

**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

<p align="right"><b>DATE:</b> <u>10/19/2021</u></p> <p><b>CONTACT PERSON:</b> _____</p> <p><b>TELEPHONE:</b> _____</p> <p><b>EMAIL ADDRESS:</b> _____</p> <p><b>ON BEHALF OF:</b> _____</p> <p><b>NAME:</b> <u>Jamie Walker</u></p> <p><b>TITLE:</b> <u>Deputy Commissioner</u></p> <p><b>AFFILIATION:</b> <u>Texas Department of Insurance</u></p> <p><b>ADDRESS:</b> _____</p>	<p align="center"><b>FOR NAIC USE ONLY</b></p> <p>Agenda Item # <u>2021-18BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting [ X ]</p> <p>New Reporting Requirement [ ]</p> <hr/> <p align="center"><b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b></p> <p>No Impact [ X ]</p> <p>Modifies Required Disclosure [ ]</p> <hr/> <p align="center"><b>DISPOSITION</b></p> <p>[ ] Rejected For Public Comment</p> <p>[ ] Referred To Another NAIC Group</p> <p>[ ] Received For Public Comment</p> <p>[ ] Adopted Date _____</p> <p>[ ] Rejected Date _____</p> <p>[ X ] Deferred Date <u>03/29/2022</u></p> <p>[ ] Other (Specify) _____</p>
--	---

**BLANK(S) TO WHICH PROPOSAL APPLIES**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT                  | <input checked="" type="checkbox"/> INSTRUCTIONS             | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT                          | <input checked="" type="checkbox"/> BLANK                    |   |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts                   | <input type="checkbox"/> Title                  |
| <input type="checkbox"/> Property/Casualty                            | <input type="checkbox"/> Protected Cell                      | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Health                                       | <input checked="" type="checkbox"/> Health (Life Supplement) |   |

Anticipated Effective Date: Annual 2023

**IDENTIFICATION OF ITEM(S) TO CHANGE**

Modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. Two new Schedule T style pages (Exhibit of Claims Settled During the Current Year and Policy Exhibit) are created to include detail captured by state on the existing Life Insurance (State Page) that could not be included due space issue. Adds definitions for life and annuity products to the lines of business definitions in the health appendix

**REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE\*\***

The purpose of this proposal is to make the lines of business reported on the Life Insurance (Sate Page) consistent with the lines of business being reported on the Analysis of Operations by Lines of Business pages.

**NAIC STAFF COMMENTS**

Comment on Effective Reporting Date: \_\_\_\_\_

Other Comments:

\*\* This section must be completed on all forms.

**ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL**

**STATE PAGE**

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.

Direct premiums by state may be estimated by formula on the basis of countrywide ratios for the respective lines of business except where adjustments are required to recognize special situations.

Company’s participation in the FEGLI and SGLI policies is shown in this exhibit as direct business.

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Fraternal entities should leave blank any data elements not applicable such as group and credit.

For definitions of lines of business, see the appendix of these instructions.

~~Column 2 — Credit Life (Group and Individual)~~

~~Include: — Business not exceeding 120 months duration.~~

~~**This column is not applicable to Fraternal Benefit Societies.**~~

~~Column 5 — Total~~

~~Line 1 — Direct Premiums for Life Contracts Excluding Reinsurance Assumed  
and Without Deduction of Reinsurance Ceded — and  
Line 2 — Direct Annuity Considerations for Life Contracts Excluding Reinsurance  
Assumed and Without Deduction of Reinsurance Ceded~~



~~Should equal Schedule T, Columns 2 and 3, by State.~~

~~Line 3 — Deposit-type Contract Funds~~

~~Report all deposits, and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 7.~~

~~Line 2 — Annuity Considerations~~

~~Should equal Schedule T, Column 3 by State.~~

~~Line 3 — Deposit-type Contracts Funds~~

~~Report all deposits and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 7.~~

~~Line 4 — Other Considerations~~

~~Include: Unallocated annuity considerations and other unallocated deposits that incorporate any mortality or morbidity risk and are not reported on Line 1, Line 2 or Line 3. The amounts reported should be consistent with those reported on Schedule T, Column 5. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities in Line 2.~~

~~Line 6 — Life Insurance Direct Dividends to Policyholders/Refunds to Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded and  
Line 7 — Annuity Direct Dividends to Policyholders/Refunds to Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~



~~Report dividends to policyholders/refunds to members paid or left on deposit, dividends applied to policyholders/refunds to members to pay premiums or considerations or applied to provide paid up additions or annuities. Also report dividends to policyholders/refunds to members used to shorten the endowment or premium paying period.~~

~~Line 13 — Aggregate Write ins for Miscellaneous Direct Claims and Benefits Paid~~

~~Enter the total of the write ins listed in schedule Detail of Write ins Aggregated at Line 13 for Miscellaneous Direct Claims and Benefits Paid.~~

~~Lines 24  
to 26 — Accident and Health Insurance~~

~~Report health premiums collected during the year, excluding reinsurance accepted and without deduction of reinsurance ceded.~~

~~Report on Line 24.1 those premiums, dividends and losses allocable to the Federal Employees Health Benefits Program premiums that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.~~

~~For Line 24.2, include business not exceeding 120 months' duration.~~

~~For Line 25, the development of data into various health policy categories should be done by inventory of the policy records.~~

~~Line 24.4 — Medicare Title XVIII Exempt from State Taxes or Fees~~

~~Report Medicare Title XVIII premiums that are exempted from state taxes or other fees by Section 1854(g) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This includes but is not limited to premiums written under a Medicare Advantage product, a Medicare PPO product, or a stand-alone Medicare part D product.~~

~~Details of Write ins Aggregated on Line 13 for Miscellaneous Direct Claims and Benefits Paid~~

~~List separately each category of direct claims and benefits paid for which there is no pre-printed line on the state page.~~

Column 1 – Premiums and Annuities Considerations

Line 12 plus Line 20 should equal Schedule T, Columns 2, by State.  
Line 27 plus Line 34 should equal Schedule T, Columns 3, by State.  
Line 47 should equal Schedule T, Columns 4, by State.

Line 48 (Column 1 plus Column 2) should equal Schedule T, Columns 6, by State.

Column 2 – Other Considerations

Include: Unallocated annuity considerations and other unallocated deposits that incorporate any mortality or morbidity risk and are not reported on Column 1. The amounts reported should be consistent with those reported on Schedule T, Column 5. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities on Column 1.

Line 48 should equal Schedule T, Columns 5, by State.

**Dividends to Policyholders/Refunds to Members**

- Column 3 – Paid in Cash or Left on Deposit
- Column 4 – Applied to Pay Renewal Premiums
- Column 5 – Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period and
- Column 6 – Other

Report dividends to policyholders/refunds to members paid or left on deposit, dividends applied to policyholders/refunds to members to pay premiums or considerations or applied to provide paid-up additions or annuities. Also report dividends to policyholders/refunds to members used to shorten the endowment or premium paying period.

**Claims and Benefits Paid**

- Column 8 – Death and Annuity Benefits
- Column 9 – Matured Endowments
- Column 10 – Surrender Values and Withdrawals for Life Contracts

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Column 11 – All Other Benefits

Report claims benefits paid for accident and health contracts (Lines 35 through 47) in this column.

**Death Benefits and Matured Endowments Incurred**

Column 13 – Incurred During Current Year

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Column 14 – Total Claims Settlements

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 12 of the Exhibit of Claims Settled During Current Year by state.

Column 15 – Unpaid December 31, Current Year

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 15 (prior year) plus Column 13 minus Column 14.

Footnote c:

Total considerations amount should equal Schedule T, Columns 7, by State.

For Health Business:

Complete the information in Footnote d below the Accident and Health block regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to a higher level of benefits whenever participating provider networks are used.

**POLICY EXHIBIT**  
**Allocated by States and Territories**

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

In Force December 31, Current Year

Sum of Columns 5, 11 and 17 should equal Column 16 of Life Insurance (State Page) by state.

Sum of Columns 6, 12 and 18 should equal Column 17 of Life Insurance (State Page) by state.

Column 5 – In Force December 31, Current Year – Number of Pols\Certs – Life Contracts

Should equal Column 5 (prior year) plus Column 1 plus Column 3

Column 6 – In Force December 31, Current Year – Amount – Life Contracts

Should equal Column 6 (prior year) plus Column 2 plus Column 4

Column 11 – In Force December 31, Current Year – Number of Pols\Certs – Annuities Contracts

Should equal Column 11 (prior year) plus Column 7 plus Column 9

Column 12 – In Force December 31, Current Year – Amount – Annuities Contracts

Should equal Column 12 (prior year) plus Column 8 plus Column 10

Column 17 – In Force December 31, Current Year – Number of Pols\Certs – Accident and Health Contracts

Should equal Column 17 (prior year) plus Column 13 plus Column 15

Column 18 – In Force December 31, Current Year – Amount – Accident and Health Contracts

Should equal Column 18 (prior year) plus Column 14 plus Column 16

**EXHIBIT OF CLAIMS SETTLED DURING CURRENT YEAR**  
**Allocated by States and Territories**

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Column 1      –      By Payment in Full – Pols\Certs      }  
Column 2      –      By Payment in Full – Amount      }

Provide the amount for claims settled by full payment and the number of policies\certificates for the claims settled by full payment.

Column 3      –      By payment on Compromised Claims – Pols\Certs      }  
Column 4      –      By payment on Compromised Claims – Amount      }

Provide the amount for claims settled by payment on Compromised Claims and the number of policies\certificates for the claims settled by payment on Compromised Claims.

Column 7      –      Reduction by Compromise – Pols\Certs      }  
Column 8      –      Reduction by Compromise – Amount      }

Provide the amount for claims reduced by compromise and the number of policies\certificates for the claims reduced by compromise.

Column 9      –      Amount Rejected – Pols\Certs      }  
Column 10     –      Amount Rejected – Amount      }

Provide the amount for claims rejected and the number of policies\certificates for the claims rejected.

**Total Settled During Current Year**

Column 11     –      Pols\Certs

Provide the total number of policies\certificates for claims settled during the current year.

Column 12     –      Amount (Col 6+8+10)

Should equal Column 14 of Life Insurance (State Page) by state.

**ANNUAL STATEMENT INSTRUCTIONS – HEALTH (LIFE SUPPLEMENT)**

**LIFE SUPPLEMENT  
TO THE HEALTH ANNUAL STATEMENT**

**NOTE: Only companies licensed as Life, Accident & Health insurers should complete the schedules included in the Life Supplement to the Health Annual Statement.**



**STATE PAGE**

To be filed on or before March 1. Only companies licensed as Life, Accident & Health insurers should complete this schedule.

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.

Direct premiums by state may be estimated by formula on the basis of countrywide ratios for the respective lines of business except where adjustments are required to recognize special situations.

Company’s participation in the FEGLI and SGLI policies is shown in this exhibit as direct business.

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

For definitions of lines of business, see the appendix of these instructions.

~~Column 2 — Credit Life (Group and Individual)~~

~~Include: — Business not exceeding 120 months duration.~~

~~Column 5 — Total~~

~~Line 1 — Direct Premiums for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded ————— and~~

~~Line 2 — Direct Annuity Considerations for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~



~~The amounts reported should be consistent with those reported on Schedule T, Column 6.~~

~~Line 3 — Deposit-type Contracts Fund~~

~~Report all deposits and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 9.~~



~~Line 4 — Other Considerations~~

~~Include: Unallocated annuity considerations and other unallocated deposits which incorporate any mortality or morbidity risk and are not reported on Line 1, Line 2 or Line 3. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities in Line 2.~~

~~Line 6 — Life Insurance Direct Dividends to Policyholders Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~

~~Line 7 — Annuity Direct Dividends to Policyholders Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~



~~Report dividends paid or left on deposit, dividends applied to pay premiums or considerations, or applied to provide paid-up additions or annuities. Also report dividends used to shorten the endowment or premium paying period.~~

~~Line 13 — Aggregate Write-ins for Miscellaneous Direct Claims and Benefits Paid~~

~~Enter the total of the write-ins listed in schedule Detail of Write-ins Aggregated at Line 13 for Miscellaneous Direct Claims and Benefits Paid.~~

~~Lines 24~~

~~to 26 — Accident and Health Insurance~~

~~Report health premiums collected during the year, excluding reinsurance accepted and without deduction of reinsurance ceded.~~

~~Report on Line 24.1 those premiums, dividends and losses allocable to the Federal Employees Health Benefits Plan premiums that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.~~

~~For Line 24.2, include business not exceeding 120 months' duration.~~

~~For Line 25, the development of data into various health policy categories should be done by inventory of the policy records.~~

~~Details of Write-ins Aggregated on Line 13 for Miscellaneous Direct Claims and Benefits Paid~~

~~List separately each category of direct claims and benefits paid for which there is no pre-printed line on the state page.~~

Column 1 – Premiums and Annuities Considerations

Line 12 plus Line 20 should equal Schedule T, Columns 2, by State.  
Line 27 plus Line 34 should equal Schedule T, Columns 3, by State.  
Line 47 should equal Schedule T, Columns 4, by State.

Line 48 (Column 1 plus Column 2) should equal Schedule T, Columns 6, by State.

Column 2 – Other Considerations

Include: Unallocated annuity considerations and other unallocated deposits that incorporate any mortality or morbidity risk and are not reported on Column 1. The amounts reported should be consistent with those reported on Schedule T, Column 5. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities on Column 1.

Line 48 should equal Schedule T, Columns 5, by State.

**Dividends to Policyholders/Refunds to Members**

- Column 3 – Paid in Cash or Left on Deposit
- Column 4 – Applied to Pay Renewal Premiums
- Column 5 – Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period and
- Column 6 – Other

Report dividends to policyholders/refunds to members paid or left on deposit, dividends applied to policyholders/refunds to members to pay premiums or considerations or applied to provide paid-up additions or annuities. Also report dividends to policyholders/refunds to members used to shorten the endowment or premium paying period.

**Claims and Benefits Paid**

- Column 8 – Death and Annuity Benefits
- Column 9 – Matured Endowments
- Column 10 – Surrender Values and Withdrawals for Life Contracts

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Column 11 – All Other Benefits

Report claims benefits paid for accident and health contracts (Lines 35 through 47) in this column.

**Death Benefits and Matured Endowments Incurred**

Column 13 – Incurred During Current Year

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Column 14 – Total Claims Settlements

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 12 of the Exhibit of Claims Settled During Current Year by state

Column 15 – Unpaid December 31, Current Year

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 15 (prior year) plus Column 13 minus Column 14.

Footnote c:

Total considerations amount should equal Schedule T, Columns 7, by State.

For Health Business:

Complete the information in Footnote d below the Accident and Health block regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to a higher level of benefits whenever participating provider networks are used.

**POLICY EXHIBIT**  
**Allocated by States and Territories**

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

In Force December 31, Current Year

Sum of Columns 5, 11 and 17 should equal Column 16 of Life Insurance (State Page) by state.

Sum of Columns 6, 12 and 18 should equal Column 17 of Life Insurance (State Page) by state.

Column 5 – In Force December 31, Current Year – Number of Pols\Certs – Life Contracts

Should equal Column 5 (prior year) plus Column 1 plus Column 3

Column 6 – In Force December 31, Current Year – Amount – Life Contracts

Should equal Column 6 (prior year) plus Column 2 plus Column 4

Column 11 – In Force December 31, Current Year – Number of Pols\Certs – Annuities Contracts

Should equal Column 11 (prior year) plus Column 7 plus Column 9

Column 12 – In Force December 31, Current Year – Amount – Annuities Contracts

Should equal Column 12 (prior year) plus Column 8 plus Column 10

Column 17 – In Force December 31, Current Year – Number of Pols\Certs – Accident and Health Contracts

Should equal Column 17 (prior year) plus Column 13 plus Column 15

Column 18 – In Force December 31, Current Year – Amount – Accident and Health Contracts

Should equal Column 18 (prior year) plus Column 14 plus Column 16

**EXHIBIT OF CLAIMS SETTLED DURING CURRENT YEAR**  
**Allocated by States and Territories**

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Column 1 – By Payment in Full – Pols\Certs }  
Column 2 – By Payment in Full – Amount }

Provide the amount for claims settled by full payment and the number of policies\certificates for the claims settled by full payment.

Column 3 – By payment on Compromised Claims – Pols\Certs }  
Column 4 – By payment on Compromised Claims – Amount }

Provide the amount for claims settled by payment on Compromised Claims and the number of policies\certificates for the claims settled by payment on Compromised Claims. }

Column 7 – Reduction by Compromise – Pols\Certs }  
Column 8 – Reduction by Compromise – Amount }

Provide the amount for claims reduced by compromise and the number of policies\certificates for the claims reduced by compromise.

Column 9 – Amount Rejected – Pols\Certs }  
Column 10 – Amount Rejected – Amount }

Provide the amount for claims rejected and the number of policies\certificates for the claims rejected.

**Total Settled During Current Year**

Column 11 – Pols\Certs

Provide the total number of policies\certificates for claims settled during the current year.

Column 12 – Amount (Col 6+8+10)

Should equal Column 14 of Life Insurance (State Page) by state.

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

**DEFINITIONS OF LINES OF BUSINESS – ACCIDENT AND HEALTH**

**Riders/Endorsements/Floaters:**

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

**Other (Specify):**

Coverage provided by entities that do not fall within any of the other categories, including stop loss, disability and long-term care. Indemnity plans where the insured person is reimbursed for covered expenses would fall within this area.

**DEFINITIONS OF LINES OF BUSINESS – LIFE**

**Credit life insurance:**

Insurance on a debtor or debtors, pursuant to or in connection with a specific loan or other credit transaction, to provide for satisfaction of a debt, in whole or in part, upon the death of an insured debtor.

**Indexed life insurance:**

Any universal life insurance policy where the interest credits are linked to an external referent.

**Industrial life insurance:**

Insurance under which premiums are paid monthly or more often, the face amount of the policy does not exceed a stated amount, and the words “industrial policy” are printed in prominent type on the face of the policy. Also called “debit” insurance.

**Interest-sensitive whole life contract:**

If the gross premiums are fixed and required to be paid, it would be treated like whole life; if gross premiums are flexible and not required to be paid, it would be treated like universal life.

**Group life contract:**

Insurance on the lives of a group of persons under a single master contract.

**Life insurance:**

The primary purpose is to provide financial assistance to a beneficiary at the insured's death.

**Net cash surrender value:**

The maximum amount payable to the policyowner upon surrender.

**Ordinary life insurance:**

Contract between the company and the policy owner (often the insured). Many variations of ordinary life coverages are available to a purchaser of insurance, including participating, limited-payment periods, combinations of coverages, and decreasing (or increasing) death benefits.

**Policy value:**

The amount to which separately identified interest credits and mortality, expense or other charges are made under a universal life insurance policy.

**Preneed:**

"Preneed funeral contract or prearrangement" means an agreement by or for an individual before that individual's death relating to the purchase or provision of specific funeral or cemetery merchandise or services. For reporting purposes, also included in this category are final expense plans that may cover medical bills in addition to funeral expenses.

**Secondary Guarantee:**

A "secondary guarantee" means a conditional guarantee that a policy will remain in force for either:

- a. More than five years (the secondary guarantee period).
- b. Five years or less (the secondary guarantee period) if the specified premium for the secondary guarantee period is less than the net level reserve premium for the secondary guarantee period based on the CSO valuation tables defined in VM-20 Section 3.C and VM-M and the valuation interest rates defined in this Section, or if the initial surrender charge is less than 100% of the first year annualized specified premium for the secondary guaranteed period, even if its fund value is exhausted.

**Term life contract:**

Provides insurance over a specified period of time. If the insured dies during this term, the face amount of the policy will be paid to the beneficiary.

**Universal life contract:**

Includes those contracts that have terms that are not fixed and guaranteed relative to premium amounts, expense assessments or benefits accruing to the policyholder. These contracts generally provide for death benefits and nonforfeiture values and may be issued on a fixed premium basis or on a flexible premium basis where the premiums are paid at the insured's discretion.

Fixed premium universal life insurance policy:

A universal life insurance policy other than a flexible premium universal life insurance policy.

Flexible premium universal life insurance policy:

A universal life insurance policy that permits the policyowner to vary, independently of each other, the amount or timing of one or more premium payments or the amount of insurance.

Variable Universal Life:

Life insurance that provides a face amount that is adjustable to the certificate/policy holder and may allow the certificate/policy holder to vary the modal premium that is paid or may skip a payment so long as the certificate/policy value is sufficient to keep the certificate/policy in force, and under which separately identified interest credits (other than in connection with dividend accumulation, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to individual certificates or policies while providing minimum guaranteed values.

**Universal life insurance policy:**

A life insurance policy where separately identified interest credits (other than in connection with dividend accumulations, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to the policy. A universal life insurance policy may provide for other credits and charges, such as charges for the cost of benefits provided by rider.

**Variable life contract:**

A policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts established and maintained by the insurer as to the policy.

**Whole life contract:**

Provides a fixed amount of insurance coverage over the life of the insured and the related benefits are normally payable only upon the insured's death.



## DEFINITIONS OF LINES OF BUSINESS – ANNUITIES

### Annuity contract:

An arrangement whereby an annuitant is guaranteed to receive a series of stipulated amounts commencing either immediately or at some future date.

### Contingent Deferred Annuity (CDA):

An annuity contract that establishes a life insurer's obligation to make periodic payments for the annuitant's lifetime at the time designated investments, which are not owned or held by the insurer, are depleted to a contractually defined amount due to contractually permitted withdrawals, market performance, fees and/or other charges. A CDA is an insurance product that provides protection against underperforming and downward performing markets in the form of an income guarantee on outside investment accounts owned by an insured. The income guarantee is provided through the collection of ongoing fees from within these outside investment accounts. The insured must agree to certain portfolio restrictions and must first deplete their outside investment account assets at the CDA guaranteed income amount and rate according to the contract and prior to the insurer's assumption of this amount. A CDA is considered a living benefit added to an investment account.

### Fixed annuity:

A fixed annuity is a policy or contract that has a specified crediting rate periodically and unilaterally adjusted by the company not below minimum contract rate.

### Guaranteed Interest Contracts (GICs):

Contracts that guarantee principal and interest for a specified period of time and include the option to purchase immediate annuities that depend on the survival of the annuitant.

### Interest-indexed annuity contract:

Any annuity contract where the interest credits are linked to an external reference.

### Supplementary contracts with life contingencies:

A type of agreement between the insurance company and either the insured or the beneficiary, usually to provide for full or partial settlement of the amount payable upon the termination of an original contract.

### Variable annuity:

A policy or contract, individual or group, that provides for annuity benefits that vary according to the investment experience of a separate account or accounts maintained by the insurer as to the policy or contract.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL

DIRECT BUSINESS IN THE STATE OF \_\_\_\_\_

DURING THE YEAR \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

LIFE INSURANCE

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

	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>										
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations				XXX				XXX		
5. Totals (Sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 + 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. Totals										
<b>DETAILS OF WRITE-INS</b>										
1301. _____										
1302. _____										
1303. _____										
1308. Summary of remaining write-ins for Line 13 from overflow page										
1399. Total (Lines 1301 through 1303 + 1308) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

NAIC Group Code.....

**LIFE INSURANCE**

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid					Death Benefits and Matured Endowments Incurred			Policy Exhibit	
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	13 Incurred During Current Year	14 Total Claims Settlements	15 Unpaid December 31, Current Year	In Force December 31, Current Year (b)	
																16 Number of Policies/Certificates	17 Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with Secondary Guarantees																	
8. Variable																	
9. Variable Universal																	
10. Credit																(a)	
11. Other																	
12. Total Individual Life																	
Group Life																	
13. Whole																	
14. Term																	
15. Universal																	
16. Variable																	
17. Variable Universal																	
18. Credit																(a)	
19. Other																	
20. Total Group Life																	
Individual Annuities																	
21. Fixed																	
22. Indexed																	
23. Variable with Guarantees																	
24. Variable without Guarantees																	
25. Life Contingent Payout																	
26. Other																	
27. Total Individual Annuities																	
Group Annuities																	
28. Fixed																	
29. Indexed																	
30. Variable with Guarantees																	
31. Variable without Guarantees																	
32. Contingent Payout																	
33. Other																	
34. Total Group Annuities																	
Accident and Health																	
35. Comprehensive Individual							XXX	XXX	XXX			XXX	XXX	XXX			
36. Comprehensive Group							XXX	XXX	XXX			XXX	XXX	XXX			
37. Medicare Supplement							XXX	XXX	XXX			XXX	XXX	XXX			
38. Dental Only							XXX	XXX	XXX			XXX	XXX	XXX			
39. Vision Only							XXX	XXX	XXX			XXX	XXX	XXX			
40. Federal Employees Health Benefits Plan							XXX	XXX	XXX			XXX	XXX	XXX			
41. Title XVIII Medicare (d) (e)							XXX	XXX	XXX			XXX	XXX	XXX			
42. Title XIX Medicaid							XXX	XXX	XXX			XXX	XXX	XXX			
43. Credit A&H							XXX	XXX	XXX			XXX	XXX	XXX			
44. Disability Income							XXX	XXX	XXX			XXX	XXX	XXX			
45. Long-Term Care							XXX	XXX	XXX			XXX	XXX	XXX			
46. Other Health							XXX	XXX	XXX			XXX	XXX	XXX			
47. Total Accident and Health							XXX	XXX	XXX			XXX	XXX	XXX			
48. TOTAL (c)																	

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

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

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

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

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

**POLICY EXHIBIT**  
**Allocated by States and Territories**

	Life Contracts						Annuity Contracts						Accident and Health Contracts					
	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year	
	1 Number of Pols/Certs	2 Amount	3 Number of Pols/Certs	4 Amount	5 Number of Pols/Certs	6 Amount	7 Number of Pols/Certs	8 Amount	9 Number of Pols/Certs	10 Amount	11 Number of Pols/Certs	12 Amount	13 Number of Pols/Certs	14 Amount	15 Number of Pols/Certs	16 Amount	17 Number of Pols/Certs	18 Amount
1. Alabama.....AL																		
2. Alaska.....AK																		
3. Arizona.....AZ																		
4. Arkansas.....AR																		
5. California.....CA																		
6. Colorado.....CO																		
7. Connecticut.....CT																		
8. Delaware.....DE																		
9. District of Columbia.....DC																		
10. Florida.....FL																		
11. Georgia.....GA																		
12. Hawaii.....HI																		
13. Idaho.....ID																		
14. Illinois.....IL																		
15. Indiana.....IN																		
16. Iowa.....IA																		
17. Kansas.....KS																		
18. Kentucky.....KY																		
19. Louisiana.....LA																		
20. Maine.....ME																		
21. Maryland.....MD																		
22. Massachusetts.....MA																		
23. Michigan.....MI																		
24. Minnesota.....MN																		
25. Mississippi.....MS																		
26. Missouri.....MO																		
27. Montana.....MT																		
28. Nebraska.....NE																		
29. Nevada.....NV																		
30. New Hampshire.....NH																		
31. New Jersey.....NJ																		
32. New Mexico.....NM																		
33. New York.....NY																		
34. North Carolina.....NC																		
35. North Dakota.....ND																		
36. Ohio.....OH																		
37. Oklahoma.....OK																		
38. Oregon.....OR																		
39. Pennsylvania.....PA																		
40. Rhode Island.....RI																		
41. South Carolina.....SC																		
42. South Dakota.....SD																		
43. Tennessee.....TN																		
44. Texas.....TX																		
45. Utah.....UT																		
46. Vermont.....VT																		
47. Virginia.....VA																		
48. Washington.....WA																		
49. West Virginia.....WV																		
50. Wisconsin.....WI																		
51. Wyoming.....WY																		
52. American Samoa.....AS																		
53. Guam.....GU																		
54. Puerto Rico.....PR																		
55. US Virgin Islands.....VI																		
56. Northern Mariana Islands.....MP																		
57. Canada.....CAN																		
58. Aggregate Other Alien.....OT																		
59. Total																		

**EXHIBIT OF SETTLED DURING CURRENT YEAR**  
**Allocated by States and Territories**

	By Payment in Full		By payment on Compromised Claims		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year	
	1 Pols/Certs	2 Amount	3 Pols/Certs	4 Amount	5 Pols/Certs (Col 1+3)	6 Amount (Col 2+4)	7 Pols/Certs	8 Amount	9 Pols/Certs	10 Amount	11 Pols/Certs	12 Amount (Col 6+8+10)
1. Alabama.....AL												
2. Alaska.....AK												
3. Arizona.....AZ												
4. Arkansas.....AR												
5. California.....CA												
6. Colorado.....CO												
7. Connecticut.....CT												
8. Delaware.....DE												
9. District of Columbia.....DC												
10. Florida.....FL												
11. Georgia.....GA												
12. Hawaii.....HI												
13. Idaho.....ID												
14. Illinois.....IL												
15. Indiana.....IN												
16. Iowa.....IA												
17. Kansas.....KS												
18. Kentucky.....KY												
19. Louisiana.....LA												
20. Maine.....ME												
21. Maryland.....MD												
22. Massachusetts.....MA												
23. Michigan.....MI												
24. Minnesota.....MN												
25. Mississippi.....MS												
26. Missouri.....MO												
27. Montana.....MT												
28. Nebraska.....NE												
29. Nevada.....NV												
30. New Hampshire.....NH												
31. New Jersey.....NJ												
32. New Mexico.....NM												
33. New York.....NY												
34. North Carolina.....NC												
35. North Dakota.....ND												
36. Ohio.....OH												
37. Oklahoma.....OK												
38. Oregon.....OR												
39. Pennsylvania.....PA												
40. Rhode Island.....RI												
41. South Carolina.....SC												
42. South Dakota.....SD												
43. Tennessee.....TN												
44. Texas.....TX												
45. Utah.....UT												
46. Vermont.....VT												
47. Virginia.....VA												
48. Washington.....WA												
49. West Virginia.....WV												
50. Wisconsin.....WI												
51. Wyoming.....WY												
52. American Samoa.....AS												
53. Guam.....GU												
54. Puerto Rico.....PR												
55. US Virgin Islands.....VI												
56. Northern Mariana Islands.....MP												
57. Canada.....CAN												
58. Aggregate Other Alien.....OT												
59. Total												

**ANNUAL STATEMENT BLANK – HEALTH (LIFE SUPPLEMENT)**

DIRECT BUSINESS IN THE STATE OF \_\_\_\_\_

DURING THE YEAR \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

**LIFE INSURANCE**

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

	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>										
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations				XXX				XXX		
5. Totals (Sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 + 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. Totals										
<b>DETAILS OF WRITE-INS</b>										
1301. _____										
1302. _____										
1303. _____										
1308. Summary of remaining write-ins for Line 13 from overflow page										
1399. Total (Lines 1301 through 1303 + 1308) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
	6 No. of Pols. & Certifs.	7 Amount	8 No. of Ind. Pols. & Gr. Certifs.	9 Amount	10 No. of Certifs.	11 Amount	12 No. of Pols. & Certifs.	13 Amount	14 No. of Pols. & Certifs.	15 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

NAIC Group Code.....

**LIFE INSURANCE**

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid					Death Benefits and Matured Endowments Incurred			Policy Exhibit	
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment- Paving Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	13 Incurred During Current Year	14 Total Claims Settlements	15 Unpaid December 31, Current Year	In Force December 31, Current Year (b)	
																16 Number of Policies/ Certificates	17 Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with Secondary Guarantees																	
8. Variable																	
9. Variable Universal																	
10. Credit																(a)	
11. Other																	
12. Total Individual Life																(a)	
Group Life																	
13. Whole																	
14. Term																	
15. Universal																	
16. Variable																	
17. Variable Universal																	
18. Credit																(a)	
19. Other																	
20. Total Group Life																	
Individual Annuities																	
21. Fixed																	
22. Indexed																	
23. Variable with Guarantees																	
24. Variable without Guarantees																	
25. Life Contingent Payout																	
26. Other																	
27. Total Individual Annuities																	
Group Annuities																	
28. Fixed																	
29. Indexed																	
30. Variable with Guarantees																	
31. Variable without Guarantees																	
32. Contingent Payout																	
33. Other																	
34. Total Group Annuities																	
Accident and Health																	
35. Comprehensive Individual							XXX	XXX	XXX			XXX	XXX	XXX			
36. Comprehensive Group							XXX	XXX	XXX			XXX	XXX	XXX			
37. Medicare Supplement							XXX	XXX	XXX			XXX	XXX	XXX			
38. Dental Only							XXX	XXX	XXX			XXX	XXX	XXX			
39. Vision Only							XXX	XXX	XXX			XXX	XXX	XXX			
40. Federal Employees Health Benefits Plan							XXX	XXX	XXX			XXX	XXX	XXX			
41. Title XVIII Medicare (d)							XXX	XXX	XXX			XXX	XXX	XXX		(c)	
42. Title XIX Medicaid							XXX	XXX	XXX			XXX	XXX	XXX			
43. Credit A&H							XXX	XXX	XXX			XXX	XXX	XXX			
44. Disability Income							XXX	XXX	XXX			XXX	XXX	XXX			
45. Long-Term Care							XXX	XXX	XXX			XXX	XXX	XXX			
46. Other Health							XXX	XXX	XXX			XXX	XXX	XXX			
47. Total Accident and Health							XXX	XXX	XXX			XXX	XXX	XXX			
48. TOTAL (c)																	

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

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

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

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

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

**POLICY EXHIBIT**  
**Allocated by States and Territories**

	Life Contracts						Annuity Contracts						Accident and Health Contracts					
	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year	
	1 Number of Pols/Certs	2 Amount	3 Number of Pols/Certs	4 Amount	5 Number of Pols/Certs	6 Amount	7 Number of Pols/Certs	8 Amount	9 Number of Pols/Certs	10 Amount	11 Number of Pols/Certs	12 Amount	13 Number of Pols/Certs	14 Amount	15 Number of Pols/Certs	16 Amount	17 Number of Pols/Certs	18 Amount
1. Alabama.....AL																		
2. Alaska.....AK																		
3. Arizona.....AZ																		
4. Arkansas.....AR																		
5. California.....CA																		
6. Colorado.....CO																		
7. Connecticut.....CT																		
8. Delaware.....DE																		
9. District of Columbia.....DC																		
10. Florida.....FL																		
11. Georgia.....GA																		
12. Hawaii.....HI																		
13. Idaho.....ID																		
14. Illinois.....IL																		
15. Indiana.....IN																		
16. Iowa.....IA																		
17. Kansas.....KS																		
18. Kentucky.....KY																		
19. Louisiana.....LA																		
20. Maine.....ME																		
21. Maryland.....MD																		
22. Massachusetts.....MA																		
23. Michigan.....MI																		
24. Minnesota.....MN																		
25. Mississippi.....MS																		
26. Missouri.....MO																		
27. Montana.....MT																		
28. Nebraska.....NE																		
29. Nevada.....NV																		
30. New Hampshire.....NH																		
31. New Jersey.....NJ																		
32. New Mexico.....NM																		
33. New York.....NY																		
34. North Carolina.....NC																		
35. North Dakota.....ND																		
36. Ohio.....OH																		
37. Oklahoma.....OK																		
38. Oregon.....OR																		
39. Pennsylvania.....PA																		
40. Rhode Island.....RI																		
41. South Carolina.....SC																		
42. South Dakota.....SD																		
43. Tennessee.....TN																		
44. Texas.....TX																		
45. Utah.....UT																		
46. Vermont.....VT																		
47. Virginia.....VA																		
48. Washington.....WA																		
49. West Virginia.....WV																		
50. Wisconsin.....WI																		
51. Wyoming.....WY																		
52. American Samoa.....AS																		
53. Guam.....GU																		
54. Puerto Rico.....PR																		
55. US Virgin Islands.....VI																		
56. Northern Mariana Islands.....MP																		
57. Canada.....CAN																		
58. Aggregate Other Alien.....OT																		
59. Total																		



**EXHIBIT OF CLAIMS SETTLED DURING CURRENT YEAR**  
**Allocated by States and Territories**

	By Payment in Full		By Payment on Compromised Claims		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year	
	1 Pols/Certs	2 Amount	3 Pols/Certs	4 Amount	5 Pols/Certs (Col 1+3)	6 Amount (Col 2+4)	7 Pols/Certs	8 Amount	9 Pols/Certs	10 Amount	11 Pols/Certs	12 Amount (Col 6+8+10)
1. Alabama.....AL												
2. Alaska.....AK												
3. Arizona.....AZ												
4. Arkansas.....AR												
5. California.....CA												
6. Colorado.....CO												
7. Connecticut.....CT												
8. Delaware.....DE												
9. District of Columbia.....DC												
10. Florida.....FL												
11. Georgia.....GA												
12. Hawaii.....HI												
13. Idaho.....ID												
14. Illinois.....IL												
15. Indiana.....IN												
16. Iowa.....IA												
17. Kansas.....KS												
18. Kentucky.....KY												
19. Louisiana.....LA												
20. Maine.....ME												
21. Maryland.....MD												
22. Massachusetts.....MA												
23. Michigan.....MI												
24. Minnesota.....MN												
25. Mississippi.....MS												
26. Missouri.....MO												
27. Montana.....MT												
28. Nebraska.....NE												
29. Nevada.....NV												
30. New Hampshire.....NH												
31. New Jersey.....NJ												
32. New Mexico.....NM												
33. New York.....NY												
34. North Carolina.....NC												
35. North Dakota.....ND												
36. Ohio.....OH												
37. Oklahoma.....OK												
38. Oregon.....OR												
39. Pennsylvania.....PA												
40. Rhode Island.....RI												
41. South Carolina.....SC												
42. South Dakota.....SD												
43. Tennessee.....TN												
44. Texas.....TX												
45. Utah.....UT												
46. Vermont.....VT												
47. Virginia.....VA												
48. Washington.....WA												
49. West Virginia.....WV												
50. Wisconsin.....WI												
51. Wyoming.....WY												
52. American Samoa.....AS												
53. Guam.....GU												
54. Puerto Rico.....PR												
55. US Virgin Islands.....VI												
56. Northern Mariana Islands.....MP												
57. Canada.....CAN												
58. Aggregate Other Alien.....OT												
59. Total												

This page intentionally left blank.