QUARTERLY STATEMENT

OF THE

_____

_____

_____

_____

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2009

HEALTH

2009

QUARTERLY STATEMENT

AS OF _____, 2009
(Month) (Day)

Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

_____
(Name)

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

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

Country of Domicile _____

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

Incorporated/Organized _____ Commenced Business _____

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

Main Administrative Office _____
(Street and Number)

_____
(City, State and Zip Code) (Area Code) (Telephone Number)

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

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

_____, _____
(City, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address _____

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

_____ _____
(E-Mail Address) (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

_____ _____ _____
_____ _____ _____
_____ _____ _____

State of .....
County of..... ss

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

_____	_____	_____
(Signature)	(Signature)	(Signature)
_____	_____	_____
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
_____	_____	_____
(Title)	(Title)	(Title)

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

Subscribed and sworn to before me
this .....day of. ....., ……

ASSETS

		Current Statement Date			4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less $..... encumbrances)				
	4.2 Properties held for the production of income (less $..... encumbrances)				
	4.3 Properties held for sale (less $..... encumbrances)				
5.	Cash ($.....), cash equivalents ($.....) and short-term investments ($.....)				
6.	Contract loans (including $..... premium notes)				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)				
11.	Title plants less $..... charged off (for Title insurers only)				
12.	Investment income due and accrued				
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $..... earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets ($.....)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care ($.....) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)				
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)				
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $..... reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....current) and interest thereon $..... (including $..... current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Payable for securities				
17.	Funds held under reinsurance treaties (with $..... authorized reinsurers and $..... unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including $..... current)				
22.	Total liabilities (Lines 1 to 21)				
23.	Aggregate write-ins for special surplus funds	XXX	XXX		
24.	Common capital stock	XXX	XXX		
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus	XXX	XXX		
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29.	Unassigned funds (surplus)	XXX	XXX		
30.	Less treasury stock, at cost:				
	30.1..... shares common (value included in Line 24 $.....)	XXX	XXX		
	30.2..... shares preferred (value included in Line 25 $.....)	XXX	XXX		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX		
32.	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX		
DETAILS OF WRITE-INS					
2101.					
2102.					
2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2301.		XXX	XXX		
2302.		XXX	XXX		
2303.		XXX	XXX		
2398.	Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801.		XXX	XXX		
2802.		XXX	XXX		
2803.		XXX	XXX		
2898.	Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899.	Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

	CAPITAL & SURPLUS ACCOUNT	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)			
49.	Capital and surplus end of reporting period (Line 33 plus 48)			
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	Cash from Operations	1 Current Year To Date	2 Prior Year Ended December 31
1.	Premiums collected net of reinsurance		
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 to 3)		
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $…….. tax on capital gains (losses)		
10.	Total (Lines 5 through 9)		
11.	Net cash from operations (Line 4 minus Line 10)		
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (or decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		
	19.2 End of period (Line 18 plus Line 19.1)		

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

20.0001			
20.0002			
20.0003			
20.9996			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days
Claims unpaid (Reported)				
0199999 Individually listed claims unpaid				
0299999 Aggregate accounts not individually listed-uncovered				
0399999 Aggregate accounts not individually listed-covered				
0499999 Subtotals				
0599999 Unreported claims and other claim reserves				
0699999 Total amounts withheld				
0799999 Total claims unpaid				
0899999 Accrued medical incentive pool and bonus amounts				

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	(C
1. Comprehensive (hospital and medical)					
2. Medicare Supplement					
3. Dental only					
4. Vision only					
5. Federal Employees Health Benefits Plan					
6. Title XVIII – Medicare					
7. Title XIX – Medicaid					
8. Other health					
9. Health subtotal (Lines 1 to 8)					
10. Health care receivables (a)					
11. Other non-health					
12. Medical incentive pools and bonus amounts					
13. Totals					

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

NOTES TO FINANCIAL STATEMENTS

Line Number	Description
01A01	Net income (state basis)
01A0201-01A0296	State prescribed practices (income)
01A0301-01A0396	State permitted practices (income)
01A04	Net income, NAIC SAP basis
01A05	Statutory surplus (state basis)
01A0601-01A0696	State prescribed practices (surplus)
01A0701-01A0796	State permitted practices (surplus)
01A08	Statutory surplus, NAIC SAP basis
0405A	Cash (included in Line 5 Assets)
0405B	Totals (included in Line 26 Assets)
0405C	Total liabilities (included in Line 23 Liabilities, Surplus and Other Funds)
0405D	Surplus (included in Line 27 Liabilities, Surplus and Other Funds)
0405E	Total (included in Line 31 Liabilities, Surplus and Other Funds)
0405F	Premiums (included in Line 1 Summary of Operations)
0405G	Increase in aggregate reserves for accident and health (current year less prior year) (included in Line 17 Summary of Operations)
0405H	Federal and foreign income taxes incurred
0405I	Net realized capital gains (losses) (included in Line 30 Summary of Operations)
0405J	Net income (included in Line 31 Summary of Operations)
05A0201-05A0296	Reduction of interest rates of outstanding mortgage loans as follows
05A04	As of year end, the reporting entity held mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest
05A04A	Total interest due on mortgages with interest more than 180 days past due
05A05	Taxes, assessments and any amounts advanced and not included in the mortgage loan total
05A06	Current year impaired loans with a related allowance for credit losses
05A06A	Related allowance for credit losses
05A07	Impaired mortgage loans without an allowance for credit losses
05A08	Average recorded investment in impaired loans
05A09	Interest income recognized during the period the loans were impaired
05A10	Amount of interest income recognized on a cash basis during the period the loans were impaired
05A11A	Balance at beginning of period (allowance for credit losses)
05A11B	Additions charged to operations (allowance for credit losses)
05A11C	Direct write-downs charged against the allowances (allowance for credit losses)
05A11D	Recoveries of amounts previously charged off (allowance for credit losses)
05A11E	Balance at end of period (allowance for credit losses)
05B01	The total recorded investment in restructured loans, as of year end
05B02	The realized capital losses related to these loans
05B03	Total contractual commitments to extend credit to debtors owning receivables whose terms have been modified in troubled debt restructurings

09A01	Total of gross deferred tax assets
09A02	Total of deferred tax liabilities
09A03	Net deferred tax asset (liability)
09A04	Deferred tax asset nonadmitted
09A05	Net admitted deferred tax asset
09A06	(Increase) decrease in nonadmitted assets
10E	An affiliated real estate development company a standing commitment in the form of loan guarantees not to exceed $(1) in event of a loan default
12A01A	Benefit obligation at beginning of year (change in benefit obligation)
12A01B	Service cost (change in benefit obligation)
12A01C	Interest cost (change in benefit obligation)
12A01D	Contribution by plan participants (change in benefit obligation)
12A01E	Actuarial gain (loss) (change in benefit obligation)
12A01F	Foreign currency exchange rate changes (change in benefit obligation)
12A01G	Benefits paid (change in benefit obligation)
12A01H	Plan amendments (change in benefit obligation)
12A01I	Business combinations, divestitures, curtailments, settlements and special termination benefits (change in benefit obligation)
12A01J	Benefit obligation at end of year (change in benefit obligations)
12A02A	Fair value of plan assets at beginning of year (change in plan assets)
12A02B	Actual return on plan assets (change in plan assets)
12A02C	Foreign currency exchange rate changes (change in plan assets)
12A02D	Employer contribution (change in plan assets)
12A02E	Plan participants' contributions (change in plan assets)
12A02F	Benefits paid (change in plan assets)
12A02G	Business combinations, divestitures and settlements (change in plan assets)
12A02H	Fair value of plan assets at end of year (change in plan assets)
12A03A	Unamortized prior service cost (funded status)
12A03B	Unrecognized net gain or (loss) (funded status)
12A03C	Remaining net obligation or net asset at initial date of application (funded status)
12A03D	Prepaid assets or accrued liabilities (funded status)
12A03E	Intangible asset (funded status)
12A04	Accumulated benefit obligation for vested employees and partialy vested employees to the extent vested
12A05A	Projected pension obligation (non-vested employees)
12A05B	Accumulated benefit obligation (non-vested employees)
12A06A	Service cost (components of net periodic benefit cost)
12A06B	Interest cost (components of net periodic benefit cost)
12A06C	Expected return on plan assets (components of net periodic benefit cost)
12A06D	Amortization of unrecognized transition obligation or transition asset (components of net periodic benefit cost)
12A06E	Amount of recognized gains and losses (components of net periodic benefit cost)
12A06F	Amount of prior service cost recognized (components of net periodic benefit cost)
12A06G	Amount of gain or loss recognized due to a settlement or curtailment (components of net periodic benefit cost)
12A06H	Total net periodic benefit cost (components of net periodic benefit cost)
12A08A	Weighted average discount rate (weighted-average assumptions used to determine net periodic benefit cost as of December 31)
12A08B	Expected long-term rate of return on plan assets (weighted-average assumptions used to determine net periodic benefit cost as of

	December 31)
12A08C	Rate of compensation increase (weighted-average assumptions used to determine net periodic benefit cost as of December 31)
12A08D	Weighted average discount rate (weighted average assumptions used to determine projected benefit obligations as of December 31)
12A08E	Rate of compensation increase (weighted average assumptions used to determine projected benefit obligations as of December 31)
12A11A	Effect on total of service and interest cost components
12A11B	Effect on postretirement benefit obligation
12A12A	Debt securities (defined benefit pension plan asset allocation)
12A12B	Equity securities (defined benefit pension plan asset allocation)
12A12C	Real estate (defined benefit pension plan asset allocation)
12A12D	Other (defined benefit pension plan asset allocation)
12A12E	Total (defined benefit pension plan asset allocation)
12A13A	2009 (estimated future payments)
12A13B	2010 (estimated future payments)
12A13C	2011 (estimated future payments)
12A13D	2012 (estimated future payments)
12A13E	2013 (estimated future payments)
12A13F	Thereafter total (estimated future payments)
1310	Cumulative unrealized gains and losses (portion of unassigned funds (surplus) represented by)
1311001-1311996	
1311999	Total surplus debentures or similar obligations
1312001-1312996	Impact of any restatement due to prior quasi-reorganization by year
14A01	Total contingent liabilities
14D01	Amount claims related to extra contractual obligations and bad faith losses paid during the reporting period
14D02	Range of claims: (A) 0-25; (B) 26-50; (C) 51-100; (D) 101-500; (E) more than 500 claims
14D03	Indicate whether claim count information is disclosed: (F) per claim or (G) per claimantl
15A02A1	2009 (year ending December 31)
15A02A2	2010 (year ending December 31)
15A02A3	2011 (year ending December 31)
15A02A4	2012 (year ending December 31)
15A02A5	2013 (year ending December 31)
15A02A6	Total (year ending December 31)
15B01C1	2009 (year ending December 31)
15B01C2	2010 (year ending December 31)
15B01C3	2011 (year ending December 31)
15B01C4	2012 (year ending December 31)
15B01C5	2013 (year ending December 31)
15B01C6	Total (year ending December 31)
15B02B1	Income from leveraged leases before income tax including investment tax credit (in thousands)
15B02B2	Less current income tax (in thousands)
15B02B3	Net income from leveraged leases (in thousands)
15B02C1	Lease contracts receivable (net of principal and interest on non-recourse financing) (in thousands)
15B02C2	Estimated residual value of leased assets (in thousands)
15B02C3	Unearned and deferred income (in thousands)
15B02C4	Investment in leveraged leases (in thousands)
15B02C5	Deferred income taxes related to leveraged leases (in thousands)
15B02C6	Net investment in leveraged leases (in thousands)
1601A	Swaps (face amount of financial instruments with off-balance sheet risk)
1601B	Futures (face amount of financial instruments with off-balance sheet risk)
1601C	Options (face amount of financial instruments with off-balance

	sheet risk)
1601D	Total (face amount of financial instruments with off-balance sheet risk)
17C02A	NAIC 3 (bonds)
17C02B	NAIC 4 (bonds)
17C02C	NAIC 5 (bonds)
17C02D	NAIC 6 (bonds)
17C02E	NAIC P/RP 3 (preferred stock)
17C02F	NAIC P/RP 4 (preferred stock)
17C02G	NAIC P/RP 5 (preferred stock)
17C02H	NAIC P/RP 6 (preferred stock)
18A0A	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses (ASO plan)
18A0B	Total net other income or expenses (including interest paid to or received from plans) (ASO plan)
18A0C	Net gain or (loss) from operations (ASO plan)
18A0D	Total claim payment volume (ASO plan)
18B0A	Gross reimbursement for medical cost incurred (ASC plan)
18B0B	Gross administrative fees accrued (ASC plan)
18B0C	Other income or expenses (including interest paid to or received from plans) (ASC plans)
18B0D	Gross expenses incurred (claims and administrative) (ASC plan)
18B0E	Total net gain or loss from operations (ASC plans)
1900001-1999996	
1999999	Total direct premium written/produced by managing general agents/ third party administrators
20F1001-20F1996	
20F1999	Totals state transferable tax credits
20G0001-20G9996	
20G9999	Total hybrid securities
20H02A	Mortgages in the process of foreclosure
20H02B	Mortgages in good standing
20H02C	Mortgages with restructure terms
20H02D	Total
20H03A	Residential mortgage backed securities
20H03B	Commercial mortgage backed securites
20H03C	Collateralized debt obligations
20H03D	Structured securities
20H03E	Equity investment in SCAs*
20H03F	Other assets
20H03G	Total
20H04A	Mortgage guaranty coverage
20H04B	Financial guaranty coverage
20H04D	Total
20H4C01	Other lines
22B01	Total amount written off in the current year reinsurance balances due
22B01A	Claims incurred (uncollectible reinsurance)
22B01B	Claims adjustment expenses incurred (uncollectible reinsurance)
22B01C	Premiums earned (uncollectible reinsurance)
22B01D	Other (uncollectible reinsurance)
22B1E01-22B1E96	Written off current year reinsurance balances due
22C01	Claims incurred (commutation of reinsurance reflected in income and expenses)
22C02	Claims adjustment expenses incurred (commutaton of reinsurance reflected in income and expenses)
22C03	Premiums earned (commutation of reinsurance reflected in income and expenses)
22C04	Other (commutation of reinsurance reflected in income and expenses)
22C0501-22C0596	Reported in operations current year as a result of commutation of

	reinsurance
26A	Amount of reserves no longer carried (structured settlements)
26B0001-26B9996	Name and location and amount annuities due
27A01	Pharmaceutical Rebate Receivables
27B01	Risk Sharing Receivables
3006001-3006996	
3006999	Total reserves for life contracts and deposit-type contracts
31A01	With fair value adjustment
31A02	At book value less current surrender charge of 5% or more
31A03	At fair value
31A04	Total with adjustment or at fair value
31A05	At book value without adjustment
31B	Not subject to discretionary withdrawal
31C	Total (gross)
31D	Reinsurance ceded
31E	Total (net)
31F01	Exhibit 5, annuities, total (net) (general account statement)
31F02	Exhibit 5, supplementary contracts with life contingencies, total (net) (general account statement)
31F03	Exhibit of Deposit-type Contracts, Line 14, Column 1 (general account statement)
31F04	Subtotal (general account statement)
31F05	Exhibit 3, Line 0299999, Column 2 (Separate Accounts annual statement)
31F06	Exhibit 3, Line 0399999, Column 2 (Separate Accounts annual statement)
31F07	Page 3, Policyholder dividend and coupon accumulations, Column 3 (Separate Accounts annual statement)
31F08	Page 3, Policyholder premiums, Column 3 (Separate Accounts annual statement)
31F09	Page 3, Guaranteed interest contracts, Column 3 (Separate Accounts annual statement)
31F10	Page 3, Other contract deposit funds, Column 3 (Separate Accounts annual statement)
31F11	Subtotal (Separate Accounts annual statement)
31F12	Combined total
32A01	Industrial (premium and annuity considerations deferred and uncollected)
32A02	Ordinary new business (premium and annuity considerations deferred and uncollected)
32A03	Ordinary renewal (premium and annuity considerations deferred and uncollected)
32A04	Credit life (premium and annuity considerations deferred and uncollected)
32A05	Group life (premium and annuity considerations deferred and uncollected)
32A06	Group annuity (premium and annuity considerations deferred and uncollected)
32A07	Totals (premium and annuity considerations deferred and uncollected)
33A01	Premiums, considerations or deposits
33A02A	Fair value (for accounts with assets at)
33A02B	Amortized cost (for accounts with assets at)
33A02C	Total reserves (for accounts with assets at)
33A03B	With fair value adjustment
33A03C	At book value without fair value adjustment and with current surrender charge of 5% or more
33A03D	At fair value
33A03E	At book value without fair value adjustment and with current surrender charge less than 5%

33A03F	Subtotal (subject to discretionary withdrawal)
33A03G	Not subject to discretionary withdrawal
33A03H	Total
33B01A	Transfers to Separate Accounts (as reported Summary of Operations of Separate Accounts statement)
33B01B	Transfers from Separate Accounts (as reported Summary of Operations of Separate Accounts statement)
33B01C	Net transfers to or (from) Separate Accounts (as reported Summary of Operations of Separate Accounts statement)
33B0201-33B0296	Reconciling adjustments
33B03	Transfers as reported in the Summary of Operations of the Life, Accident and Health annual statement

The following column/row intersections either do not exist or do not have values on the Annual Statement. Placeholders of spaces for the alpha fields and "0" for the numeric fields are provided for these intersections in the actual file.

DESCR	Lines 01A01, 01A04, 01A05, 01A08 through 1311999, 14A01 through 1999999, 20F1999 through 22B01D, 22C01 through 22C04, 26A, 27A01 through 27B96, 3006999 through 33B01C, 33B03
ST	Lines 01A01 through 1999999, 20F1999 through 33B03
LICENSED_IN_REPORTING_ENTITYS	Lines 01A01 through 26A, 27A01 through 33B03
QTR	Lines 01A01 through 26B9996, 27B01 through 33B03
CAL_YR	Lines 01A01 through 27A96, 3006001 through 33B03
EVALUATION_PERIOD_YR_ENDING	Lines 01A01 through 27A96, 3006001 through 33B03
AMT_1	Lines 1311001 through 1311999, 14D02, 14D03, 1900001 through 1999999, 20G0001 through 20G9999, 31A01 through 31E
AMT_2	Lines 0405A through 0405J, 10E, 12A13A through 1311999, 14A01 through 15B01C6, 1900001 through 1999999, 20G0001 through 22C0596, 26B0001 through 26B9996, 31A01 through 31F12, 33B01A through 33B03
AMT_3	Lines 01A01 through 0405J, 05A04 through 10E, 12A08A through 12A11B, 12A12E through 15B02C6, 1900001 through 26B9996, 31A01 through 32A07, 33B01A through 33B03
AMT_4	Lines 01A01 through 10E, 12A08A through 12A11B, 12A12E through 15B02C6, 18A0A through 26B9996, 31A01 through 32A07, 33B01A through 33B03
AMT_5	Lines 01A01 through 26B9996, 31A01 through 32A07, 33B01A through 33B03
AMT_6	Lines 01A01 through 27A96, 31A01 through 33B03
AMT_7	Lines 01A01 through 27A96, 31A01 through 33B03
AMT_8	Lines 01A01 through 27A96, 31A01 through 33B03
DTE_ISSUED	Lines 01A01 through 1310, 1311999 through 33B03
INTEREST_RATE	Lines 01A01 through 1310, 1311999 through 33B03
PAR_VAL_FACE_AMT_OF_NOTES	Lines 01A01 through 1310, 1312001 through 33B03
CARRYING_VAL_OF_NOTE	Lines 01A01 through 1310, 1312001 through 33B03
PRINCIPAL_ANDOR_INTEREST_PAID	Lines 01A01 through 1310, 1312001 through 33B03
TOT_PRINCIPAL_ANDOR_INTEREST	Lines 01A01 through 1310, 1312001 through 33B03
UNAPPROVED_PRINCIPAL_ANDOR_INT	Lines 01A01 through 1310, 1312001 through 33B03

DTE_OF_MATUR	Lines 01A01 through 1310, 1311999 through 33B03
NM_AND_ADDRESS_OF_MANAGING_GEN	Lines 01A01 through 18B0E, 1999999 through 33B03
FED_EMPLOYEE_IDENTIFICATION_NB	Lines 01A01 through 18B0E, 1999999 through 33B03
EXCLUSIVE_CONTRACT	Lines 01A01 through 18B0E, 1999999 through 33B03
TYPES_OF_BUS_WRTN	Lines 01A01 through 18B0E, 1999999 through 33B03
TYPE_OF_AUTHORITY_GRANTED	Lines 01A01 through 18B0E, 1999999 through 33B03
TOT_DIR_PREM_WRITTENPRODUCED	Lines 01A01 through 18B0E, 20F1001 through 33B03
AMT_SUBJECT_DISCRETIONARY_WITH	Lines 01A01 through 3006999, 31F01 through 33B03
PCT_OF_TOT	Lines 01A01 through 3006999, 31D through 33B03
ST_OF_DOMICILE	Lines 01A01, 01A04, 01A05, 01A08 through 33B03
CLMS	Lines 01A01 through 14D01, 15A02A1 through 33B03
FULL_CUSIP	Lines 01A01 through 20F1999, 20G9999 through 33B03
NM_OF_ISSUER	Lines 01A01 through 20F1999, 20G9999 through 33B03
GENERAL_DESCR	Lines 01A01 through 20F1999, 20G9999 through 33B03
BOOK_ADJUSTED_CARRYING_VA	Lines 01A01 through 20F1999, 22B01 through 33B03
ACTL_COST	Lines 01A01 through 20H02D, 20H04A through 33B03
BK_ADJUSTED_CARRYING_VAL_EXCLU	Lines 01A01 through 20G9999, 20H04A through 33B03
FAIR_VAL	Lines 01A01 through 20G9999, 20H04A through 33B03
VAL_OF_LND_AND_BLDG	Lines 01A01 through 20G9999, 20H03A through 33B03
OTH_THAN_TEMPORARY_IMPAIRMENT	Lines 01A01 through 20G9999, 20H04A through 33B03
DEFAULT_RATE	Lines 01A01 through 20G9999, 20H02D through 33B03
LS_PAID_IN_THE_CURR_YR	Lines 01A01 through 20H03G, 22B01 through 33B03
LS_INCRD_IN_THE_CURR_YR	Lines 01A01 through 20H03G, 22B01 through 33B03
CASE_RESERVES_AT_END_OF_CURR_P	Lines 01A01 through 20H03G, 22B01 through 33B03
IBNR_RESERVES_AT_END_OF_CURR_P	Lines 01A01 through 20H03G, 22B01 through 33B03

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year-end, unless otherwise noted)

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?	Yes [ ] No [ ]
1.2	If yes, has the report been filed with the domiciliary state?	Yes [ ] No [ ]
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.	Have there been any substantial changes in the organizational chart since the prior quarter end? If yes, complete the Schedule Y - Part 1 – organizational chart.	Yes [ ] No [ ]
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [ ] No [ ]
4.2	If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	

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

5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.	Yes [ ] No [ ] N/A [ ]
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	_____
6.2	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.	_____
6.3	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).	_____
6.4	By what department or departments?	
6.5	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 [ ]
6.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [ ] No [ ] N/A [ ]
7.1	Has this 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 [ ]
7.2	If yes, give full information	
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [ ] No [ ]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.	
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	Yes [ ] No [ ]
8.4	If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]	

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

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

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

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

(c) Compliance with applicable governmental laws, rules and regulations;

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

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

.....

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

.....

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ _____

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ ]

11.2 If yes, give full and complete information relating thereto:.....

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ _____

13. Amount of real estate and mortgages held in short-term investments: $ _____

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [ ]

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$	$
14.22	Preferred Stock	$	$
14.23	Common Stock	$	$
14.24	Short-Term Investments	$	$
14.25	Mortgage Loans on Real Estate	$	$
14.26	All Other	$	$
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to14.26)	$	$
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$	$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [ ] No [ ]

GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F – Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ ] No [ ]

16.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address

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

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

16.3 Have there been any changes, including name changes, to the custodian(s) identified in 16.1 during the current quarter? Yes [ ] No [ ]

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

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

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [ ] No [ ]

17.2 If no, list exceptions.....

.....

SCHEDULE S – CEDED REINSURANCE

Showing All New Reinsurance Treaties – Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date – Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit –Type Contracts
1. Alabama AL									
2. Alaska AK									
3. Arizona AZ									
4. Arkansas AR									
5. California CA									
6. Colorado CO									
7. Connecticut CT									
8. Delaware DE									
9. Dist. Columbia DC									
10. Florida FL									
11. Georgia GA									
12. Hawaii HI									
13. Idaho ID									
14. Illinois IL									
15. Indiana IN									
16. Iowa IA									
17. Kansas KS									
18. Kentucky KY									
19. Louisiana LA									
20. Maine ME									
21. Maryland MD									
22. Massachusetts MA									
23. Michigan MI									
24. Minnesota MN									
25. Mississippi MS									
26. Missouri MO									
27. Montana MT									
28. Nebraska NE									
29. Nevada NV									
30. New Hampshire NH									
31. New Jersey NJ									
32. New Mexico NM									
33. New York NY									
34. North Carolina NC									
35. North Dakota ND									
36. Ohio OH									
37. Oklahoma OK									
38. Oregon OR									
39. Pennsylvania PA									
40. Rhode Island RI									
41. South Carolina SC									
42. South Dakota SD									
43. Tennessee TN									
44. Texas TX									
45. Utah UT									
46. Vermont VT									
47. Virginia VA									
48. Washington WA									
49. West Virginia WV									
50. Wisconsin WI									
51. Wyoming WY									
52. American Samoa AS									
53. Guam GU									
54. Puerto Rico PR									
55. U.S. Virgin Islands VI									
56. Northern Mariana Islands MP									
57. Canada CN									
58. Aggregate other alien OT	XXX								
59. Subtotal	XXX								
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a)								
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

(a) Insert the number of L responses except for Canada and other Alien.

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

PART 1 – ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

For Reference Only

SCHEDULE A – PART 2

Showing All Real Estate ACQUIRED and Additions Made During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
0399999 Totals								

SCHEDULE A – PART 3

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

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

SCHEDULE B – PART 2

Showing All Mortgage Loans ACQUIRED During the Current Quarter

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

SCHEDULE B – PART 3

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

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

SCHEDULE BA – PART 2

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13
		3	4									
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Commitment for Additional Investment	Percentage of Ownership
4199999 Totals												XXX

SCHEDULE BA – PART 3

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

1	2	Location		5	6	7	8	Change in Book/Adjusted Carrying Value						15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
CUSIP Identi-fication	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Depreciation) or (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in B./A.C.V. (9+10-11+12)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consider-ation	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
4199999 Totals																			

SCHEDULE D – PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator(a)
7499999 Totals							XXX		XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues _____.

SCHEDULE D – PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identi-fication	Des-cription	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consider-ation	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
7499999	Totals						XXX													XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues _____.

SCHEDULE DB – PART A – SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income
2599999 Subtotal – Hedging Transactions								xxx					
2799999 Subtotal – Other Derivative Transactions								xxx					
9999999 Totals								xxx					

SCHEDULE DB – PART B – SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income
2599999 Subtotal – Hedging Transactions								xxx					
2699999 Subtotal – Income Generation Transactions								xxx					
2799999 Subtotal – Other Derivative Transactions								xxx					
9999999 Totals								xxx					

SCHEDULE DB – PART C – SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure
2599999 Subtotal – Hedging Transactions								xxx						
2799999 Subtotal – Other Derivative Transactions								xxx						
9999999 Totals								xxx						

SCHEDULE DB – PART D – SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts Open at Current Statement Date

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Current Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Cash Deposit	Variation Margin Information			13 Potential Exposure
									10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	
2599999 Subtotal – Hedging Transactions						xxx	xxx					
2799999 Subtotal – Other Derivative Transactions						xxx	xxx					
9999999 Totals						xxx	xxx					

SCHEDULE E – PART 1 – CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
									XXX
0199998	Deposits in ___ depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX	XXX						XXX
0199999	Total Open Depositories	XXX	XXX						XXX
0299998	Deposits in ___ depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX	XXX						XXX
0299999	Total 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	XXX	XXX						XXX

SCHEDULE E – PART 2 – CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8799999 Total Cash Equivalents							

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Affix Bar Code Above

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code..... NAIC Company Code.....

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	.....	xxx	.....	xxx	.....
2. Earned Premiums	.....	xxx	.....	xxx	xxx
3. Claims Paid	.....	xxx	.....	xxx	.....
4. Claims Incurred	.....	xxx	.....	xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	xxx	.....	xxx	.....	.....
6. Aggregate Policy Reserves – change	.....	xxx	.....	xxx	xxx
7. Expenses Paid	.....	xxx	.....	xxx	.....
8. Expenses Incurred	.....	xxx	.....	xxx	xxx
9. Underwriting Gain or Loss	.....	xxx	.....	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: $..... due from CMS or $..... due to CMS