

File Name: P2022328

SCHEDULE NAME: INSURANCE EXPENSE EXHIBIT INTERROGATORIES

PAGE NUMBER: 270

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	YES_NO_RESPONSE	ALPHA	3
4	NUMERIC_RESPONSE	NUMERIC	14
5	EXPLANATION	ALPHA	300

The following column/row intersections either do not exist or do not have values on the Annual Statement.

COLUMN	LINE NUMBER
YES_NO_RESPONSE	01.1 01.2 01.3 01.4 01.5 02.1 02.2 03.3
NUMERIC_RESPONSE	03.1 03.2 03.3
EXPLANATION	01.1 01.2 01.3 01.4 01.5 02.1 02.2 03.1 03.2

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
01.1	Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2 (indicate amounts received from securities subject to proration for federal tax purposes)
01.2	Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2 (indicate amounts received from securities subject to proration for federal tax purposes)
01.3	Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2 (indicate amounts received from securities subject to proration for federal tax purposes)
01.4	Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2 (indicate amounts received from securities subject to proration for federal tax purposes)
01.5	Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2 (indicate amounts received from securities subject to proration for federal tax purposes)
02.1	Net investment income Page 4, Line 9, Column 1 (indicate amounts shown in the annual statement)
02.2	Net realized capital gain or (loss), Page 4, Line 10, Column 1 (indicate amounts shown in the annual statement)
03.1	Are there any items requiring special comment or explanation
03.2	Are items allocated to lines of business in Parts II and III using method not defined in the instructions
03.3	If yes, explain