

## Record Layout

2022 Data in 2022 PC Format - Product Code IP

File Name: L2022114

SCHEDULE NAME: GENERAL INTERROGATORIES - PART 2

PAGE NUMBER: 021.1

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	13.3
5	CURR_YR	NUMERIC	13.3
6	PR_YR	NUMERIC	13.3
7	PC_INS_COMPANY_AND_LOCATION	ALPHA	600
8	STMT_VAL_ON_PURCHASE_DTE_OF_AN	NUMERIC	14
9	COMPANY_NM	ALPHA	40
10	NAIC_COMPANY_CODE	NUMERIC	10
11	DOM_JURIS	ALPHA	3
12	RES_CRED	NUMERIC	14
13	LTRS_OF_CRED	NUMERIC	14
14	TRUST_AGREEMENTS	NUMERIC	14
15	OTH	NUMERIC	14
16	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	01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.3 03.4 03.7 04.1 04.2001 05.2 05.4 06.2001 07.1 07.2 07.3
NUMERIC_RESPONSE	01.1 01.31 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.4 03.5 03.6 04.2001 05.1 05.3 06.1 06.2001 08 08.1
CURR_YR	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 06.2001 07.1 07.2 07.3 08 08.1
PR_YR	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 06.2001 07.1 07.2 07.3 08 08.1
PC_INS_COMPANY_AND_LOCATION	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 05.1 05.2 05.3 05.4 06.1 06.2001 07.1 07.2 07.3 08 08.1
STMT_VAL_ON_PURCHASE_DTE_OF_AN	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 05.1 05.2 05.3 05.4 06.1 06.2001 07.1 07.2 07.3 08 08.1
COMPANY_NM	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1

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NAIC_COMPANY_CODE	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1
DOM_JURIS	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1
RES_CRED	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1
LTRS_OF_CRED	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1
TRUST_AGREEMENTS	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1
OTH	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.4 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 07.1 07.2 07.3 08 08.1
EXPLANATION	01.1 01.2 01.3 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.2 03.3 03.5 03.6 03.7 04.1 04.2001 05.1 05.2 05.3 05.4 06.1 06.2001 07.1 07.2 07.3 08 08.1

## VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
01.1	Does the reporting entity have any direct Medicare Supplement Insurance in force
01.2	If yes, indicate premium earned on U.S. business only
01.3	What portion of item 1.2 is not reported on the Medicare Supplement Insurance Experience Exhibit
01.31	Reason for excluding
01.4	Indicate amount of earned premium attributable to Canadian and/or other alien not included in item 1.2 above
01.5	Indicate total incurred claims on all Medicare Supplement insurance
01.61	Total premium earned (individual policies) (most current 3 years)
01.62	Total incurred claims (individual policies) (most current 3 years)
01.63	Number of covered lives (individual policies) (most current 3 years)
01.64	Total premium earned (individual policies) (all years prior to most current 3 years)
01.65	Total incurred claims (individual policies) (all years prior to most current 3 years)
01.66	Number of covered lives (individual policies) (all years prior to most current 3 years)
01.71	Total premium earned (group policies) (most current 3 years)
01.72	Total incurred claims (group policies) (most current 3 years)
01.73	Number of covered lives (group policies) (most current 3 years)
01.74	Total premium earned (group policies) (all years prior to most current 3 years)
01.75	Total incurred claims (group policies) (all years prior to most current 3 years)

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01.76	Number of covered lives (group policies) (all years prior to most current 3 years)
02.1	Premium numerator (health test)
02.2	Premium denominator (health test)
02.3	Premium ratio (2.1/2.2) (health test)
02.4	Reserve numerator (health test)
02.5	Reserve denominator (health test)
02.6	Reserve ratio (2.4/2.5) (health test)
03.1	Does this reporting entity have Separate Accounts
03.2	If yes, has a Separate Accounts statement been filed with this department
03.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account
03.4	State the authority under which Separate Accounts are maintained
03.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31
03.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31
03.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or Accrued (net)"
04.1	Amount of loss reserves established by these annuities during the current year?
04.2001	List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities
05.1	Do you act as a custodian for health savings accounts?
05.2	If yes, please provide the amount of custodial funds held as of the reporting date.
05.3	Do you act as an administrator for health savings accounts?
05.4	If yes, please provide the balance of the funds administered as of the reporting date.
06.1	Are any of the captive affiliates reported on Schedule S - Part 3, authorized reinsurers?
06.2001	If the answer to 12.1 is yes, please provide the following:
07.1	Direct premium written (prior to reinsurance ceded)
07.2	Total incurred claims
07.3	Number of covered lives
08	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least 2 states?
08.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?