

LIFE, ACCIDENT & HEALTH

FRATERNAL

2024

**Annual
Statement
Blank**

NAIC NATIONAL ASSOCIATION OF
INSURANCE COMMISSIONERS

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Official NAIC Annual Statement Blank

Life, Accident & Health/ Fraternal

For the 2024 reporting year

UPDATES TO THESE BLANKS

There may be modifications to this blank from year to year. As such, guidance is subject to the maintenance process. Yellow highlighting identifies changes from the previous year. Any modifications after the initial release of this blank, which are applicable to the filing year of this publication, are posted on the NAIC website at https://content.naic.org/cmte_e_app_blanks.htm.

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ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

**FOR THE YEAR ENDED
DECEMBER 31, 2024**

LIFE, ACCIDENT AND HEALTH

FRATERNAL BENEFIT SOCIETIES

2024

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

.....
Affix Bar Code Above

ANNUAL STATEMENT
For the Year Ended December 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code _____, _____ NAIC Company 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 and Health [] Fraternal Benefit Societies []
 Incorporated/Organized _____ Commenced Business _____
 Statutory Home Office _____, _____
(Street and Number) (City or Town, State, Country and Zip Code)
 Main Administrative Office _____, _____
(Street and Number) (City or Town, State, Country and Zip Code)
 _____, _____
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Mail Address _____, _____
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
 Primary Location of Books and Records _____, _____
(Street and Number) (City or Town, State, Country and Zip Code)
 _____, _____
(City or Town, State, Country 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.	_____	_____	Other	_____	_____
2.	_____	_____		_____	_____
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.

_____ <small>(Signature)</small>	_____ <small>(Signature)</small>	_____ <small>(Signature)</small>
_____ <small>(Printed Name)</small> 1.	_____ <small>(Printed Name)</small> 2.	_____ <small>(Printed Name)</small> 3.
_____ <small>(Title)</small>	_____ <small>(Title)</small>	_____ <small>(Title)</small>

Subscribed and sworn to before me
 thisday of, 2025

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

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)
2. Stocks (Schedule D):				
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):				
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 (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA)
6. Contract loans (including \$..... premium notes)
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants less \$..... charged off (for Title insurers only)
14. Investment income due and accrued
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)
15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured companies
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets (\$.....)
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care (\$.....) and other amounts receivable
25. Aggregate write-ins for other-than-invested assets
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)
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	1 Current Year	2 Prior Year
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2. Aggregate reserve for accident and health contracts (including \$..... Modco Reserve).....		
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4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6).....		
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6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$..... Modco).....		
6.3 Coupons and similar benefits (including \$..... Modco).....		
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9.4 Interest Maintenance Reserve (IMR, Line 6).....		
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11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....		
13. Transfers to Separate Accounts due or accrued (net) (including \$..... accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6).....		
15.1 Current federal and foreign income taxes, including \$..... on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
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18. Amounts held for agents' account, including \$..... agents' credit balances.....		
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30. Preferred capital stock.....		
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CASH FLOW

Cash from Operations	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance
2. Net investment income.....
3. Miscellaneous income
4. Total (Lines 1 through 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)
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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/(decrease) in contract loans and premium notes
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
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 (Lines 16.1 to 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 year (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 .....	.....	.....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – SUMMARY

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
1. Premiums and annuity considerations for life and accident and health contracts									
2. Considerations for supplementary contracts with life contingencies		XXX	XXX			XXX	XXX		XXX
3. Net investment income.....									
4. Amortization of Interest Maintenance Reserve (IMR)									
5. Separate Accounts net gain from operations excluding unrealized gains or losses							XXX		
6. Commissions and expense allowances on reinsurance ceded.....							XXX		
7. Reserve adjustments on reinsurance ceded							XXX		
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....							XXX		
8.2 Charges and fees for deposit-type contracts						XXX	XXX		
8.3 Aggregate write-ins for miscellaneous income.....									
9. Totals (Lines 1 to 8.3).....									
10. Death benefits.....						XXX	XXX		
11. Matured endowments (excluding guaranteed annual pure endowments).....						XXX	XXX		
12. Annuity benefits		XXX	XXX			XXX	XXX		XXX
13. Disability benefits and benefits under accident and health contracts							XXX		
14. Coupons, guaranteed annual pure endowments and similar benefits							XXX		
15. Surrender benefits and withdrawals for life contracts.....						XXX	XXX		
16. Group conversions							XXX		
17. Interest and adjustments on contract or deposit-type contract funds							XXX		
18. Payments on supplementary contracts with life contingencies.....						XXX	XXX		
19. Increase in aggregate reserves for life and accident and health contracts.....							XXX		
20. Totals (Lines 10 to 19)							XXX		
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)									XXX
22. Commissions and expense allowances on reinsurance assumed							XXX		
23. General insurance expenses and fraternal expenses							XXX		
24. Insurance taxes, licenses and fees, excluding federal income taxes							XXX		
25. Increase in loading on deferred and uncollected premiums							XXX		
26. Net transfers to or (from) Separate Accounts net of reinsurance							XXX		
27. Aggregate write-ins for deductions									
28. Totals (Lines 20 to 27)									
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....									
30. Dividends to policyholders and refunds to members.....							XXX		
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30).....									
32. Federal income taxes incurred (excluding tax on capital gains)									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)									
34. Policies/certificates in force end of year							XXX		
DETAILS OF WRITE-INS									
08.301.....									
08.302.....									
08.303.....									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....									
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)									
2701.									
2702.									
2703.									
2798. Summary of remaining write-ins for Line 27 from overflow page.....									
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)									

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

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Universal Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
1. Premiums for life contracts (a)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Considerations for supplementary contracts with life contingencies.....												
3. Net investment income.....												
4. Amortization of Interest Maintenance Reserve (IMR)												
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....												
6. Commissions and expense allowances on reinsurance ceded.....												
7. Reserve adjustments on reinsurance ceded.....												
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts												
8.2 Charges and fees for deposit-type contracts.....												
8.3 Aggregate write-ins for miscellaneous income.....												
9. Totals (Lines 1 to 8.3).....												
10. Death benefits												
11. Matured endowments (excluding guaranteed annual pure endowments)												
12. Annuity benefits.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts												
14. Coupons, guaranteed annual pure endowments and similar benefits												
15. Surrender benefits and withdrawals for life contracts.....												
16. Group conversions												
17. Interest and adjustments on contract or deposit-type contract funds												
18. Payments on supplementary contracts with life contingencies.....												
19. Increase in aggregate reserves for life and accident and health contracts												
20. Totals (Lines 10 to 19).....												
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....												XXX
22. Commissions and expense allowances on reinsurance assumed												
23. General insurance expenses												
24. Insurance taxes, licenses and fees, excluding federal income taxes ..												
25. Increase in loading on deferred and uncollected premiums.....												
26. Net transfers to or (from) Separate Accounts net of reinsurance.....												
27. Aggregate write-ins for deductions.....												
28. Totals (Lines 20 to 27).....												
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)												
30. Dividends to policyholders and refunds to members.....												
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)												
32. Federal income taxes incurred (excluding tax on capital gains).....												
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)												
34. Policies/certificates in force end of year												
DETAILS OF WRITE-INS												
08.301.....												
08.302.....												
08.303.....												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....												
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)												
2701.....												
2702.....												
2703.....												
2798. Summary of remaining write-ins for Line 27 from overflow page.....												
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)												

(a) Include premium amounts for preneed plans included in Line 1.
 (b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.
 (c) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

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

	1	2	3	4	5	6	7	8	9
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life (d)	Other Group Life (a)	YRT Mortality Risk Only
1. Premiums for life contracts (b)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Considerations for supplementary contracts with life contingencies									
3. Net investment income									
4. Amortization of Interest Maintenance Reserve (IMR)									
5. Separate Accounts net gain from operations excluding unrealized gains or losses									
6. Commissions and expense allowances on reinsurance ceded									
7. Reserve adjustments on reinsurance ceded									
8. Miscellaneous Income:									
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts									
8.2 Charges and fees for deposit-type contracts									
8.3 Aggregate write-ins for miscellaneous income									
9. Totals (Lines 1 to 8.3)									
10. Death benefits									
11. Matured endowments (excluding guaranteed annual pure endowments)									
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts									
14. Coupons, guaranteed annual pure endowments and similar benefits									
15. Surrender benefits and withdrawals for life contracts									
16. Group conversions									
17. Interest and adjustments on contract or deposit-type contract funds									
18. Payments on supplementary contracts with life contingencies									
19. Increase in aggregate reserves for life and accident and health contracts									
20. Totals (Lines 10 to 19)									
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)									XXX
22. Commissions and expense allowances on reinsurance assumed									
23. General insurance expenses									
24. Insurance taxes, licenses and fees, excluding federal income taxes									
25. Increase in loading on deferred and uncollected premiums									
26. Net transfers to or (from) Separate Accounts net of reinsurance									
27. Aggregate write-ins for deductions									
28. Totals (Lines 20 to 27)									
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)									
30. Dividends to policyholders and refunds to members									
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)									
32. Federal income taxes incurred (excluding tax on capital gains)									
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)									
34. Policies/certificates in force end of year									
DETAILS OF WRITE-INS									
08.301									
08.302									
08.303									
08.398. Summary of remaining write-ins for Line 8.3 from overflow page									
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)									
2701									
2702									
2703									
2798. Summary of remaining write-ins for Line 27 from overflow page									
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)									

(a) Includes the following amounts for FEGLI/SGLI: Line 1 Line 10 Line 16 Line 23 Line 24
 (b) Include premium amounts for preneed plans included in Line 1
 (c) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected.
 (d) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

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

	1 Total	Deferred				6 Life Contingent Payout (Immediate and Annuitizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees	5 Variable Annuities Without Guarantees		
1. Premiums for individual annuity contracts
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	.....	XXX
3. Net investment income.....
4. Amortization of Interest Maintenance Reserve (IMR)
5. Separate Accounts net gain from operations excluding unrealized gains or losses
6. Commissions and expense allowances on reinsurance ceded.....
7. Reserve adjustments on reinsurance ceded
8. Miscellaneous Income:							
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....
8.2 Charges and fees for deposit-type contracts
8.3 Aggregate write-ins for miscellaneous income.....
9. Totals (Lines 1 to 8.3).....
10. Death benefits.....
11. Matured endowments (excluding guaranteed annual pure endowments).....
12. Annuity benefits
13. Disability benefits and benefits under accident and health contracts
14. Coupons, guaranteed annual pure endowments and similar benefits
15. Surrender benefits and withdrawals for life contracts.....
16. Group conversions
17. Interest and adjustments on contract or deposit-type contract funds
18. Payments on supplementary contracts with life contingencies.....
19. Increase in aggregate reserves for life and accident and health contracts.....
20. Totals (Lines 10 to 19).....
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)
22. Commissions and expense allowances on reinsurance assumed
23. General insurance expenses
24. Insurance taxes, licenses and fees, excluding federal income taxes
25. Increase in loading on deferred and uncollected premiums
26. Net transfers to or (from) Separate Accounts net of reinsurance
27. Aggregate write-ins for deductions.....
28. Totals (Lines 20 to 27).....
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....
30. Dividends to policyholders and refunds to members.....
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)
32. Federal income taxes incurred (excluding tax on capital gains)
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)
34. Policies/certificates in force end of year
DETAILS OF WRITE-INS							
08.301.....
08.302.....
08.303.....
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)
2701.
2702.
2703.
2798. Summary of remaining write-ins for Line 27 from overflow page.....
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)

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

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

	1 Total	Deferred				6 Life Contingent Payout (Immediate and Annuitizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees	5 Variable Annuities Without Guarantees		
1. Premiums for group annuity contracts
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	.....	XXX
3. Net investment income.....
4. Amortization of Interest Maintenance Reserve (IMR)
5. Separate Accounts net gain from operations excluding unrealized gains or losses
6. Commissions and expense allowances on reinsurance ceded.....
7. Reserve adjustments on reinsurance ceded
8. Miscellaneous Income:							
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....
8.2 Charges and fees for deposit-type contracts
8.3 Aggregate write-ins for miscellaneous income.....
9. Totals (Lines 1 to 8.3).....
10. Death benefits.....
11. Matured endowments (excluding guaranteed annual pure endowments).....
12. Annuity benefits
13. Disability benefits and benefits under accident and health contracts
14. Coupons, guaranteed annual pure endowments and similar benefits
15. Surrender benefits and withdrawals for life contracts.....
16. Group conversions
17. Interest and adjustments on contract or deposit-type contract funds
18. Payments on supplementary contracts with life contingencies.....
19. Increase in aggregate reserves for life and accident and health contracts.....
20. Totals (Lines 10 to 19).....
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)
22. Commissions and expense allowances on reinsurance assumed
23. General insurance expenses
24. Insurance taxes, licenses and fees, excluding federal income taxes
25. Increase in loading on deferred and uncollected premiums
26. Net transfers to or (from) Separate Accounts net of reinsurance
27. Aggregate write-ins for deductions.....
28. Totals (Lines 20 to 27).....
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28).....
30. Dividends to policyholders and refunds to members.....
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)
32. Federal income taxes incurred (excluding tax on capital gains)
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)
34. Policies/certificates in force end of year
DETAILS OF WRITE-INS							
08.301.....
08.302.....
08.303.....
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)
2701.
2702.
2703.
2798. Summary of remaining write-ins for Line 27 from overflow page.....
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)

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

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long- Term Care	13 Other Health
		2 Individual	3 Group										
1. Premiums for accident and health contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Considerations for supplementary contracts with life contingencies													
3. Net investment income													
4. Amortization of Interest Maintenance Reserve (IMR)													
5. Separate Accounts net gain from operations excluding unrealized gains or losses													
6. Commissions and expense allowances on reinsurance ceded													
7. Reserve adjustments on reinsurance ceded.....													
8. Miscellaneous income:													
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts													
8.2 Charges and fees for deposit-type contracts.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8.3 Aggregate write-ins for miscellaneous income.....													
9. Totals (Lines 1 to 8.3).....													
10. Death benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Matured endowments (excluding guaranteed annual pure endowments).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Annuity benefits.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts													
14. Coupons, guaranteed annual pure endowments and similar benefits													
15. Surrender benefits and withdrawals for life contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. Group conversions													
17. Interest and adjustments on contract or deposit-type contract funds													
18. Payments on supplementary contracts with life contingencies.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Increase in aggregate reserves for life and accident and health contracts													
20. Totals (Lines 10 to 19).....													
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)													
22. Commissions and expense allowances on reinsurance assumed													
23. General insurance expenses													
24. Insurance taxes, licenses and fees, excluding federal income taxes													
25. Increase in loading on deferred and uncollected premiums.....													
26. Net transfers to or (from) Separate Accounts net of reinsurance.....													
27. Aggregate write-ins for deductions.....													
28. Totals (Lines 20 to 27).....													
29. Net gain from operations before dividends to policyholders, and refunds to members and federal income taxes (Line 9 minus Line 28).....													
30. Dividends to policyholders and refunds to members.....													
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)													
32. Federal income taxes incurred (excluding tax on capital gains).....													
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....													
34. Policies/certificates in force end of year													
DETAILS OF WRITE-INS													
08.301.													
08.302.													
08.303.													
08.398. Summary of remaining write-ins for Line 8.3 from overflow page													
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)													
2701.													
2702.													
2703.													
2798. Summary of remaining write-ins for Line 27 from overflow page													
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)													

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

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

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

(b) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

	1	2	3	4	5	6	7	8	9
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life ^(b)	Other Group Life	YRT Mortality Risk Only
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)									
1. Reserve December 31 of prior year.....
2. Tabular net premiums and considerations
3. Present value of disability claims incurred
4. Tabular interest.....
5. Tabular less actual reserve released
6. Increase in reserve on account of change in valuation basis
7. Other increases (net).....
8. Totals (Lines 1 to 7)
9. Tabular cost
10. Reserves released by death.....
11. Reserves released by other terminations (net).....
12. Annuity, supplementary contract, and disability payments involving life contingencies.....
13. Net transfers to or (from) Separate Accounts
14. Total deductions (Lines 9 to 13)
15. Reserve December 31 of current year
Cash Surrender Value and Policy Loans									
16. CSV Ending balance December 31, current year
17. Amount Available for Policy Loans Based upon Line 16 CSV

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

(b): Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

	1 Total	Deferred				6 Life Contingent Payout (Immediate and Annuitizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees	5 Variable Annuities without Guarantees		
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)							
1. Reserve December 31 of prior year .....	.....	.....	.....	.....	.....	.....	.....
2. Tabular net premiums and considerations .....	.....	.....	.....	.....	.....	.....	.....
3. Present value of disability claims incurred	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Tabular interest.....	.....	.....	.....	.....	.....	.....	.....
5. Tabular less actual reserve released .....	.....	.....	.....	.....	.....	.....	.....
6. Increase in reserve on account of change in valuation basis .....	.....	.....	.....	.....	.....	.....	.....
7. Other increases (net) .....	.....	.....	.....	.....	.....	.....	.....
8. Totals (Lines 1 to 7) .....	.....	.....	.....	.....	.....	.....	.....
9. Tabular cost .....	.....	.....	.....	.....	.....	.....	.....
10. Reserves released by death	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net) .....	.....	.....	.....	.....	.....	.....	.....
12. Annuity, supplementary contract, and disability payments involving life contingencies .....	.....	.....	.....	.....	.....	.....	.....
13. Net transfers to or (from) Separate Accounts.....	.....	.....	.....	.....	.....	.....	.....
14. Total deductions (Lines 9 to 13) .....	.....	.....	.....	.....	.....	.....	.....
15. Reserve December 31 of current year .....	.....	.....	.....	.....	.....	.....	.....
Cash Surrender Value and Policy Loans							
16. CSV Ending balance December 31, current year .....	.....	.....	.....	.....	.....	.....	.....
17. Amount Available for Policy Loans Based upon Line 16 CSV .....	.....	.....	.....	.....	.....	.....	.....

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

	1 Total	Deferred			6 Life Contingent Payout (Immediate and Annuitizations)	7 Other Annuities
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities with Guarantees			5 Variable Annuities without Guarantees
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)						
1. Reserve December 31 of prior year						
2. Tabular net premiums and considerations						
3. Present value of disability claims incurred	XXX	XXX	XXX	XXX	XXX	XXX
4. Tabular interest.....						
5. Tabular less actual reserve released						
6. Increase in reserve on account of change in valuation basis						
7. Other increases (net)						
8. Totals (Lines 1 to 7)						
9. Tabular cost						
10. Reserves released by death	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net)						
12. Annuity, supplementary contract, and disability payments involving life contingencies						
13. Net transfers to or (from) Separate Accounts.....						
14. Total deductions (Lines 9 to 13)						
15. Reserve December 31 of current year						
Cash Surrender Value and Policy Loans						
16. CSV Ending balance December 31, current year						
17. Amount Available for Policy Loans Based upon Line 16 CSV						

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

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds.....	(a).....	.....
1.1	Bonds exempt from U. S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....	.....
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate.....	(d).....	.....
5.	Contract loans.....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....	.....
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	Total gross investment income .....	.....	.....
11.	Investment expenses .....	.....	(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets.....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income.....	.....	.....
16.	Total deductions (Lines 11 through 15) .....	.....	.....
17.	Net investment income (Line 10 minus Line 16)	.....	.....
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)	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	.....	.....

- (a) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
- (b) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued dividends on purchases.
- (c) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
- (d) Includes \$ _____ for company's occupancy of its own buildings; and excludes \$ _____ interest on encumbrances.
- (e) Includes \$ _____ accrual of discount less \$ _____ amortization of premium and less \$ _____ paid for accrued interest on purchases.
- (f) Includes \$ _____ accrual of discount less \$ _____ amortization of premium.
- (g) Includes \$ _____ investment expenses and \$ _____ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ _____ interest on surplus notes and \$ _____ interest on capital notes.
- (i) Includes \$ _____ depreciation on real estate and \$ _____ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U. S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	.....	.....	.....	.....	.....
1.3	Bonds of affiliates.....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate.....	.....	.....	.....	.....	.....
5.	Contract loans.....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7.	Derivative instruments.....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	Total capital gains (losses)	.....	.....	.....	.....	.....
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)	.....	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

EXHIBIT 1 – PART 1 – PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1	2	3	4	5	6	7	8
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
FIRST YEAR (other than single)								
1. Uncollected								
2. Deferred and accrued								
3. Deferred, accrued and uncollected:								
3.1 Direct.....								
3.2 Reinsurance assumed.....								
3.3 Reinsurance ceded								
3.4 Net (Line 1 + Line 2)								
4. Advance								
5. Line 3.4 - Line 4.....								
6. Collected during year:								
6.1 Direct.....								
6.2 Reinsurance assumed.....								
6.3 Reinsurance ceded								
6.4 Net.....								
7. Line 5 + Line 6.4.....								
8. Prior year (uncollected + deferred and accrued - advance)								
9. First year premiums and considerations:								
9.1 Direct.....								
9.2 Reinsurance assumed.....								
9.3 Reinsurance ceded								
9.4 Net (Line 7 - Line 8)								
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....								
10.2 Reinsurance assumed.....								
10.3 Reinsurance ceded								
10.4 Net.....								
RENEWAL								
11. Uncollected								
12. Deferred and accrued								
13. Deferred, accrued and uncollected:								
13.1 Direct.....								
13.2 Reinsurance assumed.....								
13.3 Reinsurance ceded								
13.4 Net (Line 11 + Line 12)								
14. Advance								
15. Line 13.4 - Line 14.....								
16. Collected during year:								
16.1 Direct.....								
16.2 Reinsurance assumed.....								
16.3 Reinsurance ceded								
16.4 Net.....								
17. Line 15 + Line 16.4.....								
18. Prior year (uncollected + deferred and accrued - advance)								
19. Renewal premiums and considerations:								
19.1 Direct.....								
19.2 Reinsurance assumed.....								
19.3 Reinsurance ceded								
19.4 Net (Line 17 - Line 18)								
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....								
20.2 Reinsurance assumed.....								
20.3 Reinsurance ceded								
20.4 Net (Lines 9.4 + 10.4 + 19.4)								

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

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

EXHIBIT 2 – GENERAL EXPENSES

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

EXHIBIT 3 – TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

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

EXHIBIT 4 – DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums	
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4		
6. Paid-in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. Total Lines 5 through 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in Line 13		
15. Total Lines 10 through 14		
16. Total from prior year		
17. Total dividends or refunds (Lines 9 + 15 - 16)		
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. Totals (Line 0801 through 0803 + 0898) (Line 8 above)		

EXHIBIT 5 – INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [] No []
- 1.2 If not, state which kind is issued:
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [] No []
- 2.2 If not, state which kind is issued:
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [] No []
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No []
If so, state:
- 4.1 Amount of insurance: \$ _____
- 4.2 Amount of reserve: \$ _____
- 4.3 Basis of reserve:
- 4.4 Basis of regular assessments:
- 4.5 Basis of special assessments:
- 4.6 Assessments collected during the year: \$ _____
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No []
- 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$ _____
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$ _____
Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No []
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$ _____
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
- 7.3 State the amount of reserves established for this business: \$ _____
- 7.4 Identify where the reserves are reported in the blank
- 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes [] No []
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$ _____
- 8.2 State the amount of reserves established for this business: \$ _____
- 8.3 Identify where the reserves are reported in the blank:
- 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No []
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ _____
- 9.2 State the amount of reserves established for this business: \$ _____
- 9.3 Identify where the reserves are reported in the blank:

EXHIBIT 5A – CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
.....			
.....			
.....			
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
.....			
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
.....			
.....			
.....			
0399999 Subtotal	XXX	XXX	
9999999 TOTAL (Column 4 only)			

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

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

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

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed.....
6. Surrender charges.....
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) ^(a)
10. Reinsurance balance at the beginning of the year.....
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded.....
13. Reinsurance balance at the end of the year (Lines 10+11-12).....
14. Net balance at the end of current year after reinsurance (Lines 9+13)

- (a) FHLB funding agreements:
1. Reported as GICs (captured in column 2) \$.....
 2. Reported as Annuities Certain (captured in column 3) \$.....
 3. Reported as Supplemental Contracts (captured in column 4) \$.....
 4. Reported as Dividend Accumulations or Refunds (captured in column 5).... \$.....
 5. Reported as Premium or Other Deposit Funds (captured in column 6) \$.....
 6. Total reported as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 5)..... \$.....

EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
PART 1 – Liability End of Current Year

			1	2	3	4	5	6	7	8
			Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
1. Due and unpaid:										
	1.1	Direct.....	.....	.....	.....	.....	.....	.....	.....	.....
	1.2	Reinsurance assumed.....	.....	.....	.....	.....	.....	.....	.....	.....
	1.3	Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....
	1.4	Net.....	.....	.....	.....	.....	.....	.....	.....	.....
2. In course of settlement:										
2.1	Resisted.....	2.11 Direct.....	.....	.....	.....	.....	.....	.....	.....	.....
		2.12 Reinsurance assumed.....	.....	.....	.....	.....	.....	.....	.....	.....
		2.13 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....
		2.14 Net.....	.....	(b).....	(b).....	(b).....	.....	.....	.....	.....
2.2	Other.....	2.21 Direct.....	.....	.....	.....	.....	.....	.....	.....	.....
		2.22 Reinsurance assumed.....	.....	.....	.....	.....	.....	.....	.....	.....
		2.23 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....
		2.24 Net.....	.....	(b).....	(b).....	(b).....	.....	(b).....	.....	.....
3. Incurred but unreported:										
		3.1 Direct.....	.....	.....	.....	.....	.....	.....	.....	.....
		.2 Reinsurance assumed.....	.....	.....	.....	.....	.....	.....	.....	.....
		3.3 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....
		3.4 Net.....	.....	(b).....	(b).....	(b).....	.....	(b).....	.....	.....
4. TOTALS.....		4.1 Direct.....	.....	.....	.....	.....	.....	.....	.....	.....
		4.2 Reinsurance assumed.....	.....	.....	.....	.....	.....	.....	.....	.....
		4.3 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....
		4.4 Net	.....	(a)	(a)	.....	.....	.....	.....	.....

- (a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$..... in Column 2 and \$..... in Column 3.
- (b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Individual Life \$..... Group Life \$....., and Individual Annuities \$..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Accident and Health \$..... are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
PART 2 – Incurred During the Year

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

- (a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$ in Line 1.4.
 \$..... in Line 6.1 and \$..... in Line 6.4.
- (b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4.
 \$..... in Line 6.1 and \$..... in Line 6.4.
- (c) Includes \$..... premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....			
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....			
12. Subtotals, cash and invested assets (Lines 1 to 11).....			
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents’ balances in the course of collection.....			
15.2 Deferred premiums, agents’ balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans.....			
18.1 Current federal and foreign income tax recoverable and interest thereon.....			
18.2 Net deferred tax asset.....			
19. Guaranty funds receivable or on deposit.....			
20. Electronic data processing equipment and software.....			
21. Furniture and equipment, including health care delivery assets.....			
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			
23. Receivables from parent, subsidiaries and affiliates.....			
24. Health care and other amounts receivable.....			
25. Aggregate write-ins for other-than-invested assets.....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. Total (Lines 26 and 27)			
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page.....			
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? _____
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No []
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 3.4 By what department or departments?..... _____
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No []
 4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No []
 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
- 6.2 If yes, give full information..... _____
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes, _____ %
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No []
 8.2 If response to 8.1 is yes, please identify the name of the DIHC.....

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), 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 FDIC	6 SEC
.....
.....
.....
.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No []

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board’s capital rule?..... Yes [] No [] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No []

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No []

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No []

12.11 Name of real estate holding company _____

12.12 Number of parcels involved _____

12.13 Total book/adjusted carrying value \$ _____

12.2 If yes, provide explanation.....

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s).....

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No []
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No []
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ _____
 - 20.12 To stockholders not officers \$ _____
 - 20.13 Trustees, supreme or grand (Fraternal only) \$ _____
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ _____
 - 20.22 To stockholders not officers \$ _____
 - 20.23 Trustees, supreme or grand (Fraternal only) \$ _____
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No []
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ _____
 - 21.22 Borrowed from others \$ _____
 - 21.23 Leased from others \$ _____
 - 21.24 Other \$ _____
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No []
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ _____
 - 22.22 Amount paid as expenses \$ _____
 - 22.23 Other amounts paid \$ _____
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No []
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [] No []

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 25.04 For the reporting entity’s securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ _____
- 25.05 For the reporting entity’s securities lending program, report amount of collateral for other programs. \$ _____
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A []
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A []
- 25.08 Does the reporting entity or the reporting entity’s securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A []
- 25.09 For the reporting entity’s securities lending program, state the amount of the following as of December 31 of the current year:
 - 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 25.093 Total payable for securities lending reported on the liability page \$ _____
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
 - 26.21 Subject to repurchase agreements \$ _____
 - 26.22 Subject to reverse repurchase agreements \$ _____
 - 26.23 Subject to dollar repurchase agreements \$ _____
 - 26.24 Subject to reverse dollar repurchase agreements \$ _____
 - 26.25 Placed under option agreements \$ _____
 - 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$ _____
 - 26.27 FHLB Capital Stock \$ _____
 - 26.28 On deposit with states \$ _____
 - 26.29 On deposit with other regulatory bodies \$ _____
 - 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ _____
 - 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ _____
 - 26.32 Other \$ _____

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No []
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
 - 27.41 Special accounting provision of SSAP No. 108 Yes [] No []
 - 27.42 Permitted accounting practice Yes [] No []
 - 27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No []
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ _____

- 29. 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 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No []

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

1 Name of Custodian(s)	2 Custodian’s Address

GENERAL INTERROGATORIES

29.02 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)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?
 29.04 If yes, give full and complete information relating thereto:

Yes [] No []

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. **This includes both primary and sub-advisors.** For assets that are managed internally by employees of the reporting entity, note as such. [...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No []

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999	TOTAL	

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds			
31.2 Preferred Stocks			
31.3 Totals			

31.4 Describe the sources or methods utilized in determining the fair values:

.....

.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

33.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [] No []

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual)* for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 20182018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons (“waived submission PLR securities”).
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No []

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A []

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No []
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No []
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
 - 39.21 Held directly Yes [] No []
 - 39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ _____
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

- 41.1 Amount of payments for legal expenses, if any? \$ _____
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ _____
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

GENERAL INTERROGATORIES

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

Life, Accident and Health Companies/Fraternal Benefit Societies:

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No []
- 1.2 If yes, indicate premium earned on U.S. business only. \$ _____
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
 - 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ _____
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____
- 1.6 Individual policies:
 - Most current three years:
 - 1.61 Total premium earned \$ _____
 - 1.62 Total incurred claims \$ _____
 - 1.63 Number of covered lives _____
 - All years prior to most current three years:
 - 1.64 Total premium earned \$ _____
 - 1.65 Total incurred claims \$ _____
 - 1.66 Number of covered lives _____
- 1.7 Group policies:
 - Most current three years:
 - 1.71 Total premium earned \$ _____
 - 1.72 Total incurred claims \$ _____
 - 1.73 Number of covered lives _____
 - All years prior to most current three years:
 - 1.74 Total premium earned \$ _____
 - 1.75 Total incurred claims \$ _____
 - 1.76 Number of covered lives _____
- 2. Health Test:

	1		2	
	Current Year		Prior Year	
2.1 Premium Numerator	\$ _____		\$ _____	
2.2 Premium Denominator	\$ _____		\$ _____	
2.3 Premium Ratio (2.1/2.2)	_____		_____	
2.4 Reserve Numerator	\$ _____		\$ _____	
2.5 Reserve Denominator	\$ _____		\$ _____	
2.6 Reserve Ratio (2.4/2.5)	_____		_____	
- 3.1 Does this reporting entity have Separate Accounts? Yes [] No []
- 3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] N/A []
- 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$ _____
- 3.4 State the authority under which Separate Accounts are maintained:.....
- 3.5 Was any of the reporting entity’s Separate Accounts business reinsured as of December 31? Yes [] No []
- 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No []
- 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for “Transfers to Separate Accounts due or accrued (net)?” \$ _____
- 4. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:
 - 4.1 Amount of loss reserves established by these annuities during the current year: \$ _____
 - 4.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

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

GENERAL INTERROGATORIES

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

- 5.1 Do you act as a custodian for health savings accounts? Yes No
- 5.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 5.3 Do you act as an administrator for health savings accounts? Yes No
- 5.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
- 6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes No NA
- 6.2 If the answer to 6.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

7. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

- 7.1 Direct Premium Written \$ _____
- 7.2 Total Incurred Claims \$ _____
- 7.3 Number of Covered Lives _____

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
- 8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes No

9. Reporting entities admitting net negative (disallowed) interest maintenance reserve (IMR) attest to the following:

- a. Fixed income investments generating IMR losses comply with the reporting entity’s documented investment or liability management policies.
- b. IMR losses for fixed income related derivatives are all in accordance with prudent and documented risk management procedures, in accordance with a reporting entity’s derivative use plans and reflect symmetry with historical treatment in which unrealized derivative gains were reversed to IMR and amortized in lieu of being recognized as realized gains upon derivative termination.
- c. Any deviation to (a) was either because of a temporary and transitory timing issue or related to a specific event, such as a reinsurance transaction, that mechanically made the cause of IMR losses not reflective of reinvestment activities.
- d. Asset sales that were generating admitted negative IMR were not compelled by liquidity pressures (e.g., to fund significant cash outflows including, but not limited to excess withdrawals and collateral calls).

Is the reporting entity admitting net negative (disallowed) IMR in accordance with these criteria? Yes No NA

10. Provide the current-year amounts at risk for the following categories.

<u>Individual and Industrial Life</u>	Amount at Risk
10.01 Modified Coinsurance Assumed Reserves	\$ _____
10.02 Modified Coinsurance Ceded Reserves	\$ _____
<u>Individual and Industrial Life Policies With Pricing Flexibility</u>	Amount of Risk
10.03 Net Amount (Direct + Assumed – Ceded) in Force	\$ _____
10.04 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.05 Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.06 Net Modified Coinsurance Reserves (Assumed – Ceded)	\$ _____
10.07 Life Reserves (10.04 + 10.05 + 10.06)	\$ _____
10.08 Life Net Amount at Risk (10.03 – 10.07)	\$ _____
<u>Individual and Industrial Term Life Policies Without Pricing Flexibility</u>	Amount of Risk
10.09 Net Amount (Direct + Assumed – Ceded) in Force	\$ _____
10.10 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.11 Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.12 Net Modified Coinsurance Reserves (Assumed – Ceded)	\$ _____
10.13 Life Reserves (10.10 + 10.11 + 10.12)	\$ _____
10.14 Life Net Amount at Risk (10.09 – 10.13)	\$ _____

GENERAL INTERROGATORIES

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

<u>Group and Credit Life (Excluding FEGLI/SGLI)</u>		Amount at Risk
10.15	Modified Coinsurance Assumed Reserves	\$ _____
10.16	Modified Coinsurance Ceded Reserves	\$ _____
<u>Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms 36 Months and Under</u>		Amount of Risk
10.17	Net Amount (Direct + Assumed – Ceded) in Force	\$ _____
10.18	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.19	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.20	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$ _____
10.21	Life Reserves (10.18 + 10.19 + 10.20)	\$ _____
10.22	Life Net Amount at Risk (10.17 – 10.21)	\$ _____
<u>Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms Over 36 Months</u>		Amount of Risk
10.23	Net Amount (Direct + Assumed – Ceded) in Force	\$ _____
10.24	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.25	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.26	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$ _____
10.27	Life Reserves (10.24 + 10.25 + 10.26)	\$ _____
10.28	Life Net Amount at Risk (10.23 – 10.27)	\$ _____
<u>Group and Credit Permanent Life (Excluding FEGLI/SGLI) with Pricing Flexibility</u>		Amount of Risk
10.29	Net Amount (Direct + Assumed – Ceded) in Force	\$ _____
10.30	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.31	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$ _____
10.32	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$ _____
10.33	Life Reserves (10.30 + 10.31 + 10.32)	\$ _____
10.34	Life Net Amount at Risk (10.29 – 10.33)	\$ _____

Life, Accident and Health Companies Only:

- 11.1** Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?
 Yes [] No []
- 11.2** Net reimbursement of such expenses between reporting entities:
 11.21 Paid \$ _____
 11.22 Received \$ _____
- 12.1** Does the reporting entity write any guaranteed interest contracts?
 Yes [] No []
- 12.2** If yes, what amount pertaining to these items is included in:
 12.21 Page 3, Line 1 \$ _____
 12.22 Page 4, Line 1 \$ _____
- 13.** For stock reporting entities only:
13.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$ _____
14. Total dividends paid stockholders since organization of the reporting entity:
 14.11 Cash \$ _____
 14.12 Stock \$ _____
- 15.1** Does the reporting entity reinsure any Workers’ Compensation Carve-Out business defined as:
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employer’s liability exposures, of business originally written as workers’ compensation insurance.
 Yes [] No []
- 15.2** If yes, has the reporting entity completed the Workers’ Compensation Carve-Out Supplement to the Annual Statement? Yes [] No []
- 15.3** If **15.1** is Yes, the amounts of earned premiums and claims incurred in this statement are:
- | | | 1 | 2 | 3 |
|--------------|--|------------------------|----------------------|-----------------|
| | | Reinsurance
Assumed | Reinsurance
Ceded | Net
Retained |
| 15.31 | Earned premium..... | ..... | ..... | ..... |
| 15.32 | Paid claims..... | ..... | ..... | ..... |
| 15.33 | Claim liability and reserve (beginning of year)..... | ..... | ..... | ..... |
| 15.34 | Claim liability and reserve (end of year)..... | ..... | ..... | ..... |
| 15.35 | Incurred claims..... | ..... | ..... | ..... |

GENERAL INTERROGATORIES

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

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

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
15.41	<\$25,000	.....	.....
15.42	\$25,000 — 99,999	.....	.....
15.43	\$100,000 — 249,999	.....	.....
15.44	\$250,000 — 999,999	.....	.....
15.45	\$1,000,000 or more	.....	.....

15.5 What portion of earned premium reported in 15.31, Column 1 was assumed from pools? \$ _____

Fraternal Benefit Societies Only:

- 16. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [] No []
- 17. How often are meetings of the subordinate branches required to be held?.....
- 18. How are the subordinate branches represented in the supreme or governing body?
- 19. What is the basis of representation in the governing body?
- 20.1 How often are regular meetings of the governing body held?
- 20.2 When was the last regular meeting of the governing body held? _____
- 20.3 When and where will the next regular or special meeting of the governing body be held?
- 20.4 How many members of the governing body attended the last regular meeting? _____
- 20.5 How many of the same were delegates of the subordinate branches? _____
- 21. How are the expenses of the governing body defrayed?
- 22. When and by whom are the officers and directors elected?
- 23. What are the qualifications for membership?
- 24. What are the limiting ages for admission?
- 25. What is the minimum and maximum insurance that may be issued on any one life?
- 26. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No []
- 27. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No []
- 28.1 Are notices of the payments required sent to the members? Yes [] No [] N/A []
- 28.2 If yes, do the notices state the purpose for which the money is to be used? Yes [] No []
- 29. What proportion of first and subsequent year’s payments may be used for management expenses?
 - 29.11 First Year _____ %
 - 29.12 Subsequent Years _____ %
- 30.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [] No []
- 30.2 If so, what amount and for what purpose?.....
- 31.1 Does the reporting entity pay an old age disability benefit? Yes [] No []
- 31.2 If yes, at what age does the benefit commence? _____
- 32.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No []
- 32.2 If yes, when?
- 33. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [] No []
- 34.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements. Yes [] No []
- 34.2 If so, was an additional reserve included in Exhibit 5? Yes [] No [] N/A []
- 34.3 If yes, explain.....
- 35.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No []
- 35.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [] No [] N/A []
- 36. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [] No []
- 37.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []
- 37.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
	\$
	\$
	\$

FIVE-YEAR HISTORICAL DATA

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

	1 2024	2 2023	3 2022	4 2021	5 2020
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Col. 4)
2. Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4)
3. Credit life (Line 21, Col. 6)
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)
5. Industrial (Line 21, Col. 2)
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)
7. Total (Line 21, Col. 10)
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Col. 2)
9. Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2)
10. Credit life (Line 2, Col. 6)
11. Group (Line 2, Col. 9)
12. Industrial (Line 2, Col. 2)
13. Total (Line 2, Col. 10)
Premium Income-Lines of Business (Exhibit 1 - Part 1)					
14. Individual life (Line 20.4, Col. 2)
15. Group life (Line 20.4, Col. 3)
16. Individual annuities (Line 20.4, Col. 4)
17. Group annuities (Line 20.4, Col. 5)
18. Accident & Health (Line 20.4, Col. 6)
19. Other lines of business (Line 20.4, Col. 8)
20. Total
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)
23. Aggregate life reserves (Page 3, Line 1)
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1
24. Aggregate A & H reserves (Page 3, Line 2)
25. Deposit-type contract funds (Page 3, Line 3)
26. Asset valuation reserve (Page 3, Line 24.01)
27. Capital (Page 3, Lines 29 & 30)
28. Surplus (Page 3, Line 37)
Cash Flow (Page 5)					
29. Net cash from operations (Line 11)
Risk-Based Capital Analysis					
30. Total adjusted capital
31. Authorized control level risk-based capital
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No./Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)
33. Stocks (Lines 2.1 and 2.2)
34. Mortgage loans on real estate (Lines 3.1 and 3.2)
35. Real estate (Lines 4.1, 4.2 and 4.3)
36. Cash, cash equivalents and short-term investments (Line 5)
37. Contract loans (Line 6)
38. Derivatives (Page 2, Line 7)
39. Other invested assets (Line 8)
40. Receivables for securities (Line 9)
41. Securities lending reinvested collateral assets (Line 10)
42. Aggregate write-ins for invested assets (Line 11)
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)
48. Affiliated mortgage loans on real estate
49. All other affiliated
50. Total of above Lines 44 to 49
51. Total investment in parent included in Lines 44 to 49 above

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2)					
53. Total admitted assets (Page 2, Line 28, Col. 3)					
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)					
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)					
57. Total of above Lines 54, 55 and 56					
Benefits and Reserve Increase (Page 6)					
58. Total contract/certificate benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 and 8)					
59. Total contract/certificate benefits-A & H (Lines 13 & 14, Col. 6)					
60. Increase in life reserves-other than group and annuities (Line 19, Col. 2)					
61. Increase in A & H reserves (Line 19, Col. 6)					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1)					
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00					
64. Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14 & 15] / ½ (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00					
65. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)					
66. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)					
67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)					
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims-comprehensive group health (Sch. H, Part 3, Line 3.1, Col. 3)				XXX	XXX
69. Prior years' claim liability and reserve- comprehensive group health (Sch. H, Part 3, Line 3.2, Col. 3)				XXX	XXX
70. Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 3)				XXX	XXX
71. Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 3)				XXX	XXX
Net Gains From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)					
72. Individual industrial life (Page 6.1, Col. 2)					
73. Individual whole life (Page 6.1, Col. 3)					
74. Individual term life (Page 6.1, Col. 4)					
75. Individual indexed life (Page 6.1, Col. 5)					
76. Individual universal life (Page 6.1, Col. 6)					
77. Individual universal life with secondary guarantees (Page 6.1, Col. 7)					
78. Individual variable life (Page 6.1, Col. 8)					
79. Individual variable universal life (Page 6.1, Col. 9)					
80. Individual credit life (Page 6.1, Col. 10)					
81. Individual other life (Page 6.1, Col. 11)					
82. Individual YRT mortality risk only (Page 6.1, Col. 12)					
83. Group whole life (Page 6.2, Col. 2)					
84. Group term life (Page 6.2, Col. 3)					
85. Group universal life (Page 6.2, Col.4)					
86. Group variable life (Page 6.2, Col. 5)					
87. Group variable universal life (Page 6.2, Col. 6)					
88. Group credit life (Page 6.2, Col. 7)					
89. Group other life (Page 6.2, Col. 8)					
90. Group YRT mortality risk only (Page 6.2, Col. 9)					
91. Individual deferred fixed annuities (Page 6.3, Col. 2)					
92. Individual deferred indexed annuities (Page 6.3, Col. 3)					
93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4)					
94. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5)					
95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6)					
96. Individual other annuities (Page 6.3, Col. 7)					
97. Group deferred fixed annuities (Page 6.4, Col. 2)					
98. Group deferred indexed annuities (Page 6.4, Col. 3)					
99. Group deferred variable annuities with guarantees (Page 6.4, Col. 4)					
100. Group deferred variable annuities without guarantees (Page 6.4, Col. 5)					
101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 6)					
102. Group other annuities (Page 6.4, Col. 7)					
103. A & H-comprehensive individual (Page 6.5, Col. 2)					
104. A & H-comprehensive group (Page 6.5, Col. 3)					
105. A & H-Medicare supplement (Page 6.5, Col. 4)					
106. A & H-vision only (Page 6.5, Col. 5)					
107. A & H-dental only (Page 6.5, Col. 6)					
108. A & H-Federal employees health benefits plan (Page 6.5, Col. 7)					
109. A & H-Title XVIII Medicare (Page 6.5, Col. 8)					
110. A & H-Title XIX Medicaid (Page 6.5, Col. 9)					
111. A & H-credit (Page 6.5, Col. 10)					
112. A & H-disability income (Page 6.5, Col. 11)					
113. A & H-long-term care (Page 6.5, Col. 12)					
114. A & H-other (Page 6.5, Col. 13)					
115. Aggregate of all other lines of business (Page 6, Col. 8)					
116. Fraternal (Page 6, Col. 7)					
117. Total (Page 6, Col. 1)					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3—Accounting Changes and Correction of Errors?
If no, please explain

Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

Affix Bar Code Above

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE (STATE PAGE) (b)

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			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)
Individual Life												
1. Industrial.....												
2. Whole.....												
3. Term.....												
4. Indexed.....												
5. Universal.....												
6. Universal with secondary guarantees.....												
7. Variable.....												
8. Variable universal.....												
9. Credit.....												
10. Other.....(f)												
11. Total Individual Life												
Group Life												
12. Whole.....												
13. Term.....												
14. Universal.....												
15. Variable.....												
16. Variable universal.....												
17. Credit.....												
18. Other.....(f)												
19. Total Group Life												
Individual Annuities												
20. Fixed.....												
21. Indexed.....												
22. Variable with guarantees.....												
23. Variable without guarantees.....												
24. Life contingent payout.....												
25. Other.....(f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed.....												
28. Indexed.....												
29. Variable with guarantees.....												
30. Variable without guarantees.....												
31. Life contingent payout.....												
32. Other.....(f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual.....(d)								XXX	XXX	XXX		
35. Comprehensive group.....(d)								XXX	XXX	XXX		
36. Medicare Supplement.....(d)								XXX	XXX	XXX		
37. Vision only.....(d)								XXX	XXX	XXX		
38. Dental only.....(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan(d)								XXX	XXX	XXX		
40. Title XVIII Medicare.....(d)								XXX	XXX	XXX		
41. Title XIX Medicaid.....(d)		(e)						XXX	XXX	XXX		
42. Credit A&H.....(d)								XXX	XXX	XXX		
43. Disability income.....(d)								XXX	XXX	XXX		
44. Long-term care.....(d)								XXX	XXX	XXX		
45. Other health.....(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/Certs	26 Amount	28 Number of Pols/Certs	29 Amount			
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount								
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other.....(f)																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other.....(f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other.....(f)																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other.....(f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health.....(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
47. Total																	

(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 on indicated lines report: 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 \$.....

EXHIBIT OF LIFE INSURANCE
(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance	Number of Policies	Amount of Insurance	Number of Individual Policies and Group Certificates	Amount of Insurance	7 Policies	8 Certificates	Amount of Insurance	
1. In force end of prior year.....
2. Issued during year.....
3. Reinsurance assumed.....
4. Revived during year.....
5. Increased during year (net).....
6. Subtotals, Lines 2 to 5.....
7. Additions by dividends during year.....	XXX	.....	XXX	.....	XXX	.....	XXX	XXX	.....	.....
8. Aggregate write-ins for increases.....
9. Totals (Lines 1 and 6 to 8).....
Deductions during year:										
10. Death.....	XXX	.....	.....	.....
11. Maturity.....	XXX	.....	.....	.....
12. Disability.....	XXX	.....	.....	.....
13. Expiry.....
14. Surrender.....	XXX	.....	.....	.....
15. Lapse.....
16. Conversion.....	XXX	XXX	XXX	.....
17. Decreased (net).....
18. Reinsurance.....
19. Aggregate write-ins for decreases.....
20. Totals (Lines 10 to 19).....
21. In force end of year (b) (Line 9 minus Line 20)
22. Reinsurance ceded end of year.....	XXX	.....	XXX	.....	XXX	.....	XXX	XXX	.....	.....
23. Line 21 minus Line 22	XXX	.....	XXX	.....	XXX	(a)	XXX	XXX	.....	.....
DETAILS OF WRITE-INS										
0801.....
0802.....
0803.....
0898. Summary of remaining write-ins for Line 8 from overflow page.....
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)
1901.....
1902.....
1903.....
1998. Summary of remaining write-ins for Line 19 from overflow page.....
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)

Life, Accident and Health Companies Only:

(a) Group \$.....; Individual \$.....

Fraternal Benefit Societies Only:

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates, Amount \$.....
Additional accidental death benefits included in life certificates were in amount \$..... Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? YES [] NO [] If not, how are such expenses met?.....

EXHIBIT OF LIFE INSURANCE
(\$000 Omitted for Amounts of Life Insurance) (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

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

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

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

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

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

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

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

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies	
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BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

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

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 Amount of Insurance
48. Waiver of Premium.....
49. Disability Income.....
50. Extended Benefits.....	XXX	XXX	.....	.....	.....	.....
51. Other.....
52. Total	(a)	.....	(a)	.....	(a)	.....	(a)	.....

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

SUPPLEMENTARY CONTRACTS

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

ANNUITIES

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

ACCIDENT AND HEALTH INSURANCE

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

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

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

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE
Interest Maintenance Reserve

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

Amortization

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

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year
2. Realized capital gains/(losses) net of taxes -General Account
3. Realized capital gains/(losses) net of taxes-Separate Accounts
4. Unrealized capital gains/(losses) net of deferred taxes-General Account
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves
7. Basic contribution
8. Accumulated balances (Lines 1 through 5 - 6 + 7)
9. Maximum reserve
10. Reserve objective
11. 20% of (Line 10 - Line 8)
12. Balance before transfers (Lines 8 + 11)
13. Transfers
14. Voluntary contribution
15. Adjustment down to maximum/up to zero
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/ Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
1		LONG-TERM BONDS										
		Exempt Obligations.....		XXX	XXX		0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A.....		XXX	XXX		0.0002		0.0007		0.0013	
2.2	1	NAIC Designation Category 1.B.....		XXX	XXX		0.0004		0.0011		0.0023	
2.3	1	NAIC Designation Category 1.C.....		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D.....		XXX	XXX		0.0007		0.0022		0.0044	
2.5	1	NAIC Designation Category 1.E.....		XXX	XXX		0.0009		0.0027		0.0055	
2.6	1	NAIC Designation Category 1.F.....		XXX	XXX		0.0011		0.0034		0.0068	
2.7	1	NAIC Designation Category 1.G.....		XXX	XXX		0.0014		0.0042		0.0085	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7).....		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A.....		XXX	XXX		0.0021		0.0063		0.0105	
3.2	2	NAIC Designation Category 2.B.....		XXX	XXX		0.0025		0.0076		0.0127	
3.3	2	NAIC Designation Category 2.C.....		XXX	XXX		0.0036		0.0108		0.0180	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3).....		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A.....		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B.....		XXX	XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3).....		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C.....		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3).....		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3).....		XXX	XXX		XXX		XXX		XXX	
7	6	NAIC 6.....		XXX	XXX		0.0000		0.2370		0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion.....		XXX	XXX		XXX		XXX		XXX	
9		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4 +7+8)		XXX	XXX		XXX		XXX		XXX	
		PREFERRED STOCKS										
10	1	Highest Quality.....		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High Quality.....		XXX	XXX		0.0021		0.0064		0.0106	
12	3	Medium Quality.....		XXX	XXX		0.0099		0.0263		0.0376	
13	4	Low Quality.....		XXX	XXX		0.0245		0.0572		0.0817	
14	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
15	6	In or Near Default.....		XXX	XXX		0.0000		0.2370		0.2370	
16		Affiliated Life with AVR.....		XXX	XXX		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt Obligations.....		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A.....		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B.....		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C.....		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D.....		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E.....		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F.....		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G.....		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7).....		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A.....		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B.....		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C.....		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3).....		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A.....		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B.....		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3).....		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C.....		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3).....		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3).....		XXX	XXX		XXX		XXX		XXX	
24	6	NAIC 6.....		XXX	XXX		0.0000		0.2370		0.2370	
25		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26		Exchange Traded.....		XXX	XXX		0.0005		0.0016		0.0033	
27	1	Highest Quality.....		XXX	XXX		0.0005		0.0016		0.0033	
28	2	High Quality.....		XXX	XXX		0.0021		0.0064		0.0106	
29	3	Medium Quality.....		XXX	XXX		0.0099		0.0263		0.0376	
30	4	Low Quality.....		XXX	XXX		0.0245		0.0572		0.0817	
31	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
32	6	In or Near Default.....		XXX	XXX		0.0000		0.2370		0.2370	
33		Total Derivative Instruments.....		XXX	XXX		XXX		XXX		XXX	
34		Total (Lines 9+ 17+ 25+ 33)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

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

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

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

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

- (a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
- (b) Determined using same factors and breakdowns used for directly owned real estate.
- (c) This will be the factor associated with the risk category determined in the company generated worksheet.

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

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx
2. Premiums earned.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx
3. Incurred claims.....	
4. Cost containment expenses.....	
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	
6. Increase in contract reserves.....	
7. Commissions (a).....	
8. Other general insurance expenses.....	
9. Taxes, licenses and fees.....	
10. Total other expenses incurred.....	
11. Aggregate write-ins for deductions.....	
12. Gain from underwriting before dividends or refunds.....	
13. Dividends or refunds.....	
14. Gain from underwriting after dividends or refunds.....	
DETAILS OF WRITE-INS														
1101.	
1102.	
1103.	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx
2. Premiums earned.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx
3. Incurred claims.....	
4. Cost containment expenses.....	
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	
6. Increase in contract reserves.....	
7. Commissions (a).....	
8. Other general insurance expenses.....	
9. Taxes, licenses and fees.....	
10. Total other expenses incurred.....	
11. Aggregate write-ins for deductions.....	
12. Gain from underwriting before dividends or refunds.....	
13. Dividends or refunds.....	
14. Gain from underwriting after dividends or refunds.....	
DETAILS OF WRITE-INS												
1101.	
1102.	
1103.	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	

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

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums
2. Advance premiums
3. Reserve for rate credits
4. Total premium reserves, current year
5. Total premium reserves, prior year
6. Increase in total premium reserves
B. Contract Reserves:													
1. Additional reserves (a)
2. Reserve for future contingent benefits
3. Total contract reserves, current year
4. Total contract reserves, prior year
5. Increase in contract reserves
C. Claim Reserves and Liabilities:													
1. Total current year
2. Total prior year
3. Increase

PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year
1.2 On claims incurred during current year
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year
2.2 On claims incurred during current year
3. Test:													
3.1 Lines 1.1 and 2.1
3.2 Claim reserves and liabilities, December 31, prior year
3.3 Line 3.1 minus Line 3.2

PART 4 – REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written
2. Premiums earned
3. Incurred claims
4. Commissions
B. Reinsurance Ceded:													
1. Premiums written
2. Premiums earned
3. Incurred claims
4. Commissions

(a) Includes \$..... premium deficiency reserve.

SCHEDULE H – PART 5 – HEALTH CLAIMS

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

SCHEDULE S – PART 5
 Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

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

(a)

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

SCHEDULE S – PART 6
 Five-Year Exhibit of Reinsurance Ceded Business
 (\$000 Omitted)

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

SCHEDULE S – PART 7
Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....
2. Reinsurance (Line 16)
3. Premiums and considerations (Line 15).....
4. Net credit for ceded reinsurance.....	XXX	.....	.....
5. All other admitted assets (balance).....
6. Total assets excluding Separate Accounts (Line 26)
7. Separate Account assets (Line 27)
8. Total assets (Line 28)
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....
10. Liability for deposit-type contracts (Line 3)
11. Claim reserves (Line 4)
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)
13. Premium & annuity considerations received in advance (Line 8).....
14. Other contract liabilities (Line 9)
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount).....
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount).....
19. All other liabilities (balance).....
20. Total liabilities excluding Separate Accounts (Line 26).....
21. Separate Account liabilities (Line 27).....
22. Total liabilities (Line 28).....
23. Capital & surplus (Line 38).....	XXX	.....
24. Total liabilities, capital & surplus (Line 39)
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves		
26. Claim reserves		
27. Policyholder dividends/reserves.....		
28. Premium & annuity considerations received in advance		
29. Liability for deposit-type contracts		
30. Other contract liabilities		
31. Reinsurance ceded assets.....		
32. Other ceded reinsurance recoverables		
33. Total ceded reinsurance recoverables.....		
34. Premiums and considerations		
35. Reinsurance in unauthorized companies		
36. Funds held under reinsurance treaties with unauthorized reinsurers		
37. Reinsurance with Certified Reinsurers.....		
38. Funds held under reinsurance treaties with Certified Reinsurers		
39. Other ceded reinsurance payables/offsets		
40. Total ceded reinsurance payable/offsets.....		
41. Total net credit for ceded reinsurance		

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only					7 Deposit -Type Contracts
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5 (b)	
		2 Life Insurance Premiums	3 Annuity Considerations				
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. U.S. Virgin Islands.....VI							
56. Northern Mariana Islands.....MP							
57. Canada.....CAN							
58. Aggregate Other Alien.....OT	XXX						
59. Subtotal.....	XXX						
90. Reporting entity contributions for employee benefits plans	XXX						
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						
92. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						
93. Premium or annuity considerations waived under disability or other contract provisions.....	XXX						
94. Aggregate other amounts not allocable by State.....	XXX						
95. Totals (Direct Business).....	XXX						
96. Plus reinsurance assumed.....	XXX						
97. Totals (All Business).....	XXX						
98. Less reinsurance ceded.....	XXX						
99. Totals (All Business) less Reinsurance Ceded.....	XXX			(c)			
DETAILS OF WRITE-INS							
58001.....	XXX						
58002.....	XXX						
58003.....	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX						
58999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)							
9401.....	XXX						
9402.....	XXX						
9403.....	XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page.....	XXX						
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above)							

(a) Active Status Counts:

- 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....
- 2. R – Registered - Non-domiciled RRGs.....
- 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state.....
- 4. Q – Qualified - Qualified or accredited reinsurer.....
- 5. N – None of the above - Not allowed to write business in the state.....

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations

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

SCHEDULE T – PART 2

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

States, Etc.		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 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.	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.	U.S. Virgin Islands.....VI						
56.	Northern Mariana Islands.....MP						
57.	Canada.....CAN						
58.	Aggregate Other Alien.....OT						
59.	Totals						

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

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

PART 1 – ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- | | |
|--|-------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | ..... |
| 2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | ..... |
| 3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | ..... |
| 4. Will an actuarial opinion be filed by March 1? | ..... |

APRIL FILING

- | | |
|---|-------|
| 5. Will Management’s Discussion and Analysis be filed by April 1? | ..... |
| 6. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) | ..... |
| 7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | ..... |

JUNE FILING

- | | |
|--|-------|
| 8. Will an audited financial report be filed by June 1? | ..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | ..... |

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING

- | | |
|--|-------|
| 10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) | ..... |
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | ..... |
| 12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | ..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 23. Will the C-3 RBC Certifications required under C-3 Phase 1 be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?
- 25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?
- 26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?
- 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
- 28. Will the Workers’ Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)
- 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
- 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
- 31. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
- 32. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
- 33. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?
- 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?
- 35. Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?
- 36. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?

APRIL FILING

- 37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?
- 38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
- 39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)
- 40. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
- 41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?
- 42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
- 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
- 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?
- 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?
- 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?
- 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?

AUGUST FILING

- 48. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Explanation:

Bar code:

OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3+4) Amount	6 Percentage of Column 5 Line 13
1. Long-term bonds (Schedule D, Part 1):						
1.01 U.S. governments						
1.02 All other governments						
1.03 U.S. states, territories and possessions, etc. guaranteed						
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed						
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed						
1.06 Industrial and miscellaneous						
1.07 Hybrid securities						
1.08 Parent, subsidiaries and affiliates.....						
1.09 SVO identified funds						
1.10 Unaffiliated bank loans.....						
1.11 Unaffiliated certificates of deposit.....						
1.12 Total long-term bonds						
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated).....						
2.02 Parent, subsidiaries and affiliates.....						
2.03 Total preferred stocks.....						
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated)						
3.02 Industrial and miscellaneous Other (Unaffiliated)						
3.03 Parent, subsidiaries and affiliates Publicly traded						
3.04 Parent, subsidiaries and affiliates Other						
3.05 Mutual funds						
3.06 Unit investment trusts						
3.07 Closed-end funds.....						
3.08 Exchange traded funds.....						
3.09 Total common stocks						
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages.....						
4.02 Residential mortgages.....						
4.03 Commercial mortgages						
4.04 Mezzanine real estate loans						
4.05 Total valuation allowance						
4.06 Total mortgage loans.....						
5. Real estate (Schedule A):						
5.01 Properties occupied by company						
5.02 Properties held for production of income						
5.03 Properties held for sale						
5.04 Total real estate.....						
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1)						
6.02 Cash equivalents (Schedule E, Part 2).....						
6.03 Short-term investments (Schedule DA).....						
6.04 Total cash, cash equivalents and short-term investments						
7. Contract loans.....						
8. Derivatives (Schedule DB).....						
9. Other invested assets (Schedule BA)						
10. Receivables for securities						
11. Securities lending (Schedule DL, Part 1).....				XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11)						
13. Total invested assets						

SCHEDULE A – VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	_____
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 6)	_____	_____
2.2	Additional investment made after acquisition (Part 2, Column 9).....	_____	_____
3.	Current year change in encumbrances:		
3.1	Totals, Part 1, Column 13	_____	_____
3.2	Totals, Part 3, Column 11	_____	_____
4.	Total gain (loss) on disposals, Part 3, Column 18.....	_____	_____
5.	Deduct amounts received on disposals, Part 3, Column 15	_____	_____
6.	Total foreign exchange change in book/adjusted carrying value:		
6.1	Totals, Part 1, Column 15	_____	_____
6.2	Totals, Part 3, Column 13	_____	_____
7.	Deduct current year’s other-than-temporary impairment recognized:		
7.1	Totals, Part 1, Column 12	_____	_____
7.2	Totals, Part 3, Column 10	_____	_____
8.	Deduct current year’s depreciation:		
8.1	Totals, Part 1, Column 11	_____	_____
8.2	Totals, Part 3, Column 9	_____	_____
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	_____	_____
10.	Deduct total nonadmitted amounts	_____	_____
11.	Statement value at end of current period (Line 9 minus Line 10).....	_____	_____

SCHEDULE B – VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	_____	_____
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition (Part 2, Column 7)	_____	_____
2.2	Additional investment made after acquisition (Part 2, Column 8).....	_____	_____
3.	Capitalized deferred interest and other:		
3.1	Totals, Part 1, Column 12	_____	_____
3.2	Totals, Part 3, Column 11	_____	_____
4.	Accrual of discount.....	_____	_____
5.	Unrealized valuation increase/(decrease):		
5.1	Totals, Part 1, Column 9	_____	_____
5.2	Totals, Part 3, Column 8	_____	_____
6.	Total gain (loss) on disposals, Part 3, Column 18.....	_____	_____
7.	Deduct amounts received on disposals, Part 3, Column 15	_____	_____
8.	Deduct amortization of premium and mortgage interest points and commitment fees	_____	_____
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest:		
9.1	Totals, Part 1, Column 13	_____	_____
9.2	Totals, Part 3, Column 13	_____	_____
10.	Deduct current year’s other-than-temporary impairment recognized:		
10.1	Totals, Part 1, Column 11	_____	_____
10.2	Totals, Part 3, Column 10	_____	_____
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____	_____
12.	Total valuation allowance.....	_____	_____
13.	Subtotal (Line 11 plus Line 12).....	_____	_____
14.	Deduct total nonadmitted amounts	_____	_____
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14).....	_____	_____

SCHEDULE BA – VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	_____
2.	Cost of acquired:		_____
2.1	Actual cost at time of acquisition (Part 2, Column 8).....	_____	_____
2.2	Additional investment made after acquisition (Part 2, Column 9).....	_____	_____
3.	Capitalized deferred interest and other:		_____
3.1	Totals, Part 1, Column 16.....	_____	_____
3.2	Totals, Part 3, Column 12.....	_____	_____
4.	Accrual of discount.....	_____	_____
5.	Unrealized valuation increase/(decrease):.....		_____
5.1	Totals, Part 1, Column 13.....	_____	_____
5.2	Totals, Part 3, Column 9.....	_____	_____
6.	Total gain (loss) on disposals, Part 3, Column 19.....	_____	_____
7.	Deduct amounts received on disposals, Part 3, Column 16.....	_____	_____
8.	Deduct amortization of premium and depreciation.....	_____	_____
9.	Total foreign exchange change in book/adjusted carrying value:		_____
9.1	Totals, Part 1, Column 17.....	_____	_____
9.2	Totals, Part 3, Column 14.....	_____	_____
10.	Deduct current year’s other-than-temporary impairment recognized:		_____
10.1	Totals, Part 1, Column 15.....	_____	_____
10.2	Totals, Part 3, Column 11.....	_____	_____
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	_____	_____
12.	Deduct total nonadmitted amounts.....	_____	_____
13.	Statement value at end of current period (Line 11 minus Line 12).....	_____	_____

SCHEDULE D – VERIFICATION BETWEEN YEARS
Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year.....	_____	_____
2.	Cost of bonds and stocks acquired, Part 3, Column 7.....	_____	_____
3.	Accrual of discount.....	_____	_____
4.	Unrealized valuation increase/(decrease):		_____
4.1	Part 1, Column 12.....	_____	_____
4.2	Part 2, Section 1, Column 15.....	_____	_____
4.3	Part 2, Section 2, Column 13.....	_____	_____
4.4	Part 4, Column 11.....	_____	_____
5.	Total gain (loss) on disposals, Part 4, Column 19.....	_____	_____
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7.....	_____	_____
7.	Deduct amortization of premium.....	_____	_____
8.	Total foreign exchange change in book/adjusted carrying value:		_____
8.1	Part 1, Column 15.....	_____	_____
8.2	Part 2, Section 1, Column 19.....	_____	_____
8.3	Part 2, Section 2, Column 16.....	_____	_____
8.4	Part 4, Column 15.....	_____	_____
9.	Deduct current year’s other-than-temporary impairment recognized:		_____
9.1	Part 1, Column 14.....	_____	_____
9.2	Part 2, Section 1, Column 17.....	_____	_____
9.3	Part 2, Section 2, Column 14.....	_____	_____
9.4	Part 4, Column 13.....	_____	_____
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2.....	_____	_____
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	_____	_____
12.	Deduct total nonadmitted amounts.....	_____	_____
13.	Statement value at end of current period (Line 11 minus Line 12).....	_____	_____

SCHEDULE D – SUMMARY BY COUNTRY
 Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (including all obligations guaranteed by governments)	1. United States.....	.....	.....	.....	.....
	2. Canada .....	.....	.....	.....	.....
	3. Other Countries .....	.....	.....	.....	.....
	4. Totals				
U.S. States, Territories and Possessions (direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States.....	.....	.....	.....	.....
	9. Canada .....	.....	.....	.....	.....
	10. Other Countries .....	.....	.....	.....	.....
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds				
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States.....	.....	.....	.....	.....
	15. Canada .....	.....	.....	.....	.....
	16. Other Countries .....	.....	.....	.....	.....
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States.....	.....	.....	.....	.....
	21. Canada .....	.....	.....	.....	.....
	22. Other Countries .....	.....	.....	.....	.....
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks				
	26. Total Stocks				
	27. Total Bonds and Stocks				

SCHEDULE D – PART 1A – SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
1.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
1.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
1.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
1.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
1.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
1.7 Totals						XXX						
2. All Other Governments												
2.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
2.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
2.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
2.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
2.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
2.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
2.7 Totals						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
3.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
3.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
3.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
3.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
3.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
3.7 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
4.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
4.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
4.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
4.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
4.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
4.7 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1.....	XXX	.....	.....	.....	.....	.....	.....
5.2 NAIC 2.....	XXX	.....	.....	.....	.....	.....	.....
5.3 NAIC 3.....	XXX	.....	.....	.....	.....	.....	.....
5.4 NAIC 4.....	XXX	.....	.....	.....	.....	.....	.....
5.5 NAIC 5.....	XXX	.....	.....	.....	.....	.....	.....
5.6 NAIC 6.....	XXX	.....	.....	.....	.....	.....	.....
5.7 Totals						XXX						

SCHEDULE D – PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)												
6.1 NAIC 1						XXX						
6.2 NAIC 2						XXX						
6.3 NAIC 3						XXX						
6.4 NAIC 4						XXX						
6.5 NAIC 5						XXX						
6.6 NAIC 6						XXX						
6.7 Totals						XXX						
7. Hybrid Securities												
7.1 NAIC 1						XXX						
7.2 NAIC 2						XXX						
7.3 NAIC 3						XXX						
7.4 NAIC 4						XXX						
7.5 NAIC 5						XXX						
7.6 NAIC 6						XXX						
7.7 Totals						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1						XXX						
8.2 NAIC 2						XXX						
8.3 NAIC 3						XXX						
8.4 NAIC 4						XXX						
8.5 NAIC 5						XXX						
8.6 NAIC 6						XXX						
8.7 Totals						XXX						
9. SVO Identified Funds												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX							
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX							
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX							
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX							
9.7 Totals	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.1 NAIC 1						XXX						
10.2 NAIC 2						XXX						
10.3 NAIC 3						XXX						
10.4 NAIC 4						XXX						
10.5 NAIC 5						XXX						
10.6 NAIC 6						XXX						
10.7 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.1 NAIC 1						XXX						
11.2 NAIC 2						XXX						
11.3 NAIC 3						XXX						
11.4 NAIC 4						XXX						
11.5 NAIC 5						XXX						
11.6 NAIC 6						XXX						
11.7 Totals						XXX						

SCHEDULE D – PART 1A – SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 12.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
12. Total Bonds Current Year												
12.1 NAIC 1	(d)								XXX	XXX		
12.2 NAIC 2	(d)								XXX	XXX		
12.3 NAIC 3	(d)								XXX	XXX		
12.4 NAIC 4	(d)								XXX	XXX		
12.5 NAIC 5	(d)						(c)		XXX	XXX		
12.6 NAIC 6	(d)						(c)		XXX	XXX		
12.7 Totals							(b)		XXX	XXX		
12.8 Line 12.7 as a % of Col. 7								XXX	XXX	XXX		
13. Total Bonds Prior Year												
13.1 NAIC 1							XXX	XXX				
13.2 NAIC 2							XXX	XXX				
13.3 NAIC 3							XXX	XXX				
13.4 NAIC 4							XXX	XXX				
13.5 NAIC 5							XXX	XXX	(c)			
13.6 NAIC 6							XXX	XXX	(c)			
13.7 Totals							XXX	XXX	(b)			
13.8 Line 13.7 as a % of Col. 9							XXX	XXX		XXX		
14. Total Publicly Traded Bonds												
14.1 NAIC 1												XXX
14.2 NAIC 2												XXX
14.3 NAIC 3												XXX
14.4 NAIC 4												XXX
14.5 NAIC 5												XXX
14.6 NAIC 6												XXX
14.7 Totals												XXX
14.8 Line 14.7 as a % of Col. 7								XXX	XXX	XXX		XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12								XXX	XXX	XXX		XXX
15. Total Privately Placed Bonds												
15.1 NAIC 1											XXX	
15.2 NAIC 2											XXX	
15.3 NAIC 3											XXX	
15.4 NAIC 4											XXX	
15.5 NAIC 5											XXX	
15.6 NAIC 6											XXX	
15.7 Totals											XXX	
15.8 Line 15.7 as a % of Col. 7								XXX	XXX	XXX	XXX	
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12								XXX	XXX	XXX	XXX	

- (a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
- (b) Includes \$ current year of bonds with Z designations and \$ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.
- (c) Includes \$ current year, \$ prior year of bonds with 5GI designations and \$ current year, \$ prior year of bonds with 6* designations. "5GI" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
- (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE D – PART 1A – SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1.	U.S. Governments												
1.01	Issuer Obligations.....						XXX						
1.02	Residential Mortgage-Backed Securities						XXX						
1.03	Commercial Mortgage-Backed Securities						XXX						
1.04	Other Loan-Backed and Structured Securities.....						XXX						
1.05	Totals						XXX						
2.	All Other Governments												
2.01	Issuer Obligations.....						XXX						
2.02	Residential Mortgage-Backed Securities						XXX						
2.03	Commercial Mortgage-Backed Securities						XXX						
2.04	Other Loan-Backed and Structured Securities.....						XXX						
2.05	Totals						XXX						
3.	U.S. States, Territories and Possessions, Guaranteed												
3.01	Issuer Obligations.....						XXX						
3.02	Residential Mortgage-Backed Securities						XXX						
3.03	Commercial Mortgage-Backed Securities						XXX						
3.04	Other Loan-Backed and Structured Securities.....						XXX						
3.05	Totals						XXX						
4.	U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.01	Issuer Obligations.....						XXX						
4.02	Residential Mortgage-Backed Securities						XXX						
4.03	Commercial Mortgage-Backed Securities						XXX						
4.04	Other Loan-Backed and Structured Securities.....						XXX						
4.05	Totals						XXX						
5.	U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.01	Issuer Obligations.....						XXX						
5.02	Residential Mortgage-Backed Securities						XXX						
5.03	Commercial Mortgage Backed Securities.....						XXX						
5.04	Other Loan-Backed and Structured Securities.....						XXX						
5.05	Totals						XXX						
6.	Industrial and Miscellaneous												
6.01	Issuer Obligations.....						XXX						
6.02	Residential Mortgage-Backed Securities						XXX						
6.03	Commercial Mortgage-Backed Securities						XXX						
6.04	Other Loan-Backed and Structured Securities.....						XXX						
6.05	Totals						XXX						
7.	Hybrid Securities												
7.01	Issuer Obligations.....						XXX						
7.02	Residential Mortgage-Backed Securities						XXX						
7.03	Commercial Mortgage-Backed Securities						XXX						
7.04	Other Loan-Backed and Structured Securities.....						XXX						
7.05	Totals						XXX						
8.	Parent, Subsidiaries and Affiliates												
8.01	Issuer Obligations.....						XXX						
8.02	Residential Mortgage-Backed Securities						XXX						
8.03	Commercial Mortgage-Backed Securities						XXX						
8.04	Other Loan-Backed and Structured Securities.....						XXX						
8.05	Affiliated Bank Loans – Issued.....						XXX						
8.06	Affiliated Bank loans – Acquired						XXX						
8.07	Totals						XXX						

SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
10.02 Unaffiliated Bank Loans - Acquired.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	.....
10.03 Totals						XXX						
11. Unaffiliated Certificates of Deposit												
11.01 Totals						XXX						
12. Total Bonds Current Year												
12.01 Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.02 Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.03 Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.04 Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX	.....	.....
12.06 Affiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.07 Unaffiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.08 Unaffiliated Certificates of Deposit .....	.....	.....	.....	.....	.....	XXX	.....	.....	XXX	XXX	.....	.....
12.09 Totals.....						XXX			XXX	XXX		
12.10 Lines 12.09 as a % Col. 7								XXX	XXX	XXX		
13. Total Bonds Prior Year												
13.01 Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.02 Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.03 Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.04 Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	.....	XXX	XXX	.....	.....	.....	.....
13.06 Affiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.07 Unaffiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.08 Unaffiliated Certificates of Deposit .....	.....	.....	.....	.....	.....	XXX	XXX	XXX	.....	.....	.....	.....
13.09 Totals.....						XXX	XXX	XXX	.....	.....	.....	.....
13.10 Line 13.09 as a % of Col. 9							XXX	XXX	.....	XXX	.....	.....
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.02 Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.03 Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.04 Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	XXX
14.06 Affiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.07 Unaffiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.08 Unaffiliated Certificates of Deposit .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	.....	XXX
14.09 Totals.....						XXX			.....	.....	.....	XXX
14.10 Line 14.09 as a % of Col. 7.....								XXX	XXX	XXX	.....	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX	.....	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.02 Residential Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.03 Commercial Mortgage-Backed Securities .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.04 Other Loan-Backed and Structured Securities.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	XXX	.....
15.06 Affiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.07 Unaffiliated Bank Loans .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.08 Unaffiliated Certificates of Deposit .....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....	XXX	.....
15.09 Totals.....						XXX			.....	.....	XXX	.....
15.10 Line 15.09 as a % of Col. 7.....								XXX	XXX	XXX	.....	XXX
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12								XXX	XXX	XXX	.....	XXX

SCHEDULE DA – VERIFICATION BETWEEN YEARS
Short-Term Investments

	1	2	3	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
	Total	Bonds	Mortgage Loans		
1. Book/adjusted carrying value, December 31 of prior year.....
2. Cost of short-term investments acquired
3. Accrual of discount
4. Unrealized valuation increase/(decrease).....
5. Total gain (loss) on disposals.....
6. Deduct consideration received on disposals
7. Deduct amortization of premium
8. Total foreign exchange change in book/adjusted carrying value
9. Deduct current year’s other-than-temporary impairment recognized
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....
11. Deduct total nonadmitted amounts.....
12. Statement value at end of current period (Line 10 minus Line 11)

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: _____.

SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/adjusted carrying value, December 31, prior year (Line 10, prior year)	_____	_____
2.	Cost paid/(consideration received) on additions:		
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12	_____	_____
2.2	Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14	_____	_____
3.	Unrealized valuation increase/(decrease):		
3.1	Section 1, Column 17	_____	_____
3.2	Section 2, Column 19	_____	_____
4.	SSAP No. 108 adjustments	_____	_____
5.	Total gain (loss) on termination recognized, Section 2, Column 22	_____	_____
6.	Considerations received/(paid) on terminations, Section 2, Column 15	_____	_____
7.	Amortization:		
7.1	Section 1, Column 19	_____	_____
7.2	Section 2, Column 21	_____	_____
8.	Adjustment to the book/adjusted carrying value of hedged item:		
8.1	Section 1, Column 20	_____	_____
8.2	Section 2, Column 23	_____	_____
9.	Total foreign exchange change in book/adjusted carrying value:		
9.1	Section 1, Column 18	_____	_____
9.2	Section 2, Column 20	_____	_____
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9)	_____	_____
11.	Deduct nonadmitted assets	_____	_____
12.	Statement value at end of current period (Line 10 minus Line 11)	_____	_____

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS

Futures Contracts

1.	Book/adjusted carrying value, December 31 of prior year (Line 6, prior year)	_____	_____
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)	_____	_____
3.1	Add:		
	Change in variation margin on open contracts – Highly effective hedges:		
3.11	Section 1, Column 15, current year minus	_____	_____
3.12	Section 1, Column 15, prior year	_____	_____
	Change in the variation margin on open contracts – All other:		
3.13	Section 1, Column 18, current year minus	_____	_____
3.14	Section 1, Column 18, prior year	_____	_____
3.2	Add:		
	Change in adjustment to basis of hedged item:		
3.21	Section 1, Column 17, current year to date minus	_____	_____
3.22	Section 1, Column 17, prior year	_____	_____
	Change in amount recognized		
3.23	Section 1, Column 19, current year to date minus	_____	_____
3.24	Section 1, Column 19, prior year plus	_____	_____
3.25	SSAP No. 108 adjustments	_____	_____
3.3	Subtotal (Line 3.1 minus Line 3.2)	_____	_____
4.1	Cumulative variation margin on terminated contracts during the year (Section 2, Column 15)	_____	_____
4.2	Less:		
4.21	Amount used to adjust basis of hedged item (Section 2, Column 17)	_____	_____
4.22	Amount recognized (Section 2, Column 16)	_____	_____
4.23	SSAP No. 108 adjustments	_____	_____
4.3	Subtotal (Line 4.1 minus Line 4.2)	_____	_____
5.	Dispositions gains (losses) on contracts terminated in prior year:		
5.1	Total gain (loss) recognized for terminations in prior year	_____	_____
5.2	Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	_____	_____
6.	Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	_____	_____
7.	Deduct total nonadmitted amounts	_____	_____
8.	Statement value at end of current period (Line 6 minus Line 7)	_____	_____

SCHEDULE DB – PART C – SECTION 2
Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Add: Opened or Acquired Transactions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
4. Less: Closed or Disposed of Transactions .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
7. Ending Inventory										

SCHEDULE DB – VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1.	Part A, Section 1, Column 14	_____	
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance	_____	
3.	Total (Line 1 plus Line 2)	_____	_____
4.	Part D, Section 1, Column 6	_____	
5.	Part D, Section 1, Column 7	_____	
6.	Total (Line 3 minus Line 4 minus Line 5)	_____	_____

Fair Value Check

7.	Part A, Section 1, Column 16	_____	
8.	Part B, Section 1, Column 13	_____	
9.	Total (Line 7 plus Line 8)	_____	_____
10.	Part D, Section 1, Column 9	_____	
11.	Part D, Section 1, Column 10	_____	
12.	Total (Line 9 minus Line 10 minus Line 11)	_____	_____

Potential Exposure Check

13.	Part A, Section 1, Column 21	_____	
14.	Part B, Section 1, Column 20	_____	
15.	Part D, Section 1, Column 12	_____	
16.	Total (Lines 13 plus Line 14 minus Line 15)	_____	_____

SCHEDULE E – PART 2 – VERIFICATION BETWEEN YEARS
(Cash Equivalents)

	1	2	3	4
	Total	Bonds	Money Market Mutual Funds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year.....
2. Cost of cash equivalents acquired.....
3. Accrual of discount.....
4. Unrealized valuation increase/(decrease).....
5. Total gain (loss) on disposals.....
6. Deduct consideration received on disposals.....
7. Deduct amortization of premium.....
8. Total foreign exchange change in book/adjusted carrying value.....
9. Deduct current year's other-than-temporary impairment recognized.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....
11. Deduct total nonadmitted amounts.....
12. Statement value at end of current period (Line 10 minus Line 11)

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment _____.

SCHEDULE D – PART 1
Showing All Long-Term **BONDS** Owned December 31 of Current Year

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

1. Line Number Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
 1A \$ 1B \$ 1C \$ 1D \$ 1E \$ 1F \$ 1G \$
 1B 2A \$ 2B \$ 2C \$
 1C 3A \$ 3B \$ 3C \$
 1D 4A \$ 4B \$ 4C \$
 1E 5A \$ 5B \$ 5C \$
 1F 6 \$

SCHEDULE D – PART 2 – SECTION 1
 Showing All **PREFERRED STOCKS** Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	9 Fair Value		11 Actual Cost	12 Dividends			15 Change in Book/Adjusted Carrying Value				20 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	21 Date Acquired	
		3	4 F o r e i g n					9 Rate per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amortization)/ Accretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change in B./A.C.V. (15+16-17)			19 Total Foreign Exchange Change in B./A.C.V.
.....
450999999	Total Preferred Stocks							XXX											XXX	XXX

1. Line Number Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
 1A \$ 1B \$ 1C \$ 1D \$ 1E \$ 1F \$ 1G \$
 2A \$ 2B \$ 2C \$
 3A \$ 3B \$ 3C \$
 4A \$ 4B \$ 4C \$
 5A \$ 5B \$ 5C \$
 6 \$

SCHEDULE DA – PART 1

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

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value				12 Par Value	13 Actual Cost	Interest						20 Paid for Accrued Interest	
	2 Code	3 F o r e i g n					8 Unrealized Valuation Increase/ (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other-Than-Temporary Impairment Recognized	11 Total Foreign Exchange Change in B./A.C.V.			14 Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default	15 Non-Admitted Due and Accrued	16 Rate of	17 Effective Rate of	18 When Paid	19 Amount Received During Year		
.....
.....
770999999	Totals										XXX			XXX	XXX	XXX				

1. Line Number Book/Adjusted Carrying Value by NAIC Designation Category Footnote:
 1A \$ 1B \$ 1C \$ 1D \$ 1E \$ 1F \$ 1G \$
 1B 2A \$ 2B \$ 2C \$
 1C 3A \$ 3B \$ 3C \$
 1D 4A \$ 4B \$ 4C \$
 1E 5A \$ 5B \$ 5C \$
 1F 6 \$

SCHEDULE DB – PART A – SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23					
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	Current Year Initial Cost of Undiscounted Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment to Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness At Inception and at Year-end (b)					
.....					
168999999 Subtotal - Hedging Effective - Excluding Variable Annuity Guarantees Under SSAP No. 108														XXX								XXX	XXX				
169999999 Subtotal - Hedging Effective - Variable Annuity Guarantees Under SSAP No. 108														XXX									XXX	XXX			
170999999 Subtotal - Hedging Other														XXX									XXX	XXX			
171999999 Subtotal - Replication														XXX									XXX	XXX			
172999999 Subtotal - Income Generation														XXX										XXX	XXX		
173999999 Subtotal - Other														XXX											XXX	XXX	
174999999 Subtotal - Adjustments for SSAP No. 108 Derivatives														XXX												XXX	XXX
175999999 Totals														XXX											XXX	XXX	

(a)

Code	Description of Hedged Risk(s)
.....
.....
.....
.....

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
.....
.....
.....
.....

SCHEDULE DB – PART B – SECTION 1

Future Contracts Open December 31 of Current Year

1 Ticker Symbol	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item (s) Hedged, Used for Income Generation or Replicated	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Reporting Date Price	13 Fair Value	14 Book/ Adjusted Carrying Value	Highly Effective Hedges			18 Cumulative Variation Margin for All Other Hedges	19 Change in Variation Margin Gain (Loss) Recognized in Current Year	20 Potential Exposure	21 Hedge Effectiveness at Inception and at Year-End (b)	22 Value of One (1) Point													
														15 Cumulative Variation Margin	16 Deferred Variation Margin	17 Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item																		
.....													
168999999	Subtotal - Hedging Effective - Excluding Variable Annuity Guarantees Under SSAP No. 108																											XXX	XXX					
169999999	Subtotal - Hedging Effective - Variable Annuity Guarantees Under SSAP No. 108																											XXX	XXX					
170999999	Subtotal – Hedging Other																											XXX	XXX					
171999999	Subtotal – Replication																												XXX	XXX				
172999999	Subtotal – Income Generation																													XXX	XXX			
173999999	Subtotal – Other																														XXX	XXX		
174999999	Subtotal - Adjustments for SSAP No. 108 Derivatives																															XXX	XXX	
175999999	Totals																																XXX	XXX

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
.....
.....
.....
.....
Total Net Cash Deposits			

(a) Code	Description of Hedged Risk(s)
.....
.....
.....

(b) Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
.....
.....
.....

SCHEDULE DB – PART D – SECTION 1
 Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	Counterparty Offset		Book/Adjusted Carrying Value			Fair Value			12 Potential Exposure	13 Off-Balance Sheet Exposure
			4 Fair Value of Acceptable Collateral	5 Present Value of Financing Premium	6 Contracts With Book/Adjusted Carrying Value >0	7 Contracts With Book/Adjusted Carrying Value <0	8 Exposure Net of Collateral	9 Contracts With Fair Value >0	10 Contracts With Fair Value <0	11 Exposure Net of Collateral		
.....
.....
.....
.....
.....
.....
099999999 Gross Totals												
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64												

SCHEDULE DB – PART D – SECTION 2
 Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....
.....
.....
.....
019999999 Totals							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
.....	XXX	.....	.....
.....	XXX	.....	.....
.....	XXX	.....	.....
.....	XXX	.....	.....
.....	XXX	.....	.....
029999999 Totals						XXX	XXX	XXX

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
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. U.S. Virgin Islands..... VI						
56. Northern Mariana Islands..... MP						
57. Canada..... CAN						
58. Aggregate Alien and Other..... OT	XXX	XXX				
59. Total	XXX	XXX				
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page.....	XXX	XXX				
5899. Totals (Lines 5801 – 5803 + 5898) (Line 58 above)	XXX	XXX				

.....
Affix Bar Code Above

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

For The Year Ended December 31, 20__

(To Be Filed by April 1)

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

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

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

		Business Subject to MLR									10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
		1	2	3	4	5	6	7	8							
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total 13 + 14		
1.	Premium:															
	1.1 Health premiums earned (From Part 2, Line 1.11).....														XXX	
	1.2 Federal high risk pools.....														XXX	
	1.3 State high risk pools.....														XXX	
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3).....														XXX	
	1.5 Federal taxes and federal assessments.....															
	1.6 State insurance, premium and other taxes (Similar local taxes of \$ _____).....															
	1.6a Community Benefit Expenditures (informational only).....															
	1.7 Regulatory authority licenses and fees.....															
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7).....														XXX	
	1.9 Net assumed less ceded reinsurance premiums earned.....														XXX	
	1.10 Other adjustments due to MLR calculations – Premiums.....														XXX	
	1.11 Risk revenue.....														XXX	
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)														XXX	
2.	Claims:															
	2.1 Incurred claims excluding prescription drugs.....														XXX	
	2.2 Prescription drugs.....														XXX	
	2.3 Pharmaceutical rebates.....														XXX	
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only)														XXX	
3.	Incurred medical incentive pools and bonuses															XXX
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)															
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15).....														XXX	
	5.1 Net assumed less ceded reinsurance claims incurred.....														XXX	
	5.2 Other adjustments due to MLR calculations – Claims.....														XXX	
	5.3 Rebates paid.....														XXX	
	5.4 Estimated rebates unpaid prior year.....										XXX	XXX			XXX	
	5.5 Estimated rebates unpaid current year.....										XXX	XXX			XXX	
	5.6 Fee for service and co-pay revenue.....										XXX	XXX			XXX	
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)														XXX	
6.	Improving Health Care Quality Expenses Incurred:															
	6.1 Improve Health Outcomes.....															
	6.2 Activities to prevent hospital readmissions.....															
	6.3 Improve patient safety and reduce medical errors.....															
	6.4 Wellness and health promotion activities.....															
	6.5 Health Information Technology expenses related to health improvement.....															
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5)															
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8										XXX	XXX		XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6.....															
	8.2 All other claims adjustment expenses.....															
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)															
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)													XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR OF THE

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

		Business Subject to MLR									10 Government Business (excluded by statute)	11 Other Health Business	12 Medicare Advantage Part C and Medicare Part D Stand- Alone Subject to ACA	13 Subtotal (Cols 1 thru 12)	14 Uninsured Plans	15 Total 13 + 14
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9 Student Health Plans						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group							
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	10.2 Agents and brokers fees and commissions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	10.4 Other general and administrative expenses.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	10.4a Community Benefit Expenditures (informational only) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)														XXX	
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	OTHER INDICATORS:															
1.	Number of Certificates/Policies															
2.	Number of Covered Lives															
3.	Number of Groups	XXX			XXX											
4.	Member Months															

Is run-off business reported in Columns 1 through 9 or 12?Yes [] No [] If yes, show the amount of premiums and claims included: Premiums \$..... Claims \$.....

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES					
		Current Year		Prior Year	
		Comprehensive Health Coverage		Comprehensive Health Coverage	
		1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables					
1.	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)				
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX		XXX
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium .....	.....	.....	.....	.....
	3.2 Reserve for rate credits or policy experience refunds	.....	.....	.....	.....
ACA Receipts and Payments					
4.	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)				
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX		XXX
6.	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received.....	.....	.....	.....	.....
	6.2 Rate credits or policy experience refunds paid	.....	.....	.....	.....

SUPPLEMENT FOR THE YEAR OF THE

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

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

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____ DURING THE YEAR _____ NAIC Company Code _____

		Business Subject to MLR									10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9				
		1	2	3	4	5	6	7	8					
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)		
1.	Health Premiums Earned:													
	1.1 Direct premiums written.....													
	1.2 Unearned premium prior year.....													
	1.3 Unearned premium current year.....													
	1.4 Change in unearned premium (Lines 1.2 – 1.3).....													
	1.5 Paid rate credits.....													
	1.6 Reserve for rate credits current year.....													
	1.7 Reserve for rate credits prior year.....													
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7).....													
	1.9 Premium balances written off.....													
	1.10 Group conversion charges.....													
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 – 1.9 + 1.10).....													
	1.12 Assumed premiums earned from non-affiliates.....													
	1.13 Net assumed less ceded premiums earned from affiliates.....													
	1.14 Ceded premiums earned to non-affiliates.....													
	1.15 Other adjustments due to MLR calculation – Premiums.....													
	1.16 Net premiums earned (Lines 1.11 – 1.5 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15).....													
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year.....													
	2.2 Direct claim liability current year.....													
	2.3 Direct claim liability prior year.....													
	2.4 Direct claim reserves current year.....													
	2.5 Direct claim reserves prior year.....													
	2.6 Direct contract reserves current year.....													
	2.7 Direct contract reserves prior year.....													
	2.8 Paid rate credits.....													
	2.9 Reserve for rate credits current year.....													
	2.10 Reserve for rate credits prior year.....													
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c).....													
	2.11a Paid medical incentive pools and bonuses current year.....													
	2.11b Accrued medical incentive pools and bonuses current year.....													
	2.11c Accrued medical incentive pools and bonuses prior year.....													
	2.12 Net health care receivables (Lines 2.12a – 2.12b).....													
	2.12a Health care receivables current year.....													
	2.12b Health care receivables prior year.....													
	2.13 Group conversion charge.....													
	2.14 Multi-option coverage blended rate adjustment.....													
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 – 2.10 + 2.11 – 2.12 + 2.13 + 2.14).....													
	2.16 Assumed incurred claims from non-affiliates.....													
	2.17 Net assumed less ceded incurred claims from affiliates.....													
	2.18 Ceded incurred claims to non-affiliates.....													
	2.19 Other adjustments due to MLR calculation – Claims.....													
	2.20 Net Incurred Claims (Lines 2.15 – 2.8 – 2.9 + 2.10 + 2.16 + 2.17 – 2.18 + 2.19).....													
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)													

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

.....
Affix Bar Code Above

CREDIT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024

(To Be Filed By April 1)

Of The Insurance Company

Address (City, State and Zip Code).....

NAIC Group Code..... NAIC Company Code..... Employer's ID Number

Direct Business in the State of

Does the company have credit insurance in this state? Yes () No ()

SUPPLEMENT FOR THE YEAR OF THE

PART 1A – CREDIT LIFE INSURANCE
Monthly Outstanding Balance (MOB)

PART 1B – CREDIT LIFE INSURANCE
Single Premium (SP) and Total

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

PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium – Closed-End

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

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

.....

PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance – Closed-End

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

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

.....

PART 2C – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance – Open-End

PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5	6	7	1	2
	7 Day Retro	14 Day Retro	14 Day Non-Retro	30 Day Retro	30 Day Non-Retro	Other (a)	Total	All Other (b)	Total -Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums
1.2 Refunds on terminations
1.3 Net written premiums (Lines 1.1-1.2)
1.4 Premium reserves, start of period
1.5 Premium reserves, end of period
1.6 Actual earned premiums (Lines 1.3+1.4-1.5).....
1.7 Earned premiums at prima facie rates.....
2. Incurred Claims:									
2.1 Claims paid.....
2.2 Unreported claim reserve, start of period
2.3 Unreported claim reserve, end of period
2.4 Claim reserves, start of period
2.5 Claim reserves, end of period
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5).....
3. Incurred Compensation:									
3.1 Commissions and service fees incurred.....
3.2 Other incurred compensation.....
3.3 Total incurred compensation (Lines 3.1+3.2).....
3.4 Commissions/service fee percentage (Lines 3.1/1.3)%%%%%%%%%
3.5 Other incurred compensation percentage (Lines 3.2/1.6)....%%%%%%%%%
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6/1.6).....%%%%%%%%%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7)%%%%%%%%%

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

.....

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

.....

PART 3A – CREDIT UNEMPLOYMENT INSURANCE

PART 3B – CREDIT UNEMPLOYMENT INSURANCE

	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB	1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
1. Earned Premiums:						
1.1 Gross written premiums
1.2 Refunds on terminations.....
1.3 Net written premiums (Lines 1.1-1.2).....
1.4 Premium reserves, start of period.....
1.5 Premium reserves, end of period.....
1.6 Actual earned premium (Lines 1.3+1.4-1.5).....
1.7 Earned premiums at prima facie rates
2. Incurred Claims:						
2.1 Claims paid
2.2 Unreported claim reserve, start of period.....
2.3 Unreported claim reserve, end of period.....
2.4 Claim reserves, start of period.....
2.5 Claim reserves, end of period.....
2.6 Incurred claims (Lines 2.1-2.2+2.3-2.4+2.5).....
3. Incurred Compensation:						
3.1 Commissions and service fees incurred
3.2 Other incurred compensation
3.3 Total incurred compensation (Lines 3.1+3.2).....
3.4 Commissions/service fee percentage (Lines 3.1/1.3).....%%%%%%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....%%%%%%
4. Loss Percentage:						
4.1 Actual loss percentage (Lines 2.6/1.6).....%%%%%%
4.2 Loss percentage at prima facie rates (Lines 2.6/1.7).....%%%%%%

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

.....

PART 4 – CREDIT PROPERTY INSURANCE

	1 Creditor Placed Home- Hazard Single Interest	2 Creditor Placed Home- Hazard Dual Interest	3 Creditor Placed Wind Only Single Interest	4 Creditor Placed Wind Only Dual Interest	5 Creditor Placed Home Flood Only First Dollar	6 Creditor Placed Home Flood Only Excess	7 Creditor Placed Auto- Single Interest	8 Creditor Placed Auto- Dual Interest	9 Personal Property- Single Interest	10 Personal Property- Dual Interest	11 Other (a)
1. Earned Premiums:											
1.1 .....Gross written premiums
1.2 Refunds on terminations
1.3 Net written premiums (Lines 1.1- 1.2).....
1.4 Premium reserves, start of period
1.5 Premium reserves, end of period
1.6 Actual earned premiums (Lines 1.3+1.4-1.5).....
1.7 Earned premiums at prima facie rates
2. Incurred Claims:											
2.1 Claims paid.....
2.2 Total claim reserves, start of period..
2.3 Total claim reserves, end of period...
2.4 Incurred claims (Lines 2.1-2.2+2.3)
3. Incurred Compensation:											
3.1 Commissions and service fees incurred.....
3.2 Other incurred compensation.....
3.3 Total incurred compensation (Lines 3.1+3.2)
3.4 Commissions/service fee percentage (Lines 3.1/1.3)%%%%%%%%%%%
3.5 Other incurred compensation percentage (Lines 3.2/1.6).....%%%%%%%%%%%
4. Loss Percentage:											
4.1 Actual loss percentage (Lines 2.4/1.6)%%%%%%%%%%%
4.2 Loss percentage at prima facie rates (Lines 2.4/1.7)%%%%%%%%%%%
5. Incurred Loss Adjustment Expense:											
5.1 Defense and cost containment expenses incurred.....
5.2 Adjusting and other expenses incurred.....
6. Written Exposures
7. Earned Exposures

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

.....

PART 5 – OTHER CREDIT INSURANCE

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

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

.....

SUPPLEMENT FOR THE YEAR OF THE

PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

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

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

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES
 For The Year Ended December 31, **2024**
 (To Be Filed by April 1)

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

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U. S. dollar amounts and percentages of the reporting entity’s total admitted assets held in that category of investments.

1. Reporting entity’s total admitted assets as reported on Page 2 of this annual statement. \$
2. Ten largest exposures to a single issuer/borrower/investment.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Issuer</u>	<u>Description of Exposure</u>	<u>Amount</u>	<u>Percentage of Total Admitted Assets</u>
2.01	\$ %
2.02	\$ %
2.03	\$ %
2.04	\$ %
2.05	\$ %
2.06	\$ %
2.07	\$ %
2.08	\$ %
2.09	\$ %
2.10	\$ %

3. Amounts and percentages of the reporting entity’s total admitted assets held in bonds and preferred stocks by NAIC designation.

	<u>Bonds</u>	<u>1</u>	<u>2</u>	<u>Preferred Stocks</u>	<u>3</u>	<u>4</u>	
3.01	NAIC 1	\$ .....	..... %	3.07	NAIC 1	\$ %
3.02	NAIC 2	\$ .....	..... %	3.08	NAIC 2	\$ %
3.03	NAIC 3	\$ .....	..... %	3.09	NAIC 3	\$ %
3.04	NAIC 4	\$ .....	..... %	3.10	NAIC 4	\$ %
3.05	NAIC 5	\$ .....	..... %	3.11	NAIC 5	\$ %
3.06	NAIC 6	\$ .....	..... %	3.12	NAIC 6	\$ %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 4.01 above is yes, responses are not required for interrogatories 5 – 10.

4.02	Total admitted assets held in foreign investments	\$ %
4.03	Foreign-currency-denominated investments	\$ %
4.04	Insurance liabilities denominated in that same foreign currency	\$ %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
5.01 Countries designated NAIC 1	\$.....	%
5.02 Countries designated NAIC 2	\$.....	%
5.03 Countries designated NAIC 3 or below	\$.....	%

6. Largest foreign investment exposures by country, categorized by the country’s NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
Countries designated NAIC 1:			
6.01 Country 1:	\$.....	%
6.02 Country 2:	\$.....	%
Countries designated NAIC 2:			
6.03 Country 1:	\$.....	%
6.04 Country 2:	\$.....	%
Countries designated NAIC 3 or below:			
6.05 Country 1:	\$.....	%
6.06 Country 2:	\$.....	%

	<u>1</u>	<u>2</u>	
7. Aggregate unhedged foreign currency exposure	\$.....	%

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
8.01 Countries designated NAIC 1	\$.....	%
8.02 Countries designated NAIC 2	\$.....	%
8.03 Countries designated NAIC 3 or below	\$.....	%

9. Largest unhedged foreign currency exposures by country, categorized by the country’s NAIC sovereign designation:

	<u>1</u>	<u>2</u>	
Countries designated NAIC 1:			
9.01 Country 1:	\$.....	%
9.02 Country 2:	\$.....	%
Countries designated NAIC 2:			
9.03 Country 1:	\$.....	%
9.04 Country 2:	\$.....	%
Countries designated NAIC 3 or below:			
9.05 Country 1:	\$.....	%
9.06 Country 2:	\$.....	%

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
	<u>Issuer</u>	<u>NAIC Designation</u>			
10.01	\$.....	%
10.02	\$.....	%
10.03	\$.....	%
10.04	\$.....	%
10.05	\$.....	%
10.06	\$.....	%
10.07	\$.....	%
10.08	\$.....	%
10.09	\$.....	%
10.10	\$.....	%

11. Amounts and percentages of the reporting entity’s total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.

	<u>1</u>	<u>2</u>	
11.02 Total admitted assets held in Canadian investments	\$	%
11.03 Canadian-currency-denominated investments	\$	%
11.04 Canadian-denominated insurance liabilities	\$	%
11.05 Unhedged Canadian currency exposure	\$	%

12. Report aggregate amounts and percentages of the reporting entity’s total admitted assets held in investments with contractual sales restrictions.

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	<u>1</u>	<u>2</u>	<u>3</u>	
12.02 Aggregate statement value of investments with contractual sales restrictions	\$	%
Largest three investments with contractual sales restrictions:				
12.03	\$	%
12.04	\$	%
12.05	\$	%

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interest less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13.

	<u>1</u>	<u>2</u>	<u>3</u>	
	<u>Issuer</u>			
13.02 .....	\$ .....	.....	.....	%
13.03 .....	\$ .....	.....	.....	%
13.04 .....	\$ .....	.....	.....	%
13.05 .....	\$ .....	.....	.....	%
13.06 .....	\$ .....	.....	.....	%
13.07 .....	\$ .....	.....	.....	%
13.08 .....	\$ .....	.....	.....	%
13.09 .....	\$ .....	.....	.....	%
13.10 .....	\$ .....	.....	.....	%
13.11 .....	\$ .....	.....	.....	%

14. Amounts and percentages of the reporting entity’s total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 14.01 above is yes, responses are not required 14.02 through 14.05.

14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities 1 2 3
 \$..... %

Largest three investments held in nonaffiliated, privately placed equities:

14.03 \$..... %
 14.04 \$..... %
 14.05 \$..... %

Ten largest fund managers:

	<u>1</u> <u>Fund Manager</u>	<u>2</u> <u>Total Invested</u>	<u>3</u> <u>Diversified</u>	<u>4</u> <u>Nondiversified</u>
14.06	\$.....	\$.....	\$.....
14.07	\$.....	\$.....	\$.....
14.08	\$.....	\$.....	\$.....
14.09	\$.....	\$.....	\$.....
14.10	\$.....	\$.....	\$.....
14.11	\$.....	\$.....	\$.....
14.12	\$.....	\$.....	\$.....
14.13	\$.....	\$.....	\$.....
14.14	\$.....	\$.....	\$.....
14.15	\$.....	\$.....	\$.....

15. Amounts and percentages of the reporting entity’s total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

15.02 Aggregate statement value of investments held in general partnership interests 1 2 3
 \$..... %

Largest three investments in general partnership interests:

15.03 \$..... %
 15.04 \$..... %
 15.05 \$..... %

16. Amounts and percentages of the reporting entity’s total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	<u>1</u>	<u>2</u>	<u>3</u>
	<u>Type (Residential, Commercial, Agricultural)</u>		
16.02	\$..... %
16.03	\$..... %
16.04	\$..... %
16.05	\$..... %
16.06	\$..... %
16.07	\$..... %
16.08	\$..... %
16.09	\$..... %
16.10	\$..... %
16.11	\$..... %

Amount and percentage of the reporting entity’s total admitted assets held in the following categories of mortgage loans:

	<u>Loans</u>
16.12 Construction loans	\$..... %
16.13 Mortgage loans over 90 days past due	\$..... %
16.14 Mortgage loans in the process of foreclosure	\$..... %
16.15 Mortgage loans foreclosed	\$..... %
16.16 Restructured mortgage loans	\$..... %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

<u>Loan-to-Value</u>	<u>Residential</u>		<u>Commercial</u>		<u>Agricultural</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
17.01 above 95%	\$..... %	\$..... %	\$..... %
17.02 91% to 95%	\$..... %	\$..... %	\$..... %
17.03 81% to 90%	\$..... %	\$..... %	\$..... %
17.04 71% to 80%	\$..... %	\$..... %	\$..... %
17.05 below 70%	\$..... %	\$..... %	\$..... %

18. Amounts and percentages of the reporting entity’s total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	<u>Description</u>	<u>2</u>	<u>3</u>
	<u>1</u>		
18.02	\$..... %
18.03	\$..... %
18.04	\$..... %
18.05	\$..... %
18.06	\$..... %

19. Report aggregate amounts and percentages of the reporting entity’s total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity’s total admitted assets? Yes [] No []

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

19.02 Aggregate statement value of investments held in mezzanine real estate loans: 1 \$ 2% 3

Largest three investments held in mezzanine real estate loans:

19.03 \$%
 19.04 \$%
 19.05 \$%

20. Amounts and percentages of the reporting entity’s total admitted assets subject to the following types of agreements:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$.....%	\$.....	\$.....	\$.....
20.02 Repurchase agreements	\$.....%	\$.....	\$.....	\$.....
20.03 Reverse repurchase agreements	\$.....%	\$.....	\$.....	\$.....
20.04 Dollar repurchase agreements	\$.....%	\$.....	\$.....	\$.....
20.05 Dollar reverse repurchase agreements	\$.....%	\$.....	\$.....	\$.....

21. Amounts and percentages of the reporting entity’s total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

	<u>Owned</u>		<u>Written</u>	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
21.01 Hedging	\$.....%	\$.....%
21.02 Income generation	\$.....%	\$.....%
21.03 Other	\$.....%	\$.....%

22. Amounts and percentages of the reporting entity’s total admitted assets of potential exposure for collars, swaps, and forwards:

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
22.01 Hedging	\$.....%	\$.....	\$.....	\$.....
22.02 Income generation	\$.....%	\$.....	\$.....	\$.....
22.03 Replications	\$.....%	\$.....	\$.....	\$.....
22.04 Other	\$.....%	\$.....	\$.....	\$.....

SUPPLEMENT FOR THE YEAR OF THE

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

		<u>At Year-End</u>		<u>At End of Each Quarter</u>		
		<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
				<u>3</u>	<u>4</u>	<u>5</u>
23.01	Hedging	\$ %	\$.....	\$	\$
23.02	Income generation	\$ %	\$.....	\$	\$
23.03	Replications	\$ %	\$.....	\$	\$
23.04	Other	\$ %	\$.....	\$	\$

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

For The Year Ended December 31, _____
(To be Filed by April 1)

OF THE _____ NAIC COMPANY CODE _____

Direct Business in the State of _____

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Fund Deposits	Accident & Health Premiums	Unallocated Annuity and Other Unallocated Fund Deposits
DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFORE ADDITIONAL ADJUSTMENTS				
1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses				
2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account:				
2.1 Contract fees for variable contracts with guarantees				
2.2 Reporting entity contributions to employee benefits plans.....				
2.3 Dividends or refunds applied to purchase paid-up additions and annuities.....				
2.4 Dividends or refunds applied to shorten endowment or premium paying period.....				
2.5 Premium and annuity considerations waived under disability or other contract provisions				
2.6 Aggregate write-ins for other considerations, if any.....				
2.99 Total (Lines 2.1 through 2.6).....				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in the following categories:				
3.1 Transfers to guaranteed Separate Accounts.....				
3.2 Roll over of GICs or annuities into other companies.....				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts.....				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2.....				
3.99 Total (Lines 3.1 through 3.5).....				
4. Transfers between Columns 2 and 4 (Note: allocated governmental retirement plans established under Sections 401, 403(b) or 457 are to be transferred on Line 4.1. Unallocated governmental retirement plans are to be transferred on Line 4.2:				
4.1 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all ALLOCATED contracts issued to fund both governmental and non-governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are included in Column 4, Lines 1, 2.99, and 3.99.....	XXX		XXX	
4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all UNALLOCATED contracts issued to fund ONLY governmental retirement plans (or its trustee) established under Sections 401, 403(b) or 457 of the U.S Internal Revenue Code that are included in Column 4, Lines 1, 2.99 and 3.99.....	XXX		XXX	
4.3 Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all other amounts reported in Column 4, Lines 1, 2.99 and 3.99 that are allocated. (Note: Do NOT include amounts received to fund allocated annuity contracts owned by both non-governmental and governmental retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts are to be included on Line 4.1).....	XXX		XXX	
4.4 Enter in Column 4, as a positive number, and Column 2 as a negative number, the total of all amounts reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund unallocated contracts owned by a governmental retirement plan (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2.....	XXX		XXX	
4.99 Total (Lines 4.1 through 4.4).....	XXX		XXX	
5. Total (Lines 1 + 2.99 + 3.99 + 4.99)				
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE PRIOR TO ADDITIONAL ADJUSTMENTS IN PART 2. Do not include any amounts more than once in Lines 6 through 9.				
6. Non-guaranteed separate account business in which the premiums are for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder.....				
7. Current year amounts received as part of the Federal Home Loan Bank program BUT ONLY IF included in Line 5.....				
8. Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF included in Line 5 and if any prior years original premiums were reported as assessable premium.....				
9. Dividends paid or credited, but only if NOT guaranteed in advance.....				
ASSESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
10. Current Year before Part 2 additional adjustments (Line 5 – 6 – 7 – 8 – 9)				
DETAILS OF WRITE-INS				
2.601				
2.602				
2.603				
2.698 Summary of remaining write-ins for Line 2.6 from overflow page				
2.699 Total (Lines 2.601 through 2.603 plus 2.698) (Line 2.6 above)				
3.501				
3.502				
3.503				
3.598 Summary of remaining write-ins for Line 3.5 from overflow page				
3.599 Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above)				

Footnote 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please indicate the premium associated with standalone Disability Income ("DI" - include both short and long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated with a rider that is attached to a life or annuity policy should NOT be included.
 1 a) Disability income (include both short and long term)..... XXX XXX XXX
 1 b) Long-term care..... XXX XXX XXX

Footnote 2: For purposes of all billed assessment inquiries, please indicate the individual for each state that the guaranty association should contact regarding assessment inquiries (billing, payment, etc.)
 Individual name.....
 Title

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 2

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

OF THE NAIC COMPANY CODE

Direct Business in the State of _____

	1	2	3	4
	Life Insurance Premiums	Allocated Annuity and Other Allocated Fund Deposits	Accident & Health Premiums	Unallocated Annuity & Other Unallocated Fund Deposits
11. Line 10 of the Assessable Premium Exhibit – Part 1				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
12. Premium received for multiple non-group policies of life insurance owned by one owner:				
12.1 Amounts in excess of \$1 million .....	.....	XXX	XXX	XXX
12.2 Amounts in excess of \$5 million .....	.....	XXX	XXX	XXX
13. Excludable premiums for accident and health contracts:				
13.1 Federal Employees Health Benefit Program.....	XXX	XXX	.....	XXX
13.2 Medicare Title XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.3)	XXX	XXX	.....	XXX
13.3 Medicare Part D stand alone plans.....	XXX	XXX	.....	XXX
13.4 Medicaid Title XIX.....	XXX	XXX	.....	XXX
13.5 Stop loss contracts.....	XXX	XXX	.....	XXX
13.6 MEWA, ASO, minimum premium group plans to the extent these plans or programs are self-funded or uninsured.....	XXX	XXX	.....	XXX
13.7 State Children's Health Insurance Program Title XXI	XXX	XXX	.....	XXX
13.99 Total (Lines 13.1 through 13.7)	XXX	XXX	.....	XXX
14. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2, Line 11 above that have been received to fund ALLOCATED contracts established under Section 403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans.....	XXX	.....	XXX	.....
15. Amounts received from obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustee, which in each case is not an affiliate of the member insurer:				
15.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
15.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	.....
15.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	.....
15.4 Total (Lines 15.1+ 15.2 + 15.3).....	XXX	XXX	XXX	.....
15.5 Amounts NOT in excess of \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	.....
15.6 Amounts in excess of \$2 million per contract (New Jersey only)	XXX	XXX	XXX	.....
16. Unallocated funding obligations that are NOT issued to or in connection with a government lottery or a specific employee, union, or association of natural persons benefit plans:				
16.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
16.2 All amounts (include amounts reported on Line 16.1)	XXX	XXX	XXX	.....
16.3 Amounts in excess of \$2 million per contract that are NOT issued to a specific employee, union, or association of natural persons benefit plans (New Jersey only)	XXX	XXX	XXX	.....
17. Unallocated funding obligations issued to or in connection with a government lottery, based on the resident of the owner, or a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor, which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
17.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
17.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	XXX	XXX	.....
17.3 Amounts in excess of \$5 million per contract	XXX	XXX	XXX	.....
17.4 Total (Lines 17.1 + 17.2 + 17.3).....	XXX	XXX	XXX	.....
17.5 Amounts up to \$10 million per contract (Minnesota only).....	XXX	XXX	XXX	.....
18. Amounts for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor:				
18.1 Amounts NOT in excess of \$2 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (New Jersey only).....	XXX	XXX	XXX	.....
18.2 Amounts NOT in excess of \$5 million per contract for contracts issued to fund a specific employee, union, or association of natural persons benefit plans, based on the principal place of business of the plan sponsor (Iowa only)	XXX	XXX	XXX	.....
19. Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts included in Column 2 Line 11 above that have been received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code:				
19.1 Amounts NOT in excess of \$1 million per contract	XXX	.....	XXX	.....
19.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract.....	XXX	.....	XXX	.....
19.3 Amounts in excess of \$5 million per contract	XXX	.....	XXX	.....
19.4 Total (Lines 19.1 + 19.2 + 19.3).....	XXX	.....	XXX	.....
19.5 Amounts NOT in excess of \$10 million per contract (Minnesota Only).....	XXX	XXX	XXX	.....
19.6 Amounts NOT in excess of \$2 million per contract (New Jersey only)	XXX	XXX	XXX	.....
19.7 Enter in Column 4, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental retirement benefit plan (or its trustee) established under Section 403(b) of the U.S. Internal Revenue Code (Louisiana only).....	XXX	XXX	XXX	.....
19.8 Enter in Column 2, as a positive number, all amounts received to fund UNALLOCATED contracts owned by a governmental deferred compensation plan (or its trustee) established under Section 457 of the U.S. Internal Revenue Code (Kansas only)	XXX	.....	XXX	XXX
20. Unallocated funding obligations issued to or in connection with benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
20.1 Amounts NOT in excess of \$1 million per contract	XXX	XXX	XXX	.....
20.2 All amounts (include amounts reported on Line 20.1)	XXX	XXX	XXX	.....
21. Aggregate write-ins for other deductions				
22. ASSESSABLE PREMIUM BASE after adjustments – see state specific formula				
DETAILS OF WRITE-INS				
21.01 .....	.....	.....	.....	.....
21.02 .....	.....	.....	.....	.....
21.03 .....	.....	.....	.....	.....
21.98 Summary of remaining write-ins for Line 21 from overflow page.....	.....	.....	.....	.....
21.99 Totals (Lines 21.01 through 21.03 plus 21.98) (Line 21 above)	.....	.....	.....	.....

OVERFLOW PAGE FOR WRITE-INS

SUPPLEMENT FOR THE YEAR _____ OF THE _____

.....
Affix Bar Code Above

**LONG-TERM CARE EXPERIENCE REPORTING FORM 1
STAND-ALONE LTC ONLY (\$000 OMITTED)**

REPORTING YEAR 20__

(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1	2	3	4	5	6	7	8	9	10	11
	Earned Premiums	Incurred Claims ^(a)	Number of Claims Opened	Number of Claims Closed	Number of Claims Remaining Open	Number of Terminations	Number of Policies In Force Year-End	Number of Lives In Force Year-End	Active Life Reserves	Claim Reserves	Other Reserves
Individual											
Direct											
1. Current											
2. Total Inception-to-Date.....					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed											
3. Current											
Ceded											
4. Current											
Net (Direct+Assumed-Ceded)											
5. Current											
Group											
Direct											
6. Current											
7. Total Inception-to-Date					XXX	XXX	XXX	XXX	XXX	XXX	XXX
Assumed											
8. Current.....											
Ceded											
9. Current.....											
Net (Direct+Assumed-Ceded)											
10. Current											

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

[] Paid by Waiver
[] Paid Up

SUPPLEMENT FOR THE YEAR _____ OF THE _____

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
DIRECT INDIVIDUAL EXPERIENCE STAND-ALONE ONLY (\$000 OMITTED) (a)

REPORTING YEAR 20__

(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
Primarily 2002 and Prior Issue Years								
1. Current (Comprehensive)
2. Total Inception-to-Date (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
3. Current (Institutional Only)
4. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
5. Current (Non-Institutional Only).....
6. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
7. Current (Grand Total)
8. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....
Primarily 2003 to 2010 Issue Years								
9. Current (Comprehensive)
10. Total Inception-to-Date (Comprehensive)	XXX	.....	.....	XXX	XXX	.....
11. Current (Institutional Only)
12. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
13. Current (Non-Institutional Only).....
14. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
15. Current (Grand Total)
16. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....
Primarily 2011 and Later Issue Years								
17. Current (Comprehensive)
18. Total Inception-to-Date (Comprehensive)	XXX	.....	.....	XXX	XXX	.....
19. Current (Institutional Only)
20. Total Inception-to-Date (Institutional Only)	XXX	.....	.....	XXX	XXX	.....
21. Current (Non-Institutional Only).....
22. Total Inception-to-Date (Non-Institutional Only)	XXX	.....	.....	XXX	XXX	.....
23. Current (Grand Total)
24. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy or per-policy form basis.

Policy
 Policy Form

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

REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
A. Individual								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....

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

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
B. Group								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....

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

Incurred Year	1 2017	2 2018	3 2019	4 2020	5 2021	6 2022	7 2023	8 2024
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 3 – Transferred Reserves								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....
PART 4 – Present Value of Incurred Claims								
1. Prior .....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2018	xxx	.....	.....	.....	.....	.....	.....	.....
4. 2019	xxx	xxx	.....	.....	.....	.....	.....	.....
5. 2020	xxx	xxx	xxx	.....	.....	.....	.....	.....
6. 2021	xxx	xxx	xxx	xxx	.....	.....	.....	.....
7. 2022	xxx	xxx	xxx	xxx	xxx	.....	.....	.....
8. 2023	xxx	xxx	xxx	xxx	xxx	xxx	.....	.....
9. 2024	xxx	xxx	xxx	xxx	xxx	xxx	xxx	.....

(a) Indicate whether claim reserves and liabilities for prior years are based on historical or current reserving assumptions: Historical
 Current

SUPPLEMENT FOR THE YEAR _____ OF THE _____

.....
Affix Bar Code Above

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

REPORTING YEAR 20__
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

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

SUPPLEMENT FOR THE YEAR _____ OF THE _____

.....
Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____
STAND-ALONE AND HYBRID PRODUCTS – DIRECT STATE REPORTING (\$000 OMITTED)
 REPORTING YEAR 20_____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

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

SUPPLEMENT FOR THE YEAR OF THE

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

Part 2 Cession ID _____

Name of Company _____

NAIC Company Code _____

ID Number _____

Effective Date or Prior Year Annual Statement Date: _____

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

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

SUPPLEMENT FOR THE YEAR OF THE

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

Part 2 Cession ID _____

Name of Company _____

NAIC Company Code _____

ID Number _____

Effective Date or Prior Year Annual Statement Date: _____

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

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

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

PART 3 – INTERROGATORIES

- 1.1 Is any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit a letter of credit, synthetic letter of credit, contingent note, credit-linked note or other similar security that operates in a manner similar to a letter of credit? Yes [] No [] N/A []
- 1.2 If the response to 1.1 is yes:
 - 1.21 Describe the amount and nature of the collateral:
 - 1.22 Describe all contingencies or conditions to performance:
- 2.1 Is any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a financing provider? Yes [] No [] N/A []
- 2.2 If the response to 2.1 is yes:
 - 2.21 Describe the amount and nature of the collateral that is pledged:
 - 2.22 Describe the duration and the terms of the pledge:
- 3.1 Does any collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit have a duration that is less than the duration of the underlying policy liabilities? Yes [] No [] N/A []
- 3.2 If the response to 3.1 is yes:
 - 3.21 Describe the amount and nature of the collateral:
 - 3.22 Compare the duration of the collateral to the duration of the underlying policy liabilities:
- 4.1 Is any asset identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit as being guaranteed by an affiliate or parent? Yes [] No [] N/A []
- 4.2 If the response to 4.1 is yes:
 - 4.21 Provide the legal name of the guarantor:
 - 4.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor:
 - 4.23 Specify the dollar amount of the guarantee: \$.....
 - 4.24 Describe all contingencies or conditions to performance of the guarantee:

PART 4 – INTERROGATORIES

- 5.1 Is any asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit being guaranteed by an affiliate or parent? Yes [] No [] N/A []
- 5.2 If the response to 5.1 is yes:
 - 5.21 Provide the legal name of the guarantor:
 - 5.22 Describe the nature of the affiliate relationship between the reporting entity and the guarantor:
 - 5.23 Specify the dollar amount of the guarantee: \$.....
 - 5.24 Describe all contingencies or conditions to performance of the guarantee:
- 6.1 Is any asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a financing provider? Yes [] No [] N/A []
- 6.2 If the response to 6.1 is yes:
 - 6.21 Describe the asset that is pledged:
 - 6.22 Specify the dollar amount of the pledge: \$.....
 - 6.23 Describe the duration and the terms of the pledge:

SUPPLEMENT FOR THE YEAR OF THE

.....
Affix Bar Code Above

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2024

(To Be Filed by March 1)

FOR THE STATE OF _____

NAIC Group Code _____

NAIC Company Code _____

Address (City, State and Zip Code) _____

Person Completing This Exhibit _____

Title _____

Telephone Number _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2021			Policies Issued in 2022, 2023, 2024						
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned			
.....
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES									
0299999 TOTAL EXPERIENCE ON GROUP POLICIES									

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....

(To Be Filed By March 1)

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	.....
1.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	.....
1.13 Risk-Corridor Payment Adjustments .....	.....	XXX	.....	XXX	.....
1.2 Supplemental Benefits .....	.....	XXX	.....	XXX	.....
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
2.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
2.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
3.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
3.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable .....	.....	XXX	.....	XXX	XXX
4.2 Payable .....	.....	XXX	.....	XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
5.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
5.13 Risk-Corridor Payment Adjustments .....	.....	XXX	.....	XXX	XXX
5.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
6. Total Premiums.....		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	.....
7.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	.....
7.2 Supplemental Benefits .....	.....	XXX	.....	XXX	.....
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
8.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
8.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
9.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
9.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	.....	XXX	.....	XXX	XXX
10.12 Without Reinsurance Coverage .....	.....	XXX	.....	XXX	XXX
10.2 Supplemental Benefits .....	.....	XXX	.....	XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net of Reimbursements Applied	XXX	.....	XXX	.....	.....
12.2 Reimbursements Received but Not Applied-change	XXX	.....	XXX	.....	.....
12.3 Reimbursements Receivable-change	XXX	.....	XXX	.....	XXX
12.4 Health Care Receivables-change	XXX	.....	XXX	.....	XXX
13. Aggregate Policy Reserves-change.....	.....	.....	.....	.....	XXX
14. Expenses Paid.....	.....	XXX	.....	XXX	.....
15. Expenses Incurred.....	.....	XXX	.....	XXX	XXX
16. Underwriting Gain/Loss .....	.....	XXX	.....	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

.....
Affix Bar Code Above

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

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

REQUIRED BY THE APPLICABLE QUESTION ON THE SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
FOR THE PROPERTY/CASUALTY, LIFE, ACCIDENT AND HEALTH/FRATERNAL,
TITLE AND HEALTH INSURANCE BLANKS

TO ANNUAL STATEMENT OF THE

COMPANY

SUPPLEMENT FOR THE YEAR _____ OF THE _____

.....
Affix Bar Code Above

VM-20 RESERVES SUPPLEMENT – PART 1A
Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 20__
 (To Be Filed by March 1)

NAIC Group Code _____

NAIC Company Code _____

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

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

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance	XXX	XXX	.....	.....	XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.3. Non-Participating Whole Life	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.4. Participating Whole Life	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.5. Universal Life Without Secondary Guarantee	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.6. Variable Universal Life	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.7. Variable Life	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.8. Indexed Life	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.9. Aggregate Write-Ins for Other Products	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve												
3.1. Term Life Insurance	XXX	.....	.....
3.2. Universal Life With Secondary Guarantee
3.3. Non-Participating Whole Life
3.4. Participating Whole Life
3.5. Universal Life Without Secondary Guarantee
3.6. Variable Universal Life
3.7. Variable Life
3.8. Indexed Life
3.9. Aggregate Write-Ins for Other Products
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS												
1.901.	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.902.	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.903.	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above)	XXX	XXX	.....	.....	XXX	XXX	.....	XXX	XXX
3.901.
3.902.
3.903.
3.998. Summary of remaining write-ins for Line 3.9 from overflow page
3.999. Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above)

SUPPLEMENTAL COMPENSATION EXHIBIT
For the Year Ended December 31, **2024**
(To Be Filed by March 1)

PART 1 – INTERROGATORIES

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

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1. Principal Executive Officer	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
Current: 2. Principal Financial Officer	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
3.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
4.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
5.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
6.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
7.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
8.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
9.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............
10.	2024 2023 2022	...............	...............	...............	...............	...............	...............	...............	...............

PART 3 – DIRECTOR COMPENSATION

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

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

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

SUPPLEMENTAL SCHEDULE O—PART 1
Development of Incurred Losses
(**\$000 Omitted**)
Section A—Group Accident and Health

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2020	2 2021	3 2022	4 2023	5 2024(a)
1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

Section B— Other Accident and Health

1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

Section C—Credit Accident and Health

1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses

(\$000 Omitted)

Section A—Group Accident and Health

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

Section B—Other Accident and Health

1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

Section C—Credit Accident and Health

1. Prior .....	.....	.....	.....	.....	.....
2. 2020 .....	.....	.....	.....	.....	.....
3. 2021	XXX	.....	.....	.....	.....
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A – Group Accident and Health

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

Section B – Other Accident and Health

2. 2020 .....	.....	.....	.....	XXX	XXX
3. 2021	XXX	.....	.....	.....	XXX
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

Section C – Credit Accident and Health

2. 2020 .....	.....	.....	.....	XXX	XXX
3. 2021	XXX	.....	.....	.....	XXX
4. 2022	XXX	XXX	.....	.....	.....
5. 2023	XXX	XXX	XXX	.....	.....
6. 2024	XXX	XXX	XXX	XXX	.....

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 4
Development of Incurred Losses
(\$000 Omitted)

Section A – Group Accident and Health

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

Section B – Other Accident and Health

2. 2020 .....	.....	.....	.....	.....	.....
3. 2021 .....	.....	.....	.....	.....	.....
4. 2022	XXX	.....	.....	.....	.....
5. 2023	XXX	XXX	.....	.....	.....
6. 2024	XXX	XXX	XXX	.....	.....

Section C – Credit Accident and Health

2. 2020 .....	.....	.....	.....	.....	.....
3. 2021 .....	.....	.....	.....	.....	.....
4. 2022	XXX	.....	.....	.....	.....
5. 2023	XXX	XXX	.....	.....	.....
6. 2024	XXX	XXX	XXX	.....	.....

SUPPLEMENTAL SCHEDULE O – PART 5
(\$000 Omitted)
Reserve and Liability Methodology - Exhibits 6 and 8

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

SUPPLEMENT FOR THE YEAR OF THE

.....
Affix Bar Code Above

HEALTH SUPPLEMENTS
For The Year Ended December 31, 20__
(To Be Filed by March 1)

Of the Insurance Company

Address (City, State and Zip Code).....

NAIC Group Code..... NAIC Company Code..... Employer’s ID Number.....

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1. Net premium income.....														
2. Change in unearned premium reserves and reserve for rate credit.....														
3. Fee-for-service (net of \$..... medical expenses)														XXX
4. Risk revenue.....														XXX
5. Aggregate write-ins for other health care related revenues.....														XXX
6. Aggregate write-ins for other non-health care related revenues.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....														
8. Hospital/medical benefits.....														XXX
9. Other professional services.....														XXX
10. Outside referrals.....														XXX
11. Emergency room and out-of-area.....														XXX
12. Prescription drugs.....														XXX
13. Aggregate write-ins for other hospital and medical ..														XXX
14. Incentive pool, withhold adjustments and bonus amounts.....														XXX
15. Subtotal (Lines 8 to 14).....														XXX
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16).....														XXX
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses.....														
20. General administrative expenses.....														
21. Increase in reserves for accident and health contracts														XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....														
24. Net underwriting gain or (loss) (Line 7 minus Line 23)														
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitation arrangement receivables
5. Risk sharing receivables.....
6. Other health care receivables
7. Totals (Lines 1 through 6)

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

.....
Affix Bar Code Above

TRUSTEED SURPLUS STATEMENT

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

_____ being duly sworn, says that he/she is the _____ of the _____ a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, that this trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions there from reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

AFFIDAVIT OF TRUSTEE - SCHEDULE B

_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

AFFIDAVIT OF TRUSTEE - SCHEDULE C

_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

AFFIDAVIT OF TRUSTEE - SCHEDULE D

_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____

**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

		1 Current Year
1.	Total Liabilities.....	.....
ADDITIONS TO LIABILITIES:		
2.	Aggregate write-ins for additions to liabilities.....	.....
3.	Total (Lines 1 + 2).....	.....
DEDUCTIONS FROM LIABILITIES:		
4.	Amounts Recoverable From Reinsurers:	
4.1	Authorized Companies.....	.....
4.2	Unauthorized Companies.....	.....
4.3	Certified Companies.....	.....
4.4	Reciprocal jurisdiction companies.....	.....
5.	Special State Deposits, not exceeding net liabilities carried:	
5.1	Special State Deposits (submit schedule).....	.....
5.2	Accrued interest on special state deposits.....	.....
6.	Life insurance premiums and annuity considerations deferred and uncollected.....	.....
7.	Accident and health premiums due and unpaid.....	.....
8.	Contract loans and premium notes:	
8.1	Contract loans not exceeding reserves carried on such policies.....	.....
8.2	Premium notes.....	.....
8.3	Interest due and accrued on contract loans and premium notes.....	.....
9.	Aggregate write-ins for other deductions from liabilities.....	.....
10.	Total Deductions (Lines 4.1 thru 9).....	.....
11.	Total Adjusted Liabilities (Line 3 minus Line 10).....	.....
12.	Trusteed Surplus.....	.....
13.	Total.....	.....
DETAILS OF WRITE-INS		
0201.	.....	.....
0202.	.....	.....
0203.	.....	.....
0298.	Summary of remaining write-ins for Line 2 from overflow page.....	.....
0299.	Totals (Lines 0201 thru 0203 plus 0298) (Line 2 above)	.....
0901.	.....	.....
0902.	.....	.....
0903.	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	.....
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	.....

INTERROGATORIES

- 1.1 Have there been any changes made to any of the trust indentures during the period? Yes [] No []
- 1.2 If yes, has the domiciliary or entry state approved the change? Yes [] No []

OVERFLOW PAGE FOR WRITE-INS

WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS EARNED

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

PART 2 – PREMIUMS WRITTEN

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

PART 3 – LOSSES PAID AND INCURRED

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

PART 4 – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

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

WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE F – PART 1

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

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

SCHEDULE F – PART 2

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

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

WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 1
(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Assumed
	1 Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Assumed	5 Ceded	6 Assumed	7 Ceded	8 Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX
2. 2015.....
3. 2016.....
4. 2017.....
5. 2018.....
6. 2019.....
7. 2020.....
8. 2021.....
9. 2022.....
10. 2023.....
11. 2024.....
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Assumed	22 Ceded			
	13 Assumed	14 Ceded	15 Assumed	16 Ceded	17 Assumed	18 Ceded	19 Assumed	20 Ceded					
1.....
2.....
3.....
4.....
5.....
6.....
7.....
8.....
9.....
10.....
11.....
12.....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Assumed	27 Ceded	28 Net	29 Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
1.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....
2.....	
3.....	
4.....	
5.....	
6.....	
7.....	
8.....	
9.....	
10.....	
11.....	
12.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

SUPPLEMENT FOR THE YEAR OF THE

WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 2

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One-Year	12 Two-Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	12. Totals											

SCHEDULE P – PART 3

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 4

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premium Were Earned and Losses Were Incurred	NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR OF THE

WORKERS’ COMPENSATION CARVE – OUT SUPPLEMENT

SCHEDULE P – PART 6

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	XXX								
6. 2019.....	XXX	XXX	XXX	XXX							
7. 2020.....	XXX	XXX	XXX	XXX	XXX						
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	XXX								
6. 2019.....	XXX	XXX	XXX	XXX							
7. 2020.....	XXX	XXX	XXX	XXX	XXX						
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P–Pt 1)											XXX

SUPPLEMENT FOR THE YEAR OF THE

.....
Affix Bar Code Above

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 20__
(To Be Filed by March 1)

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income
2. Health
3. Homeowners
4. Individual annuity
5. Individual life.....
6. Lender-placed home and auto.....
7. Long-term care
8. Other health.....
9. Private flood.....
10. Private passenger auto
Short-term limited duration health
11. plans
12. Travel

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

For more information, visit www.naic.org.