]	No [ ]	
		27.41 27.42	Special accounting Permitted account	provision of SSAP No. 108		Yes [ ]	No [ ]	
		27.42	Other accounting				No [ ]	
27.5	By responding YES to 27.41 regarding		٠,	=	ng entity attests to the		No [ ] No [ ]	
	following:				-8,	[ ]	[ ]	
	The reporting entity has obtaine							
	Hedging strategy subject to the  Actuarial cartification has be			of the requirements of VM-21.  dging strategy is incorporated	within the			
				ng strategy within the Actuarial				
	Conditional Tail Expectation A		1 8	5 5				
				hedging strategy meets the defi				
	being used by the company in it			ned Hedging Strategy is the hedging	ng strategy			
		, ,	J					
28.1	Were any preferred stocks or bonds own	ed as of December 31 of	of the current year ma	ndatorily convertible into equity, o	or, at the option of the			
20.2	issuer, convertible into equity?	shou 21 of the assument se				Yes [ ]	No [ ]	
28.2 29.	If yes, state the amount thereof at Deceme Excluding items in Schedule E, Part 3			s and investments held physically	in the reporting entity's	φ		
	offices, vaults or safety deposit boxes,	were all stocks, bonds	and other securities	, owned throughout the current y	year held pursuant to a			
	custodial agreement with a qualified ba					W F 1	NT. F 3	
20.01	Outsourcing of Critical Functions, Custo					Yes [ ]	INO [ ]	
29.01	For agreements that comply with the req	uirements of the NAIC	rinancial Condition	Examiners Handbook, complete th	ie iollowing:			
			1	2	1			
		Name	of Custodian(s)	Custodian's Address				
			•		1			
					1			
					1			

	1 Name(s)			2 tion(s)	Compl	3 lete Explanation(s)		
3 ]	Have there been any changes, includi	ng name changes, in	n the custodian(s) ide	entified in 29.01 during	the current yea	r?	Yes	[]
]	If yes, give full and complete informa	ntion relating thereto	0:					
	1 Old Custodian	N	2 Iew Custodian	Date of Cha	unge	4 Reason		
	nvestment management – Identify all on behalf of the reporting entity. This							
	that have access to the investment			For assets that are man	2	by employees of the	Teporting entity, note a	is sucii.
-	Name of Firm or	Individual		A	ffiliation		_	
_					A.1		-	
	29.0597 For those firms/individua							
6	29.0598 For firms/individuals una does the total assets unde	affiliated with the re	reporting entity (i.e., regate to more than 50	0% of the reporting ent	') listed in the t ity's invested as	able for Question 29	Yes 9.05, Yes	[ ]
6	29.0598 For firms/individuals una does the total assets unde For those firms or individuals listed	affiliated with the re	reporting entity (i.e., regate to more than 50	designated with a "U" 0% of the reporting ent	') listed in the t ity's invested as	able for Question 29 ssets? filiated), provide the	Yes 9.05, Yes information for the tabl	[ ]
06	29.0598 For firms/individuals una does the total assets unde	affiliated with the remanagement aggred in the table for 29.	reporting entity (i.e., regate to more than 50	designated with a "U" 0% of the reporting ent	) listed in the t ity's invested as d) or "U" (unafi	able for Question 29	Yes 9.05, Yes	ement
06	29.0598 For firms/individuals una does the total assets under For those firms or individuals listed	affiliated with the remanagement aggred in the table for 29.	reporting entity (i.e., regate to more than 50 .05 with an affiliation 2	designated with a "U")% of the reporting ent a code of "A" (affiliate	) listed in the t ity's invested as d) or "U" (unafi	able for Question 29 ssets? filiated), provide the	Yes 9.05, Yes information for the tabl	ement
	29.0598 For firms/individuals una does the total assets under For those firms or individuals listed	affiliated with the remanagement aggred in the table for 29.  umber Name of diversified mutual and diversified mutual and affiliated with the remanagement aggree.	reporting entity (i.e., regate to more than 50 and 50 with an affiliation 2 affirm or Individual funds reported in Sch	designated with a "U" )% of the reporting ent in code of "A" (affiliate  Legal Entity Identifier (LEI)	) listed in the tity's invested as d) or "U" (unaf	able for Question 29 ssets? filiated), provide the  4 istered With	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed
2	29.0598 For firms/individuals undoes the total assets under For those firms or individuals listed.  1 Central Registration Depository Notes the reporting entity have any Exchange Commission (SEC) in the If yes, complete the following schemes.	affiliated with the remanagement aggred in the table for 29.  umber Name of diversified mutual the Investment Comp	reporting entity (i.e., egate to more than 50.05 with an affiliation 2  If Firm or Individual funds reported in Schoany Act of 1940 [Second School 1940]	designated with a "U" )% of the reporting ent in code of "A" (affiliate  Legal Entity Identifier (LEI)	) listed in the tity's invested as d) or "U" (unafted)  Reg	able for Question 29 ssets?  filiated), provide the  4  istered With  g to the Securities an	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed
	29.0598 For firms/individuals und does the total assets under For those firms or individuals listed 1  Central Registration Depository Notes the reporting entity have any Exchange Commission (SEC) in the	affiliated with the remanagement aggred in the table for 29.  umber Name of diversified mutual the Investment Comp	reporting entity (i.e., regate to more than 50 and 50 with an affiliation 2 affirm or Individual funds reported in Sch	designated with a "U")% of the reporting entering code of "A" (affiliate a Legal Entity Identifier (LEI) are dule D – Part 2 (divertion 5 (b) (1)])?	) listed in the tity's invested as d) or "U" (unaf	able for Question 29 ssets? filiated), provide the  4 istered With	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed
	29.0598 For firms/individuals una does the total assets under For those firms or individuals listed 1  Central Registration Depository N  Does the reporting entity have any Exchange Commission (SEC) in the If yes, complete the following schemes the second of the complete the following schemes the complete the complete the complete the following schemes the complete the	affiliated with the remanagement aggred in the table for 29.  umber Name of diversified mutual the Investment Comp	reporting entity (i.e., egate to more than 50 .05 with an affiliation 2	designated with a "U")% of the reporting entering code of "A" (affiliate a Legal Entity Identifier (LEI) are dule D – Part 2 (divertion 5 (b) (1)])?	) listed in the tity's invested as d) or "U" (unaff	able for Question 29 ssets? filiated), provide the  4 istered With	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed
	29.0598 For firms/individuals una does the total assets under For those firms or individuals listed 1  Central Registration Depository N  Does the reporting entity have any Exchange Commission (SEC) in the If yes, complete the following schemes the second of the complete the following schemes the complete the complete the complete the following schemes the complete the	affiliated with the remanagement aggred in the table for 29.  umber Name of diversified mutual the Investment Comp	reporting entity (i.e., egate to more than 50 .05 with an affiliation 2	designated with a "U")% of the reporting entering code of "A" (affiliate a Legal Entity Identifier (LEI) are dule D – Part 2 (divertion 5 (b) (1)])?	) listed in the tity's invested as d) or "U" (unaff	able for Question 29 ssets? filiated), provide the  4 istered With	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed
	29.0598 For firms/individuals una does the total assets under For those firms or individuals listed 1  Central Registration Depository Notes the reporting entity have any Exchange Commission (SEC) in the If yes, complete the following schemes the complete the complete the complete the following schemes the complete the co	affiliated with the remanagement aggregation of the table for 29.  Sumber Name of the table for 29.	reporting entity (i.e., egate to more than 50 .05 with an affiliation 2  If Firm or Individual funds reported in Schaany Act of 1940 [Secondary Act of Mutual Funds of Mutual Funds reported in Schaany Act of Mutual Funds reported in Schaan Reported reported in Schaan Reported	designated with a "U" )% of the reporting ent in code of "A" (affiliate  Legal Entity Identifier (LEI)  medule D – Part 2 (divection 5 (b) (1)])?	) listed in the tity's invested as d) or "U" (unaff	able for Question 29 ssets? filiated), provide the  4 istered With	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed
	29.0598 For firms/individuals und does the total assets under For those firms or individuals lister 1  Central Registration Depository Notes the reporting entity have any Exchange Commission (SEC) in the If yes, complete the following school CUSIP #	affiliated with the remanagement aggregation of the table for 29.  Sumber Name of the table for 29.	reporting entity (i.e., egate to more than 50.05 with an affiliation 2  of Firm or Individual funds reported in Schoany Act of 1940 [Secondary Act of Mutual Funds of Mutual Funds reported in Schoany Act of Mutual Funds reported in Schoany Act of Mutual Funds reported in Schoany Act of 1940 [Secondary Act of Mutual Funds reported in Schoany Act of Mutual Funds reported reported in Schoany Act of Mutual Funds reported repor	designated with a "U" )% of the reporting ent in code of "A" (affiliate  Legal Entity Identifier (LEI)  medule D – Part 2 (divection 5 (b) (1)])?	) listed in the tity's invested as d) or "U" (unaffine Region of the content of t	able for Question 29 ssets? filiated), provide the  4 istered With	Yes 9.05, Yes information for the tabl  Investment Manage Agreement (IMA)	ement Filed

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
				Excess of Statement
				over Fair Value (-),
		Statement (Admitted)		or Fair Value over
		Value	Fair Value	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 32.2	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?  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)	Yes [ ]	No [ ]
32.3	for all brokers or custodians used as a pricing source?  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:	Yes [ ]	No [ ]
33.1 33.2	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?  If no, list exceptions:	Yes [ ]	No [ ]
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.		
35.	Has the reporting entity self-designated 5GI securities?  By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the <i>Purposes and Procedures Manual of the NAIC Investment Analysis Office</i> (P&P Manual) for private letter rating (PLR) securities and the following	Yes [ ]	No [ ]
	elements of each self-designated PLGI security:  a. The security was either:  i. issued prior to January 1, 20182018 (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 a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer		
	<ul> <li>and available for examination by state insurance regulators.</li> <li>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.</li> </ul>		
36.	Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?  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.	Yes [ ]	No [ ]
	<ul> <li>b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.</li> <li>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.</li> <li>d. The fund only or predominantly holds bonds in its portfolio.</li> <li>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.</li> </ul>		
	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[

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 rep				
39.1	Does the reporting entity directly or indirectly accept crypto	Yes [ ] No [ ]			
39.2	If the response to 39.1 is yes, are the cryptocurrencies held				
		leld directly		Yes [ ] No [ ]	
		Immediately converted to U.S. dollars			
39.3		ponse to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.			
	1	2	3	٦	
	1	Immediately Converted to USD,	3		
	Name of Cryptocurrency	Directly Held, or Both	Accepted for Payment of Premiums		
				_	
		OTHER			
40.1	Amount of payments to trade associations, service organiza	ations and statistical or rating bureaus if an	v?	\$	
40.2	List the name of the organization and the amount paid		-	Ψ	
.0.2	associations, service organizations, and statistical or rating				
		1 2 Name Amount Pa	., •,		
		Name Amount Pa	nid .		
		\$			
		\$			
		\$			
		<b>*</b>			
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 the period covered by this statement.	payment represented 25% or more of the	total payments for legal expenses during		
	the period covered by this statement.	+ C			
		1 2			
		Name Amount Pa	id		
		Š			
		\$			
		\$ \$			
		1.2			
12.1	Amount of normants for organistims in according	wattaw hafana lasialatiya hadiga - ff	donoutments of government if	¢.	
12.1	Amount of payments for expenditures in connection with n	natiers before legislative bodies, officers, of	departments of government, if any?	\$	

42.2	T : 41
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
	\$
	\$
	\$
	\$

# PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Ac	cident and Health Companies/Fraternal Benefit S Does the reporting entity have any direct Medicare				Ves [ ]	No [ ]	
1.2	If yes, indicate premium earned on U.S. business o				\$	110 [ ]	
1.3	What portion of Item (1.2) is not reported on the M	•	perience Exhibit?		\$ \$		
1.5	1.31 Reason for excluding:				Ψ		
1.4	Indicate amount of earned premium attributable to				\$		
1.5	Indicate total incurred claims on all Medicare Supp	olement insurance.			\$		
1.6	Individual policies:						
		Most current three years:					
		1.61 Total premium earne	d		\$		
		1.62 Total incurred claims	<b>S</b>		\$		
		1.63 Number of covered li	ives				
		All years prior to most curr	ent three years:				
		1.64 Total premium earne	d		\$		
		1.65 Total incurred claims	;		\$		
		1.66 Number of covered la	ives				
1.7	Group policies:						
	• •	Most current three years:					
		1.71 Total premium earne	d		\$		
		1.72 Total incurred claims			\$		
		1.73 Number of covered l			-		
		All years prior to most curr					
		1.74 Total premium earne		,	\$		
		1.75 Total incurred claims			\$		
		1.76 Number of covered l					
2.	Health Test:	1.70 Trumber of covered in					
۷.	ricardi Test.			2			
			Current Year	Prior Year			
		2.1 Premium Numerator	\$	\$			
		2.2 Premium Denominator		\$ \$			
		2.3 Premium Ratio (2.1/2.:		Ψ			
		2.4 Reserve Numerator	<u> </u>	\$			
		2.5 Reserve Denominator	\$ \$	\$			
		2.6 Reserve Ratio (2.4/2.5	*	Ψ			
3.1	Does this reporting entity have Separate Accounts?		/		Vec [ ]	No [ ]	
3.2	If yes, has a Separate Accounts statement been file					No [ ]	NI/A F 1
3.3	What portion of capital and surplus funds of the		sta in the Concrete Assessment	statement is not augmently	165 [ ]	NO [ ]	IVA [ ]
3.3	distributable from the Separate Accounts to the ger			statement, is not currently	\$		
3.4	State the authority under which Separate Accounts						
3.5	Was any of the reporting entity's Separate Account				Yes [ ]	No [ ]	
3.6	Has the reporting entity assumed by reinsurance an					No [ ]	
3.7	If the reporting entity has assumed Separate Account			for reinsurance of Separate	[ ]	[ ]	
	Accounts reserve expense allowances is included (net)?"				\$		
4.	For reporting entities having sold annuities to and from the claimant (payee) as the result of the purch			ained a release of liability			
4.1	Amount of loss reserves established by these annui	ities during the current year:			\$		
4.2	List the name and location of the insurance compar	ny purchasing the annuities and the	e statement value on the purcha	se date of the annuities.			
		1	2				
		P&C Insurance Company	Statement Value				
		and	on Purchase Date of Annuit	es			
		Location	(i.e., Present Value)	I			

1	2
P&C Insurance Company	Statement Value
and	on Purchase Date of Annuities
Location	(i.e., Present Value)
	\$
	\$
	\$
	\$

#### PART 2 -LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

5.1	Do you act as a custodian	for health savings a	ccounts?					Yes [ ] No [ ]	
5.2	If yes, please provide the			of the reporting da	te.			\$	
5.3	Do you act as an administ		~					Yes [ ] No [ ]	
5.4	If yes, please provide the			1 0				\$	
6.1	Are any of the captive aff	-		3, authorized rein	nsurers?			Yes [ ] No [ ] NA	[]
6.2	If the answer to 6.1 is yes	, please provide the	following:						
			1 2	2	4	T	G 4: D G	P.	
		1	2 NAIC	3	4	Assets 5	Supporting Reserve Cre 6	7	
		Company	Company	Domiciliary	Reserve	Letters of	Trust	,	
		Name	Code	Jurisdiction	Credit	Credit	Agreements	Other	
							_		
7.	Provide the following for	individual ordinary l	life insurance*	policies (U.S. bus	iness only) for th	e current vear (prio	or to reinsurance		
	assumed or ceded).	,		F					
			7.	1 Direct Premiu	ım Written			\$	
			7.3	2 Total Incurred	d Claims			\$	_
			7.			•			_
									_
					ife Insurance Ir				
						sue, "short form ap			
		Whole Life	e (whether full	underwriting, lim	ited underwriting	, jet issue, "short fo	orm app")		
		Variable L	ife (with or wit	thout secondary g	uarantee)				
		Universal	Life (with or w	ithout secondary	guarantee)				
		Variable U	Iniversal Life (	with or without se	condary guarante	ee)			
					, ,				
8.	Is the reporting entity licer	nsed or chartered, re	gistered, qualif	ied, eligible or wn	iting business in	at least two states?		Yes [ ] No [ ]	
8.1	If no, does the reporting en						the state of domicile		
	of the reporting entity?	,						Yes [ ] No [ ]	
					1				
9.	Reporting entities admitting					_	r tre		
	<ul> <li>a. Fixed income investme policies.</li> </ul>	ents generating IMR	losses comply	with the reporting	g entity's docume	nted investment or	liability management		
	b. IMR losses for fixed in	aama ralatad dariya	tivos oro all in	oggardenge with n	unident and decay	nantad riek manage	mont procedures in		
	accordance with a repo								
	gains were reversed to	IMR and amortized	in lieu of being	g recognized as re	alized gains upon	derivative termina	tion.		
	c. Any deviation to (a) wa	as either because of	a temporary an	d transitory timing	g issue or related	to a specific event,	such as a reinsurance		
	transaction, that mecha								
	d. Asset sales that were g	enerating admitted n	negative IMR w	ere not compelled	d by liquidity pre	ssures (e.g., to fund	significant cash		
	outflows including, but								
	Is the reporting entity adn	nitting net negative (	disallowed) IM	IR in accordance v	with these criteria	1?		Yes [ ] No [ ] NA	[ ]
10.	Provide the current-year a								
		Individual an	d Industrial Lif	<u>fe</u>				Amount at Risk	
	10	.01 Modified Co	insurance Assu	med Reserves				\$	
	10	.02 Modified Co	insurance Cede	d Reserves				\$	
		Individual an	d Industrial Lif	fe Policies With P	ricing Flexibility			Amount of Risk	
	10			med – Ceded) in I				\$	
			*	rect + Assumed –				\$	
			•	Life Reserves (Di	· · · · · · · · · · · · · · · · · · ·	Cadad)		<u> </u>	
				`		- Ccdcd)		9	
			s (10.04 + 10.0)	Reserves (Assume	a – Cedea)			\$	
			*					ა <u></u>	<del></del> -
	10	.08 Life Net Amo	ount at Risk (10	J.03 – 10.07)				\$	
				rm Life Policies V		<u>lexibility</u>		Amount of Risk	
			•	med – Ceded) in I				\$	
			,	rect + Assumed –	*			\$	
	10	.11 Separate Acc	ount Exhibit 3	Life Reserves (Di	rect + Assumed -	- Ceded)		\$	
	10	.12 Net Modified	l Coinsurance F	Reserves (Assume	d – Ceded)			\$	
	10	.13 Life Reserve	s (10.10 + 10.1	1 + 10.12)				\$	
			D: 1 (1)						

#### PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

	Group and Credit Life (Excluding FEGLI/SGLI)	Amount at Risk
10.15	5 Modified Coinsurance Assumed Reserves	\$
10.16	6 Modified Coinsurance Ceded Reserves	\$
	Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms 36 Months and Under	Amount of Risk
10.17	7 Net Amount (Direct + Assumed – Ceded) in Force	\$
10.18	8 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$
10.19		\$
10.20		\$
10.21		\$
10.22	2 Life Net Amount at Risk (10.17 – 10.21)	\$
	Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms Over 36 Months	Amount of Risk
10.23		\$
10.24	4 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$
10.25		\$
10.26		\$
10.27		\$
10.28		\$
	Group and Credit Permanent Life (Excluding FEGLI/SGLI) with Pricing Flexibility	Amount of Risk
10.29	9 Net Amount (Direct + Assumed – Ceded) in Force	\$
10.30	0 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$
10.31	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$
10.32	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$
10.33	3 Life Reserves (10.30 + 10.31 + 10.32)	\$
10.34	4 Life Net Amount at Risk (10.29 – 10.33)	\$
1 Are personnel or facilities of	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used	
1 Are personnel or facilities of by this reporting entity (exc studies)"?	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used	T .
1 Are personnel or facilities of by this reporting entity (exc studies)"?	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid	T .
1 Are personnel or facilities of by this reporting entity (exc studies)"?	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:	T .
Are personnel or facilities of by this reporting entity (exe studies)"?  Net reimbursement of such e	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid	T .
Are personnel or facilities of by this reporting entity (exe studies)"?  Net reimbursement of such e  Does the reporting entity wri	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received	Yes [ ] No [ ] \$
Are personnel or facilities of by this reporting entity (exe studies)"?  Net reimbursement of such e  Does the reporting entity wri	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:    11.21   Paid     11.22     Received	Yes [ ] No [ ] \$
Are personnel or facilities of by this reporting entity (exe studies)"?  Net reimbursement of such e  Does the reporting entity wri	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:    11.21   Paid   11.22   Received   Rece	Yes [ ] No [ ]  \$ Yes [ ] No [ ]
Are personnel or facilities of by this reporting entity (exc studies)"?  Net reimbursement of such e  Does the reporting entity wri  If yes, what amount pertaining	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received itte any guaranteed interest contracts?  In g to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1	Yes [ ] No [ ]  \$ Yes [ ] No [ ]
Are personnel or facilities of by this reporting entity (exc studies)"?  Net reimbursement of such e  Does the reporting entity wri If yes, what amount pertaining	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received itte any guaranteed interest contracts?  In g to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1	Yes [ ] No [ ]  \$ Yes [ ] No [ ]
Are personnel or facilities of by this reporting entity (exc studies)"?  Net reimbursement of such e  Does the reporting entity wri If yes, what amount pertaining  For stock reporting entities of Total amount paid in by stoc	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received rite any guaranteed interest contracts? ring to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1 ring only:	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ \$ \$ \$
Are personnel or facilities of by this reporting entity (exc studies)"?  Net reimbursement of such e  Does the reporting entity wri If yes, what amount pertaining  For stock reporting entities of Total amount paid in by stoc	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used expert for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  ite any guaranteed interest contracts?  ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  ekholders as surplus funds since organization of the reporting entity:  olders since organization of the reporting entity:  14.11 Cash	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ \$
1 Are personnel or facilities of by this reporting entity (exe studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertaining  For stock reporting entities of 1 Total amount paid in by stock Total dividends paid stockhool	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used expert for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  itte any guaranteed interest contracts?  ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  ckholders as surplus funds since organization of the reporting entity:  14.11 Cash 14.12 Stock	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$  \$ \$ \$ \$ \$
1 Are personnel or facilities of by this reporting entity (exe studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertainin  For stock reporting entities o 1 Total amount paid in by stoc Total dividends paid stockho	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used expenses between reporting entities:    11.21	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ \$ \$ \$
1 Are personnel or facilities of by this reporting entity (exc studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertainir  For stock reporting entities o 1 Total amount paid in by stoc Total dividends paid stockho  Does the reporting entity rein Reinsurance (including retroe	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  ite any guaranteed interest contracts?  ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  ckholders as surplus funds since organization of the reporting entity:  olders since organization of the reporting entity:  14.11 Cash 14.12 Stock  insure any Workers' Compensation Carve-Out business defined as:  decessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$  \$ \$ \$ \$ \$
1 Are personnel or facilities of by this reporting entity (exc studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertainin 2 For stock reporting entities o 1 Total amount paid in by stoc 2 Total dividends paid stockho  Does the reporting entity reir 3 Reinsurance (including retros occupational illness and accie	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used expenses between reporting entities:    11.21	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ S \$ \$ \$
1 Are personnel or facilities of by this reporting entity (exc studies)"? 2 Net reimbursement of such e  1 Does the reporting entity wri 2 If yes, what amount pertainin  For stock reporting entities o 1 Total amount paid in by stoc Total dividends paid stockho  Does the reporting entity rein Reinsurance (including retrooccupational illness and accie insurance.	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  ite any guaranteed interest contracts?  Ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  ckholders as surplus funds since organization of the reporting entity:  olders since organization of the reporting entity:  14.11 Cash 14.12 Stock  Insure any Workers' Compensation Carve-Out business defined as:  special only in the complex of the insurers of medical, wage loss and death benefits of the ident exposures, but not the employer's liability exposures, of business originally written as workers' compensation	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1.1 Are personnel or facilities of by this reporting entity (exc studies)**? 2 Net reimbursement of such e  1.1 Does the reporting entity wri 2 If yes, what amount pertainin  1. For stock reporting entities o 1.1 Total amount paid in by stoc  Total dividends paid stockho  Does the reporting entity reir  Reinsurance (including retroo occupational illness and accidinsurance.  If yes, has the reporting entit	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  ite any guaranteed interest contracts?  Ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  excholders as surplus funds since organization of the reporting entity:  olders since organization of the reporting entity:  14.11 Cash 14.12 Stock  insure any Workers' Compensation Carve-Out business defined as:  occasional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the ident exposures, but not the employer's liability exposures, of business originally written as workers' compensation try completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$  \$ \$ \$ \$ \$
1.1 Are personnel or facilities of by this reporting entity (exc studies)**? 2 Net reimbursement of such e  1.1 Does the reporting entity wri 2 If yes, what amount pertainin  1. For stock reporting entities o 1.1 Total amount paid in by stoc  Total dividends paid stockho  Does the reporting entity reir  Reinsurance (including retroo occupational illness and accidinsurance.  If yes, has the reporting entit	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  ite any guaranteed interest contracts?  Ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  ckholders as surplus funds since organization of the reporting entity:  olders since organization of the reporting entity:  14.11 Cash 14.12 Stock  insure any Workers' Compensation Carve-Out business defined as:  occasional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the ident exposures, but not the employer's liability exposures, of business originally written as workers' compensation try completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?  of earned premiums and claims incurred in this statement are:	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1 Are personnel or facilities of by this reporting entity (exc studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertainin 2 For stock reporting entities o 1 Total amount paid in by stoc 2 Total dividends paid stockho 2 Does the reporting entity reir 3 Reinsurance (including retros occupational illness and accidinsurance. 3 If yes, has the reporting entity	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  ite any guaranteed interest contracts?  Ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  ckholders as surplus funds since organization of the reporting entity:  olders since organization of the reporting entity:  14.11 Cash 14.12 Stock  insure any Workers' Compensation Carve-Out business defined as:  occasional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the ident exposures, but not the employer's liability exposures, of business originally written as workers' compensation try completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?  of earned premiums and claims incurred in this statement are:  1 2 3	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1 Are personnel or facilities of by this reporting entity (exc studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertainin 2 For stock reporting entities o 1 Total amount paid in by stoc 2 Total dividends paid stockho 2 Does the reporting entity reir 3 Reinsurance (including retros occupational illness and accidinsurance. 3 If yes, has the reporting entity	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used expert for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:    11.21	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1 Are personnel or facilities of by this reporting entity (exe studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertainin  For stock reporting entities o 1 Total amount paid in by stoc Total dividends paid stockho  Does the reporting entity rein Reinsurance (including retroc occupational illness and accidinsurance.  If yes, has the reporting entit If 15.1 is Yes, the amounts o	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used expert for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:    11.21	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1 Are personnel or facilities of by this reporting entity (exc studies)*? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertaining 2 For stock reporting entities of 1 Total amount paid in by stock Total dividends paid stockhod Does the reporting entity rein Reinsurance (including retrosoccupational illness and accidinsurance.  If yes, has the reporting entit If 15.1 is Yes, the amounts of 15.31 Earned premium	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:    II.21	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1 Are personnel or facilities of by this reporting entity (exc studies)"? 2 Net reimbursement of such e 1 Does the reporting entity wri 2 If yes, what amount pertaining 2 For stock reporting entities of 1 Total amount paid in by stock Total dividends paid stockhod Does the reporting entity rein Reinsurance (including retrosocupational illness and accidinsurance.  If yes, has the reporting entity If 15.1 is Yes, the amounts of 15.31 Earned premium 15.32 Paid claims	f this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:  11.21 Paid 11.22 Received  interest contracts?  Ing to these items is included in:  12.21 Page 3, Line 1 12.22 Page 4, Line 1  only:  cholders as surplus funds since organization of the reporting entity:  14.11 Cash 14.12 Stock  insure any Workers' Compensation Carve-Out business defined as:  decessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the ident exposures, but not the employer's liability exposures, of business originally written as workers' compensation try completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?  I 2 3  Reinsurance Reinsurance Net Retained  Net Assumed Ceded Retained	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]
1.1 Are personnel or facilities of by this reporting entity (exe studies)"? 2 Net reimbursement of such e 1.1 Does the reporting entity wri 2 If yes, what amount pertaining 1. For stock reporting entities of 1. Total amount paid in by stock total dividends paid stockhod 1. Total dividends paid stockhod 1. Does the reporting entity rein Reinsurance (including retros occupational illness and accients insurance. 1. If yes, has the reporting entity If 1. It is Yes, the amounts of 1. It is Yes, It is Yes, It is Yes, It is It is It is Yes, It is It is Yes, It is It is It is Yes, It is It is It is It is It is Yes, It is	fthis reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used cept for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity expenses between reporting entities:    11.21	Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]  \$ Yes [ ] No [ ]

# PART 2 – LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

15.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 15.31 and 15.34 for Column (1) are:

		1 2			
	Attachment	Earned Claim Liability			
	Point 15.41 <\$25,000	Premium and Reserve			
	15.42 \$25,000 — 99,999				
	15.43 \$100,000 — 249,999				
	15.44 \$250,000 — 999,999				
	15.45 \$1,000,000 or more				
<mark>5</mark> .5	What portion of earned premium reported in 15.31, Column	1 was assumed from pools?	\$		
Frat	ernal Benefit Societies Only:				
<mark>16</mark> .	Is the reporting entity organized and conducted on the lodge	system, with ritualistic form of work and representative form of governmen	t? Yes [ ]	No [ ]	
<mark>17</mark> .	How often are meetings of the subordinate branches require	d to be held?			
<del>18</del> .	How are the subordinate branches represented in the supren	ne or governing body?			
<mark>19</mark> .	What is the basis of representation in the governing body?				
<mark>.0</mark> .1	How often are regular meetings of the governing body held	?			
<mark>.0</mark> .2	When was the last regular meeting of the governing body h	eld?			
<mark>.0</mark> .3	When and where will the next regular or special meeting of	the governing body be held?			
<mark>.0</mark> .4	How many members of the governing body attended the las	t regular meeting?			
0.5	How many of the same were delegates of the subordinate by	-			
21.					
<mark>22</mark> .					
<mark>23</mark> .					
24.	What are the limiting ages for admission?				
2 <del>5</del> .		issued on any one life?			
				No [ ]	
26.	Is a medical examination required before issuing a benefit of			No [ ]	
<mark>27</mark> .		plication with and becoming a member of a local branch by ballot and initiat		No [ ]	NT/4 F 7
8.1	Are notices of the payments required sent to the members?			No [ ]	N/A [ ]
8.2	If yes, do the notices state the purpose for which the money		Yes [ ]	No [ ]	
<mark>29</mark> .	What proportion of first and subsequent year's payments m				
		2.11 First Year			%
		2.12 Subsequent Years			%
<mark>0</mark> .1		fund, or the accretions from or payments for the same, used for expenses?	Yes [ ]	No [ ]	
<mark>0</mark> .2	If so, what amount and for what purpose?				
1.1	Does the reporting entity pay an old age disability benefit?		Yes [ ]	No [ ]	
1.2	If yes, at what age does the benefit commence?				
<mark>2</mark> .1	Has the constitution or have the laws of the reporting entity		Yes [ ]	No [ ]	
<mark>2</mark> .2	If yes, when?				
<mark>33</mark> .	Have you filed with this Department all forms of benefit	t certificates issued, a copy of the constitution and all of the laws, rules	and		
	regulations in force at the present time?		Yes [ ]	No [ ]	
<mark>4</mark> .1	State whether all or a portion of the regular insurance conti	ributions were waived during the current year under premium-paying certific	cates		
	on account of meeting attained age or membership requiren	nents.	Yes [ ]	No [ ]	
<mark>4</mark> .2	If so, was an additional reserve included in Exhibit 5?		Yes [ ]	No [ ]	N/A [ ]
<mark>4</mark> .3	If yes, explain				
<mark>5</mark> .1	Has the reporting entity reinsured, amalgamated with, or ab	sorbed any company, order, society, or association during the year?	Yes [ ]	No [ ]	
5.2	trustee, or any other person, or firm, corporation, society compensation of any nature whatsoever in connection wit	written or oral, expressed or implied, by means of which any officer, dire or association, received or is to receive any fee, commission, emolument, on an account of such reinsurance, amalgamation, absorption, or transf	et, or er of		
	membership or funds?			No [ ]	N/A [ ]
<mark>36</mark> .		orator, or any other persons, or any firm, corporation, society or association, which is not included in the liabilities on Page 3 of this statement?	, any Yes [ ]	No [ ]	
<mark>7</mark> .1	Does the reporting entity have outstanding assessments in the	ne form of liens against policy benefits that have increased surplus?	Yes [ ]	No [ ]	
<mark>7</mark> .2	If yes, what is the date of the original lien and the total outs	tanding balance of liens that remain in surplus?			

Date	Outstanding Lien Amount
	\$
	\$
	\$

# FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6 \$000 omitted for amounts of life insurance

		1	2	3	4	5
T:0 T		2024	2023	2022	2021	2020
	rance in Force of Life Insurance)					
1.	Ordinary-whole life and endowment (Line 34, Col. 4)					
2.	Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4)					
3.	Credit life (Line 21, Col. 6)					
4. 5.	Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)					
6.	FEGLI/SGLI (Lines 43 & 44, Col. 4)					
7.	Total (Line 21, Col. 10)					
7.1	Total in force for which VM-20 deterministic/stochastic reserves are calculated					
	iness Issued					
(Exhibit	of Life Insurance) Ordinary-whole life and endowment (Line 34, Col. 2)					
9.	Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2)					
10.	Credit life (Line 2, Col. 6)					
11.	Group (Line 2, Col. 9)					
12.	Industrial (Line 2, Col. 2)					
13.	Total (Line 2, Col. 10)					
	1 – Part 1)					
14.	Individual life (Line 20.4, Col. 2)					
15.	Group life (Line 20.4, Col. 3)					
16.	Individual annuities (Line 20.4, Col. 4)					
17. 18.	Group annuities (Line 20.4, Col. 5)					
19.	Other lines of business (Line 20.4, Col. 8)					
20.	Total					
Balance						
(Pages 2						
21.	Total admitted assets excluding Separate Accounts business (Page 2,					
22.	Line 26, Col. 3)					
23.	Aggregate life reserves (Page 3, Line 1)					
23.1	Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1					
24.	Aggregate A & H reserves (Page 3, Line 2)					
25.	Deposit-type contract funds (Page 3, Line 3)					
26. 27.	Asset valuation reserve (Page 3, Line 24.01)					
28.	Surplus (Page 3, Line 37)					
	w (Page 5)					
29.	Net cash from operations (Line 11)					
	ed Capital Analysis					
30. 31.	Total adjusted capital					
	ge Distribution of Cash, Cash Equivalents and Invested Assets					
	Col. 3) (Line No./Page 2. Line 12. Col. 3) v 100.0					
32.	Bonds (Line 1)					
33.	Stocks (Lines 2.1 and 2.2)					
34. 35.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
36.	Cash, cash equivalents and short-term investments (Line 5)					
37.	Contract loans (Line 6)					
38.	Derivatives (Page 2, Line 7)					
39.	Other invested assets (Line 8)					
40. 41.	Receivables for securities (Line 9)					
42.	Aggregate write-ins for invested assets (Line 11)					
43.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investme	ents in Parent, Subsidiaries and Affiliates	100.0	100.0	100.0	100.0	100.0
44.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
45.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
46.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
47.	Affiliated short-term investments (subtotal included in Schedule DA Verification,					
47.	Col. 5, Line 10)					
48.	Affiliated mortgage loans on real estate					
49.	All other affiliated					
50.	Total of above Lines 44 to 49					
51.	Total investment in parent included in Lines 44 to 49 above					
51.	Total investment in parent metaded in Lines 44 to 47 doore	L		L	<u> </u>	L

# FIVE-YEAR HISTORICAL DATA

(Continued)

		1	2	3	4	5
		2024	2023	2022	2021	2020
	admitted and Admitted Assets					
52. 53.	Total nonadmitted assets (Page 2, Line 28, Col. 2)  Total admitted assets (Page 2, Line 28, Col. 3)					
Investmen						
54.	Net investment income (Exhibit of Net Investment Income)					
55.	Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56.	Unrealized capital gains (losses) (Page 4, Line 38, Column 1)					
57.	Total of above Lines 54, 55 and 56					
Benefits a	nd Reserve Increase (Page 6)					
58.	Total contract/certificate benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12,					
	13, 14 and 15, Cols. 6, 7 and 8)					
59.	Total contract/certificate benefits-A & H (Lines 13 & 14, Col. 6)					
60. 61.	Increase in life reserves-other than group and annuities (Line 19, Col. 2)					
62.	Increase in A & H reserves (Line 19, Col. 6)					
	Percentages					
63.	Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus					
	Exhibit 7, Col. 2, Line 2) x 100.00					
64.	Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of					
	Life Insurance, Column 4, Lines 1 & 21)] x 100.00					
65.	A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)					
66.	A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)					
67.	A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2) him Reserve Adequacy					
68.	Incurred losses on prior years' claims-comprehensive group health (Sch. H, Part 3, Line 3.1, Col. 3)				XXX	XXX
69.	Prior years' claim liability and reserve- comprehensive group health (Sch. H, Part 3, Line 3.2, Col. 3)			*	XXX	XXX
70.	Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3,			<b>—</b>		
	Line 3.1, Col. 1 less Col. 3)		*		XXX	XXX
71.	Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3,					
	Line 3.2, Col. 1 less Col. 3)				XXX	XXX
	From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and					
	alized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)					
72. 73.	Individual industrial life (Page 6.1, Col. 2)  Individual whole life (Page 6.1, Col. 3)		<del></del>			
73. 74.	Individual whole fife (Page 6.1, Col. 3)					
75.	Individual indexed life (Page 6.1, Col. 5)					
76.	Individual universal life (Page 6.1, Col. 6)					
77.	Individual universal life with secondary guarantees (Page 6.1, Col. 7)					
78.	Individual variable life (Page 6.1, Col. 8)					
79.	Individual variable universal life (Page 6.1, Col. 9)					
80.	Individual credit life (Page 6.1, Col. 10)					
81. 82.	Individual other life (Page 6.1, Col. 11)					
83.	Group whole life (Page 6.2, Col. 2)					
84.	Group term life (Page 6.2, Col. 3)					
85.	Group universal life (Page 6.2, Col.4)					
86.	Group variable life (Page 6.2, Col. 5)					
87.	Group variable universal life (Page 6.2, Col. 6)					
88.	Group credit life (Page 6.2, Col. 7)					
89.	Group other life (Page 6.2, Col. 8)					
90. 91.	Group YRT mortality risk only (Page 6.2, Col. 9)					
91.	Individual deferred inxed annuities (Page 6.3, Col. 2)					
93.	Individual deferred variable annuities with guarantees (Page 6.3, Col. 4)					
94.	Individual deferred variable annuities without guarantees (Page 6.3, Col. 5)					
95.	Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6)					
96.	Individual other annuities (Page 6.3, Col. 7)					
97.	Group deferred fixed annuities (Page 6.4, Col. 2)					
98.	Group deferred indexed annuities (Page 6.4, Col. 3)					
99.	Group deferred variable annuities with guarantees (Page 6.4, Col. 4)					
100. 101.	Group deferred variable annuities without guarantees (Page 6.4, Col. 5)					
102.	Group other annuities (Page 6.4, Col. 7)					
103.	A & H-comprehensive individual (Page 6.5, Col. 2)					
104.	A & H-comprehensive group (Page 6.5, Col. 3)					
105.	A & H-Medicare supplement (Page 6.5, Col. 4)					
106.	A & H-vision only (Page 6.5, Col. 5)					
107.	A & H-dental only (Page 6.5, Col. 6)					
108.	A & H-Federal employees health benefits plan (Page 6.5, Col. 7)					
109. 110.	A & H-Title XVIII Medicare (Page 6.5, Col. 8)					
111.	A & H-credit (Page 6.5, Col. 10)					
112.	A & H-disability income (Page 6.5, Col. 11)					
113.	A & H-long-term care (Page 6.5, Col. 12)					
114.	A & H-other (Page 6.5, Col. 13)					
115.	Aggregate of all other lines of business (Page 6, Col. 8)					
116.	Fraterial (Page 6, Col. 7)					
117.	Total (Page 6, Col. 1)	l				

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		

cc:	Dan	Cala	Ahov

#### DIRECT BUSINESS IN THE STATE OF

#### DURING THE YEAR

	1	2		Dividends	to Policyholders/Refunds to	Members				Claims and Benefits P	aid	
			3	4	5	6	7	8	9	10	11	12
Line of Business	Premiums and Annuities Considerations	Other Considerations	Paid in Cash or Left on Deposit	Applied to Pay Renewal Premiums	Applied to Provide Paid- Up Additions or Shorten the Endowment or Premium-Paying Period	Other	Total (Col. 3+4+5+6)	Death and Annuity Benefits	Matured Endowments	Surrender Values and Withdrawals for Life Contracts	All Other Benefits	Total (Sum Columns 8 through 11)
Individual Life					, ,							8 /
1. Industrial												
2. Whole												
3. Term												
4. Indexed									<b></b>			
5. Universal												
<ol><li>Universal with secondary guarantees</li></ol>												
7. Variable												
Variable universal												
9. Credit												
10. Other(f)								<b>N</b>				
11. Total Individual Life Group Life			l									
12. Whole						_						
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit					***************************************							
18. Other(f)							<b>&gt;</b>					
19. Total Group Life					<b>•</b>							
Individual Annuities												
20. Fixed				l								
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												
Variable without guarantees      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(d)								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)		İ	l		1	1	1		1		

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

				T	Direct Death Bene	its. Matured Endo	wments Incurred a	nd Annuity Ben	efits			1			Policy Exhibit		
		13					uring Current Year				22	Issued Du	ing Year	Other Change	es to In Force (Net)	In Force December	31, Current Year (b)
			Totals Pa	aid	Reduction by	Compromise	Amount		Total Settled Du	ring Current Year		23	24	25	26	27	28
		Incurred During	14 Number of	15	16 Number of	17	18 Number of	19	20 Number of	21	Unpaid December 31,	Number of		Number of	20	Number of	20
Line of Business		Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole													l				l
3. Term																	
4. Indexed																	
5. Universal																	
<ol><li>Universal with seconda</li></ol>	rv																
guarantees	- 7																
7. Variable																	
Variable universal																	
9. Credit																	
10. Other	(f)																
11. Total Individual Life	(1)																
Group Life													l				
12. Whole											• ( )						
13. Term												/	l				
14. Universal												ľ					
15. Variable																	
Variable universal																	
17. Credit																	(a)
18. Other	(f)													***************************************			(a)
19. Total Group Life	(1)							***************************************									
Individual Annuities													l				
20. Fixed																	
21. Indexed																	
22. Variable with guarantee										<b>A</b>							
23. Variable with guarantee																	
<ol> <li>Variable without guarai</li> <li>Life contingent payout.</li> </ol>																	
25. Other	(f)																
26. Total Individual Annuit	(1)																
	nes																
Group Annuities								•									
27. Fixed																	
28. Indexed																	
29. Variable with guarantee																	
30. Variable without guaran																	
<ol> <li>Life contingent payout.</li> <li>Other</li> </ol>																	
32. Other	(f)																
Accident and Health	1 (1)	VVV	VVV	NAVA.	www	VVV	vvd	VVV	VVV	VVV	VVV		l				
34. Comprehensive individ		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group	(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
<ol> <li>Medicare Supplement .</li> </ol>	(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						
<ol> <li>Federal Employees Hea</li> </ol>		1777	1000				vonar.						l				
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						
<ol> <li>Total Accident and Hea</li> </ol>	ılth	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total													1				

<sup>..</sup> Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$....., current year \$.....

Group: \$...... Total: \$....... Total: \$....... and number of persons insured under indemnity only products .......

# EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Gro	up and Individual)		10		
	1	2	3	4	5 Number	6	Numb		9	
	Number of	Amount of	Number of	Amount of	of Individual Policies and Group	Amount of	7	8	Amount of	Total Amount of
	Policies	Insurance	Policies	Insurance	Certificates	Insurance	Policies	Certificates	Insurance	Insurance
. In force end of prior year										
. Issued during year										
. Reinsurance assumed										
Revived during year										
. Increased during year (net)										
5. Subtotals, Lines 2 to 5										
. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX		
Aggregate write-ins for increases										
7. Totals (Lines 1 and 6 to 8)										
eductions during year:										
							XXX			
). Death										
. Maturity							XXX			
. Disability							XXX			
Expiry							373737			
Surrender							XXX			
. Lapse										
. Conversion							XXX	XXX	XXX	
. Decreased (net)										
Reinsurance										
. Aggregate write-ins for decreases										
. Totals (Lines 10 to 19)										
. In force end of year (b) (Line 9 minus Line 20)										
. Reinsurance ceded end of year	XXX		XXX		XXX		XXX	XXX		
Line 21 minus Line 22	XXX		XXX		XXX	(a)	XXX	XXX		
ETAILS OF WRITE-INS						, ,				
01										
02										
03										
98. Summary of remaining write-ins for		•••••		J						
Line 8 from overflow page										
99. Totals (Lines 0801 through 0803 plus 0898)										
(Line 8 above)										
01										
02										
03										
98. Summary of remaining write-ins for										
Line 19 from overflow page										
99. Totals (Lines 1901 through 1903 plus 1998)										
(Line 19 above)			İ							

(a)	Group \$	: Individual \$

#### Fraternal Benefit Societies Only:

(b)	Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates
	Additional accidental death benefits included in life certificates were in amount \$
	such expenses met?

#### **EXHIBIT OF LIFE INSURANCE**

(\$000 Omitted for Amounts of Life Insurance) (Continued)

#### ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Indu	strial	Ordinary	
	1	2	3	4
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance
24. Additions by dividends	XXX		XXX	
25. Other paid-up insurance				
26. Debit ordinary insurance	XXX	XXX		

#### ADDITIONAL INFORMATION ON ORDINARY INSURANCE

	Issued During Year	(included in Line 2)	In Force End of Year (included in Line 21)	
	1	2	3	4
Term Insurance Excluding Extended Term Insurance	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance
27. Term policies-decreasing				
28. Term policies-other				
29. Other term insurance-decreasing	XXX		XXX	
30. Other term insurance	XXX		XXX	
31. Totals, (Lines 27 to 30)				
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	
33. Totals, extended term insurance	XXX	XXX		
34. Totals, whole life and endowment				
35. Totals (Lines 31 to 34)				

#### CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1	2	3	4
	Non-Participating	Participating	Non-Participating	Participating
36. Industrial				
37. Ordinary				
38. Credit Life (Group and Individual)		<b></b>		
39. Group				
40. Totals (Lines 36 to 39)				

#### ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Gre	oup
	1	2	3	4
	Number of Individual	Amount	Number	Amount
	Policies and Group	of	of	of
	Certificates	Insurance	Certificates	Insurance
41. Amount of insurance included in Line 2 ceded to other companies	XXX		XXX	
42. Number in force end of year if the number under shared groups is counted on a				
pro-rata basis		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21	.,			
45. Group Permanent Insurance included in Line 21				

#### ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies

#### BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.

47.1

#### POLICIES WITH DISABILITY PROVISIONS

		Indu	strial	Ordi	nary	Cre	edit	Gr	oup
		1	2	3	4	5	6	7	8
		Number of	Amount of	Number of	Amount of	Number of	Amount of	Number of	Amount of
	Disability Provision	Policies	Insurance	Policies	Insurance	Policies	Insurance	Certificates	Insurance
48.	Waiver of Premium								
49.	Disability Income								
50.	Extended Benefits			XXX	XXX				
51.	Other								
52.	Total		(a)		(a)		(a)		(a)

<sup>(</sup>a) See the Annual Audited Financial Reports section of the annual statement instructions.

# EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

#### SUPPLEMENTARY CONTRACTS

		Ordina	ary	G	roup
		1	2	3	4
		Involving Life	Not Involving Life	Involving Life	Not Involving Life
		Contingencies	Contingencies	Contingencies	Contingencies
1.	In force end of prior year				
2.	Issued during year				
3.	Reinsurance assumed				
4.	Increased during year (net)				
5.	Total (Lines 1 to 4)				
Deduc	ctions during year:				
6.	Decreased (net)				
7.	Reinsurance ceded				
8.	Totals (Lines 6 and 7)				
9.	In force end of year (line 5 minus line 8)				
10.	Amount on deposit		(a)		(a)
11.	Income now payable				
12.	Amount of income payable	(a)	(a)	(a)	(a)

#### ANNUITIES

1	0.1		· · · · · · · · · · · · · · · · · · ·		
	Ordina	ry	Group		
	1	2	3	4	
	Immediate	Deferred	Contracts	Certificates	
In force end of prior year					
Issued during year					
Reinsurance assumed					
Increased during year (net)					
<ol> <li>Totals (Lines 1 to 4)</li> </ol>					
Deductions during year:					
6. Decreased (net)					
<ol> <li>Reinsurance ceded</li> </ol>					
8. Totals (Lines 6 and 7)					
<ol><li>In force end of year (line 5 minus line 8)</li></ol>					
Income now payable:					
<ol><li>Amount of income payable</li></ol>	(a)	XXX	XXX	(a)	
Deferred fully paid:					
11. Account balance	XXX	(a)	XXX	(a)	
Deferred not fully paid:					
12. Account balance	XXX	(a)	XXX	(a)	

# ACCIDENT AND HEALTH INSURANCE

		Gro	Group Credit		Other		
		1	2	3	4	5	6
		Certificates	Premiums in Force	Policies	Premiums in Force	Policies	Premiums in Force
1.	In force end of prior year						
2.	Issued during year						
3.	Reinsurance assumed						
4.	Increased during year (net)		XXX		XXX		XXX
5.	Totals (Lines 1 to 4)		XXX		XXX		XXX
Deduc	ctions during year:						
6.	Conversions		XXX	XXX	XXX	XXX	XXX
7.	Decreased (net)		XXX		XXX		XXX
8.	Reinsurance ceded		XXX		XXX		XXX
9.	Totals (Lines 6 to 8)		XXX		XXX		XXX
10.	In force end of year (line 5 minus line 9)		(a)		(a)		(a)

#### DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

1	· · · · · · · · · · · · · · · · · · ·		
		1	2
		Deposit Funds	Dividend Accumulations
		Contracts	Contracts
1.	In force end of prior year		
2.	Issued during year		
3.	Reinsurance assumed		
4.	Increased during year (net)		
5.	Totals (Lines 1 to 4)		
Deduc	ctions during year:		
6.	Decreased (net)		
7.	Reinsurance ceded		
8.	Totals (Lines 6 and 7)		
9.	In force end of year (line 5 minus line 8)		_
10.	Amount of account balance	(a)	(a)

<sup>(</sup>a) See the Annual Audited Financial Reports section of the annual statement instructions.

# FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE Interest Maintenance Reserve

		1
		Amount
1.	Reserve as of December 31, prior year	
2.	Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$	
3.	Adjustment for current year's liability gains/(losses) released from the reserve	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	

#### Amortization

<u> </u>	1	1 2	2	
	1	2	3	4
		Current Year's Realized	Adjustment for Current	Balance Before
		Capital Gains/(Losses)	Year's Liability Gains/	Reduction for Current
Year of	Reserve as of December	Transferred into the	(Losses) Released From	Year's Amortization
Amortization	31, Prior Year	Reserve Net of Taxes	the Reserve	(Cols. 1+2+3)
1. <mark>2024</mark>				•••••
2. <mark>2025</mark>				•••••
3. <mark>2026</mark>				
4. <mark>2027</mark>				
5. <mark>2028</mark>				
6. <mark>2029</mark>				
7. <mark>2030</mark>				
8. <mark>2031</mark>				
9. <mark>2032</mark>				
10. <mark>2033</mark>				
11. <mark>2034</mark>				
12. <mark>2035</mark>				
13. <mark>2036</mark>				
14. <b>2037</b>				
15. <b>2038</b>				
16. <mark>2039</mark>				
17. <mark>2040</mark>				
18. <mark>2041</mark>				
19. 2042				
20. 2043				
21. 2044				
22. 2045				
23. 2046				•••••
24. 2047				•••••
0.5				
25. <del>2048</del> 26. <del>2049</del>				
				•••••
27. 2050		•••••		•••••
28. 2051				
29. 2052				
30. 2053				
31. 2054 and Later				
32. Total (Lines 1 to 31)				

# ASSET VALUATION RESERVE

		Default Component	t		Equity Component		7
	1	2	3	4	5	6	
	Other Than				Real Estate and		
	Mortgage	Mortgage	Total	Common	Other Invested	Total	Total Amount
	Loans	Loans	(Cols. 1 + 2)	Stock	Assets	(Cols. 4 + 5)	(Cols. 3 + 6)
1. Reserve as of December 31, prior year							
2. Realized capital gains/(losses) net of taxes -General Account							
3. Realized capital gains/(losses) net of taxes-Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account							
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution			70'				
8. Accumulated balances (Lines 1 through 5 - 6 + 7)							
9. Maximum reserve							
10. Reserve objective		5					
11. 20% of (Line 10 - Line 8)							
12. Balance before transfers (Lines 8 + 11)							
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)							

# ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

			1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximu	m Reserve
			Book/			Balance for	5	6	7	8	9	10
	NAIC		Adjusted	Reclassify	Add	AVR Reserve						
Line Number	Desig-	Description	Carrying	Related Party	Third Party	Calculations	Enden	Amount	Esster	Amount	E4	Amount
Number	nation	Description LONG-TERM BONDS	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
1				XXX	XXX		0.0000		0.0000		0.0000	
2.1	1	Exempt Obligations		XXX	XXX		0.0002		0.0007		0.0000	
2.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0002		0.0011		0.0013	
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0004		0.0011		0.0025	
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0018		0.0033	
2.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0007		0.0022		0.0055	
2.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0009		0.0027		0.0055	
2.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0011		0.0034		0.0008	
2.7	1	Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)		XXX	XXX		XXX		XXX		XXX	
-	2	,	-									
3.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
3.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
3.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4										
9		+7+8)		XXX	XXX		XXX		XXX		XXX	
		PREFERRED STOCKS										
10	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

# ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

			1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximu	ım Reserve
	NILIG		Book/	D 1 10		Balance for	5	6	7	8	9	10
Line	NAIC Desig-		Adjusted Carrying	Reclassify Related Party	Add Third Party	AVR Reserve Calculations		Amount		Amount		Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		SHORT-TERM BONDS				, ,						
18		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	1
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	Ī
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	1
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	+
24	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25	v	Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
23		DERIVATIVE INSTRUMENTS		ААА	AAA		AAA		AAA		ААА	+
26		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	l
27	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28	2	High Quality		XXX	XXX		0.0003		0.0016		0.0033	
29	3	Medium Quality		XXX	XXX		0.0021		0.0064		0.0100	
30	4	Low Quality		XXX	XXX		0.0099		0.0203		0.0370	
31	5	Lower Quality		XXX	XXX		0.0243		0.0372		0.1880	
32	6	In or Near Default		XXX	XXX		0.0030		0.1128		0.1880	
33	~	Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	+
34		Total (Lines 9+ 17+ 25+ 33)		XXX	XXX		XXX		XXX		XXX	+
34		Total (Lines 9+1/+23+33)		ΛΛΛ	ΛΛΛ		ΛΛΛ	L	ΛΛΛ		ΛΛΛ	

# ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

			1	2	3	4	Basic Co	ntribution	Reserve O	bjective	Maxim	um Reserve
			Book/			Balance for	5	6	7	8	9	10
			Adjusted	Reclassify	Add	AVR Reserve		Amount		Amount		
Line	NAIC		Carrying	Related Party	Third Party	Calculations		(Cols.		(Cols.		Amount
Number	Designation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	4x5)	Factor	4x7)	Factor	(Cols. 4x9)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
40		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
42		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
44		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
45		Commercial Mortgages - All Other - CM3 - Medium Quality			* XXX		0.0069		0.0200		0.0257	
46		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49		Residential Mortgages – Insured or Guaranteed		<b>*</b>	XXX		0.0006		0.0014		0.0023	
50		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	1
59		Schedule DA Mortgages (Sum of Emes 35 unough 57)			XXX		0.0034		0.0114		0.0149	1
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	1
00		Total Mortgage Loans on Real Estate (Lines 36 + 39)			ΛΛΛ		ΛΛΛ		ΛΛΛ		ΛΛΛ	

# ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Co	ntribution	Reserve	Objective	Maximum	Reserve
			Book/			Balance for	5	6	7	8	9	10
			Adjusted	Reclassify	Add	AVR Reserve		Amount				Amount
Line	NAIC		Carrying	Related Party	Third Party	Calculations		(Cols.		Amount		(Cols.
Number	Designation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	4x5)	Factor	(Cols. 4x7)	Factor	4x9)
		COMMON STOCK										
1		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
3		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
		Affiliated Investment Subsidiary:										
5		Fixed Income Exempt Obligations					XXX		XXX		XXX	
6		Fixed Income Highest Quality					XXX		XXX		XXX	
7		Fixed Income High Quality					XXX		XXX		XXX	
8		Fixed Income Medium Quality					XXX		XXX		XXX	
9		Fixed Income Low Quality					XXX		XXX		XXX	
10		Fixed Income Lower Quality					XXX		XXX		XXX	
11		Fixed Income In or Near Default				<i></i>	XXX		XXX		XXX	
12		Unaffiliated Common Stock Public					0.0000		0.1580 (a)		0.1580 (a)	
13		Unaffiliated Common Stock Private					0.0000		0.1380 (a)		0.1380 (a) 0.1945	
13							(b)		(b)		(b)	
15		Real Estate		XXX	XXX		0.0000		0.1580		0.1580	
16		Affiliated - All Other		XXX	XXX		0.0000		0.1380		0.1380	
				AAA	λλλ							
17		Total Common Stock (Sum of Lines 1 through 16)					XXX		XXX		XXX	
		REAL ESTATE	<b>(</b>									
18		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19		Investment Properties					0.0000		0.0912		0.0912	
20		Properties Acquired in Satisfaction of Debt		•			0.0000		0.1337		0.1337	
21		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING										
		CHARACTERISTICS OF BONDS										
22		Exempt Obligations	<b>—</b>	XXX	XXX		0.0000		0.0000		0.0000	
23	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29	Ü	Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX	1	XXX	-	XXX		XXX	+
29		Total with Bond Characteristics (Sum of Lines 22 through 28)		ΛΛΛ	ΛΛΛ	<u> </u>	ΛΛΛ		ΛΛΛ	ļ	ΛΛΛ	

# ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Cor	ntribution	Reserve	Objective	Maximur	n Reserve
			Book/			Balance for	5	6	7	8	9	10
	NAIC		Adjusted	Reclassify	Add	AVR Reserve						
Line	Desig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols.4x5)	Factor	(Cols. 4x7)	Factor	(Cols.4x9)
		INVESTMENTS WITH THE UNDERLYING				- /		- /		1		
		CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
31	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
32	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
33	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
35	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
36	O	Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37		Total with Preferred Stock Characteristics		AAA	AAA	X	0.0000		0.0000	1	0.0000	
37		(Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
				ΛΛΛ	ΛΛΛ		ΛΛΛ		ΛΛΛ		ΛΛΛ	
		INVESTMENTS WITH THE UNDERLYING										
		CHARACTERISTICS OF MORTGAGE LOANS										
20		In Good Standing Affiliated:			Yazar	1	0.0011		0.0055		0.0074	
38		Mortgages – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
39		Mortgages – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
40		Mortgages – CM3 – Medium Quality			XXX		0.0069		0.0200		0.0257	
41		Mortgages – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42		Mortgages – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
43		Residential Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44		Residential Mortgages – All Other		XXX	XXX		0.0015		0.0034		0.0046	
45		Commercial Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
46		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47		Residential Mortgages – Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48		Residential Mortgages – All Other			XXX		0.0029		0.0066		0.0103	
49		Commercial Mortgages – Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50		Commercial Mortgages — All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:	$\mathbf{X} \mathbf{U}$	<b>Y</b>								
51		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
52		Residential Mortgages – Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
53		Residential Mortgages – All Other			XXX		0.0000		0.0149		0.0149	
54		Commercial Mortgages – Insured or Guaranteed	<b></b>		XXX		0.0000		0.0046		0.0046	
55		Commercial Mortgages – All Other			XXX		0.0000		0.1942	1	0.1942	
56		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
		Unaffiliated - In Good Standing Defeased With Government			XXX					1		
58		Securities					0.0011		0.0057		0.0074	
59		Unaffiliated – In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60		Unaffiliated – In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61		Unaffiliated – Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
62		Unaffiliated – In Process of Foreclosure			XXX		0.0000		0.1942	1	0.1942	
63		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

# ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic C	ontribution	Reserve	Objective	Maximur	n Reserve
			Book/		-	Balance for	5	6	7	8	9	10
	NAIC		Adjusted	Reclassify	Add	AVR Reserve	-			-		
Line	Desig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		INVESTMENTS WITH THE UNDERLYING				(======================================		(====e)		(====,)		(=====,
		CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated Public		XXX	XXX		0.0000		0.1580(a)		0.1580(a)	
66		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
70		Total with Common Stock Characteristics		70.01	7070		0.0000		0.1745	+	0.1743	1
70		(Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING		ΛΛΛ	ΛΛΛ		АЛЛ		ΛΛΛ		ΛΛΛ	
		CHARACTERISTICS OF REAL ESTATE					,					
71		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72		Investment Properties					0.0000		0.0912		0.0912	
							0.0000		0.0912		0.1337	
73 74		Properties Acquired in Satisfaction of Debt					0.0000	<b> </b>	0.1337	-	0.155/	<b>-</b>
/4							VVV		VVV		VVV	
		(Sum of Lines 71 through 73)					XXX		XXX		XXX	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS			<b>*</b> * * * * * * * * * * * * * * * * * *				0.0005		0.0040	
75		Guaranteed Federal Low-Income Housing Tax Credit					0.0003		0.0006		0.0010	
76		Non-guaranteed Federal Low-Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		All Other Low-Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
		RESIDUAL TRANCHES OR INTERESTS		_								
81		Fixed Income Instruments – Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
82		Fixed Income Instruments – Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
83		Common Stock – Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
84		Common Stock – Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
85		Preferred Stock – Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
86		Preferred Stock – Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
87		Real Estate – Unaffiliated					0.0000		0.1580		0.1580	
88		Real Estate – Affiliated					0.0000		0.1580		0.1580	
89		Mortgage Loans – Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
90		Mortgage Loans - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
91		Other - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
92		Other – Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
93		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	X				XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										1
94		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042	I	0.0042	l
95		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
96		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
97		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
98		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
99		Total Other Invested Assets - Schedules BA & DA		71771			70.00		70.01	+	71771	<del> </del>
29		(Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)					XXX		XXX		XXX	
		(Sum of Lines 27, 37, 04, 70, 74, 00, 73 and 70)					ллл		ΛΛΛ	-	ΛΛΛ	

<sup>(</sup>a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

<sup>(</sup>b) Determined using same factors and breakdowns used for directly owned real estate.

<sup>(</sup>c) This will be the factor associated with the risk category determined in the company generated worksheet.

# ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7 AVR	8 AVR	9 AVR
				NAIC	Value of	Basic	Reserve	Maximum
RSAT Number	Туре	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	Contribution	Objective	Reserve
KSA1 Number	1 ype	CUSIP	Description of Asset(s)	Designation of Other Description of Asset	Asset	Contribution	Objective	Reserve
				<u> </u>				
0599999 Totals		1						
CITITION TOWN						<u> </u>	L	L

#### SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

Contract Numbers	Claim Numbers	State of	Year of Claim		Amount	Amount	Why
			of Claim				
		D: 1 C	oi Ciaiiii		Paid	Resisted	Compromised
Numbers	Numbers	Residence of	for Death or	Amount	During the	Dec. 31 of	or
		Claimant	Disability	Claimed	Year	Current Year	Resisted
			•••••			•••••	
							•••••
	•••••		•••••	•••••		•••••	
			•••••			•••••	
			•••••				
							•••••
			•••••	•••••			
					,		
			•••••				•••••
						•••••	
			J				
			•••••				
			•••••			•••••	
			•••••	•••••	•••••	•••••	
5399999 Totals	•						XXX

# SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS

	Total								Comprehensive	(Hospital	Medica	ire					Federal Emplo	vees Health
	Total		and Medical) I		and Medical		Supplem		Vision (	Only	Dental (	Only	Benefits					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%				
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX				
Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX		XXX				
Incurred claims																		
Cost containment expenses																		
<ol><li>Incurred claims and cost containment expenses (Lines</li></ol>																		
3 and 4)																		
Increase in contract reserves																		
7. Commissions (a)								\\										
Other general insurance expenses									·									
Taxes, licenses and fees																		
Total other expenses incurred																		
Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds																		
13. Dividends or refunds																		
<ol><li>Gain from underwriting after dividends or refunds</li></ol>																		
DETAILS OF WRITE-INS					•													
1101																		
1102																		
1103																		
1198. Summary of remaining write-ins for Line 11 from					X	_												
overflow page						·												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11																		
above)																		

	Medicare Ti	tle XVIII	Medicaid Ti	tle XIX	Credit A	&H	Disability	Income	Long-Terr	m Care	Other He	ealth
	15	16	17	18	19	20	21	22	23	24	25	26
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned		XXX		xxx		XXX		XXX		XXX		XXX
Incurred claims												
Cost containment expenses				<i></i>								
<ol><li>Incurred claims and cost containment expenses (Lines</li></ol>												
3 and 4)												
Increase in contract reserves												
7. Commissions (a)												
Other general insurance expenses												
9. Taxes, licenses and fees												
10. Total other expenses incurred												
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds												
13. Dividends or refunds		Ť										
14. Gain from underwriting after dividends or refunds												
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)												

<sup>(</sup>a) Includes \$..... reported as "Contract, membership and other fees retained by agents."

# SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued) PART 2 – RESERVES AND LIABILITIES

			PARI	<u> 2 – RESERVI</u>	25 AND L	IABILITII	<u> </u>						
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive											
		(Hospital and	Comprehensive				Federal						
		Medical)	(Hospital and	Medicare	Vision	Dental	Employees Health	Medicare	Medicaid	Credit	Disability	Long-Term	Other
	Total	Individual	Medical) Group	Supplement	Only	Only	Benefits Plan	Title XVIII		A&H	Income	Care	Health
A B	1 Otal	murviduai	Wiculcal) Gloup	Supplement	Omy	Only	Delicitis I fall	THE AVIII	THE AIA	Acti	Income	Carc	Health
A. Premium Reserves:													
Unearned premiums													
Advance premiums													
Reserve for rate credits													
4. Total premium reserves, current year													
<ol><li>Total premium reserves, prior year</li></ol>			l										
6. Increase in total premium reserves													
B. Contract Reserves:										-			
1. Additional reserves (a)								***************************************					
Reserve for future contingent benefits													
Total contract reserves, current year													
Total contract reserves, prior year													
<ol><li>Increase in contract reserves</li></ol>							. 4						
C. Claim Reserves and Liabilities:			1	1	1	1					1	1	1
Total current year					1						1	1	1
1 2													
3. Increase													
		PART 3	– TEST OF PRI	OR YEAR'S (	CLAIM R	ESERVES	AND LIABILITI	ES					
	1	2	3	4	5	6	7	8	9	10	11	12	13
	1	Comprehensive	3	-	5	0	Federal	O	,	10	11	12	13
		(Hospital and	C										
			Comprehensive	36.11	177		Employees	3.6.11	36 11 11	G 11:	D: 1.11.	*	0.1
		Medical)	(Hospital and	Medicare	Vision	Dental	Health Benefits	Medicare	Medicaid	Credit	Disability	Long-	Other
	Total	Individual	Medical) Group	Supplement	Only	Only	Plan	Title XVIII	Title XIX	A&H	Income	Term Care	Health
Claims paid during the year:													
1.1 On claims incurred prior to current year													
1.2 On claims incurred during current year					/								
2. Claim reserves and liabilities, December 31,													
current year:			_ '										
2.1 On claims incurred prior to current year													
2.2 On claims incurred during current year													
3. Test:			X										
3.1 Lines 1.1 and 2.1													
3.2 Claim reserves and liabilities, December													
31, prior year	l												
3.3 Line 3.1 minus Line 3.2													
5.5 Line 5.1 minus Line 5.2	1			DADT 4 D	EINICHD A	NCE					ļ		
	, ,			PART 4 – R		NCE							
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive					Federal		1			l	
		(Hospital and	Comprehensive				Employees		1		l		
		Medical)	(Hospital and	Medicare	Vision	Dental	Health Benefits	Medicare	Medicaid	Credit	Disability	Long-Term	Other
	Total	Individual	Medical) Group	Supplement	Only	Only	Plan	Title XVIII	Title XIX	A&H	Income	Care	Health
A. Reinsurance Assumed:	10111	marriada	medical) Group	Supplement	Omy	Omy	1 1411	THE AVIII	1100 /11/1	11011	meome	Care	1 Toutili
									1		l		
Premiums written													
Premiums earned													
Incurred claims													
4. Commissions									1		l		
B. Reinsurance Ceded:	† †				t t			†	1		l	İ	
Remisurance Ceded.     Premiums written									1		l		
2. Premiums earned													
3. Incurred claims													
4. Commissions	1								1				

<sup>(</sup>a) Includes \$..... premium deficiency reserve.

#### SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long- Term Care	Other Health	Total
A. Direct:	Individual	Medical) Group	Supplement	Only	Only	Pian	AVIII	Title XIX	А&Н	Income	Care	Health	1 otai
1. Incurred claims													
Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
D													
B. Assumed Reinsurance:													
1. Incurred claims													
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid													
						<b>X</b>							
C. Ceded Reinsurance:													
Incurred claims													
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid													
D. Net:						_							
Incurred claims													
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid					] ]								
E. Net Incurred Claims and Cost Containment Expenses:						1	1						
<ol> <li>Incurred claims and cost containment expenses</li> </ol>													
Beginning reserves and liabilities													
Ending reserves and liabilities													
Paid claims and cost containment expenses			4	1									

# 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

1	2	3	4	5	6	7	8	9	10	11	12	13
										Reinsurance		
										Payable on		Funds
NAIC			Name		Type of	Type of	Amount of			Paid and	Modified	Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Business	In Force at	_		Unpaid	Coinsurance	Under
Code	Number	Date	Reinsured	Jurisdiction	Assumed	Assumed	End of Year	Reserve	Premiums	Losses	Reserve	Coinsurance
				•••••								
				•••••		•••••						
••••••			••••••	•••••						•••••	•••••	
				•••••							•••••	
							<b>)</b>					
				•••••								
				•••••								
											•••••	
			••••••			•••••			•••••	•••••	•••••	
•••••												
9999999 Tot	tals											

# SCHEDULE S – PART 1 – SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
									Reserve			
									Liability			
					Type				Other Than	Reinsurance		Funds
NAIC			Name		of	Type of			For	Payable on	Modified	Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Business	ъ :	Unearned	Unearned	Paid and	Coinsurance	Under
Code	Number	Date	Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
				•••••					***************************************		•••••	***************************************
			•••••	•••••	•••••					•••••		•••••
				•••••					•••••	•••••		•••••
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				•••••			•••••		•••••			•••••
9999999 To	tole				l	1						
2277777 10	tais											

#### **SCHEDULE S – PART 2**

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

1	2	3	4	5	6	7
NAIC			Name			
Company	ID	Effective	of	Domiciliary	Paid	Unpaid
Code	Number	Date	Company	Jurisdiction	Losses	Losses
l						
						***************************************
9999999 To	tals—Life, A	nnuity and Ac	cident and Health			

# 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

1	2	3	4	5	6	7	8		ve Credit	11	Outstandin	~ .	14	15
									aken		Rel			Funds
NAIC	***	T 22 .	Name		Type of	Type of	Amount in	9	10		12	13	Modified	Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Business	Force at	Current	Prior		Current	Prior	Coinsurance	Under
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
				<u>k</u>										
					.,									
9999999 To	tals													
777777710	MID					l	1		1				l	l

# SCHEDULE S – PART 3 – SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding S		13	14
									Reserve Credit Taken Other	11	12		Funds
NAIC			Name		Type of	Type of		Unearned	than for			Modified	Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
							A						
						••••••							
9999999 To	otals												
								<u> </u>	ļ		<u> </u>	l .	ļ

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6 Paid	7	8	9	10 Issuing or	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name Of Reinsurer	Reserve Credit Taken	and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13 +14 but not in Excess of Col. 8
	rumoer	Bute	remourer	T UITOII	(Decit)	Decino	(00151 0 1017)	Crount	rvanioer (a)	rigitements	remourers	o tilei	(Creatt)	Lite cas of con o
							<b>*</b>							
9999999 Total	S						L		XXX					

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

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	ı			Collateral				23	24	25	26
		,	-	_		,	0		10	***	12	15	14	13	16	17	18	19	20	21	22	2.5	Percent	23	20
																							Credit		Liability for
																						Percent of	Allowed on	Amount of	
																						Collateral	Net	Credit	With
														Dollar								Provided for	Obligation	Allowed for	
						Effective	Percent Collateral		Paid and		Total		Net	Amount of Collateral			Issuing or				Total Collateral	Net Obligation	Subject to Collateral	Net Obligation	Reinsurers Due to
					Certified	Date of	Required		Unpaid		Recoverable/		Obligation	Required for			Confirming		Funds		Provided	Subject to	(Col. 23 /	Subject to	Collateral
NAIC					Reinsurer	Certified	for Full	Reserve	Losses		Reserve Credit	Miscellaneous	Subject to	Full Credit	Multiple		Bank		Deposited by		(Col. 16 + 17	Collateral	Col. 8, not to	Collateral	Deficiency
Company	/ ID	Effective	Name of	Domiciliary	Rating (1	Reinsurer	Credit (0%	Credit	Recoverable	Other	Taken (Col. 9 +	Balances	Collateral	(Col. 14 x		Letters of	Reference	Trust	Deposited by and Withheld		+ 19 + 20 +	(Col. 22 /	exceed	(Col. 14 x	(Col. 14 –
Code	Number	Date	Reinsurer	Jurisdiction	through 6)	Rating	-100%)	Taken	(Debit)	Debits	10 + 11)	(Credit)	(Col. 12 - 13)	Col. 8)	Trust	Credit	Number (a)	Agreements	from Reinsurers	Other	21)	Col. 14)	100%)	Col. 24)	Col. 25)
																		¥							
															,										
												<b>4</b>													
9999999	Totals	l	l	l	l .	l .	1				-						XXX	<b></b>				XXX	XXX		
1111177	. Juns							1	_								7.7.7.					АЛЛ	АЛЛ		

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

(a)

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		1	2	3	4	5
		2024	2023	<b>2022</b>	2021	2020
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts					
2.	Commissions and reinsurance expense allowances					
3.	Contract claims					
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders and refunds to members		•••••			
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health					
'	contracts					
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and					
	health contracts deferred and uncollected					
9.	Aggregate reserves for life and accident and health contracts					
10.	Liability for deposit-type contracts				·	
11.	Contract claims unpaid					
12.	Amounts recoverable on reinsurance					
13.	Experience rating refunds due or unpaid					
14.						
	Line 10)					
15.	Commissions and reinsurance expense allowances due			·····		
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with Certified Reinsurers					
C.	UNAUTHORIZED REINSURANCE					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
10		+, C				
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)		•••••		•••••	
21.	Other (O)					
D.	REINSURANCE WITH CERTIFIED REINSURERS					
	(DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)	(		(8)
1.	Cash and invested assets (Line 12)			
2.	Reinsurance (Line 16)			
3.	Premiums and considerations (Line 15)			
4.	Net credit for ceded reinsurance	XXX		
5.	All other admitted assets (balance)			
6.	Total assets excluding Separate Accounts (Line 26)			
7.	C 1			
8.	Total assets (Line 28)			
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.				
10.	Liability for deposit-type contracts (Line 3)			
11.	Claim reserves (Line 4)			
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13.	Premium & annuity considerations received in advance (Line 8)			
14.	Other contract liabilities (Line 9)			
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus			
	inset amount)			
17.	Reinsurance with Certified Reinsurers (Line 24.02 inset amount)		<b>/</b>	
18.	Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset			
	amount)			
19.	All other liabilities (balance)			
20.	Total liabilities excluding Separate Accounts (Line 26)			
21.	Separate Account liabilities (Line 27)			
22.	Total liabilities (Line 28)			
23.	Capital & surplus (Line 38)		XXX	
24.	Total liabilities, capital & surplus (Line 39)			
	NET CREDIT FOR CEDED REINSURANCE	7		<u> </u>
25.	Contract reserves			
26.	Claim reserves			
27.	Policyholder dividends/reserves			
28.	Premium & annuity considerations received in advance			
29.	Liability for deposit-type contracts			
30.	Other contract liabilities			
31.	Reinsurance ceded assets			
32.	Other ceded reinsurance recoverables			
33.	Total ceded reinsurance recoverables			
34.	Premiums and considerations			
35.	Reinsurance in unauthorized companies			
36.	Funds held under reinsurance treaties with unauthorized reinsurers			
37.	Reinsurance with Certified Reinsurers			
38.	Funds held under reinsurance treaties with Certified Reinsurers			
39.	Other ceded reinsurance payables/offsets			
40.	Total ceded reinsurance payable/offsets		1	
41.	Total net credit for ceded reinsurance		1	
71.	Total not croate for coded femburanee		J	

# SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

Salue, Ric.   Al   Al   Al   Al   Al   Al   Al   A			1			Direct Business O	•		
Sates, Br.   Sat						4	5	-	7
State   Consideration   Cons			Active		3				
1. Alchoms					Annuity		Other		Deposit -Type
2. Alcohard			(a)	Premiums	Considerations	Membership and Other Fees	Considerations	(b)	Contracts
\$ Arlonos									
A. Alzanes   A.R.									
6. Colorado									
7. Connection	5. C	CaliforniaCA							
8. Delaware — DE									
9 District of Columbia									
10.   Florida									
11.   Georgea   GA									
12   Hawaii									
13. Islabo									
15. Infatana	13. Id	dahoID							
16   100									
17.   Kamasa   K.									
18. Forbiddy   18.									
19   Louistane									
20.   Maire   Miles									
21									
22   Mischages	21. N	MarylandMD							
23. Michigan	22. N	MassachusettsMA							
25. Missispip  MS									
26. Missouri MO 27. Montana MT 38. Nebraska NE 38. New January MT 39. New January MT 30. New January MT 30. New January MT 31. New January MT 31. New January MT 31. New January MT 32. New Mestero NM 33. New York NY 34. New Localiza NC 35. New Datosta NO 36. New Datosta NO 37. New Datosta NO 38. Orgen 39. Pennsylvania PA 40. Robel Island R. R. Seath Caudian R. R. Seath Caudian R. R. Seath Caudian R. R. Seath Caudian R. R. Seath Caudian R. R. Seath Caudian R. R. Seath Caudian S. D. Seath Caudian S. Seath Caudian S. D. Seath Caudian S. D. Seath Caudian S. D. Seath Caudian S. D. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath Caudian S. Seath S. Seath Caudian S. Seath S. Seath Caudian S. Seath S. Seath Caudian S. Seath S						•	Ť		
27. Montana									
28. Nebracka									
29. Nevals									
30   New Hampshire	29. N								
32. New Mexico									
33   North Carolina									
34. North Carolina									
35 North Dakota									
36. Ohio									***************************************
37. Oklahoma									
38. Oregon									
39 Pennsylvania									
41. South Carolina	39. P								
42   South Dakota									
43. Temessee									
44   Texas					)				
45. Uth									
46. Vermont	45. U	Jtah UT							
48. Washington. WA 49. West Virginia WV 50. Wisconsin									
49. West Virginia   WV									
50   Wisconsin									
151				<i></i>					
S2									
53   Guam									
54 Puerto Rico									
56. Northern Mariana Islands		Puerto RicoPR							
57. Canada			<b>]</b>						
S8. Aggregate Other Alien									
59. Subtotal XXX 90. Reporting entity contributions for employee benefits plans YXX 91. Dividends or refunds applied to purchase paid-up additions and annutites XXX 92. Dividends or refunds applied to shorten endowment or premium paying period XXX 93. Premium or annuity considerations waived under disability or other contract provisions XXX 94. Aggregate other amounts not allocable by State XXX 95. Totals (Direct Business) XXX 96. Plus reinsurance assumed XXX 97. Totals (All Business) XXX 98. Less reinsurance ceded XXX 99. Totals (All Business) less Reinsurance Ceded XXX  99. Totals (All Business) less Reinsurance Ceded XXX  90. Totals (All Business) less Reinsurance Ceded XXX  91. Totals (All Business) less Reinsurance Ceded XXX  92. Totals (All Business) less Reinsurance Ceded XXX  93. Totals (All Business) less Reinsurance Ceded XXX  94. Aggregate other amounts not allocable by State XXX  95. Totals (All Business) Less reinsurance Ceded XXX  96. Plus reinsurance assumed Coded XXX  97. Totals (All Business) less Reinsurance Ceded XXX  98. Less reinsurance ceded XXX  99. Totals (All Business) less Reinsurance Ceded XXX   State Status Office Status Counts:  XXX  State Status Counts:									
90. Reporting entity contributions for employee benefits plans 91. Dividends or refunds applied to purchase paid-up additions and annuities									
91. Dividends or refunds applied to purchase paid-up additions and annuities									
and annuities									
92. Dividends or refunds applied to shorten endowment or premium paying period	aı	nd annuities	XXX						
93. Premium or annuity considerations waived under disability or other contract provisions	92. D	vividends or refunds applied to shorten endowment or		ĺ					
disability or other contract provisions			XXX						
94. Aggregate other amounts not allocable by State			vvv	ĺ					
95. Totals (Direct Business)									
96. Plus reinsurance assumed									
97. Totals (All Business)									
98. Less reinsurance ceded XXX (c)  DETAILS OF WRITE-INS  58001.	97. T	Cotals (All Business)	XXX						
XXX   XXX	98. L	ess reinsurance ceded							
XXX   XXX			XXX	ļ		(c)			
XXX   XXX			XXX	1					
S8003   XXX   Summary of remaining write-ins for Line 58 from overflow page   XXX   S8999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Line 59 above)   XXX   S4001 through 58003 + 58998) (Line 59 above)   XXX   S4001 through 58003 + 58998) (Line 59 above)   XXX   S4001 through 58003 + 58998) (Line 58 above)   XXX   S4001 through 58003 + 58998) (Li	002								
S8999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)	003		XXX						
9401. XXX 9402 XXX XXX 9403. Summary of remaining write-ins for Line 94 from overflow page. XXX XXX 9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above) XXX XXX 9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above) 403 + 9498 (Line 94 above) 404 above) 405 + 9498 (Line 94 above) 405 + 9498 (Line 94 above) 406 + 9408 (Line 94 above) 407 + 9408 (Line 94 above) 407 + 9408 (Line 94 above) 408 + 9408 (Line 94 abo	998. S 990 T	ummary of remaining write-ins for Line 58 from overflow page	XXX						
9402.			XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page	02		XXX						
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above)  (a) Active Status Counts:		ummary of remaining write-ins for Line 04 from avardow n							
(a) Active Status Counts:		otal (Lines 9401 through 9403 + 9498) (Line 94 above)	AAX						
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG				•					
				4.	Q – Qualified - Qualified	or accredited reinsurer			
2. R - Registered - Non-domiciled RRGs 5. N - None of the above - Not allowed to write business in the state.									

(a)	Active Status Counts.	
	I I i d Chtd	I in and in a part of the I ppc

<sup>(</sup>c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col.6, or with Schedule H, Part 1, Column 1, Line 1 indicate which;

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

					Direct Bus	siness Only		
			1	2	3	4	5	6
	States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska							
3.	Arizona							
4.	Arkansas							
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia							
10.	Florida							
11.	Georgia							
12.	Hawaii							
13.	Idaho							
14.	Illinois							
15.	Indiana							
16.	Iowa							
17.	Kansas							
18.	Kentucky							
19.	Louisiana							
20.	Maine						<b></b>	
21.	Maryland							
22.	Massachusetts							
23. 24.	Michigan							
25.	Minnesota							
26.	Mississippi							
27.	Montana							
28.	Nebraska							
29.	Nevada							
30.	New Hampshire							
31.	New Jersey							
32.	New Mexico							
33.	New York							
34.	North Carolina					l		
35.	North Dakota							
36.	Ohio					l		
37.	Oklahoma							
38.	Oregon							
39.	Pennsylvania	PA						
40.	Rhode Island							
41.	South Carolina							
42.	South Dakota							
43.	Tennessee							
44.	Texas							
45.	Utah							
46.	Vermont							
47.	Virginia							
48.	Washington							
49.	West Virginia							
50.	Wisconsin							
51.	Wyoming							
52.	American Samoa							
53.	Guam							
54.	Puerto Rico							
55.	U.S. Virgin Islands							
56.	Northern Mariana Islands							
57.	Canada							
58.	Aggregate Other Alien	01	·····					
59.	Totals							1

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

PART 1 – ORGANIZATIONAL CHART



# SCHEDULE Y

#### PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if					Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		Relationship to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)		*
										`					
									,						
لـــــــــــا					l				]				]		<u> </u>

Asterisk		1	Explanation
	4		

#### **SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases,							
					Sales or					4 04		
					Exchanges of	Income/				Any Other		n .
					Loans,	(Disbursements)				Material		Reinsurance
					Securities,	Incurred in				Activity Not		Recoverable/
					Real Estate,	Connection with	Management	Income/		in the		(Payable) on
NATO		N. CI			Mortgage	Guarantees or	Agreements	(Disbursements)		Ordinary		Losses and/or
NAIC	ID	Names of Insurers	61 1 11	0.3.1	Loans or	Undertakings for	and	Incurred Under		Course of the		Reserve Credit
Company Code	ID Number	and Parent, Subsidiaries or	Shareholder Dividends	Capital Contributions	Other	the Benefit of	Service	Reinsurance	*	Insurer's Business	m . 1	Taken/ (Liability)
Code	Number	Affiliates	Dividends	Contributions	Investments	any Affiliate(s)	Contracts	Agreements		Business	Totals	(Liability)
							· · · · · · · · · · · · · · · · · · ·					
						0						
0000000 G	1.00 + 1								3/3/3/			
9999999 Contro	oi I otais					1	1		XXX			

#### **SCHEDULE Y**

#### PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer of				Disclaimer of
			Control\Affiliation			Ownership	Control\Affiliation
		Ownership	of Column 2 Over			Percentage	of Column 5 Over
		Percentage Column	Column 1		U.S. Insurance Groups or Entities	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	2 of Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	Column 6)	(Yes/No)
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	

# 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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	
4.	Will an actuarial opinion be filed by March 1?	
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	
6.	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? (Not applicable to fraternal benefit societies)	
7.	Will the Supplemental Investment Risks Interrogatories 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 19	
the ever	SUPPLEMENTAL FILINGS owing supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business or 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 "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 reasonation following the interrogatory questions.	interrogatory will be accepted in lieu of
	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 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 be filed with the state of domicile and electronically with the NAIC by March 1?	
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	
26.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	
27.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	
28.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	
31.	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?	
32.	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?	
33.	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?	
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	
36.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	
	APRIL FILING	
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	
1	diam.	

Explanation:

Bar code:

#### **OVERFLOW PAGE FOR WRITE-INS**

Not for Distribution

# SUMMARY INVESTMENT SCHEDULE

			vestment			ets as Reported al Statement	
	Investment Categories	1 Amount	Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	Percentage of Column 5
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):						
٥.	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.		X \					
	4.01 Farm 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 convind
	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.	Subtatal (Lina 11 mlya Lina 12)
1.4	Subtotal (Line 11 plus Line 12)
14. 15.	Subtotal (Line 11 plus Line 12)

# 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
	SCHEDULE D – VERIFICATION BETWEEN YEARS  Bonds and Stocks
	Bonds and Stocks
1.	Bonds and Stocks  Book/adjusted carrying value, December 31 of prior year
1. 2.	Bonds and Stocks  Book/adjusted carrying value, December 31 of prior year
	Bonds and Stocks
2.	Book/adjusted carrying value, December 31 of prior year
2. 3.	Book/adjusted carrying value, December 31 of prior year
2. 3.	Book/adjusted carrying value, December 31 of prior year
2. 3.	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7
2. 3.	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7
<ol> <li>3.</li> <li>4.</li> </ol>	Book/adjusted carrying value, December 31 of prior year
<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  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.  Total gain (loss) on disposals, Part 4, Column 19.
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12
<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  Unrealized valuation increase/(decrease): 4.1 Part 1, Column 12
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  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.  Total gain (loss) on disposals, Part 4, Column 19
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	Bonds and Stocks  Book/adjusted carrying value, December 31 of prior year
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	Book/adjusted carrying value, December 31 of prior year
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	Bonds and Stocks  Book/adjusted carrying value, December 31 of prior year
<ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  Unrealized valuation increase/(decrease):  4.1 Part 1, Column 12.  4.2 Part 2, Section 1, Column 15
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	Book/adjusted carrying value, December 31 of prior year
<ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Cost of bonds and stocks acquired, Part 3, Column 7.  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.  Total gain (loss) on disposals, Part 4, Column 19.  Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.  Deduct amortization of premium
<ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  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.  Total gain (loss) on disposals, Part 4, Column 19.  Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.  Deduct amortization of premium.  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  Deduct current year's other-than-temporary impairment recognized:  9.1 Part 1, Column 14.  9.2 Part 2, Section 1, Column 17.
<ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	Book/adjusted carrying value, December 31 of prior year.  Cost of bonds and stocks acquired, Part 3, Column 7.  Accrual of discount.  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.  Total gain (loss) on disposals, Part 4, Column 12.  Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.  Deduction consideration for premium.  Total foreign exchange change in book/adjusted carrying value:  8.1 Part 1, Column 15  8.2 Part 2, Section 1, Column 16  8.4 Part 4, Column 15  Deduct current year's other-than-temporary impairment recognized:  9.1 Part 1, Column 17  9.2 Part 2, Section 1, Column 17.  9.3 Part 2, Section 1, Column 17.
<ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	Bonds and Stocks
2. 3. 4. 5. 6. 7. 8.	Book'adjusted carrying value, December 31 of prior year
2. 3. 4. 5. 6. 7. 8.	Bonds and Stocks

# SCHEDULE D – SUMMARY BY COUNTRY

Long-Term Bonds and Stocks **OWNED** December 31 of Current Year

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

	1	2	3	4	5	6	7	8	9	10	11	12
	-	_		Over 10			,		,			Total
		Over 1 Year	Over 5 Years	Years				Col. 7	Total from	% From	Total	Privately
	1 Year				Ov. on 20	No Motority	Total	as a % of				,
NAIC Designation		Through	Through	Through	Over 20	No Maturity	Total		Col. 7	Col. 8	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
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						
All Other Governments												
2.1 NAIC 1						XXX	* .					
2.1 NAIC 1						XXX						
						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
<ol><li>U.S. States, Territories and Poss</li></ol>	sessions, etc., Guar	ranteed										
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX			l			
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
	T	10				λλλ						
4. U.S. Political Subdivisions of S	tates, Territories ai	na Possessions, Gi	uaranteed									
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	l Assessment Ohlie	gations etc. Non-	Guaranteed	· · · ·								
5.1 NAIC 1		[	Guaranteeu	<b></b>		XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3			<b>1</b>			XXX						
						XXX						
5.4 NAIC 4												
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

		1	2	3	4	5	6	7	8	9	10	11	12
			Over 1 Year	Over 5 Veers	Over 10				Col. 7	Total from	0/ Emans	Total	Total
		1 Year	Through	Over 5 Years Through	Years Through	Over 20	No Maturity	Total	as a % of	Col. 7	% From Col. 8	Total Publicly	Privately Placed
	NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
6.	Industrial and Miscellaneous (un		3 1 cars	10 1 0 113	20 1 cars	1 0415	Date	Current rear	Line 12.7	THOI Tear	THOI Tear	Traded	(a)
	6.1 NAIC 1		l				XXX						
	6.2 NAIC 2						XXX						
	6.3 NAIC 3						XXX						
	6.4 NAIC 4						XXX						
	6.5 NAIC 5						XXX						
i	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						
	Parent, Subsidiaries and Affiliate 8.1 NAIC 1						XXX						
	8.1 NAIC 1 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												
1	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							
	Unaffiliated Bank Loans						vvv	[	l				
	10.1 NAIC 1 10.2 NAIC 2						XXX XXX						
	10.2 NAIC 2				·····		XXX						
	10.4 NAIC 4			_			XXX						
	10.5 NAIC 5						XXX						
	10.6 NAIC 6						XXX						
	10.7 Totals						XXX						
	Unaffiliated Certificates of Depo	sit					1				Ì		
	11.1 NAIC 1						XXX						
	11.2 NAIC 2						XXX						
	11.3 NAIC 3						XXX						
	11.4 NAIC 4						XXX						
1	11.5 NAIC 5						XXX						
	11.6 NAIC 6						XXX				<u> </u>		
1	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
		_	_	Over 10	_		,					Total
		Over 1 Year	Over 5 Years	Years				Col. 7	Total from	% From	Total	Privately
	1 Year	Through	Through	Through	Over 20	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
<ol><li>Total Bonds Current Year</li></ol>												
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 XXX		
12.5 NAIC 5 12.6 NAIC 6	(d) (d)						(c) (c)		XXX XXX	XXX		
12.7 Totals									XXX	XXX		
12.7 Totals							(b)	XXX	XXX	XXX		
13. Total Bonds Prior Year							A	70.01	70.01	70.01		
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		
<ol><li>Total Publicly Traded Bonds</li></ol>												
14.1 NAIC 1												XXX
14.2 NAIC 2												XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX XXX
14.5 NAIC 5 14.6 NAIC 6												XXX
14.7 Totals												XXX
14.8 Line 14.7 as a % of Col. 7								XXX	XXX	XXX		XXX
14.9 Line 14.7 as a % of Line								AAA	AAA	AAA		AAA
12.7, Col. 7, Section 12								XXX	XXX	XXX		XXX
15. Total Privately Placed Bonds				XV								
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	
15.8 Line 15.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.9 Line 15.7 as a % of Line			-					VVV	VVV	VVV	VVV	
12.7, Col. 7, Section 12						<u> </u>	1	XXX	XXX	XXX	XXX	

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

<sup>(</sup>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 \$........

# 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

	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year	Over 5 Years	Over 10 Years	-			Col. 7	Total from	% From	Total	Total
	1 Year	Through	Through	Through	Over 20	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Privately
Distribution by Type	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.09	Prior Year	Prior Year	Traded	Placed
<ol> <li>U.S. Governments</li> </ol>												
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						
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	~					
<ol> <li>U.S. States, Territories and Possessions, Guaranteed</li> </ol>												
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						
<ol> <li>U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</li> </ol>												
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						
<ol> <li>U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</li> </ol>			•									
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						
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		X				XXX						
6.05 Totals		-				XXX						
7. Hybrid Securities	-											
7.01 Issuer Obligations						XXX						
7.02 Residential Mortgage-Backed Securities		<b></b>				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		<u> </u>				XXX	<u> </u>	<u> </u>	<u> </u>			

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
		-	Over 1 Year	Over 5 Years	Over 10 Years			,	Col. 7	Total from	% From	Total	Total
		1 Year	Through	Through	Through	Over	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Privately
	Distribution by Type	or Less	5 Years	10 Years	20 Years	20 Years	Date	Current Year	Line 12.09	Prior Year	Prior Year	Traded	Placed
9.	SVO Identified Funds												
	9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10.	Unaffiliated Bank Loans												
10.	10.01 Unaffiliated Bank Loans - Issued						XXX						
	10.02 Unaffiliated Bank Loans - Acquired						XXX						
	10.03 Totals						XXX						
11.	Unaffiliated Certificates of Deposit						жж						
11.	11.01 Totals						XXX						
12.	Total Bonds Current Year						жж						
12.	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	AAA			XXX	XXX		
	12.06 Affiliated Bank Loans	AAA	7.7.7	ллл	ллл	7.7.7	XXX			XXX	XXX		
	12.07 Unaffiliated Bank Loans						XXX			XXX	XXX		
	12.08 Unaffiliated Certificates of Deposit						XXX			XXX	XXX		
	12.09 Totals						AAA			XXX	XXX		
	12.10 Lines 12.09 as a % Col. 7						<u> </u>		XXX	XXX	XXX		
13.	Total Bonds Prior Year				*		<del> </del>		ΛΛΛ	ΛΛΛ	ΛΛΛ		
15.	13.01 Issuer Obligations						XXX	XXX	XXX				
	13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
	13.02 Residential 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	ΛΛΛ	XXX	XXX				
	13.06 Affiliated Bank Loans			_	AAA		XXX	XXX	XXX				
	13.07 Unaffiliated Bank Loans						XXX	XXX	XXX				
	13.08 Unaffiliated Certificates of Deposit						XXX	XXX	XXX				
	13.09 Totals						ΛΛΛ	XXX	XXX				
	13.10 Line 13.09 as a % of Col. 9							XXX	XXX		XXX		
1.4	Total Publicly Traded Bonds							ΛΛΛ	ΛΛΛ		ΛΛΛ		
14.							XXX						XXX
	14.01 Issuer Obligations.												
	14.02 Residential Mortgage-Backed Securities						XXX						XXX
	14.03 Commercial Mortgage-Backed Securities			***************************************			XXX XXX						XXX XXX
	14.04 Other Loan-Backed and Structured Securities	XXX	XXX	XXX	XXX	XXX	۸۸۸						XXX
	14.06 Affiliated Bank Loans	۸۸۸	7.7.7		۸۸۸	ллл	XXX						XXX
	14.07 Unaffiliated Bank Loans						XXX						XXX
	14.07 Unaffiliated Bank Loans						XXX						XXX
	14.09 Totals		_			<del> </del>	АЛА			<del>                                     </del>			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					<b> </b>			ΛΛΛ	ΛΛΛ	ΛΛΛ		ΛΛΛ
13.	15.01 Issuer Obligations						XXX			1		XXX	
	15.02 Residential Mortgage-Backed Securities	***************************************					XXX					XXX	
	15.02 Residential 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	AAA					XXX	
	15.06 Affiliated Bank Loans	AAA	AAA		AAA		XXX					XXX	
	15.07 Unaffiliated Bank Loans						XXX					XXX	
	15.08 Unaffiliated Certificates of Deposit						XXX					XXX	
	15.09 Totals					<del>                                     </del>	АЛЛ			<del>                                     </del>		XXX	
	15.10 Line 15.09 as a % of Col. 7								XXX	XXX	XXX	XXX	
	15.10 Line 15.09 as a % of Col. /								XXX	XXX	XXX	XXX	
	13.11 Line 13.07 as a /0 of Line 12.07, Col. /, Section 12	<u> </u>	<u> </u>	<u> </u>	l	l	l	l	ΛΛΛ	ллл	ΛΛΛ	ΛΛΛ	l

#### SCHEDULE DA – VERIFICATION BETWEEN YEARS

**Short-Term Investments** 

		1	2	3	4	5
					Other	Investments in
					Short-term	Parent,
					Investment	Subsidiaries
				Mortgage	Assets	and
		Total	Bonds	Loans	(a)	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)					

<sup>(</sup>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.		ook/adjusted carrying value, December 31, prior year (Line 10, prior year)
2.		ost 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.		Inrealized valuation increase/(decrease):
	3.	
4		2 Section 2, Column 19
4. 5.		otal gain (loss) on termination recognized, Section 2, Column 22
6.		onsiderations received/(paid) on terminations, Section 2, Column 15
7.		mortization:
/.	7.	
	7.	
8.		djustment to the book/adjusted carrying value of hedged item:
	8.	
	8.	2 Section 2, Column 23
9.	T	otal foreign exchange change in book/adjusted carrying value:
	9.	.1 Section 1, Column 18
	9.	2 Section 2, Column 20
10	). B	ook/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9)
1	1. D	reduct nonadmitted assets
12	2. S	tatement value at end of current period (Line 10 minus Line 11)
		COHEDINE DR. DADE R. MEDICIONERON RETWEEN MEADO
		SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
		Futures Contracts
1.	Book/	adjusted carrying value, December 31 of prior year (Line 6, prior year)
2.		lative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)
3.1	Add:	
5.1	rida.	Change in variation margin on open contracts – Highly effective hedges:
	2.11	Section 1, Column 15, current year minus
	3.11	
	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:	
	Chang	ge 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
		ge 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	Subto	tal (Line 3.1 minus Line 3.2)
4.1	Cumu	lative 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
4.2		
4.3		tal (Line 4.1 minus Line 4.2)
5.	_	sitions 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.	Deduc	ct total nonadmitted amounts
8.	Staten	nent value at end of current period (Line 6 minus Line 7)

#### SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

		Re	plication (Synthet	ic Asset) Transacti	ons					Components	of the Replication	(Synthetic Asset)	Transactions		
1	2	3	4	5	6	7	8	Deriva	ative Instrument(s)	) Open		Ca	sh Instrument(s) H	eld	
								9	10	11	12	13	14	15	16
		NAIC											NAIC		
		Designation or											Designation or		
		Other	Notional	Book/Adjusted					Book/Adjusted				Other	Book/Adjusted	
Number	Description	Description	Amount	Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Carrying Value	Fair Value	CUSIP	Description	Description	Carrying Value	Fair Value
999999999 Totals															

#### SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First	Quarter	Second	Quarter	Third	Quarter	Fourt	h Quarter	Year	Γο Date
	1	2	3	4	5	6	7	8	9	10
		Total Replication		Total Replication		Total Replication		Total Replication		Total Replication
	Number	(Synthetic Asset)	Number	(Synthetic Asset)	Number	(Synthetic Asset)	Number	(Synthetic Asset)	Number	(Synthetic Asset)
	of	Transactions								
	Positions	Statement Value	Positions	Statement Value	Positions	Statement Value	Positions	Statement Value	Positions	Statement Value
Beginning Inventory										
Add: Opened or Acquired     Transactions										
Add: Increases in Replication     (Synthetic Asset) Transactions										
Statement Value	XXX									
4. Less: Closed or Disposed of										
Transactions							<b>3</b>			
5. Less: Positions Disposed of for Failing Effectiveness										
Criteria										
6. Less: Decreases in Replication										
(Synthetic Asset) Transactions										
Statement Value	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	<u> </u>
15.	Part D, Section 1, Column 12	
16.	Total (Lines 13 plus Line 14 minus Line 15)	
	4.50	
	X	

#### SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

		1	2	3	4
				Money Market	
		Total	Bonds	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)				

<sup>(</sup>a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Showing All Real Estate OWNED December 31 of Current Year

1	2	Locat	ion	5	6	7	8	9	10	C	hange in Book/Adjus	ted Carrying Value Lo	ess Encumbrances	5	16	17
		3	4							11	12	13	14	15		
											Current Year's				Gross Income	Taxes,
								Book/Adjusted			Other-Than-		Total	Total Foreign	Earned Less	Repairs,
Description							Amount	Carrying Value	Fair Value		Temporary	Current Year's	Change in	Exchange	Interest	and
of				Date	Date of	Actual	of	Less	Less	Current Year's	Impairment	Change in	B./A.C.V.	Change in	Incurred on	Expenses
Property	Code	City	State	Acquired	Last Appraisal	Cost	Encumbrances	Encumbrances	Encumbrances	Depreciation	Recognized	Encumbrances	(13-11-12)	B./A.C.V.	Encumbrances	Incurred
										<b></b>						
0699999 Total	ls						X	•							,	

Showing All Real Estate ACQUIRED and Additions Made During the Year

1	Loca	ation	4	5	6	7	8	9
	2	3					Book/Adjusted	Additional Investment
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Carrying Value Less Encumbrances	Made After Acquisition
	y							
						***************************************		
						***************************************		
					[			
0399999 Totals	1		<del>' ( )                                  </del>	l .	1			
03///// 104115					ļ		ļ	

Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	Locat	ion	4	5	6	7	8	Change	in Book/Adjuste	ed Carrying Valu	ie Less Encun	nbrances	14	15	16	17	18	19	20
	2	3	1					9	10	11	12	13							i l
						Expended for	Book/	-	Current			-			Foreign				ı
						Additions.	Adjusted		Year's Other-			Total	Book/Adjusted		Exchange	Realized	Total	Gross Income	Taxes,
						Permanent	Carrying		Than-		Total	Foreign	Carrying Value		Gain	Gain	Gain	Earned	Repairs
Description				Name		Improvements	Value Less	Current	Temporary	Current Year's	Change in	Exchange	Less	Amounts	(Loss)	(Loss)	(Loss)	Less Interest	and
of			Disposal	of	Actual	and Changes in	Encumbrances	Year's	Impairment	Change in	B./A.C.V.	Change in	Encumbrances	Received	on	on	on	Incurred on	Expenses
Property	City	State	Date	Purchaser	Cost	Encumbrances	Prior Year	Depreciation	Recognized	Encumbrances	(11-9-10)	B./A.C.V.	on Disposal	During Year	Disposal	Disposal	Disposal	Encumbrances	Incurred
												,							
												*							
											·								
												ļ							
0399999 Totals																			

Showing All Mortgage Loans OWNED December 31 of Current Year

1	2	Location	n	5	6	7	8		Change in	Book Value/Recorded In	vestment		14	15
		3	4					9	10	11	12	13		
							Book Value/			Current Year's		Total		Date of
							Recorded	Unrealized		Other-Than-		Foreign	Value of	Last
_				_	_	Rate	Investment	Valuation	Current Year's	Temporary	Capitalized	Exchange	Land	Appraisal
Loan		ar.		Loan	Date	of	Excluding	Increase/	(Amortization)/	Impairment	Deferred Interest	Change in	and	or
Number	Code	City	State	Туре	Acquired	Interest	Accrued Interest	(Decrease)	Accretion	Recognized	and Other	Book Value	Buildings	Valuation
						X_\								
3399999 T	Γotals						)							XXX

#### General Interrogatory:

- 1. Mortgages in good standing \$.....unpaid taxes \$.....interest due and unpaid.

- 4. Mortgages in process of foreclosure \$..... unpaid taxes \$.... interest due and unpaid.

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1	Loca	tion	4	5	6	7	8	9
	2	3						Value of
						Actual Cost at	Additional	Land
Loan			Loan			Time of	Investment Made After	and
Number	City	State	Type	Date Acquired	Rate of Interest	Acquisition	Acquisition	Buildings
							•	
						)		
3399999 Totals								

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1	Location		4	5	6	7		Cha	nge in Book Val	ue/Recorded Invest	ment	14	15	16	17	18	
	2	3		-			8	9	10	11	12	13	Book				-
												Total	Value/Recorded				
						Book Value/Recorded			Current Year's			Foreign	Investment		Foreign		
						Investment	Unrealized		Other-Than-			Exchange	Excluding		Exchange		Total
						Excluding	Valuation	Current Year's	Temporary	Capitalized	Total Change in	Change in	Accrued		Gain	Realized Gain	Gain
Loan			Loan	Date	Disposal	Accrued Interest	Increase/	(Amortization)/	Impairment	Deferred Interest	Book Value	Book	Interest		(Loss) on	(Loss) on	(Loss) on
Number	City	State	Type	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	and Other	(8+9-10+11)	Value	on Disposal	Consideration	Disposal	Disposal	Disposal
												•••••					
											4						
							***************************************										
0599999 To	otals							4									

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2.	3	Locatio	· · ·	6	7	8	0	10	11	12	Change in Book/Adjusted Carrying Value					18	19	20
,	-	5	4	5	ľ	,	Ü		10		12	13	14	15	16	17	10	17	20
						NAIC Designation,										- ,			
						NAIC					Book/								
						Designation					Adjusted			Current Year's		Total			
					Name of	Modifier and					Carrying	Unrealized	Current Year's	Other-Than-	Capitalized	Foreign		Commitment	
or orn	Name				Vendor or	SVO Administrative	Date	Type			Value	Valuation	(Depreciation) or	Temporary	Deferred	Exchange		for Additional	Percentage
CUSIP Identification	or Description	Code	City	State	General Partner	Administrative Symbol	Originally Acquired	and Strategy	Actual Cost	Fair Value	Less Encumbrances	Increase/ (Decrease)	(Amortization)/ Accretion	Impairment Recognized	Interest and Other	Change in B./A.C.V.	Investment Income	Additional Investment	of Ownership
			City		Tartifei	Symoor	Acquired	Strategy	Cost	value	Liteumoranees	`	Acciction		Other		meome	mvestment	Ownership
														<i>)</i>					
													)						
												·							
										,									
										Ī									
6299999 Totale	629999 Totals																	XXX	
V2///// TOGGS								1									7001		



Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1	2	Loca	ation	5	6	7	8	9	10	11
		3 4		Name of			Actual			
CUSIP				Vendor or General	Date Originally		Cost at Time	Additional Investment	Amount of	Percentage of
Identification	Name or Description	City	State	Partner	Acquired	Type and Strategy	of Acquisition	Made After Acquisition	Encumbrances	Ownership
							<b></b>			
6299999 Totals		l	l							XXX
02//// Totals										AAA

#### **SCHEDULE BA – PART 3**

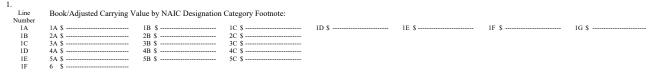
Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

1	2	Loc	ation	5	6	7	8		Ch	ange in Book/Adj	usted Carrying V	alue		15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
							Book/Adjusted		Current Year's	Current Year's			Total	Book/Adjusted					
				Name of			Carrying	Unrealized	(Depreciation)	Other-Than-	Capitalized	Total	Foreign	Carrying Value		Foreign			
	Name			Purchaser	Date		Value Less	Valuation	or	Temporary	Deferred	Change in	Exchange	Less		Exchange	Realized	Total	
CUSIP	or			or Nature of	Originally	Disposal	Encumbrances,	Increase/	(Amortization)/	Impairment	Interest and	B./A.C.V.	Change in	Encumbrances		Gain (Loss)	Gain (Loss)	Gain (Loss)	Investment
Identification	Description	City	State	Disposal	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(9+10-11+12)	B./A.C.V.	on Disposal	Consideration	on Disposal	on Disposal	on Disposal	Income
												·	)						
			***************************************		***************************************													***************************************	
			***************************************		***************************************													***************************************	
			***************************************		***************************************													***************************************	
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(200000 T . 1	l	l	l	l	l														-
6299999 Totals								l			l	1	l			l	l	1	

#### SCHEDULE D – PART 1

#### Showing All Long-Term BONDS Owned December 31 of Current Year

	2		Codes		6	7	Fair V	/alue	10	11	(	Change in Book/Adju	sted Carrying Value	e			Interest			Da	ites
	j	3	4	5	NAIC		8	9			12	13	14	15	16	17	18	19	20	21	22
			F		Designation,									m . 1							
			0		NAIC Designation								Current Year's Other-	Total Foreign							
			e		Modifier and					Book/	Unrealized	Current	Than-	Exchange				Admitted	Amount		Stated
			i		SVO		Rate Used			Adjusted	Valuation	Year's	Temporary	Change		Effective		Amount	Rec.		Contractual
CUSIP			g	Bond	Administrative	Actual	To Obtain	Fair	Par	Carrying	Increase/	(Amortization)/	Impairment	in	Rate	Rate	When	Due &	During		Maturity
Identification	Description	Code	n	CHAR	Symbol	Cost	Fair Value	Value	Value	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
														J							
													A								
													J								
											•										
												· · · · · · · · · · · · · · · · · · ·									
							44														
2500000000	. ID 1				ı		VVV								NWW.	VVV	VVV			VVV	VVV
2509999999 To	tai Bonds						XXX						ļ	<u> </u>	XXX	XXX	XXX		<u> </u>	XXX	XXX



#### SCHEDULE D - PART 2 - SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2.	C.	des	5	6	7	8	Fair '	Value	- 11	1	Dividends		1	Change in I	Book/Adjusted Carryin	og Value		20	21
1	_	3	4	1 ,	0	· /	3	9	10	11	12	13	14	15	16	17	18	19	NAIC	21
			F						10						10		10	.,	Designation,	
			0					Rate per										Total	NAIC	
			r					Share								Current Year's	Total	Foreign	Designation	
			e		Par		Book/	Used to				Amount	Nonadmitted	Unrealized	Current	Other-Than-	Change	Exchange	Modifier and	
			i	Number	Value	Rate	Adjusted	Obtain			Declared	Received	Declared	Valuation	Year's	Temporary	in	Change	SVO	
CUSIP	B		g	of	Per	Per	Carrying	Fair	Fair	Actual	but	During	But	Increase/	(Amortization)/	Impairment	B./A.C.V.	in	Administrative	Date
Identification	Description	Code	n	Shares	Share	Share	Value	Value	Value	Cost	Unpaid	Year	Unpaid	(Decrease)	Accretion	Recognized	(15+16-17)	B./A.C.V.	Symbol	Acquired
														***************************************				***************************************		
															<b>*</b>					
														***************************************						
																		***************************************		
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																		***************************************		
																		***************************************		
				1		l							1							
4509999999	Total Preferred Sto	ocks						XXX		7		İ	1	İ	İ		İ		XXX	XXX
										-		L	L	l	l		L	·	L	



#### SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1 1	2	(	Codes	5	6	Fair V	alue	9		Dividends		i	Change in Book/A	djusted Carrying Valu	ie	17	18
'	~	3	4	1	Ŭ	7	8	<b>1</b>	10	11	12	13	14	15	16	1 ''	NAIC
CUSIP Identification	Description	Code	F o r e i g n	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (13-14)	Total Foreign Exchange Change in B./A.C.V.	Date Acquired	Designation, NAIC Designation Modifier and SVO Administrative Symbol
				***************************************							***************************************						
											***************************************						
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									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
								1									
				***************************************		***************************************					***************************************						
5989999999	Total Common Stocks				1	XXX							1			XXX	XXX
	Total Preferred and Common Stocks					XXX							1			XXX	XXX
1.	Total Treferred and Common Stocks					ААА		l .			l .			1	1	ΛΛΛ	ΛΛΛ

SCHEDULE D – PART 3
Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
				Name	Number of			Paid for
CUSIP			Date	of	Shares	Actual	Par	Accrued Interest
Identification	Description	Foreign	Acquired	Vendor	of Stock	Cost	Value	and Dividends
				••••••				
								•••••
								•••••
			•••••					
		•••••						
		•••••						
								•••••
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				••••••		•••••		•••••
				••••••		•••••		•••••
						•••••		•••••
•••••						•••••		••••••
			·····			•••••		••••••
6009999999	Totals						XXX	
000///////	10000						ААА	

# SCHEDULE D – PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10		Change In	Book/Adjusted Carry	ying Value		16	17	18	19	20	21
		F								11	12	13	14	15					Bond	
		0										Current			Book/	Foreign			Interest/	
		r							Prior Year	11 15 1		Year's	T . 1	Total	Adjusted	Exchange	Realized	Total	Stock	6 1
CUSIP		e i			Number				Book/ Adjusted	Unrealized Valuation	Current Year's	Other-Than- Temporary	Total Change in	Foreign Exchange	Carrying Value at	Gain (Loss)	Gain (Loss)	Gain (Loss)	Dividends Received	Stated Contractual
Identifica		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	Disposal	on	on	on	During	Maturity
tion	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Date	Disposal	Disposal	Disposal	Year	Date
												<b>—</b>								
												<b></b>								
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																		***************************************		***************************************
			***************************************												***************************************					
			***************************************																	
								, <b>.</b>												
								K.L	<i></i>											
6009999999	Totals						XXX													XXX
												•					•	•		

SCHEDULE D – PART 5
Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11		Change in B	Book/Adjusted Carr	ying Value		17	18	19	20	21
							B 17.1				12	13	14	15	16					
							Par Value (Bonds)			Book/			Current Year's Other-		Total	Foreign				Paid for
							or			Adjusted	Unrealized	Current	Than-	Total	Foreign	Exchange	Realized	Total	Interest and	Accrued
				Name			Number of			Carrying	Valuation	Year's	Temporary	Change in	Exchange	Gain	Gain	Gain	Dividends	Interest
CUSIP	<b>5</b>		Date	of	Disposal	Name of	Shares	Actual		Value at	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	(Loss) on	(Loss) on	(Loss) on	Received	and
Identification	Description	Foreign	Acquired	Vendor	Date	Purchaser	(Stock)	Cost	Consideration	Disposal	(Decrease)	Accretion	Recognized	(12+13-14)	B./A.C.V.	Disposal	Disposal	Disposal	During Year	Dividends
	BONDS																			
***************************************																				
			***************************************																	***************************************
														<b>/</b>						
2509999998	Subtotal Bonds			1																
	STOCKS																			
												·								
																***************************************				
											***************************************					***************************************				
			***************************************																	
									<b>-</b>											
				İ																
	Subtotal-Stocks											ļ	1							
6009999999	Totals											L	1							

#### SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	9	Stock o Company ( Insurer on Sta	Owned by
							Total Amount of		10	11
	Description Name						Goodwill Included in		Number	i
CUSIP	Description Name of Subsidiary, Controlled or				NAIC Valuation	Book/Adjusted Carrying	Book/Adjusted	Nonadmitted	of	% of
Identification	Affiliated Company	Foreign	NAIC Company Code	ID Number	Method	Value	Carrying Value	Amount	Shares	Outstanding
							·			
	•••••									
	•••••									
	•••••									
1999999 Total:	S								XXX	XXX

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

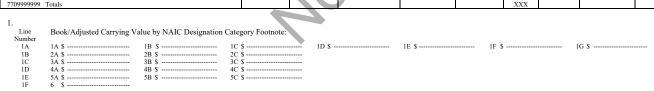
# SCHEDULE D – PART 6 – SECTION 2

1	2	3	4	Stock in Lower Owned Indirectly by In:	-Tier Company
			Total Amount of Goodwill	Owned Indirectly by In:	surer on Statement Date
CUSIP	Name of	Name of Company Listed in Section 1	Included in Amount Shown in	5	6
Identification	Lower-Tier Company	Which Controls Lower-Tier Company	Column 8, Section 1	Number of Shares	% of Outstanding
0399999 Total				XXX	XXX

#### SCHEDULE DA – PART 1

#### Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	Cod	es	4	5	6	7		Change In Book/Adju	sted Carrying Value		12	13			Interest				20
	2	3		1			8	9	10	11	1		14	15	16	17	18	19	1 1
Descrip- tion	Code	F o r e : 1 gs n	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
									(										
																			1
7709999999	Totals										XXX				XXX	XXX	XXX		
_			_									_							



# SCHEDULE DB - PART A - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	Description									Cumulative												
	of Item(s) Hedged,									Prior Year(s) Initial Cost	Current Year Initial											Hedge
	Used for								Strike Price,	of	Cost of						Total					Effectiveness
	Income			Exchange,					Rate or	Undiscounted	Undiscounted	_	Book/			Unrealized	Foreign		Adjustment		Credit	At Inception
	Generation or	Schedule/ Exhibit	Type(s) of Risk(s)	Counterparty or Central		Date of Maturity or	Number of	Notional	Index Received	Premium (Received)	Premium (Received)	Current Year	Adjusted Carrying			Valuation Increase/	Exchange Change in	Current Year's (Amortization)/	to Carrying Value of	Potential	Quality of Reference	and at Year-end
Description		Identifier	(a)	Clearinghouse	Trade Date	Expiration	Contracts	Amount	(Paid)	Paid	Paid	Income	Value	Code	Fair Value	(Decrease)	B./A.C.V.	Accretion	Hedged Item	Exposure	Entity	(b)
***************************************																						
1,000,000,000	C 1 1 TT 1		F 1 F 1	V 111 A		1 CCADN	100		•					XXX							XXX	XXX
				Variable Annuity			108							A .								
1699999999	Subtotal - Hed	ging Effective	- Variable A	nnuity Guarantee	es Under SSAP	No. 108								XXX							XXX	XXX
1709999999	Subtotal - Hed	ging Other												XXX	•						XXX	XXX
1719999999	Subtotal - Rep	lication												XXX							XXX	XXX
1729999999	Subtotal - Inco	me Generation	1											XXX							XXX	XXX
1739999999	Subtotal - Oth	er												XXX							XXX	XXX
1749999999	Subtotal - Adj	stments for S	SAP No. 108	Derivatives										XXX							XXX	XXX
1759999999														XXX							XXX	XXX
11000000	Totals									I	10			7001	I	I	I	I			70.01	7001
(a)	Code										Description	of Hadgad	Dick(c)									
(a)	Joue										Description	oi rieugeu	KISK(S)									
											<u> </u>											
										J												
								-														
_	-																					1
(b)	Code								Financia	l or Economic	Impact of the	e Hedge at	the End of	the Reporting	ng Period							
<u>L</u>																						

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
												Cumulative												
	Descriptio											Prior	Current											
	of Item(s)	1										Year(s) Initial Cost	Year Initial	G :1										** 1
	Hedged, Used for							Indicate			Strike	of Undis-	Cost of Undis-	Considera- tion					Total	Current		Adjustment		Hedge Effectiveness
	Income			Exchange,				Exercise,			Price, Rate	counted	counted	Received		Book/		Unrealized	Foreign	Year's	Gain(Loss)	to Carrying	Gain(Loss)	at Inception
	Generation	Schedule/	Type(s) of	Counterparty		Date of		Expiration,			or Index	Premium	Premium	(Paid) on	Current	Adjusted		Valuation	Exchange	(Amortiza-	on Termi-	Value of	on Termi-	and at
	or	Exhibit	Risk(s)	or Central	Trade	Maturity or	Termina-	Maturity or	Number of	Notional	Received	(Received)	(Received)	Termina-	Year	Carrying		Increase/	Change in	tion)/Accre-	nation -	Hedged	nation -	Termination
Descripti			(a)	Clearinghouse	Date	Expiration	tion Date	Sale	Contracts	Amount	(Paid)	Paid	Paid	tion	Income	Value	Code	(Decrease)	B./A.C.V.	tion	Recognized	Item	Deferred	(b)
						ļ			l .											ļ	ļ			
															•		·							
16899	99999 Subtot	al - Hedging E	ffective - Exc	luding Variable A	nnuity Gua	rantees Under	SSAP No. 10	)8									XXX			ļ	ļ			XXX
16999	99999 Subtot	al - Hedging E	ffective - Var	riable Annuity Gua	arantees Ui	nder SSAP No	. 108								X		XXX							XXX
17000	99999 Subtot	1 11 1 : 6	1	•												<b>"</b>	VVV							XXX
															1		XXX							
17199	99999 Subtot	al - Replication	1										-				XXX							XXX
17299	99999 Subtot	al - Income Ge	neration										•				XXX							XXX
17399	99999 Subtot	al - Other															XXX							XXX
17490	00000 Subtot	al - Adjustmen	te for SSAP N	lo. 108 Derivative	e								X	,			XXX							XXX
			ts for BBAT 1	to. 100 Derivative	3																			
17599	99999 Totals																XXX							XXX
Ī												11.												
(a)	Code											Description	on of Hedge	ed Risk(s)										
									~															
										*														
ſ																								1
(b)	Code									Financial o	r Economic	Impact of	the Hedge	at the End o	of the Repor	ting Period								
	*******																							

## SCHEDULE DB – PART B – SECTION 1

Future Contracts Open December 31 of Current Year

1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	High.	v Effortivo Ho	dass	18	19	20	21	22
File   Code	1	2	3	4	,	0	· /	0	,	10	11	12	13	14				10	19	20	21	22
168999999   Saboual - Hodging Effective - Excluding Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108 Derivatives   XXX   179999999   Saboual - Adjaurantees for SSAP No. 108 Derivatives   XXX				Description	of Item (s) Hedged, Used for Income Generation or	Exhibit	of Risk(s)	Maturity or	Exchange	Trade Date		Reporting Date Price		Adjusted Carrying	Variation	Variation	Variation Margin Gain (Loss) Used to Adjust Basis of Hedged	Variation Margin for All Other	Variation Margin Gain (Loss) Recognized in Current		Effectiveness at Inception and at Year-End	Value of One (1) Point
168999999   Saboual - Hodging Effective - Excluding Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108   XXX   179999999   Saboual - Hodging Effective - Variable Annaity Guarantees Under SSAP No. 108 Derivatives   XXX   179999999   Saboual - Adjaurantees for SSAP No. 108 Derivatives   XXX																						
168999999 Sebroul - Hedging Effective - Excluding Variable Annuity Guarantees Under SSAP No. 108																						
1687999999 Subtotal - Hedging Effective - Excluding Variable Annually Quarantees Under SSAP No. 108																						
1687999999 Subtotal - Hedging Effective - Excluding Variable Annually Quarantees Under SSAP No. 108																						
16099099999   Subtotal - Hedging Effective - Variable Annuity Guarnniese Under SSAP No. 108   XXX   1709999999   Subtotal - Hedging Other   XXX   1719999999   Subtotal - Hedging Other   XXX   XXX   1719999999   Subtotal - Income Generation   XXX   XX																						
16099099999   Subtotal - Hedging Effective - Variable Annuity Guarnniese Under SSAP No. 108   XXX   1709999999   Subtotal - Hedging Other   XXX   1719999999   Subtotal - Hedging Other   XXX   XXX   1719999999   Subtotal - Income Generation   XXX   XX				1	1	<u> </u>																
	16899999	99 Subtotal	- Hedging	Effective - E	xcluding Vari	able Annuity	Guarantees	Under SSAP	No. 108												XXX	XXX
171999999   Subtetal - Replication	169999999	99 Subtotal	- Hedging	Effective - V	/ariable Annu	ity Guarantee	s Under SS	AP No. 108							<b>J</b>						XXX	XXX
172999999 Subotal - Income Generation   XXX   173999999 Subotal - Other   XXX   173999999 Subotal - Adjustments for SSAP No. 108 Derivatives   XXX   XXX   175999999 Totals   Reginning Cash Balance   Reginning Cash Balan	17099999	99 Subtotal	- Hedging	Other									•								XXX	XXX
172999999   Subotal - Income Generation	17199999	99 Subtotal	– Replicati	on																	XXX	XXX
173999999   Substatal - Other													X									XXX
Broker Name  Beginning Cash Balance  Cumulative Cash Change Ending Cash Balance  Total Net Cash Deposits  Code  Description of Hedged Risk(s)  (b)  Code  Financial or Economic Impact of the Hedge at the End of the Reporting Period												+ C										XXX
Broker Name  Beginning Cash Balance  Cumulative Cash Change Ending Cash Balance  Total Net Cash Deposits  Code  Description of Hedged Risk(s)  (b) Code  Financial or Economic Impact of the Hedge at the End of the Reporting Period	17499999	99 Subtotal	- Adjustme																			XXX
Broker Name Beginning Cash Balance Cumulative Cash Change Ending Cash Balance Total Net Cash Deposits  Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period				Adjustments for SSAP No. 108 Derivatives																		XXX
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period													1		•	•	•	•		•	<u> </u>	•
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period								Bı	oker Name	•					Beginning C	ash Balance	Cumulative (	Cash Change	Ending C	ash Balance		
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period											)											
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period			Tata	Nat Caals D					X				•••••••••••									
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period			Tota	i Net Cash D	eposits										1							
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	(a)	Code										Description	of Hedged	Rick(e)								
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	(u)	Code										Безеприон	or rieugeu	icion(b)								
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																						
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period												••••••										
	(b)	Code								Financial of	or Economic	Impact of the	Hedge at t	he End of the R	Reporting Period							

## SCHEDULE DB – PART B – SECTION 2

Future Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Chang	ge in Variation	Margin	19	20
1				Description of Item(s) Hedged, Used for					10	11	12	13	Indicate Exercise,	Cumulative	16 Gain (Loss)	17 Gain (Loss) Used to	18	Hedge Effectiveness at Inception/	
Ticker	Number of	Notional		Income Generation	Schedule/ Exhibit	Type(s) of Risk(s)	Date of Maturity or			Transaction	Termination	Termination	Expiration, Maturity or	Variation Margin at	Recognized in Current	Adjust Basis of Hedged		and at Termination	Value of One (1)
Symbo		Amount	Description			(a)	Expiration	Exchange	Trade Date	Price	Date	Price	Sale	Termination	Year	Item	Deferred	(b)	Point
16899999	99 Subtotal - Hed	ging Effective -	Excluding Var	riable Annuity (	Guarantees Und	er SSAP No. 1	08											XXX	XXX
16999999	99 Subtotal - Hed	ging Effective -	Variable Annu	ity Guarantees	Under SSAP N	o. 108				<b>*</b>	$\mathbf{X}$							XXX	XXX
17099999	99 Subtotal - Hed	ging Other																XXX	XXX
17199999	99 Subtotal - Rep	lication								X								XXX	XXX
17299999	99 Subtotal - Inco	me Generation							•		<u> </u>							XXX	XXX
17399999	99 Subtotal - Oth	er																XXX	XXX
17499999	99 Subtotal - Adj	ustments for SS	AP No. 108 De	rivatives				•										XXX	XXX
17599999	99 Totals																	XXX	XXX
(a)	Code								Descriptio	n of Hedged R	ick(c)								
(u)							<u> </u>		Description	n or rieugeu it	isk(s)								
		••••••			•••••						•							•••••	
		••••••			•••••						•							•••••	
(h)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period																	
(b)							rina	IIICIAI OF ECONO	inic impact of t	ne neuge at th	e mid of the Re	porting reflod							1

#### SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	Counterp	arty Offset	Book	/Adjusted Carrying	Value		Fair Value		12	13
			4	5	6	7	8	9	10	11		
		Credit			Contracts With	Contracts With						
Description of Exchange,	Master	Support	Fair Value of	Present Value	Book/Adjusted	Book/Adjusted	Exposure Net			Exposure Net		
Description of Exchange, Counterparty or	Agreement	Annex	Acceptable	of Financing	Carrying Value	Carrying Value	of	Contracts With	Contracts With	of	Potential	Off-Balance
Central Clearinghouse	(Y or N)	(Y or N)	Collateral	Premium	>0	<0	Collateral	Fair Value >0	Fair Value <0	Collateral	Exposure	Sheet Exposure
							_					
099999999 Gross Totals												
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	2	3	4	5	6	7	8	9
Exchange,								
Counterparty or								
Central	Type of Asset	CUSIP				Book/Adjusted		Type of Margin (I, V or IV)
Clearinghouse	Pledged	Identification	Description	Fair Value	Par Value	Carrying Value	Maturity Date	(I, V or IV)
0199999999 Totals					*		XXX	XXX

#### Collateral Pledged to Reporting Entity

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

#### **SCHEDULE DB – PART E**

#### Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year

This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

C	DHS				Hedge	d Item							H	ledging Instrumer	nts			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
									Current Year									
				Fair Value			Current Year		Increase/				Hedging					
		Prior Fair		Gains (Loss) in			Increase/	Change in the	(Decrease) in				Instruments'	Hedge Gain				
		Value in Full	Value in Full	Full Contract	Fair Value	Current Year	(Decrease) in	Hedged Item	VM-21		Current Year		Current Fair	(Loss) in				
		Contract Cash	Contract Cash	Cash Flows	Gain (Loss) in	Increase/	VM-21	Attributed to	Liability		Fair Value	Current Year	Value	Current Year	Current Year	Current Year	Current Year	Ending
		Flows	Flows	Attributed to	Hedged Item	(Decrease) in	Liability	Hedged Risk	Attributed to		Fluctuation of	Natural Offset	Fluctuation	Deferred	Prescribed	Additional	Total Deferred	Deferred
		Attributed to	Attributed to	Interest Rates	Attributed to	VM-21	Attributed to	Percentage	Hedged Risk	Prior Deferred	the Hedge	to VM-21	Not Attributed	Adjustment	Deferred	Deferred	Amortization	Balance
Identifier	Description	Interest Rates	Interest Rates	(4-3)	Hedged Risk	Liability	Interest Rates	(6/5)	(8*9)	Balance	Instruments	Liability	to Hedged Risk	[12-(13+14)]	Amortization	Amortization	(16+17)	(11+15+18)
													·					
												<b>S</b>						
													<b> </b>					
m . 1								17777									1	
Lotal				i				XXX				ĺ	i		i	ĺ	1	i

#### **SCHEDULE DL – PART 1** SECURITIES LENDING COLLATERAL ASSETS

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

1	2	3	4 NAIC Designation,	5	6	7
			NAIC Designation Modifier and SVO			
CUSIP			Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
	•••••			••••••		
				••••••		
•••••				••••••		
••••••	•••••					
	•••••					
••••••					•••••••	
		*************				
••••••	•••••			•••••		
••••••				•••••	•••••••	
				•••••		
	•••••					
				••••••		
9999999999 Totals	S					XXX
3. Line Number 3A 1A \$	for the year ce for the year  ed Carrying Value by NAIC Designation C		/alue \$ e: ID \$ IE \$	Book/Adjı	usted Carrying Value Susted Carrying Value S	
	4B \$ 4C \$ 5B \$ 5C \$					

#### 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))

1	2	3	4	5	6	7
			NAIC Designation,			
			NAIC Designation			
			Modifier and SVO			
CUSIP			Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
			)			
					••••••	
			***************************************			
		•			•••••	
••••••				••••••	••••••	
					••••••	
					••••••	
	•••••		•••••			
			•••••		•••••	
					•••••	
9999999999 Totals	S					XXX
General Interrogator						
<ol> <li>Total activity :</li> </ol>		Fair V			usted Carrying Value	
<ol><li>Average balan</li></ol>	ice for the year	Fair V	Value \$	Book/Adju	usted Carrying Value S	S

## SCHEDULE E - PART 1 - CASH

	1	2	3	4	5	6	7
	1	2		Amount of Interest	Amount of Interest Accrued	0	/
	Depository	Code	Rate of Interest	Received During Year	December 31 of Current Year	Balance	*
OPEN DI	EPOSITORIES	0040	Interest	2 wring 1 cm	01 04110110 1 041	Bulune	
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
				•••••			XXX XXX
					•••••		XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX XXX
					•••••		XXX
							XXX
							XXX
							XXX
							XXX
0199998	Deposits indepositories that do not exceed						
	the allowable limit in any one depository (See	WWW	3/3/3/				VVV
	Instructions)-open depositories	XXX	XXX	•••••			XXX
	Totals – Open Depositories	XXX	XXX				XXX
SUSPENI	DED DEPOSITORIES						
0299998	Deposits indepositories that do not						
3277770	exceed the allowable limit in any one depository						
	(See Instructions)-suspended depositories	XXX	XXX				XXX
	, , , , , , , , , , , , , , , , , , , ,			·			
	Totals – Suspended Depositories	XXX	XXX				XXX
0399999	Total Cash on Deposit	XXX	XXX		******		XXX
0499999	Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999	Total Cash	XXX	XXX				XXX

#### 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 2 – CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4 Date	5 Rate of	6 Maturity	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
						jg		
•••••		•••••	•••••	•••••	•••••	•••••		••••••
••••••								
		•••••			•••••			
				•				
•••••		••••••				••••••		
•••••		•••••			•••••	•••••		
•••••		•••••			•••••	••••••		
•••••		•••••			•••••	••••••		
		•••••						
•••••				•••••	•••••	••••••		
•••••			••••••		•••••	••••••		
		•••••			•••••			
9600000000 T 4 1	Cook Emission lands							
8609999999 Total	Casn Equivalents							

## SCHEDULE E – PART 3 – SPECIAL DEPOSITS

Sales, etc.	Deposits
1. Alabams	6 Fair Value
3	
4. Arkansas   AR	
S. California	
Colorado	
7. Connecticut	
S. Delavare.   DE   Delay   Delay   Color   Color   Delay   Delay   Color   Delay	
9 District of Columbia   DC	
11.   Georgia   GA	
12	
13   Idaho	
14   Illinois	
15   Indiana	
16   lowa	
17	
18   Kentucky,   KY	
19  Louisiana	
Description	
21.   Maryland	
22. Massachusetts	
24	
25. Mississippi	
26. Missouri	
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.         WA           50. </th <th></th>	
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         WA           49. West Virginia         WY           50. Wisconsin         WI	
29. Nevada	
30. New Hampshire	
31. New Jersey	
32 New Mexico   NM	
33. New York	
35. North Dakota	
36. Ohio	
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	
38. Oregon	
39. Pennsylvania	
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	
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	
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	
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	
45. Utah	
46. Vermont       VT         47. Virginia       VA         48. Washington       WA         49. West Virginia       WV         50. Wisconsin       WI	
47. Virginia       VA         48. Washington       WA         49. West Virginia       WV         50. Wisconsin       WI	
48. Washington	
49. West Virginia	
50. Wisconsin	
<del></del>	
52. American Samoa	
53. Guam	
54. Puerto Rico	
55. U.S. Virgin IslandsVI	
56. Northern Mariana IslandsMP	
57. Canada	
59. Total XXX XXX	
DETAILS OF WRITE-INS	
5801	
5802	
5898. Sum of remaining write-ins for Line         XXX         XXX	
5899. Totals (Lines 5801 – 5803 + 5898)	
(Line 58 above) XXX XXX	

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

	l Direct	2 Direct	3 Assumed	4 Ceded	5 Net Premiums	6	7	8	9 Net Incurred	10 Change in	11	12 Number of Policies	13 Number of	14
	Premiums Written	Premiums Earned	Premiums Earned	Premiums Earned	Earned (2+3-4)	Direct Incurred Claims Amount	Assumed Incurred Claims Amount	Ceded Incurred Claims Amount	Claims Amount (6+7-8)	Contract Reserves	Loss Ratio (6+10)/2	or Certificates as of Dec. 31	Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS	· · · · · · · · · · · · · · · · · · ·	Laried	Lamed	Lamed	(2.5.1)	Cambridae	Ciums i inount	Camino amount	(0.70)	reserves	(0.10)2	1500.51	011500.51	Monda
Comprehensive major medical														
2.1 Short-Term Medical – 6 Months or Less														
2.3 Subtotal Short-Term Medical (2.1+2.2)										-				
Other Medical (Non-Comprehensive)														
Specified/Named Disease														
Limited Benefit														
Student      Accident Only or AD&D														
Disability Income – Short–Term														
Disability Income – Long–Term														
10. Long-Term Care														
11. Medicare Supplement (Medigap)														
Dental      State Children's Health Insurance Program								,						
State Children's Health Insurance Program														
15. Medicaid														
16. Medicare Part D – Stand-Alone														
17. Vision														
Other Individual Business      Grand Total Individual														
B. GROUP BUSINESS		l .		l .	l .					l .		l .		
Comprehensive Major Medical						<b>*</b>								
1.1 Single Employer – Small Employer														
1.2 Single Employer – Other Employer														
1.3 Single Employer Subtotal														
Multiple Employer Assns and Trusts														
Other Associations and Discretionary Trusts      Other Comprehensive Major Medical														
Comprehensive/Major Medical Subtotal														
Other Medical (Non-Comprehensive)														
Specified/Named Disease														
7. Limited Benefit														
Student      Accident Only or AD&D														
Nectident Only of Albert     Disability Income – Short–term														
11. Disability Income – Long-term														
12. Long-Term Care														
13. Medicare Supplement (Medigap)														
Federal Employees Health Benefits Plan     Tricare														
16. Dental														
17. Medicare														
18. Medicare Part D – Stand-Alone														
19. Vision														
Other Group Care  21. Grand Total Group Business														
C. OTHER BUSINESS		I		I	l		ı		1	l		l .		
Credit (Individual and Group)				l	l					l				
Stop Loss/Excess Loss														
Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
Grand Total Other Business     TOTAL BUSINESS	<b></b>	l		l	l		l		l	l		l .		
Total Non-U.S. Policy Forms	-	ı		ı	ı		I		1	ı				
Grand Total Individual, Group and Other Business														
One marriagn, Group and Other Business	1								1					

Affix Bar Code Above

#### SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1

	SOLILEMENTAL	IEALTH CAKE EXHIDIT - LAKT I	
(To Be Filed By April	1 – Not for Rebate Purposes – See Cautionary Statement at https://	ontent.naic.org/sites/default/files/inline-files/committees e ap	pp blanks related shee cautionary statement.pdf)
, , , ,		= = .	
REPORT FOR:	1. CORPORATION	2.	
			(LOCATION)
NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR	NAIC Company Code

		1			ъ.	0.11	-				10					
		C 1	Lauriera III.a.141. 4	· · · · · · · · · · · · · · · · · · ·		ss Subject to MI Mini-Med Plan		E	ite Plans	0	10	11	12	13	14	15
		Comprei	hensive Health (	overage				Expatria	ite Plans	9			Medicare			
		1	2	3	4	5	6	7	8				Advantage Part C and			
													Medicare			
											l _		Part D			
			G 11							G. 1	Government	0.1	Stand-			
			Small	Large		Small	Large		_	Student	Business	Other	Alone	Subtotal		
		Individual	Group	Group	1.0.11.1	Group	Group	Group	Large	Health Plans	(excluded by	Health Business	Subject to ACA	(Cols 1	Uninsured Plans	Total 13 + 14
$\vdash$	Premium:	individuai	Employer	Employer	Individual	Employer	Employer	Group	Group	Plans	statute)	Business	ACA	thru 12)	Pians	13 + 14
1.	1.1 Health premiums earned (From Part 2, Line 1.11)														XXX	
															XXX	
	1.2 Federal high risk pools															
	1.3 State high risk pools														XXX	
1	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)														XXX	
1	1.5 Federal taxes and federal assessments															
1 1	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			h											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:															1
	2.1 Incurred claims excluding prescription drugs														XXX	
	2.2 Prescription drugs														XXX	
	2.3 Pharmaceutical rebates														XXX	
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only)														XXX	
3	Incurred medical incentive pools and bonuses			_											XXX	†
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)			_											76.61	1
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2. Line 2.15)														XXX	1
J. 1	5.1 Net assumed less ceded reinsurance claims incurred.														XXX	
	5.2 Other adjustments due to MLR calculations – Claims														XXX	
1	5.3 Rebates paid.										XXX	XXX			XXX	
1	5.4 Estimated rebates unpaid prior year										XXX	XXX			XXX	
1	5.5 Estimated rebates unpaid current year										XXX	XXX			XXX	
1	5.6 Fee for service and co-pay revenue										۸۸۸	ллл			XXX	
	5.6 Fee for service and co-pay revenue														XXX	
6.	5./ Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.3 - 5.6)  Improving Health Care Quality Expenses Incurred:					<del>                                     </del>	<del>                                     </del>	<b>-</b>							ΛΛΛ	+
o.	6.1 Improve Health Outcomes										l				1	
1	6.2 Activities to prevent hospital readmissions.															
1	6.2 Activities to prevent nospital readmissions.      Improve patient safety and reduce medical errors															
1																
1																
1	6.5 Health Information Technology expenses related to health improvement															
<b>└</b>	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)															<del></del>
	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8					ļ		ļ			XXX	XXX		XXX	XXX	XXX
8.	Claims Adjustment Expenses:	l									l				1	
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6															
1	8.2 All other claims adjustment expenses															
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															<u></u>
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	13	14	15
		Compre	hensive Health	Coverage		Mini-Med Plans	S	Expatri	ate Plans	9			Medicare			Ì
		1	2	3	4	5	6	7	8				Advantage			1
													Part C			
													and			1
													Medicare Part D			
											Government		Stand-			
			Small	Large		Small	Large			Student	Business	Other	Alone	Subtotal		
			Group	Group		Group	Group	Small	Large	Health	(excluded by	Health	Subject	(Cols 1	Uninsured	Total
		Individual	Employer	Employer	Individual	Employer	Employer	Group	Group	Plans	statute)	Business	to ACA	thru 12)	Plans	13 + 14
10.	General and Administrative (G&A) Expenses:		• •								ĺ			ĺ		
	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															

	AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, REC	EIVABLES AND PA	YABLES		
		Curren	nt Year	Prior	Year
		Comprehensive	Health Coverage	Comprehensive	Health Coverage
		1	2	3	4
			Small Group		Small Group
		Individual Plans	Employer Plans	Individual Plans	Employer Plans
ACA R	eceivables 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				
ACA Re	eccipts 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				

#### **SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2**

(To Be Filed By April 1 – Not for Rebate Purposes)

	REPORT FOR: 1. CORPORATION				2									
									(1	LOCATION	<b>N</b> )			
NAI	C Group Code BUSINESS IN THE STATE OF					DURING	THE YEA	R			NAIC Co	mpany Co	ode	
					Business	Subject to ML	.R				10	11	12	13
		Comprel	nensive Health	Coverage	1	Mini-Med Plan	S	Expatri	ate Plans	9		i '	Medicare	
		1 Individual	Small Group Employer	Large Group Employer	4 Individual	5 Small Group Employer	Large Group Employer	7 Small Group	8  Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	Total
1.	Health Premiums Earned:										ĺ			
	Direct premiums written													
	1.4 Change in unearned premium (Lines 1.2 – 1.3)													
	1.5 Paid rate credits													
	1.6 Reserve for rate credits current year				<b></b>							l '		
	Reserve for rate credits prior year													
	1.9 Premium balances written off													
	1.10 Group conversion charges											l		
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 1.10)											l		
	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											l '		
	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)												<u></u>	
2.	Direct Claims Incurred:											1	ĺ	
	2.1 Paid claims during the year													
	Direct claim liability current year													
	Direct claim liability prior year													
	2.5 Direct claim reserves prior year													
	2.6 Direct contract reserves current year	X	ļ											
	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      Net health care receivables (Lines 2.12a – 2.12b)													
	2.12 Net health care receivables (Lines 2.12a – 2.12b)													
	2.12a 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													

Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)

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

٠.		٠.		٠.		•	٠.			•		•	•	•	•	•	•					•	•	•	•	•	•					•	
	А	1	ť	ĭ	x		I	3	:	a	1	•	(	r	٦	c	)	Ċ	l	2	,	Δ	١	ŀ	,	c	,	τ	7 (	e			

# CREDIT INSURANCE EXPERIENCE EXHIBIT

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

Of The				Insurance Company
Address (City,	State and Zip Co	de)		
NAIC Group C	Code NAIC C	ompany Code	Employ	yer's ID Number
Direct Business	s in the State of			*(O,
Direct Business			•\C	e? Yes() No()
	×	<i>KO</i> ,		
	70			

# PART 1A – CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

## PART 1B – CREDIT LIFE INSURANCE

Single Premium (SP) and Total

	Oper	n-End	Close	d-End	1	2	3
	1	2	3	4	Single	Joint	Total
	Single	Joint	Single	Joint	SP	SP	SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1–1.2)							
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3+1.4-1.5)							
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2. incurred Claims.			X				
2.1 Claims paid							
2.2 Unreported claim reserve, start of period.							
2.3 Unreported claim reserve, end of period							
2.4 Claim reserves, start of period							
2.5 Claim reserves, end of period							
2.6 Incurred claims (Lines 2.1–2.2+2.3–2.4+2.5)							
3. Incurred Compensation:							
•							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1+3.2)							
3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)	······································	%	%	%	%	%	%
4. Loss Percentage:							
41 44 11 4 71 26/10	0/	0/	0/	0.4	0/	0/	0,
4.1 Actual loss percentage (Lines 2.6/1.6)	%	%		%	%	%	%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%
5. Mean insurance in force							
5. Wedit insurance in force.							
6. Losses per \$1,000 mean insurance in force [(1,000 x Line 2,6)/Line 5]							
o. Losses per \$1,000 mean insurance in force [(1,000 x Eme 2.0) Eme 2]					••••••		
	l	l	1			1	L

## PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium – Closed-End

			1 7 Day	2 14 Day	3 14 Day	4 30 Day	5 30 Day	6 Other	7
			Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	Total
1.	Earned	1 Premiums:	reac	110010	Tion Items	110010	Tion Items	()	1000
	1.1	Gross written premiums							
	1.2	Refunds on terminations							
	1.3	Net written premiums (Lines 1.1-1.2)							
	1.4	Premium reserves, start of period							
	1.5	Premium reserves, end of period							
	1.6	Actual earned premiums (Lines 1.3+1.4-1.5)							
	1.7	Earned premiums at prima facie rates							
2.	Incurre	ed Claims:			xi(	) •			
	2.1	Claims paid							
	2.2	Unreported claim reserve, start of period							
	2.3	Unreported claim reserve, end of period							
	2.4	Claim reserves, start of period							
	2.5	Claim reserves, end of period							
	2.6	Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
3.	Incurre	ed Compensation:		G					
	3.1	Commissions and service fees incurred							
	3.2	Other incurred compensation							
	3.3	Total incurred compensation (Lines 3.1+3.2)		<i>.</i>					
	3.4	Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
	3.5	Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%
4.	Loss P	Percentage:	0,						
	4.1	Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
	4.2	Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%

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

# PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

			1 7 Day	2 14 Days	3 14 Day	4 20 Day	5 20 Day	6 Other	7
			7 Day	14 Day	14 Day	30 Day	30 Day	Other	T-4-1
	Г	in '	Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	Total
1.	Earnec	1 Premiums:							
	1.1	Gross written premiums							
	1.2	Refunds on terminations				•••••	••••••	•••••	
	1.3	Net written premiums (Lines 1.1-1.2)		•••••		•••••	•••••	•••••	
	1.4	Premium reserves, start of period				•••••	••••••	•••••	
	1.5	Premium reserves, end of period					••••••	•••••	
	1.6	Actual earned premiums (Lines 1.3+1.4-1.5)					••••••	•••••	
	1.7	Earned premiums at prima facie rates					***************************************		
	1./	Earlied premiums at prima facie rates					***************************************		
2.	Incurr	ed Claims:				,			
2.	mean	Ciums.			X				
	2.1	Claims paid							
	2.2	Unreported claim reserve, start of period	••••••				••••••		
	2.3	Unreported claim reserve, end of period					•••••		
	2.4	Claim reserves, start of period							
	2.5	Claim reserves, end of period							
	2.6	Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
	2.0	modified ordinis (Effect 2.1 2.2 2.3 2.1 2.3)					***************************************		
3.	Incurre	ed Compensation:							
	1110 0111		•						
	3.1	Commissions and service fees incurred							
	3.2	Other incurred compensation							
	3.3	Total incurred compensation (Lines 3.1+3.2)	%	%	%	%	%	%	%
	3.4	Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%
	3.5	Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%
	5.5	other meaned compensation percentage (Effect 3.2/1.0)	70						
4.	Loss P	Percentage:							
	LOSS I	oreentage.							
	4.1	Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
	4.2	Loss percentage at prima facie rates (Lines 2.6/1.7)		%	%	%	%	%	%
		2000 personage at prima facto faces (Elifes 2.0/11/)							

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

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

## PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

		1	2	3	4	5	6	7		1	2
			115	115	20.5	20.7	0.1				Total -Parts
		7 Day	14 Day	14 Day	30 Day	30 Day	Other	T 4 1		All Other	2A, 2B, 2C and
1 1	7 1D '	Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	Total	l	(b)	2D
1. I	Earned Premiums:										
1	.1 Gross written premiums										
	1.2 Refunds on terminations										•••••
	1.3 Net written premiums (Lines 1.1-1.2)										
	1.4 Premium reserves, start of period										
	1.5 Premium reserves, end of period										
	1.6 Actual earned premiums (Lines 1.3+1.4-1.5)					*					
1	1.7 Earned premiums at prima facie rates										
					4						
2. I	ncurred Claims:										
	2.1 Claims paid										
	2.2 Unreported claim reserve, start of period										
	2.3 Unreported claim reserve, end of period										
	2.4 Claim reserves, start of period										
	2.5 Claim reserves, end of period										
2	2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)			*************							
2 1	10										
3. I	ncurred Compensation:										
	3.1 Commissions and service fees incurred										
	3.2 Other incurred compensation										
	3.3 Total incurred compensation (Lines 3.1+3.2)			×							
	3.4 Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%	%	%	%	%		%	%
	3.5 Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%		%	%
	5.5 Other incurred compensation percentage (Emes 5.2/1.0)		/0	/0	/0	/0		/0	"		/0
4. I	Loss Percentage:										
	2000 I Groundger										
2	4.1 Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%	l I	%	%
2	Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%	1 1	%	%
(a)	Provide a description of "other" coverages (including their percen	t of Line 1.6, C	Column 6):								
	*										
(b)	Provide a description of "other" coverages (including their percen	t of Line 1.6, C	Column 1):								

#### PART 3A – CREDIT UNEMPLOYMENT INSURANCE

#### PART 3B - CREDIT UNEMPLOYMENT INSURANCE

			1	2	2	1	1	2.	3
			30 Day	30 Day	30 Day		30 Day	Other	3
			Retro-SP	Non-Retro-SP	Retro-MOB		Non-Retro-MOB		Total
- 1		1 D	Ketro-SP	Non-Retro-SP	Retro-MOB		Non-Retro-MOB	(a)	Total
1.	Earne	d Premiums:							
	1.1	Gross written premiums							
	1.2	Refunds on terminations							
	1.3	Net written premiums (Lines 1.1-1.2)							
	1.4	Premium reserves, start of period							
	1.5	Premium reserves, end of period							
	1.6	Actual earned premium (Lines 1.3+1.4-1.5)							
	1.7	Earned premiums at prima facie rates							
2.	Incurr	ed Claims:			*				
	2.1	Claims paid							
	2.2	Unreported claim reserve, start of period							
	2.3	Unreported claim reserve, end of period							
	2.4	Claim reserves, start of period							
	2.5	Claim reserves, end of period							
	2.6	Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5)							
3.	Incurr	ed Compensation:							
		•							
	3.1	Commissions and service fees incurred							
	3.2	Other incurred compensation							
	3.3	Total incurred compensation (Lines 3.1+3.2)							
	3.4	Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%		%	%	%
	3.5	Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%		%	%	%
				· ·					
4.	Loss F	Percentage:							
		Č	$C_{\bullet}(T_{\bullet})$						
	4.1	Actual loss percentage (Lines 2.6/1.6)	%	%	%		%	%	%
	4.2	Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%		%	%	%
		(	/ 0	70	70		70	70	70
				l	l .	ı	L	1	l

(a)	Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):
` /	

#### PART 4 – CREDIT PROPERTY INSURANCE

		1	2	3	4	5	6	7	8	9	10	11
		Creditor	Creditor							-	-	
		Placed	Placed	Creditor	Creditor	Creditor	Creditor	Creditor	Creditor			
		Home-	Home-	Placed	Placed	Placed	Placed	Placed	Placed	Personal	Personal	
		Hazard	Hazard	Wind Only	Wind Only	Home	Home	Auto-	Auto-	Property-	Property-	
		Single	Dual	Single	Dual	Flood Only	Flood Only	Single	Dual	Single	Dual	Other
		Interest	Interest	Interest	Interest	First Dollar	Excess	Interest	Interest	Interest	Interest	(a)
1 E	arned Premiums:	Interest	merest	micrest	interest	That Donar	LACCSS	micrest	merest	Interest	Interest	(a)
1. 1.												
1.												
						•••••						
1.	1											
	1.2)				•••••						•••••	
1.	, 1											
1.	, 1											
1.												
	1.3+1.4-1.5)											
1.	7 Earned premiums at prima facie											
	rates											
2. In	curred Claims:											
2.							)					
2.												
2.	3 Total claim reserves, end of period											
2.	4 Incurred claims (Lines 2.1-2.2+2.3).											
3. In	curred Compensation:											
3.	1 Commissions and service fees				1,0							
	incurred											
3.												
3.												
	3.1+3.2)											
3.												
	(Lines 3.1/1.3)	%	%	%	%	%	%	%	%	%	%	%
3.	5 Other incurred compensation											
]	percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%	%	0/0	0/0	%
4 1	oss Percentage:			7.0								
4.	e		*									
٦.	2.4/1.6)	%	%	%	0/2	%	%	0/2	%	0/2	0/2	%
4.	,	/0		J/0	/0	/0	/0	/0	/0	/0	/0	/0
4.	(Lines 2.4/1.7)	%	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/
5 I		%	70	%	%	%	70	70	70	70	70	%
5. In 5.	curred Loss Adjustment Expense:  1 Defense and cost containment											
3.												
_	expenses incurred				•••••	•••••						
5.	3 8											
	incurred											
	ritten Exposures					•••••						
7. Ea	arned Exposures											

(a)	Provide a description of "other	" coverages (including their percent of	f Line 1.6, Column 11):	 	•••••

#### PART 5 – OTHER CREDIT INSURANCE

			1	2	3
			Credit Family Leave	Personal GAP	All Other (a)
1.	Earned	Premiums:			
	1.1	Gross written premiums			
	1.2	Refunds on terminations			
	1.3	Net written premiums (Lines 1.1 – 1.2)			
	1.4				
	1.5	Premium reserves, start of period			
	1.6	Actual earned premiums (Lines 1.3 + 1.4 – 1.5)			
	1.7	Earned premiums at prima facie rates			
	1./	Earned premiums at prima racie rates			
2.	Incurre	d Claims:			
	2.1	Claims paid			
	2.2	Total claim reserve, start of period			
	2.3	Total claim reserve, end of period		•	
	2.4	Incurred claims (Lines 2.1 – 2.2 + 2.3)			
	2.7	incurred claims (Lines 2.1 – 2.2 + 2.3)			
3.	Incurre	d Compensation:			
٥.	11104110	a compensation			
	3.1	Commissions and service fees incurred			
	3.2	Other incurred compensation.			
	3.3	Total incurred compensation (Lines 3.1 + 3.2)			
	3.4	Commissions/service fee percentage (Lines 3.1/1.3)	%	%	%
	3.5	Other incurred compensation percentage (Lines 3.2/1.6)	%	%	%
4.	Loss Pe	ercentage:			
	4.1	Actual loss percentage (Lines 2.4/1.6)	%	%	%
	4.2	Loss percentage at prima facie rates (Lines 2.4/1.7)	%	0/0	0/0
	1.2	Loss percentage at printa facto faces (Effice 2.4/1./)		/0	/0

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

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

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

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

Affix Bar Code Above

#### SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

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

									1 *
		odeode)			AIC Company Co		Emplo		
		nent Risks Inte	errogatories	are to be	e filed by Ap	oril 1. Tl	ney are also to be in	ncluded with the	e Audited Statutory
		following into					J. S. dollar amounts	and percentag	es of the reporting
1.	Reporti	ng entity's tota	l admitted as	sets as 1	reported on P	age 2 of th	nis annual statement.	\$	
2.	Ten lar	gest exposures	to a single is	ssuer/bo	rrower/invest	ment.			
		<u>1</u>		Descri	2 iption of		<u>3</u>	Percents	4 ge of Total
		<u>Issuer</u>		Exp	osure		Amount	<u>Admitt</u>	ed Assets
3.	2.01 2.02 2.03 2.04 2.05 2.06 2.07 2.08 2.09 2.10 Amoundesigna				g entity's tot	\$ \$ \$ \$ \$ \$ \$ \$	ed assets held in both		
	3.01 3.02 3.03	Bonds NAIC 1 NAIC 2 NAIC 3	\$ \$ \$		<u>2</u> %%	3.07 3.08 3.09	Preferred Stocks NAIC 1 NAIC 2 NAIC 3	\$ \$ \$	<u>4</u> % %
	3.04	NAIC 4	\$		%	3.10	NAIC 4	\$	%
	3.05 3.06	NAIC 5 NAIC 6	\$ \$		%	3.11 3.12	NAIC 5 NAIC 6	\$ \$	% %
4.		neld in foreign	•			3.12	Turic o	Ψ	
	4.01	_	eld in foreig		ments less tha	an 2.5% o	f the reporting entity	's Yes [ ]	No [ ]
		If response t	o 4.01 above	e is yes,	responses are	not requi	red for interrogatoric	es $5 - 10$ .	
	4.02 4.03 4.04	Foreign-curr	rency-denom	inated in	eign investme nvestments I in that same		urrency	\$ \$ \$	% % %

7. 8.

_	A	£ :	:			1 NT A TC	
.).	Appregate	TOTEIPH	mvesimeni	exposure	categorized	DVINAIC	sovereign designation:
	1 1001 10011	10101611			Turing of the time	0, 1,1110	50.4141811 44451811411411

		<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:

		1	2
	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:	\$	9/
Aggrega	te unhedged foreign currency exposure	\$	<u>2</u> %
Aggrega	te unhedged foreign currency exposure cat	regorized by NAIC sovereign desig	gnation:
0.04		4	2
8.01	Countries designated NAIC 1	\$	
8.02	Countries designated NAIC 2		
8.03	Countries designated NAIC 3 or below	4.60	% NAIC sovereign design

_	T , 1 1 1 C '	1 ~		1 4 9 3 7 8 7 8 7	O ' 1 ' '
u	Largest unhedged foreign currency ex	mosures by country of	eaternized by	the country's NAL	l covereign decignation:

		<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>	NAIC Designation		
10.01			\$	%
10.02			\$	%
10.03			\$	%
10.04			\$	%
10.05			\$	%
10.06			\$	%
10.07			\$	%
10.08			\$	%
10.09			\$	%
10.10			\$	%

11.			ed assets held in Canadian in	ivestments a	nd unhedge	ed
	11.01	Are assets held in Canadian investments less than 2.5 total admitted assets?	% of the reporting entity's	Yes [ ]	No [ ]	
		If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.  Total admitted assets held in Canadian investments \$	11.			
			<u>1</u>		<u>2</u>	
	11.02					
	11.03					
	11.04 11.05					
12.			ntity's total admitted assets l	held in inve	stments wit	th
	12.01		s restrictions less than 2.5%	Yes [ ]	No [ ]	
		If response to 12.01 is yes, responses are not required	for the remainder of Interroga	atory 12.		
		<u>1</u>	2		<u>3</u>	
	12.02		\$			%
	12.03		•			
	12.04					
	12.05		\$			%
13.	Amounts a	nd percentages of admitted assets held in the ten larges	t equity interests:			
	13.01		f the reporting entity's total	Yes [ ]	No [ ]	
		If response to 13.01 is yes, responses are not required	for the remainder of Interroga	atory 13.		
		<u>1</u> Issuer	<u>2</u>		<u>3</u>	
	13.02		\$			%
	13.03		\$			%
	13.04		\$			%
	13.05		\$			
	13.06		\$			%
	13.07		\$			
	13.08		\$			
	13.09		\$			%
	13.10		\$			%
	13.11		\$			%

Amounts	and percentages of the reporting entity's total admitted as	sets held in nonaffiliated, pri-	vately placed equities:
14.01	Are assets held in nonaffiliated, privately placed equit reporting entity's total admitted assets?	ies less than 2.5% of the	Yes [ ] No [ ]
	If response to 14.01 above is yes, responses are not req	uired 14.02 through 14.05.	
14.02	$\frac{1}{2}$ Aggregate statement value of investments held in nonaffiliated, privately placed equities	<u>2</u> \$	<u>3</u>
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		\$	
14.04		\$	
14.05	Ten largest fund managers:    1	\$	
	Ten largest fund managers:		
	1 2	3	4
		d <u>Diversified</u>	Nondiversified
14.06		_	\$
14.07			\$
14.08	i i i i i i i i i i i i i i i i i i i		\$
14.09	<u> </u>		\$
	·		
14.10			\$
14.11			\$
14.12			\$
14.13		· ·	\$
14.14	······ \$	\$	\$
14.15	\$	\$	\$
Amounts	and percentages of the reporting entity's total admitted as	sets held in general partnersh	ip interests:
15.01	Are assets held in general partnership interests less th entity's total admitted assets?	an 2.5% of the reporting	Yes [ ] No [ ]
	If response to 15.01 above is yes, responses are not required	uired for the remainder of In	terrogatory 15.
15.02	Aggregate statement value of investments held in	<u>2</u>	<u>3</u>
	general partnership interests	\$	
	Largest three investments in general partnership interests:		
15.03		\$	
15.04		Ψ	

16.	Amounts	and percentages of the reporting entity's total admitted	d assets held in mortgage loans:	
	16.01	Are mortgage loans reported in Schedule B less entity's total admitted assets?	than 2.5% of the reporting	Yes [ ] No [ ]
		If response to 16.01 above is yes, responses ar Interrogatory 17.	e not required for the remain	der of Interrogatory 16 and
		<u>1</u>	<u>2</u>	<u>3</u>
		Type (Residential, Commercial, Agricultural)		
	16.02			%
	16.03			
	16.04 16.05		\$	
	16.05		th.	
	16.07		\$ \$	
	16.08		Φ.	
	16.09			
	16.10		Φ.	
	16.11		Φ .	
	Amount	and percentage of the reporting entity's total admitted a	assets held in the following cate	gories of mortgage loans:
			_	<u>oans</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	A ggragg	te mortgage loans having the following loan-to-value i	ention as determined from the m	ost current appraisal as of
1/.		al statement date:	atios as determined from the in	ost current applaisal as of
	т.	no de Welse Peridonal	Ci-1	A:1
	<u>L0</u>	an-to-Value Residential 1 2	Commercial 4	<u>Agricultural</u> 5 6
	17.01		_	<u>5</u> <u>0</u> %
	17.02		·	%
	17.03		*	%
	17.04			%
	17.05	below 70% \$ % \$	% \$	%
18.	Amounts estate:	s and percentages of the reporting entity's total admitted	d assets held in each of the five	largest investments in real
	18.01	Are assets held in real estate reported less than 2 total admitted assets?	.5% of the reporting entity's	Yes [ ] No [ ]
		If response to 18.01 above is yes, responses are not	required for the remainder of In	nterrogatory 18.
		Largest five investments in any one parcel or group	of contiguous parcels of real es	state.
		Description		
		<u>2 2001.pto11</u> 1	2.	<u>3</u>
	18.02	<u> </u>		
	18.03		, ,	
	18.04		\$	
	18.05		\$	9%
	18.06		\$	

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets?  Yes [ ] No [ ]  If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.  19.02 Aggregate statement value of investments held in mezzanine real estate loans:  Largest three investments held in mezzanine real estate loans:  19.03	% %
19.02 Aggregate statement value of investments held in mezzanine real estate loans:  Largest three investments held in mezzanine real estate loans:  19.03	% %
19.02 Aggregate statement value of investments held in mezzanine real estate loans:  Largest three investments held in mezzanine real estate loans:  19.03	% %
19.02 Aggregate statement value of investments held in mezzanine real estate loans:  Largest three investments held in mezzanine real estate loans:  19.03	% %
19.03	%
19.04\$	%
· · · · · · · · · · · · · · · · · · ·	/ U
20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:	
At Year-End  At End of Each Quarter  1st Qtr 2nd Qtr 3rd Q	)tr
20.01 Securities lending agreements (do not include assets held as collateral for	
such transactions)       \$	
20.02 Reputchase agreements \$	
20.04 Dollar repurchase agreements \$	
21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financi instruments, options, caps, and floors:	al
<u>Owned</u> <u>Written</u>	
<u>1</u> <u>2</u> <u>3</u> <u>4</u> 21.01 Hedging \$% \$	0/6
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, as forwards:	ıd
At Year-End At End of Each Quarter	
$\underline{1}^{\mathrm{st}}\mathrm{Qtr} \qquad \underline{2}^{\mathrm{nd}}\mathrm{Qtr} \qquad \underline{3}^{\mathrm{rd}}\mathrm{Qtr}$	
$\frac{1}{2}$ $\frac{2}{3}$ $\frac{4}{5}$	
22.01 Hedging       \$	
22.02 Income generation \$	
22.04 Other \$	

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

		At Yes	ar-End	At	End of Each Qu	<u>iarter</u>
				1st Qtr	2 <sup>nd</sup> Qtr	$3^{\rm rd}$ Qtr
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
23.01	Hedging	\$	%	\$	\$	\$
23.02	Income generation	\$	%	\$	\$	\$
23.03	Replications	\$	%	\$	\$	\$
23.04	Other	\$	%	\$	\$	\$



#### VARIABLE ANNUITIES SUPPLEMENT

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

	(10 Be Filed by April 1)
NAIC Group Code	

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

#### PART 1 – INDIVIDUAL

Committee   Comm			3			6	7			10	Percentage o	f Guaranteed
Risk For Guaranteed Living Benefit Guaranteed Living Benefit Contracts  Guaranteed Living Benefit Guaranteed Living Benefit Contracts  Guaranteed Living Benefit Contracts  Guaranteed Living Benefit Contracts  Guaranteed Living Benefit Contracts  Guaranteed Living Benefit Guaranteed Living Benefit Contracts  Guaranteed Living Benefit Guaranteed Living Ben	Ty	ре		Benef	it Base			Accour	nt Value			
Guaranteed Death Benefit  Guaranteed Living Bene	1	2		4	5			8	9	Control I cont	11	12
Guaranteed Death Benefit   Guaranteed Living Benefit   Contracts   Coll			Number of	For Guarantand	For Guarantand							
Guaranteed Death Benefit   Guaranteed Living Benefit   Contracts   Col 1   (GLB) (Col 2)   (Col 1)   (GLB) (Col 2)   Account   Account   Value   Death Benefit   Living Benefit   Contracts   Col 1   (GLB) (Col 2)   Account   Account   Account   Value   Death Benefit   Living Benefit   Col 1   (GLB) (Col 2)   Account   Account   Col 1   (GLB) (Col 2)   Account   Account   Col 1   (GLB) (Col 2)   Account   Account   Col 1   (GLB) (Col 2)   Account   Account   Col 1   (GLB) (Col 2)   Account   Col 2   (GLB) (Col 2)   Account   Col 2   (GLB) (Col 2)								General	Separate		Guaranteed	Guaranteed
	Guaranteed Death Benefit	Guaranteed Living Benefit										
	Guaranteed Beam Benefit	Suaranteed Erving Benefit	Contracts	(6611)	(022) (0012)	` '		, desunt				
						_ `						
				*								
Subtotal XXX XXX												
Subtotal XXX XXX												
	Subtotal										XXX	XXX

- Aggregate cash surrender value
- 2. Pre-reinsurance ceded aggregate reserve (Subtotal for Column 10 plus line 1)
- Reserve credit from affiliated captive reinsurance
   Reserve credit from other reinsurance
- 5. Post- reinsurance ceded aggregate reserve

# VARIABLE ANNUITIES SUPPLEMENT

## PART 2 – GROUP CONTRACTS WITH INDIVIDUAL CERTIFICATES

Ty	vpe	3	Renef	it Base	6	7 Guaranteed	Accoun	nt Value	10	Percentage o Benefits I	
1	2		4	5	Net Amount at Risk For	Annual Income Amount For	8	9	Contract-Level	11	12
		Number of		For Guaranteed	Guaranteed	Guaranteed	G 1		Reserves Less		
Guaranteed Death Benefit	Guaranteed Living Benefit	Group Certificates	Death Benefit (Col 1)	Living Benefit (GLB) (Col 2)	Death Benefit (Col 1)	Living Benefit (GLB) (Col 2)	General Account	Separate Account	Cash Surrender Value	Guaranteed Death Benefit	Guaranteed Living Benefit
Guaranteed Death Benefit	Guaranteed Living Benefit	Certificates	(6011)	(GLB) (COI 2)	(COLT)	(GLB) (C012)	7 teedint	Account	varue		Living Benefit
							·				
				X							
Subtotal	<u>l</u>									XXX	XXX
-				1	Aggregate ca	ash surrender value	:				
						nce ceded aggregat		l for Column 10			
					plus line 1)						
						lit from affiliated c		)			
						lit from other reins					
					<ol><li>Post- reinsur</li></ol>	ance ceded aggreg	ate reserve				

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

OE TUE	For The Year Ended December 31,  (To be Filed by April 1)  NAIC		3		
	usiness in the State of	COMPANY CODE	3		
Direct B	usiness in the state of	1	2	3	4 Unallocated
	DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS	Life Insurance Premiums	Allocated Annuity and Other Fund Deposits	Accident & Health Premiums	Annuity and Other Unallocated Fund Deposits
1. 2.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses				
	2.1 Contract fees for variable contracts with guarantees				
	Reporting entity contributions to employee benefits plans      Dividends or refunds applied to purchase paid-up additions and annuities				
	2.4 Dividends or refunds applied to shorten endowment or premium paying period				
	Premium and annuity considerations waived under disability or other contract provisions     Aggregate write-ins for other considerations, if any				
	2.9 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				
	Surrenders or other benefits paid out     Excess interest credited to accounts				
	3.4 Excess interest credited to accounts				
	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	
5	4.99 Total (Lines 4.1 through 4.4)  Total (Lines 1 + 2.99 + 3.99 + 4.99)	XXX		XXX	
DEVI	ELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN D	ETERMINING TH	IE BASE PRIOR TO	O ADDITIONAL A	DJUSTMENTS
	.RT 2. Do not include any amounts more than once in Lines 6 through 9.	1	1		ı
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			***************************************	
o	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				
	SSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
	Current Year before Part 2 additional adjustments (Line 5 – 6 – 7 – 8 – 9)  MLS OF WRITE-INS				
2.601	MLS OF WRITE-INS				
2.602					
2.603	Commence of the state of the st				
2.698 2.699	Summary of remaining write-ins for Line 2.6 from overflow page				
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)				
Footn	ote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the	nramium accasistad	with standalona Dis	ability Inaama ("DI"	inaluda bath short
	ng term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a				
1 a)	Disability income (include both short and long term)	XXX	XXX		XXX
1 b)	Long-term care	XXX	XXX		XXX
Footn	ote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty ass	sociation should con	tact regarding assessi	nent inquiries (billin	g, payment, etc.)
Indivi	dual name				
Title Depar	tment				
	address				
	State ZIP				
Direct	phone number				

# LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 2 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 Allocated	3	4 Unallocated
			Annuity and	Accident	Annuity &
		Life	Other	&	Other
		Insurance	Allocated	Health	Unallocated
- 11	Line 10 of the Assessable Premium Exhibit – Part 1	Premiums	Fund Deposits	Premiums	Fund Deposits
11.	INTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
12.	Premium received for multiple non-group policies of life insurance owned by one owner:				
12.	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:	3/3/3/	3/3/3/		3/3/3/
	<ul> <li>13.1 Federal Employees Health Benefit Program</li></ul>	XXX XXX	XXX 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	AAA 🌲		ΛΛΛ	
	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 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	
16	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				
17.	association of natural persons benefit plans (New Jersey only)	XXX	XXX	XXX	
17.	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	3/3/3/	3/3/3/	3/3/3/	
	17.1 Amounts NOT in excess of \$1 million per contract	XXX XXX	XXX 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	
10	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 XXX	XXX XXX	
	19.6 Amounts NOT in excess of \$2 million per contract (New Jersey only)	۸۸۸	۸۸۸	۸۸۸	
	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	
21.	20.2 All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	
22.	ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
	ASSESSABLE I REMOVE BASE after adjustments – see state specific formula  S 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**

Joi for Distribution

## 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				•	• • •				N.	IAIC Company	Codo
NAIC Group Code									1	AIC Company	Code
	1	2	3	4	5	6	7	8	9	10	11
							Number of	Number of Lives			
	Earned	Incurred	Number of Claims	Number of Claims	Number of Claims	Number of	Policies In Force	In Force	Active Life		
	Premiums	Claims (a)	Opened	Closed	Remaining Open	Terminations	Year-End	Year-End	Reserves	Claim Reserves	Other Reserves
Individual	•	•		•				•	•	•	
Direct											
1. Current								Y			
Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed						•					
3. Current											
Ceded											
4. Current											
Net (Direct+Assumed-Ceded)											
<ol><li>Current</li></ol>											
Group											
Direct					•						
6. Current											
<ol> <li>Total Inception-to-Date</li> </ol>					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed					A . W						
8. Current											
Ceded						<b>•</b>					
9. Current											
Net (Direct+Assumed-Ceded)											
40 00	1	1	1	1		1	1	1	1	1	1

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

Paid by Waiver

# 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	Lompany Code
	1	2	3	4	5	6	7	8
	Calendar Year of	Percent Male Lives	Average Attained	Earned	Incurred	Number of Lives In	Number of	Number of New
	Peak Issues	Insured	Age	Premiums	Claims	Force Year End	Terminations	Lives Insured
Primarily 2002 and Prior Issue Years		•		•	•		•	
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								
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			<b>+</b> (-)					
Only)			XXX	/		XXX	XXX	
15. Current (Grand Total)								
<ol><li>Total Inception-to-Date (Grand Total)</li></ol>			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)			J					
22. Total Inception-to-Date (Non-Institutional								
Only)			XXX			XXX	XXX	
23. Current (Grand Total)								
24 Total Incention to Data (Grand Total)			vvv	1	I	VVV	vvv	1

(0)	Indicate whether policies	are accioned to a	Drimon, Ice	ua Pariod on a	nor policy or p	or policy form bacic

[	]	Policy
[	]	Policy Forr

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

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

NAIC Grou	ıp Code	_			(To Be Filed By	April 1)		NAIC Co	mpany Code
Incur	red Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 <mark>2022</mark>	7 <mark>2023</mark>	8 <mark>2024</mark>
A. Inc	dividual								
			PA	RT 1 - Total (Direct	and Transferred) An	nount Paid Policyhold	lers		
1.	Prior								
2.	<mark>2017</mark>								
3.	<mark>2018</mark>	XXX							
4.	<mark>2019</mark>	XXX	XXX						
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
		PAI	RT 2 - Sum of Total	Amount Paid Policyh	olders and Claim Lia	bility and Reserve Ou	itstanding at End of Y	Year	
1.	Prior								
2.	<mark>2017</mark>								
3.	<mark>2018</mark>	XXX							
4.	<mark>2019</mark>	XXX	XXX			····			
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
				PAR	Γ3 – Transferred Res	serves			
1.	Prior								
2.	<mark>2017</mark>								
3.	<mark>2018</mark>	XXX							
4.	<mark>2019</mark>	XXX	XXX						
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
9.	<del>2024</del>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
			T	▼ PART 4 – I	Present Value of Incur	rred Claims		T	T
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.	<del>2024</del>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

		1	2	3	4	5	6	7	8
Inc	urred Year	<b>2017</b>	2018	<mark>2019</mark>	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>
B.	Group								
	•		PA	RT 1 – Total (Direct a	and Transferred) Am	ount Paid Policyholde	ers		
	1. Prior								
	2. <b>2017</b>								
	3. <b>2018</b>	XXX							
	4. <b>2019</b>	XXX	XXX						
	5. <b>2020</b>	XXX	XXX	XXX					
	6. <b>2021</b>	XXX	XXX	XXX	XXX				
	7. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
	8. <mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
	9. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
		PAR	T 2 – Sum of Total A	mount Paid Policyho	lders and Claim Liab	ility and Reserve Out	standing at End of Y	ear	
	1. Prior						<b></b>		
	2. <b>2017</b>								
	3. <b>2018</b>	XXX							
	4. 2019	XXX	XXX						
	5. <b>2020</b>	XXX	XXX	XXX		· · · · · · · · · · · · · · · · · · ·			
	6. <b>2021</b>	XXX	XXX	XXX	XXX				
	7. 2022	XXX	XXX	XXX	XXX	XXX			
	8. 2023 9 2024	XXX	XXX	XXX	XXX	XXX	XXX		
	9. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	1 D:			PAKI	3 – Transferred Res	erves		I	
	1. Prior 2. 2017								
	3. 2017	******							
	4. 2019	XXX	******						
	5. 2020	XXX XXX	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	
	- <del></del>	1			resent Value of Incur				1
	1. Prior								
	2. 2017								
	3. 2018	XXX							
	4. 2019	XXX	XXX						
	5. <mark>2020</mark>	XXX	XXX	XXX					
	6. <b>2021</b>	XXX	XXX	XXX	XXX				
	7. <mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
	8. <b>2023</b>	xxx	XXX	XXX	XXX	XXX	XXX		
	9. <mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

C. Summary			1	2	3	4	5	6	7	8
PART 1 - Total (Direct and Transferred) Amount Paid Policyholders	Incu	ırred Year	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>
1.	C. S	ummary								
2				PA	RT 1 - Total (Direct	and Transferred) An	ount Paid Policyhold	lers		
3. 2018	1.	Prior								
4.   2019	2.	2017								
S   2020	3.	2018	XXX							
S   2020	4.	<mark>2019</mark>	XXX	XXX						
7.   2022	5.		XXX	XXX	XXX					
8. 2023	6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
9.   2024	7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
9.   2024	8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	xxx	xxx		
1. Prior       2. 2017         3. 2018       XXX         4. 2019       XXX       XXX         5. 2020       XXX       XXX         7. 2022       XXX       XXX         8. 2023       XXX       XXX         9. 2024       XXX       XXX         1. Prior       2. 2017         3. 2018       XXX         2. 2017       3. 2018         3. 2018       XXX         4. 2019       XXX         3. 2018       XXX         4. 2019       XXX         5. 2020       XXX         6. 2021       XXX         8. 2023       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX       XXX         XXX			XXX	XXX	XXX	XXX	xxx	xxx	XXX	
1. Prior			PA	RT 2 – Sum of Total A	Amount Paid Policyho	olders and Claim Lia	bility and Reserve Ou	tstanding at End of Y		•
2. 2017	1.	Prior			Ī					
4. 2019       XXX       <										
4. 2019       XXX       <	3.	2018	xxx							
5. 2020       xxx       <	_	2010		XXX						
6. 2021	5.				XXX					
8. 2023       xxx       <	6.	2021				xxx				
8. 2023       xxx       <	7.	<mark>2022</mark>	xxx	XXX	XXX	xxx	xxx			
9.         2024         xxx         th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>xxx</th> <th></th> <th></th>	8.							xxx		
PART 3 - Transferred Reserves									xxx	
1. Prior       2. 2017         3. 2018       xxx         4. 2019       xxx         5. 2020       xxx         6. 2021       xxx         7. 2022       xxx         8. 2023       xxx         201       xxx         202       xxx <t< th=""><th></th><th></th><th>•</th><th>•</th><th>PAR</th><th></th><th>serves</th><th>•</th><th></th><th></th></t<>			•	•	PAR		serves	•		
2. 2017	1.	Prior								
3. 2018       xxx       xxx	I .	2017								
4. 2019       xxx       xxx       xxx	3.		xxx							
5.     2020     xxx <th>_</th> <th>0010</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	_	0010								
6.     2021     xxx     xxx     xxx     xxx       7.     2022     xxx     xxx     xxx     xxx       8.     2023     xxx     xxx     xxx     xxx     xxx	5.				XXX					
8. <mark>2023</mark> xxx	6.	2021				xxx				
8. <mark>2023</mark> xxx	7.	<mark>2022</mark>	xxx	XXX	xxx	xxx	XXX			
	8.	2023		xxx				xxx		
9. <mark>2024</mark>	9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	xxx	XXX	
PART 4 – Present Value of Incurred Claims			•						•	•
1. Prior	1.	Prior								
2. 2017		2017								
3. 2018 xxx	I .	2010								
4. 2019 xxx xxx	4.	2010		XXX						
5. 2020 xxx xxx xxx	5.	2020								
6. 2021 xxx xxx xxx xxx	6.	2021								
7. 2022 xxx	7.	2022								
8. 2023 xxx xxx xxx xxx xxx xxx	1	2022								
9. 2024										

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

<sup>[ ]</sup> Historical [ ] Current

# LONG-TERM CARE EXPERIENCE REPORTING FORM 4 DIRECT GROUP EXPERIENCE – STAND-ALONE ONLY (\$000 OMITTED)

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

	(10 Be I ned by April 1)	
NAIC Group Code	NAIC	Company Code

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

NAIC Group Code

Affix Bar Code Above

NAIC Company Code

XXX

XXX

XXX

# LONG-TERM CARE EXPERIENCE REPORTING FORM 5 EXPERIENCE IN THE STATE OF STAND ALONE AND HYDDID PRODUCTS - DIRECT STATE DEPORTING (2000)

XXX

STAND-ALONE AND HYBRID PRODUCTS – DIRECT STATE REPORTING (\$000 OMITTED)

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

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

Total Inception-to-Date (Extended Benefits Policies)

#### SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT

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

	OF THE	
NAIC Group Code	_	NAIC Company Code

## PART 1 – ALL CESSIONS OF TERM AND UNIVERSAL LIFE INSURANCE WITH SECONDARY GUARANTEES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Name of Company	Reinsurer that is Licensed, Accredited or Domiciled in Another State and that Meets Certain Additional Statutory Accounting and RBC Requirements (YES/NO)	Reinsurer that is Licensed, Accredited or Domiciled in Another State and that Meets Certain Additional Non-Affiliation, Statutory Accounting, Licensing and RBC Requirements (YES/NO)	Certified Reinsurer/ Reciprocal Jurisdiction Reinsurer (YES/NO)	Reinsurer Meeting Certain Size and Licensing Requirements (YES/NO)		Special Exemption by Domestic Regulator (YES/NO)	Affiliate (YES/NO)	Effective Date	Statutory Reserve	Statutory Reserve Credit Taken (Col. 14+15)	Term Life Statutory Policy Reserve Credit Taken	Universal Life Statutory Policy Reserve Credit Taken
Code	1D Number	Name of Company	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	Date	Reserve	(Col. 14+15)	Credit Taken	Credit Taken
							)							
						· ·								
					Ct	<b>)</b>								
9999999 To	tals													

# PART 2A – TRANSACTIONS SUBJECT TO PART 2 DISCLOSURE (GRANDFATHERED OR SPECIAL EXEMPTION)

1 2  Cession Comparing Code	ıny ID	4	5 Effective Date or Prior	6	7	e or Prior Year's	9	10	11	12	13	t Year's Annual	15	16	17
Cession Compa ID Code	ıny ID	N. G	Date or Prior			-	-						1.3	10	. 1/
		Name of Company	Year Annual Statement Date	Statutory Reserve	Statutory Reserve Credit Taken	"Economic Reserve" Level	Primary Security	Other Security	Statutory Reserve	Statutory Reserve Credit Taken	"Economic Reserve" Level	Primary Security	Primary Security – Trust	Primary Security – Funds Withheld or Modified Coinsurance	Other Security
								<b>9</b>							
9999999 Total		]													 

# PART 2B – TRANSACTIONS SUBJECT TO PART 2 DISCLOSURE (NON-GRANDFATHERED)

1	2	3	4	5		As of Effective Date or Prior Year's Annual Statement							As of Current Vear	's Annual Statemen	nt .		1
	-		·		6	7	8	9	10	11	12	13	14	15	16	17	18
Cession ID	NAIC Company Code	ID Number	Name of Company	Effective Date or Prior Year Annual Statement Date	Statutory Reserve	Statutory Reserve Credit Taken	Required Level of Primary Security	Primary Security	Other Security	Statutory Reserve	Statutory Reserve Credit Taken	Required Level of Primary Security	Primary Security	Primary Security Remediation Adjustment		Primary Security – Funds Withheld or Modified Coinsurance	Other Security
																	***************************************
												J					
											)						
									<b></b>								
							<del>-</del>										
						·											
9999999 T	otal					1				1	1	1	1	1		1	
////777 I	- cul									1							

# PART 3 – COLLATERAL FOR ALL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B

Part 2 Cession ID	
Name of Company	
NAIC Company Code	ID Number
Effective Date or Brief Veer Annual Statement Date	

		As of Effective Date	or Prior Year's		
		Annual Sta	tement	As of Current Year's A	annual Statement
		1	2	3	4
			Affiliate or		Affiliate or
			Parental Guarantee		Parental Guarantee
	Security Category Description	Assets	(YES/NO)	Assets	(YES/NO)
	Primary Security				
1.	Cash				
2.	NAIC 1 SVO-Listed Securities				
3.	NAIC 2 SVO-Listed Securities				
4.	NAIC 3 SVO-Listed Securities				
5.	NAIC 4 SVO-Listed Securities				
6.	NAIC 5 SVO-Listed Securities				
7.	NAIC 6 SVO-Listed Securities				
8.	Commercial Loans				
9.	Policy Loans				
10.	Derivatives Acquired in the Normal Course		*****		*****
11.	Subtotal Primary Security		XXX		XXX
12.	F	4			
	AP&P Manual				
13.	Evergreen, Unconditional LOCs				
14.	Other LOCs		<del></del>		
15.	Affiliate or Parental Guarantees				
16.	LOC-like Assets				
17.	Excess of Loss Reinsurance				
18.	All Other Assets		3/3/3/		373737
19.	Subtotal Other Security		XXX		XXX
20.	Total		XXX		XXX

Indicate here the basis for the valuation used if the ceding company is unable to determine the statutory accounting value of any asset after making a diligent effort to do so:

# PART 4 – NON-COLLATERAL ASSETS SUPPORTING RESERVES FOR ALL AFFILIATE TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B

Part 2 Cession ID	
Name of Company	
NAIC Company Code	ID Number
Effective Date or Prior Vear Annual Statement Da	ite.

		As of Effective Da	ate or Prior Year's		
		Annual S	tatement	As of Current Year	's Annual Statement
		1	2	3	4
		Non-Collateral Assets		Non-Collateral Assets	
		Supporting Reserves -	Affiliate or Parental	Supporting Reserves -	Affiliate or Parental
	Asset Category Description	Affiliate Transactions	Guarantee (YES/NO)	Affiliate Transactions	Guarantee (YES/NO)
1.	Cash				
2.	NAIC 1 SVO-Listed Securities				
3.	NAIC 2 SVO-Listed Securities				
4.	NAIC 3 SVO-Listed Securities				
5.	NAIC 4 SVO-Listed Securities				
6.	NAIC 5 SVO-Listed Securities				
7.	NAIC 6 SVO-Listed Securities				
8.	Commercial Loans				
9.	Policy Loans				
10.	Derivatives Acquired in the Normal Course	•••••			
11.	Other Investments Admissible per the				
	NAIC AP&P Manual				
12.	Evergreen, Unconditional LOCs				
13.	Other LOCs				
14.	Affiliate or Parental Guarantees				
15.	LOC-like Assets				
16.	Excess of Loss Reinsurance				
17.	All Other Assets				
18.	Total		XXX		XXX

Indicate here the basis for the valuation used if the ceding company is unable to determine the statutory accounting value of any asset after making a diligent effort to do so:

# PART 5 – SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT INTERROGATORIES

# **PART 3 – INTERROGATORIES**

1.1	credit,	collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit a letter of synthetic letter of credit, contingent note, credit-linked note or other similar security that operates in a manner similar to a feredit?	Yes	[ ]	No	[ ]	N/A	[]
1.2	If the re	esponse to 1.1 is yes:						
	1.21	Describe the amount and nature of the collateral:						
	1.22	Describe all contingencies or conditions to performance:						
2.1		collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a	V	F 1	NI.	r 1	NI/A	r 1
2.2		ng provider? esponse to 2.1 is yes:	res	LJ	NO	LJ	N/A	LJ
2.2	2.21	Describe the amount and nature of the collateral that is pledged:						
	2.22	Describe the duration and the terms of the pledge:						
3.1		ny collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit have a n that is less than the duration of the underlying policy liabilities?	Yes	[ ]	No	[ ]	N/A	[]
3.2		esponse to 3.1 is yes:						
	3.21	Describe the amount and nature of the collateral:						
	3.22	Compare the duration of the collateral to the duration of the underlying policy liabilities:						
4.1		asset identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit as being guaranteed ffiliate or parent?	Yes	[ ]	No	[ ]	N/A	[]
4.2	If the re	esponse to 4.1 is yes:						
	4.21	Provide the legal name of the guarantor:						
	4.22	Describe the nature of the affiliate relationship between the reporting entity and the guarantor:						
	4.23 4.24	Specify the dollar amount of the guarantee:  Describe all contingencies or conditions to performance of the guarantee:	\$					
		PART 4 – INTERROGATORIES						
5.1		asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit being guaranteed by iate or parent?	Yes	[ ]	No	[ ]	N/A	[]
5.2		esponse to 5.1 is yes:						
	5.21	Provide the legal name of the guarantor:						
	5.22	Describe the nature of the affiliate relationship between the reporting entity and the guarantor:						
	5.23	Specify the dollar amount of the guarantee:	\$					
	5.24	Describe all contingencies or conditions to performance of the guarantee:						
6.1		usset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a ng provider?	Yes	[]	No	[ ]	N/A	[]
6.2		esponse to 6.1 is yes:						
	6.21	Describe the asset that is pledged:						
	6.22	Specify the dollar amount of the pledge:	s					
	6.23	Describe the duration and the terms of the pledge:	Ψ					

•	•	•	•	•	•	٠	•	•	•	•	•	٠	•	•	٠	•	٠	•	•	•	•	•	•	٠	•	٠	•	•	٠	•
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## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2024 (To Be Filed by March 1) FOR THE STATE OF

NAIC Group	IC Group Code NAIC Company Code																
Address (City	, State and Zip C	Code)															
	leting This Exhib																
	-	Title							Telephone	Number							
		11110							retephone								
1	2	3	4	5	6	7	8	9	10		Policies Issued	l Through 2021		P	olicies Issued in	2022, 2023, 202	4
										11	Incurred	d Claims	14	15	Incurre	d Claims	18
Compliance with	Policy Form	Standardized Medicare Supplement	Medicare	Plan	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums	12	Percent of Premiums	Number of Covered	Premiums	16	17 Percent of Premiums	Number of Covered
OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
										×							
									·								
0199999 TOT	AL EXPERIEN	CE ON INDIVID	UAL POLICII	ES		•											
							(										
0299999 TO	TAL EXPERIE	NCE ON GROUP	POLICIES	1		ı	l.	ı	1								
							GE	ENERAL INTER	ROGATORIES								
1.	If response in C	Column 1 is no. giv	ve full and con	nplete details													
2.	-	_		the Secretary of Hea					3) (E) for this sta	te							
		s:	-			-	•		, , ,								
		Person and Phone			•••••			•••••			•••••	•••••	•••••	•••••	•••••	•••••	
3.				established under 4	1 U.S.C. 1395ı	ı(h) (3) (B).											
	3.1 Address	s:															
	3.2 Contact	Person and Phone	e Number:														
4	Evalsia savesa	lining identified at		trum a "O"													

# MEDICARE PART D COVERAGE SUPPLEMENT

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

NAIC Group Code.....

NAIC Company Code.....

		Individual	Coverage	Group C	Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
	Premiums Collected					
1.1	Standard Coverage					
	1.11 With Reinsurance Coverage		XXX	•••••	XXX	
	1.12 Without Reinsurance Coverage		XXX		XXX	
1.2	Supplemental Benefits		XXX XXX		XXX	
2.	Premiums Due and Uncollected-change		AAA		XXX	
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		X			
4.1	Receivable		XXX		XXX	XXX
4.2	Payable		XXX	•••••	XXX	XXX
5. 5.1	Earned Premiums Standard Coverage					
5.1	Standard Coverage 5.11 With Reinsurance Coverage		VVV		xxx	xxx
	5.12 Without Reinsurance Coverage		XXX 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		AAA		AAA	
7.1	Standard Coverage					
/.1	7.11 With Reinsurance Coverage	<b>V</b>	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			XXX		XXX	XXX
	Health Care Receivables-change					
9.1	Standard Coverage					
	9.11 With Reinsurance Coverage		XXX		XXX	XXX
0.2	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 10.	Supplemental Benefits		XXX		XXX	XXX
10.1	Standard Coverage					
10.1	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.	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	

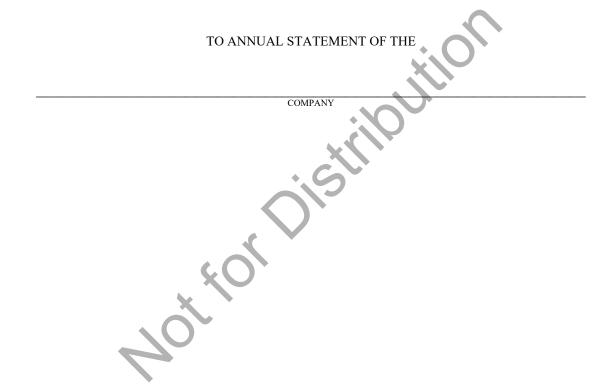
# NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

#### **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



# FINANCIAL REPORTING TO STOCKHOLDERS

1.	Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report Answer	for the pr	revious	year?	
	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 Year?  Answer	ual Repo	rt for t	he curre	ent
	If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet			tate at t	the
3.	If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to the solicitation of proxies in respect to the Annual Meeting?  Answer	or conten	nporan	eous w	ith
	(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial substantially on the basis (individual or consolidated) as required to be present in the Company's Annual St in Column B)?				
		Colur	nn A	Colur	nn B
To	be answered by Life, Accident and Health Companies:	Yes	No	Yes	No
	Statement of Assets, Liabilities, Surplus and Other Funds				
	Summary of Operations				
c.	Surplus Account				
nr.	have sail Board and Consider				
10	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:				
а	Statement of Assets, Liabilities, Surplus and Other Funds				
	Statement of Income Operations and Investment Exhibit				
	Capital and Surplus Account				
To	be answered by Health Insurance Companies:				
	Statement of Assets, Liabilities, Capital and Surplus				
	Statement of Revenue and Expenses				
c.	Capital and Surplus Account				

#### 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. Benefits Accrued or Est. Annual Benefits Set Aside During Year Upon Retirement Principal Occupation Served as Aggregate Direct Retirement Other Emp. Retirement Other Emp. Name and Title Director From or Employment Remuneration Plan Benefits Plan Benefits 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): 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 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. 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? ...... 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? 

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

1	2	3			Number	of Shares		
			4	5	Disposed of Duri	ng Current Year	8	9
					6	7		Percentage of Voting
								Stock Directly and Indirectly Owned or
Name and Title of (a) Each Director and Each	Title	Nature	Owned at	Acquired	Held Less	Held 6	Owned at	Controlled at the
Name and Title of (a) Each Director and Each Officer with Any Ownership and	of	of	End of	During	Than 6	Months	End of	End of the
(b) Any Other Owner of More Than 10%	Security	Ownership	Prior Year	Current Year	Months	or More	Current Year	Current Year
		-						
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N		6-111 1 6-2	-(1: 0.1 - 2)	lancate Disease 1 d d	history and over 1		1.16100.000.1	. 4 1 1
Note: Answer "yes" or "no" as to whether the informa will be furnished to stockholders in a proxy state	non concerning the number of ement or otherwise.	or snares owned at the end of the year	ar (as shown in Column 8)	by each Director and the three l	nignest paid Officers whose	aggregate direct remunerati	on exceeded \$100,000 during	g ine year, has been or
Answer If answer is "no" explain	n in detail on separate sheet.							
State the number of stockholders of record of the compa	any at the end of the year. An	swer						
Has the state of domicile granted an exemption or discla	aimer of control? Answer							
y 1								

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	Α	1	A	fi	i	v	F	3	2	11	r	(	(	٦	c	١,	d	e	A	۸	1	`	n	7	J	e	

## VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 20\_\_\_\_\_
(To Be Filed by March 1)

NAIC Group Code NAIC Company Code					
	Prior Year	Curr	ent Year		
	1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset		
1. Post-Reinsurance-Ceded Reserve		*			
1.1. Term Life Insurance	*. ( ) ·				
1.2. Universal Life With Secondary Guarantee					
1.3. Non-Participating Whole Life					
1.4. Participating Whole Life					
1.5. Universal Life Without Secondary Guarantee					
1.6. Variable Universal Life					
1.7. Variable Life					
1.8. Indexed Life					
1.9. Aggregate Write-Ins for Other Products					
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			XXX		
3. Pre-Reinsurance-Ceded Reserve					
3.1. Term Life Insurance					
3.2. Universal Life With Secondary Guarantee					
3.3. Non-Participating Whole Life					
3.4. Participating Whole Life					
3.5. Universal Life Without Secondary Guarantee					
3.6. Variable Universal Life					
3.7. Variable Life					
3.8. Indexed Life					
3.9. Aggregate Write-Ins for Other Products					
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)			XXX		
5. Total Reserves Ceded (Line 4 minus Line 2)			XXX		
DETAILS OF WRITE-INS					
DETAILS OF WRITE-INS					
1.902.					
1.903.					
1.998. Summary of remaining write-ins for Line 1.9 from overflow page					
1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)					
3.901					
3.902					
3.903					
3.998. Summary of remaining write-ins for Line 3.9 from overflow page					
3.999 Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)					

# VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 20\_\_
(To Be Filed by March 1)
(\$000 Omitted for Face Amounts)

						Currer	ıt Year					
			SECTION A				SECT	ION B			SECTION C	
	1	2	3	4	5	6	7	8	9	10	11	12
	Net Premium	Deterministic	Stochastic	Number of		Net Premium	Deterministic	Number of		Net Premium	Number of	
	Reserve	Reserve	Reserve	Policies	Face Amount	Reserve	Reserve	Policies	Face Amount	Reserve	Policies	Face Amount
Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.3. Non-Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.4. Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.5. Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.6. Variable Universal Life				XXX	XXX			XXX	XXX		XXX	XXX
1.7. Variable Life				XXX	XXX			XXX	XXX		XXX	XXX
1.8. Indexed Life				XXX	XXX			XXX	XXX		XXX	XXX
1.9. Aggregate Write-Ins for Other Products				XXX	XXX			XXX	XXX		XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through												
1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve												
3.1. Term Life Insurance							l			XXX		
3.2. Universal Life With Secondary Guarantee												
3.3. Non-Participating Whole Life												l
3.4. Participating Whole Life												l
3.5. Universal Life Without Secondary Guarantee						*						l
3.6. Variable Universal Life												l
3.7. Variable Life							l					
3.8. Indexed Life							l					l
3.9. Aggregate Write-Ins for Other Products												
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through												
3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS	7.5.51	7.5.5.1	71.7.1	JELET	12.2.2	70.01	72.27	72.22		72.22	72.22	12.22
1.901				xxx	XXX			XXX	XXX		XXX	XXX
4 000				XXX	XXX			XXX	XXX		XXX	XXX
1.902.				XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page				XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page 1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)				XXX	XXX			XXX	XXX		XXX	XXX
		-										ΛΛΛ
		A .										
2.002												
3.999 Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)	_		l .			l		l .	1	l		l

## VM-20 RESERVES SUPPLEMENT – PART 2

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

		Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)				
1.	Has	the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes	[]	No	[ ]
2.	If th	te response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)				
	2.1	NAIC Adopted VM [ ]				
	2.2	State Statute (SVL) [ ] Complete items "a" and "b", as appropriate.				
		a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes	[]	No	[]
		b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):				
	2.3	State Regulation [ ] Complete items "a" and "b", as appropriate.				
		a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes	[ ]	No	[ ]
		b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):				
3.	or Ç	the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (j.e., Question 2.1 is checked or Question 2.2 a is "No") question 2.3 a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the cent calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that				
	none	e of the following apply:  1) the company fails to meet either of the conditions in VM Section II, Subsection 1,G.2,				
		<ul> <li>the policies exempted contain those in VM Section II, Subsection 1.G.3, or</li> <li>the domiciliary commissioner contacted the company prior to Sept. I and notified them that the statement of exemption was not allowed:</li> </ul>				

# VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR For The Year Ended December 31, 20\_\_\_\_\_ (To Be Filed by March 1)

1A. 1B.	Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.	Yes [ ]	No [ ]
2A. 2B.	If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?  If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.	Yes [ ]	No [ ]
2			N
3.	Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?	Yes [ ]	No [ ]

#### 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?	Yes [	]	No [	]
	If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ].				
2.	Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?	Yes [	]	No [	]
3.	Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?	Yes [	]	No [	]

## PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and	2	3	4	5	6	7	8	9 All Other	10
Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	Compensation	Totals
Current:	i ear	Salary	Donus	Awarus	Awarus	rayments	rayments	Compensation	Totals
Principal Executive Officer	2024								
	2022								
Current:	LULL					-			
Principal Financial Officer	2024								
2. Timeipai i manetai omicei	2024								
	2023								
3.	<mark>2024</mark>								
	2023								
	2022								
4.	2024								
	2023								
	<mark>2022</mark>								
5.	<mark>2024</mark>								
	<b>2023</b>				<b>*</b>				
	2022								
6.	2024								
	2023								
	2022								
7.	2024								
	2023								
	2022								
8.	2024								
	2023								
	2022								
9.	<mark>2024</mark>		***************************************						
	2023 2022								
10.	2024								
	2023								
	2022								
	2022								

# PART 3 – DIRECTOR COMPENSATION

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

# PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

rovide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.							
•\ <b>S</b> `							
(0)							

## SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2024 (To Be Filed By March 1)

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

## SUPPLEMENTAL SCHEDULE O—PART 1

Development of Incurred Losses (\$000 Omitted) Section A—Group Accident and Health

Cumulative Net Amounts Paid Policyholders								
Yea	r in Which Losses	1	2	3	4	5		
7	Were Incurred	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<mark>2023</mark>	2024(a)		
1.	Prior							
2.	<mark>2020</mark>							
3.	<mark>2021</mark>	XXX						
4.	<mark>2022</mark>	XXX	XXX					
5.	2023	XXX	XXX	XXX				
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX			

#### Section B- Other Accident and Health

1.	Prior				)	
2.	<mark>2020</mark>					
3.	<mark>2021</mark>	XXX				
4.	<mark>2022</mark>	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

## Section C—Credit Accident and Health

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

<sup>(</sup>a) See the Annual Audited Financial Reports section of the annual statement instructions.

#### SCHEDULE O SUPPLEMENT

#### **SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses (\$000 Omitted)

Section A—Group Accident and Health

		Net Amounts Paid for Cost Containment Expenses					
Year in Which Losses		1	2	3	4	5	
Were Incurred		<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	2023	<mark>2024</mark>	
1.	Prior						
2.	<mark>2020</mark>						
3.	<mark>2021</mark>	XXX					
4.	2022	XXX	XXX				
5.	2023	XXX	XXX	XXX			
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX		

#### Section B—Other Accident and Health

1.	Prior					
2.	<mark>2020</mark>					
3.	<mark>2021</mark>	XXX				
4.	<mark>2022</mark>	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

#### Section C—Credit Accident and Health

1.	Prior					
2.	2020					
3.	<mark>2021</mark>	XXX				
4.	2022	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

## SCHEDULE O SUPPLEMENT

# **SUPPLEMENTAL SCHEDULE O – PART 3**

Development of Incurred Losses
(\$000 Omitted)

Section A – Group Accident and Hea	ılth

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
Yea	r in Which Losses	1	2	3	4	5				
Were Incurred		<mark>2020</mark>	<b>2021</b>	2022	2023	<mark>2024</mark>				
2.	<mark>2020</mark>				XXX	XXX				
3.	2021	XXX				XXX				
4.	<mark>2022</mark>	XXX	XXX							
5.	<mark>2023</mark>	XXX	XXX	XXX						
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX					

#### Section B - Other Accident and Health

2.	<mark>2020</mark>				XXX	XXX
3.	<mark>2021</mark>	XXX				XXX
4.	<mark>2022</mark>	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

## Section C - Credit Accident and Health

2.	<mark>2020</mark>				XXX	XXX
3.	<mark>2021</mark>	XXX				XXX
4.	<mark>2022</mark>	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

# SCHEDULE O SUPPLEMENT

# **SUPPLEMENTAL SCHEDULE O - PART 4**

**Development of Incurred Losses** (\$000 Omitted)

#### Section A - Group Accident and Health

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year										
Year in Which	h Losses	1	2	3	4	5						
Were Incu	urred	<mark>2020</mark>	<mark>2021</mark>	2022	2023	<mark>2024</mark>						
2. <mark>2020</mark>												
3. <mark>2021</mark>												
4. <mark>2022</mark>		XXX										
5. <mark>2023</mark>		XXX	XXX									
6. 2024		XXX	XXX	XXX								

#### Section B - Other Accident and Health

2.	<mark>2020</mark>					
3.	<mark>2021</mark>					
4.	<mark>2022</mark>	XXX				
5.	2023	XXX	XXX		,	
6.	<mark>2024</mark>	XXX	XXX	XXX		

# Section C – Credit Accident and Health

2.	<mark>2020</mark>				 
3.	<mark>2021</mark>				 
4.	<mark>2022</mark>	XXX			 
5.	<mark>2023</mark>	XXX	XXX		 
6.	<mark>2024</mark>	XXX	XXX	XXX	 

# SUPPLEMENTAL SCHEDULE O – PART 5 (\$000 Omitted)

Reserve and Liability Methodology - Exhibits 6 and 8

		1	2
	Line of Business	Methodology	Amount
	Industrial life		
2.	Ordinary life		
3.	Individual annuity		
4.	Supplementary contracts		
5.	Credit life		
6.	Group life		
7.	Group annuities		
8.	Group accident and health		
9.	Credit accident and health		
10.	Other accident and health		
11.	Total		

## **HEALTH SUPPLEMENTS**

For The Year Ended December 31, 20\_\_\_ (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 Nu	ımber

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1		ehensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital	& Medical)				Federal							
		_		Medicare			Employees Health Benefits	Title XVIII	Title XIX		Disability	Long-Term		Other Non-
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Health
Net premium income														
<ol><li>Change in unearned premium reserves and re</li></ol>	serve													
for rate credit														373737
Fee-for-service (net of \$ medical expension)	ses)													XXX
Risk revenue      Aggregate write-ins for other health care rela		***************************************												XXX
revenues	eu													XXX
Aggregate write-ins for other non-health care	related													70.00
revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<ol><li>Total revenues (Lines 1 to 6)</li></ol>														
Hospital/medical benefits														XXX
Other professional services														XXX
10. Outside referrals									<b>—</b>					XXX
11. Emergency room and out-of-area														XXX
12. Prescription drugs														XXX
13. Aggregate write-ins for other hospital and m	dical													XXX
Incentive pool, withhold adjustments and bor amounts	us							A						XXX
15. Subtotal (Lines 8 to 14)														XXX
Subtotal (Lines 8 to 14)      Net reinsurance recoveries														XXX
Total hospital and medical (Lines 15 minus 1)		***************************************												XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70.00
19. Claims adjustment expenses including								Je						
\$ cost containment expenses														
20. General administrative expenses														
<ol> <li>Increase in reserves for accident and health c</li> </ol>	ontracts						A							XXX
<ol> <li>Increase in reserves for life contracts</li> </ol>		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<ol> <li>Total underwriting deductions (Lines 17 to 2</li> </ol>	2)													
<ol> <li>Net underwriting gain or (loss)</li> </ol>														
(Line 7 minus Line 23) DETAILS OF WRITE-INS														
														www
0501														XXX XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 f	om													ААА
overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598)							1		l				1	
(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 f	om	2000	1777	1000		1000		1000		1000		1777		
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		ΛΛΛ	ΛΛΛ	AAA	۸۸۸	АЛЛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	ΛΛΛ	XXX
1301.														XXX
1302.														XXX
1398. Summary of remaining write-ins for Line 13	from													AAA
overflow page									l					XXX
1399. Totals (Lines 1301 through 1303 plus 1398)														
(Line 13 above)				_			1							XXX
· · · · · · · · · · · · · · · · · · ·		•			•		•	•			•			

#### **EXHIBIT 3 – HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
			-			
				1		
		<del> </del>	<del>-</del>	<del></del>		
		l	1			
			<del></del>		L	
				<b>•</b>		
0799999 Gross health care receivables						

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

	Health Care Rece	ivables Collected	Health Care Rec	eivables Accrued		
	or Offset Du	ring the Year	as of December 31 of Current Year		5	6
	1	2	3	4	Health Care	Estimated Health Care
	On Amounts Accrued		On Amounts Accrued		Receivables from	Receivables Accrued as
	Prior to January 1 of	On Amounts Accrued	December 31 of	On Amounts Accrued	Prior Years	of December 31 of
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Cols. 1 + 3)	Prior Year
Pharmaceutical rebate receivables						
Claim overpayment receivables						
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.

# TRUSTEED SURPLUS STATEMENT

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

being duly sworn,	says that he/she is the		
a corporation organized under the laws of statement together with its related schedules appended henumerated, are the absolute property of said corporation, mentioned assets are held in the United States by Insurance assets, liabilities and deductions there from reported in this	free and clear from any liens or claims thereone Departments and Officers of the various States	on, except as hereinafter stated, and that ea es of the United States and Trustees as here	ach and all of the hereinafter
Subscribed and sworn to before me this day of _	A.D., 20		
	AFFIDAVIT OF TRUSTEE - SCHEDU		
being sworn, say that it is the Trustee of the a corporation organized under the laws of located at, that the the said assets are subject to no other claims than those of p	, entered to transact bus e assets listed in Schedule B of the following st olicyholders and creditors within the United Sta	siness in the United States through the State tatement are held by it as such Trustee with ates.	of, in the United States, and that
Subscribed and sworn to before me this day of	A.D., 20	07,	
being sworn, say that it is the Trustee of the a corporation organized under the laws of located at that the	AFFIDAVIT OF TRUSTEE - SCHEDU		,
a corporation organized under the laws of located at, that the the said assets are subject to no other claims than those of p	, entered to transact bus e assets listed in Schedule C of the following st olicyholders and creditors within the United Sta	siness in the United States through the State tatement are held by it as such Trustee with ates.	of, in the United States, and that
Subscribed and sworn to before me this day of	A.D., 20		
	AFFIDAVIT OF TRUSTEE - SCHEDU	JLE D	
being swom, say that it is the Trustee of the a corporation organized under the laws of located at, that the the said assets are subject to no other claims than those of p	, entered to transact bus e assets listed in Schedule D of the following st olicyholders and creditors within the United Sta	siness in the United States through the State tatement are held by it as such Trustee with ates.	
Subscribed and sworn to before me this day of	A.D., 20		

# TRUSTEED SURPLUS STATEMENT ASSETS

# SCHEDULE A – DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

1	2	3	4	5
		Admitted Asset	Par	Fair
Line Number	Description	Value	Value	Value
1.98	Accrued Investment Income		XXX	XXX
1.99	Totals			

#### SCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

		3	4	5
		Admitted Asset	Par	Fair
Line Number	Description	Value	Value	Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investments			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		XXX	XXX
2.99	Totals			

# SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

		3	4	5
		Admitted Asset		
Line Number	Description	Value	Par Value	Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investments			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		XXX	XXX
3.99	Totals			

# SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

		3	4	5
		Admitted Asset	Par	Fair
Line Number	Description	Value	Value	Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investments			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		XXX	XXX
4.99	Totals			

# TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

	1
	•
	Current Year
1. Total Liabilities	
ADDITIONS TO LIABILITIES:  2. Aggregate write-ins for additions to liabilities	
Aggregate write-ins for additions to habilities     Total (Lines 1 + 2)	
DEDUCTIONS FROM LIABILITIES:	
4. Amounts Recoverable From Reinsurers:	
4.1 Authorized Companies	
4.2 Unauthorized Companies	
4.3 Certified Companies.	
4.4 Reciprocal jurisdiction companies	
Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule)	
5.2 Accrued interest on special state deposits	
6. Life insurance premiums and annuity considerations deferred and uncollected	
7. Accident and health premiums due and unpaid	
8. Contract loans and premium notes:	
8.1 Contract loans not exceeding reserves carried on such policies	
8.2 Premium notes	
8.3 Interest due and accrued on contract loans and premium notes	
Aggregate write-ins for other deductions from liabilities	
10. Total Deductions (Lines 4.1 thru 9)	
11. Total Adjusted Liabilities (Line 3 minus Line 10)	
12. Trusteed Surplus	
13. Total	)
DETAILS OF WRITE-INS	
0201.	
0202.	
0203.	
0298. Summary of remaining write-ins for Line 2 from overflow page	
0299. Totals (Lines 0201 thru 0203 plus 0298) (Line 2 above)	
0901.	
0902.	
0903.	
0998. Summary of remaining write-ins for Line 9 from overflow page	
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	
INTERROGATORIES	
1.1 Have there been any changes made to any of the trust indentures during the period?	Yes [ ] No [ ]
1.2 If yes, has the domiciliary or entry state approved the change?	Yes [ ] No [ ]
1.2 If yes, has the domestically state approved the change.	165 [ ] 110 [ ]
\ ( \) -	

#### **OVERFLOW PAGE FOR WRITE-INS**

Not for Distribution

# WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

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

NAIC Group Code											
UNDERWRITING AND INVESTMENT EXHIBIT											
	PART 1 – PREMIUMS EARNED										

	1	2	3	4
Line	Net Premiums	Unearned Premiums	Unearned Premiums	Premiums Earned
of	Written per	Dec. 31	Dec. 31	During Year
Business	Column 5, Part 2	Prior Year	Current Year	(Cols. 1 + 2 - 3)
<ol> <li>Workers' Compensation Carve-Out</li> </ol>				

# PART 2 – PREMIUMS WRITTEN

	Reinsurance Assumed			Reinsura	5	
Line	1	2		3	4	Net Premiums
of	From	From		To	To	Written
Business	Affiliates	Non-Affiliates		Affiliates	Non-Affiliates	Cols. 1+2-3-4
Workers' Compensation Carve-Out						

#### PART 3 – LOSSES PAID AND INCURRED

	Losses Paid			4	5	6	7
	1	2	3				Percentage of
			· ·	Net Losses	Net		Losses Incurred
Line				Unpaid	Losses	Losses Incurred	(Col. 6, Part 3)
of	Reinsurance	Reinsurance	Net Payments	Current Year	Unpaid	Current Year	to Premiums Earned
Business	Assumed	Recovered	(Cols. 1 - 2)	(Part 4, Col. 6)	Prior Year	(Cols. 3 + 4 - 5)	(Col. 4, Part 1)
Workers' Compensation Carve-Out							

## PART 4 – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

	Reported Losses			Incurred But 1	Not Reported	6	7
	1	2 Deduct Reinsurance	3	4	5		
	*	Recoverable from	Net				
Line		Authorized and	Losses Excl. Incurred			Net Losses	
of	Reinsurance	Unauthorized	But Not Reported			Unpaid	Unpaid Loss
Business	Assumed	Companies	(Cols. 1 - 2)	Reinsurance Assumed	Reinsurance Ceded	(Cols. 3 + 4 - 5)	Adjustment Expenses
Workers' Compensation Carve-Out		•					

## SCHEDULE F – PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	Reinsurance On		9	10	11	12	13	14	15	
				Ì	6	7	8						Amount of	
											Funds		Assets	
					Paid Losses						Held By or		Pledged or	Amount of
					and						Deposited	Letters	Compensating	Assets
	NAIC				Loss	Known Case		Contingent	Assumed		With	of	Balances to	Pledged or
ID	Company	Name of	Domiciliary	Assumed	Adjustment	Losses and	Total	Commissions	Premiums	Unearned	Reinsured	Credit	Secure Letters	Collateral
Number	Code	Reinsured	Jurisdiction	Premium	Expenses	LAE	(Cols. 6 + 7)	Payable	Receivable	Premium	Companies	Posted	of Credit	Held in Trust
9999999	Totals	·												

# SCHEDULE F – PART 2

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6				Re	insurance Rec	overable On	_	_	_	Reinsurai	nce Payable	18	19
						7	8	9	10	11	12	13	14	15	16	17	Net Amount	Funds Held
																	Recoverable	by
								Known								Other	From	Company
	NAIC	Name			Reinsurance			Case	Known	IBNR	IBNR			Cols. 7	Ceded	Amounts	Reinsurers	Under
ID	Company	of	Domiciliary	Special	Premiums	Paid	Paid	Loss	Case LAE	Loss	LAE	Unearned	Contingent	through 14	Balances	Due to	(Cols. 15 –	Reinsurance
Number	Code	Reinsurer	Jurisdiction	Code	Ceded	Losses	LAE	Reserves	Reserves	Reserves	Reserves	Premiums	Commissions	Totals	Payable	Reinsurers	[16+17])	Treaties
9999999	Γotals	•		•														

# **SCHEDULE P – PART 1**

(\$000 Omitted)

Yea	rs in Which	Pre	miums Ear	ned				Loss and l	Loss Expense Pay	yments	_		12
	niums Were	1	2	3			Defense a	ınd Cost	Adjusting a	and Other	10	11	
E	arned and				Loss Pay	yments	Containmen	t Payments	Paym	ents		Total Net Paid	Number of
Lo	sses Were			Net	4	5	6	7	8	9	Subrogation	(Cols. 4 - 5 + 6 - 7 + 8 - 9)	Claims Reported
1	Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2015												
3.	<mark>2016</mark>												
4.	<mark>2017</mark>												
5.	<mark>2018</mark>												
6.	<mark>2019</mark>												
7.	2020												
8.	2021												
9.	2022												
10.	2023												
11.	2024												
12.	Totals	XXX	XXX	XXX									XXX

									Adjusting a	nd Other	23	24	25
		Losses U	npaid		Defen	se and Cost	Containment Ur	paid	Unpa	id		Total Net	Number of
	Case B	asis	Bulk + I	BNR	Case B	asis	Bulk + I	BNR	21	22		Losses and	Claims
	13	14	15	16	17	18	19	20			Subrogation	Expenses	Outstanding
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.							•						
12.													<u> </u>

	7	Γotal		Loss and	Loss Expense	Percentage			34	Net Bala	ance Sheet
	Losses and Loss	s Expenses	Incurred	(Incur	red/Premiums	Earned)	Nontabula	r Discount		Reserves A	fter Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
									Inter-Company Pooling		Loss
								Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## **SCHEDULE P – PART 2**

	Years in		INCURREI	NET LOSSES	AND DEFENSI		ONTAINMENT	EXPENSES RI	EPORTED AT	YEAR-END		DEVELO	PMENT
W	hich Losses	1	2	3	4	5	6	7	8	9	10	11	12
W	ere Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	<mark>2024</mark>	One-Year	Two-Year
1.	Prior												
2.	2015												
3.	2016	XXX											
4.	<mark>2017</mark>	XXX	XXX										
5.	<mark>2018</mark>	XXX	XXX	XXX									
6.	2019	XXX	XXX	XXX	XXX								
7.	2020	XXX	XXX	XXX	XXX	XXX							
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX						
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12	. Totals		

#### **SCHEDULE P - PART 3**

		CUMULAT	IVE PAID NE	T LOSSES AN	ID DEFENSE A	AND COST CO	NTAINMENT	EXPENSES R	EPORTED AT	YEAR END (\$	000 OMITTED)	11	12
		1	2	3	4	5	6	7	8	9	10	Number of	Number of
	Years in											Claims Closed	Claims Closed
W	hich Losses											With Loss	Without Loss
W	ere Incurred	2015	<mark>2016</mark>	2017	2018	2019	<mark>2020</mark>	2021	2022	2023	<mark>2024</mark>	Payment	Payment
1.	Prior	000											
2.	<mark>2015</mark>												
3.	<mark>2016</mark>	XXX											
4.	<mark>2017</mark>	XXX	XXX										
5.	2018	XXX	XXX	XXX									
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX								
7.	2020	XXX	XXX	XXX	XXX	XXX							
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX		V				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

Moi tolo

# **SCHEDULE P – PART 4**

		BULK A	ND IBNR RESI	ERVES ON NE	T LOSSES AND	DEFENSE AT (\$000 ON		TAINMENT E	XPENSES REP	ORTED AT YE	AR END
	Years in Which	1	2	3	4	5	6	7	8	9	10
Lo	osses Were Incurred	2015	2016	2017	<mark>2018</mark>	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	2019	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

# **SCHEDULE P – PART 5**

# SECTION 1

Yea	ars in Which Premiums		CUMU	JLATIVE NUM	IBER OF CLAI	MS CLOSED V	VITH LOSS PA	YMENT ASSU	MED AT YEA	R END	
W	ere Earned and Losses	1	2	3	4	5	6	_ 7	8	9	10
	Were Incurred	2015	<b>2016</b>	2017	<b>2018</b>	<mark>2019</mark>	2020	2021	2022	2023	<mark>2024</mark>
1.	Prior										
2.	<mark>2015</mark>										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	<mark>2018</mark>	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2024	XXX	XXX	XXX	XXX _	XXX	XXX	XXX	XXX	XXX	

# SECTION 2

Ye	ars in Which Premium			NUN	MBER OF ASSU	JMED CLAIMS	S OUTSTANDI	NG AT YEAR	END		
	ere Earned and Losses	1	2	3	4	5	6	7	8	9	10
	Were Incurred	2015	2016	2017	2018	2019	2020	2021	<mark>2022</mark>	2023	2024
1.	Prior										
2.	<mark>2015</mark>										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

# **SECTION 3**

Yea	ars in Which Premiums			CUMULA	TIVE NUMBE	R OF CLAIMS	REPORTED AS	SSUMED AT Y	EAR END		
W	ere Earned and Losses	1	2	3	4	5	6	7	8	9	10
	Were Incurred	2015	<b>2016</b>	2017	2018	<mark>2019</mark>	2020	2021	2022	2023	<mark>2024</mark>
1.	Prior										
2.	2015										
3.	<mark>2016</mark>	XXX									
4.	<mark>2017</mark>	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX					
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### **SCHEDULE P - PART 6**

#### SECTION 1

				CUMULATI	VE ASSUMED	PREMIUMS E	ARNED AT Y	EAR END (\$00	0 OMITTED)			11
	ears in Which Premiums Were ned and Losses Were Incurred	1 2015	2 <mark>2016</mark>	3 2017	4 2018	5 2019	6 <mark>2020</mark>	7 <mark>2021</mark>	8 <mark>2022</mark>	9 <mark>2023</mark>	10 <mark>2024</mark>	Current Year Premiums Earned
1.	Prior											
2.	2015											
3.	<mark>2016</mark>	XXX										
4.	<mark>2017</mark>	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned Premiums (Sc P-Pt 1)											XXX

#### **SECTION 2**

				CUMULAT	TIVE CEDED P	REMIUMS EA	RNED AT YEA	AR END (\$000	OMITTED)			11
	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
_	ned and Losses Were Incurred	2015	2016	2017	2018	2019	<mark>2020</mark>	2021	2022	<mark>2023</mark>	<mark>2024</mark>	Premiums Earned
1. 2.	Prior											
3.	2015 2016	XXX										
4.	2017	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX					•			
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 12.	2024	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX	
13.	Total Earned Premiums (Sc P–Pt 1)	ΛΛΛ	АЛА	ллл	AAA	777	AAA	AAA	ΛΛΛ	ллл	۸۸۸	XXX
13.	Earned Fremiums (Se F Ft F)	1			I.			I.	l l		I.	AAA
			<b>*</b>	40		•						
		-	70,	•								

## MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

FOR THE STATE OF		
NAIC Group Code	NAIC Company Code	

		1
		MCAS Reportable
		Premium/Considerations
	MCAS LINE OF BUSINESS	(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	

The National Association of Insurance Commissioners (NAIC) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S.

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