# LIFE, ACCIDENT & HEALTH FRATERNAL

2024

# Annual Statement Blank





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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 <a href="https://content.naic.org/cmte\_e\_app\_blanks.htm">https://content.naic.org/cmte\_e\_app\_blanks.htm</a>.

#### **CONTENT QUESTIONS**

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#### **ORDER INQUIRIES**

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The NAIC is the authoritative source for insurance industry information. Our expert solutions support the efforts of regulators, insurers and researchers by providing detailed and comprehensive insurance information. The NAIC offers a wide range of publications in the following categories:

#### **Accounting & Reporting**

Information about statutory accounting principles and the procedures necessary for filing financial annual statements and conducting risk-based capital calculations.

#### Consumer Information

Important answers to common questions about auto, home, health and life insurance — as well as buyer's guides on annuities, long-term care insurance and Medicare supplement plans.

#### **Financial Regulation**

Useful handbooks, compliance guides and reports on financial analysis, company licensing, state audit requirements and receiverships.

#### Legal

Comprehensive collection of NAIC model laws, regulations and guidelines; state laws on insurance topics; and other regulatory guidance on antifraud and consumer privacy.

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Regulatory and industry guidance on market-related issues, including antifraud, product filing requirements, producer licensing and market analysis.

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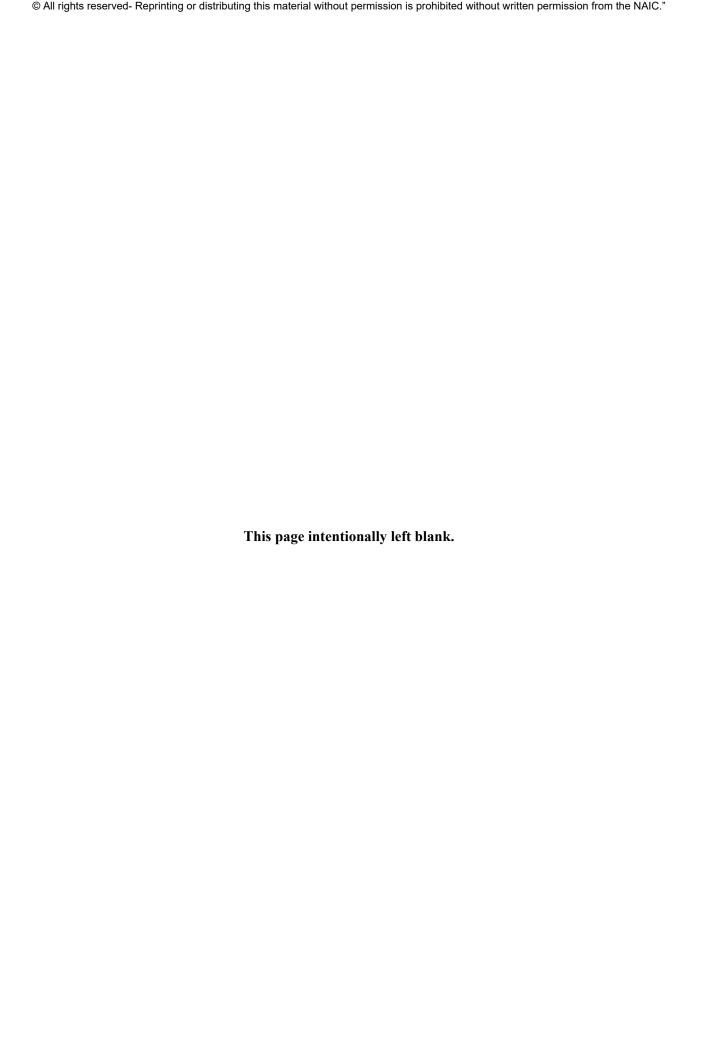
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#### TABLE OF CONTENTS

ANNUAL STATEMENT BLANK	<b>PAGE</b>
Jurat Page	1
Assets	2
Liabilities, Surplus and Other Funds	3
Summary of Operations	4
Cash Flow	5
Analysis of Operations by Lines of Business	6
Analysis of Increase in Reserves During The Year	7.1
Exhibit of Net Investment Income	8
Exhibit of Capital Gains (Losses)	8
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 – General Expenses.	11
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 – Dividends or Refunds	11
Exhibit 5 – Aggregate Reserve for Life Contracts	12
Exhibit 5 – Interrogatories	13
Exhibit 5A – Changes in Bases of Valuation During The Year	13
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 – Deposit-Type Contracts	15
Exhibit 8 – Part 1 – Claims for Life and Accident and Health Contracts	
Exhibit 8 – Part 2 – Claims for Life and Accident and Health Contracts	17
Exhibit of Nonadmitted Assets	
Notes to Financial Statements	19
General Interrogatories	20
Five-Year Historical Data	22
Life Insurance (State Page)	24
Exhibit of Life Insurance	
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	
Form for Calculating the Interest Maintenance Reserve (IMR)	
Asset Valuation Reserve	
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity and Other Invested Asset Component	
Asset Valuation Reserve Replications (Synthetic) Assets	
Schedule F – Showing all claims for death losses and all other contract claims resisted or compromised, etc	
Schedule H – Part 1, Part 2, Part 3 and Part 4 – Accident and Health Exhibit	
Schedule H – Part 5 – Health Claims	
Schedule S – Part 1 – Section 1 – Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits	
Schedule S – Part 1 – Section 2 – Reinsurance Assumed Accident and Health Insurance	
Schedule S – Part 2 – Reinsurance Recoverable on Paid and Unpaid Losses	
Schedule S – Part 3 – Section 1 – Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities	1.5
Without Life or Disability Contingencies, and Related Benefits	44

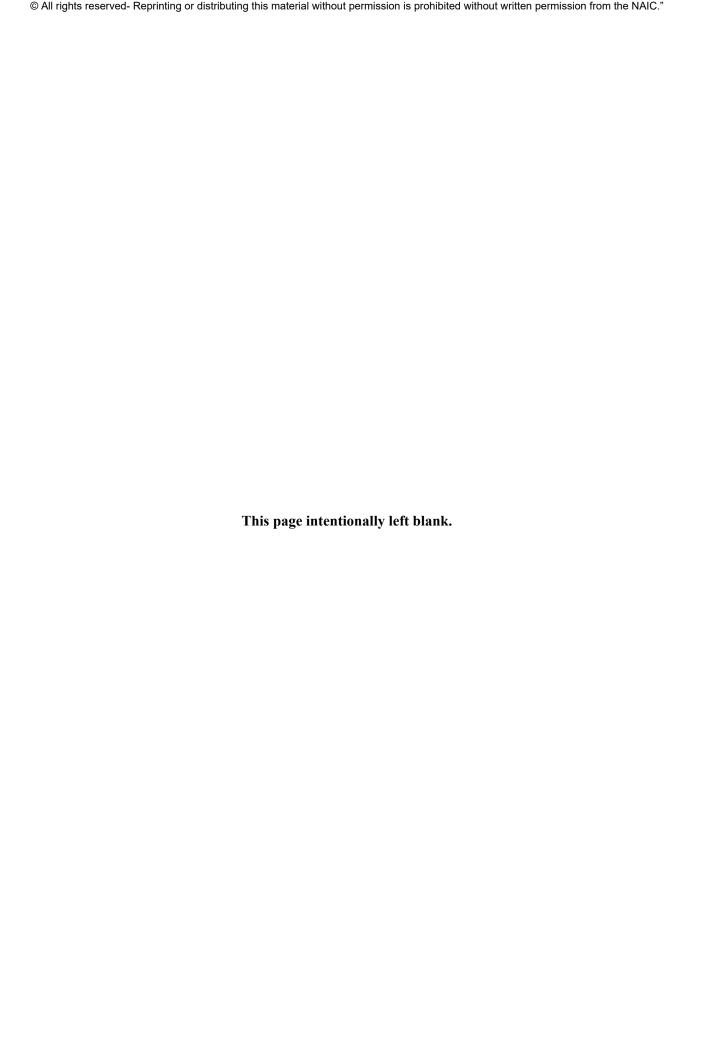
ANNUAL STATEMENT BLANK	<b>PAGE</b>
Schedule S – Part 3 – Section 2 – Reinsurance Ceded Accident and Health Insurance	45
Schedule S – Part 4 – Reinsurance Ceded to Unauthorized Companies	46
Schedule S – Part 5 – Reinsurance Ceded to Certified Reinsurers	47
Schedule S – Part 6 – Five-Year Exhibit of Reinsurance Ceded Business	48
Schedule S – Part 7 – Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance	49
Schedule T – Premiums and Annuity Considerations	50
Schedule T – Part 2 – Interstate Compact	51
Schedule Y – Part 1 – Information Concerning Activities of Insurer Members of a Holding Company Group	52
Schedule Y – Part 1A – Detail of Insurance Holding Company System	53
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	54
Schedule Y – Part 3 – Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control	55
Supplemental Exhibits and Schedules Interrogatories	56
Overflow Page for Write-Ins	57
Summary Investment Schedule	SI01
Schedule A – Verification Between Years	SI02
Schedule B – Verification Between Years	SI02
Schedule BA – Verification Between Years	SI03
Schedule D – Verification Between Years	SI03
Schedule D – Summary by Country	SI04
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Verification.	SI14
Schedule E – Part 2 – Verification Between Years	SI15
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule D – Part 1	E10
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16

ANNUAL STATEMENT BLANK	<b>PAGE</b>
Schedule DA – Part 1	E17
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part E	E24
Schedule DL – Part 1	E25
Schedule DL – Part 2	E26
Schedule E – Part 1 – Cash	E27
Schedule E – Part 2 – Cash Equivalents	E28
Schedule E – Part 3 – Special Deposits	E29
ANNUAL SUPPLEMENTS	<b>PAGE</b>
Accident and Health Policy Experience Exhibit for Year	Supp210
Supplemental Health Care Exhibit – Part 1 and Part 2	Supp216.1
Credit Insurance Experience Exhibit	Supp230.1
Supplemental Investment Risks Interrogatories.	Supp285.1
Variable Annuities Supplement	Supp286.1
Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Part 1 and Part 2	Supp290.1
Long-Term Care Experience Reporting Form 1	Supp301
Long-Term Care Experience Reporting Form 2	Supp302
Long-Term Care Experience Reporting Form 3	Supp303.1
Long-Term Care Experience Reporting Form 4	Supp304
Long-Term Care Experience Reporting Form 5	Supp305
Supplemental Term and Universal Life Insurance Reinsurance Exhibit	Supp345.1
Medicare Supplement Insurance Experience Exhibit	Supp360
Medicare Part D Coverage Supplement	Supp365
Schedule SIS	Supp420.1
VM-20 Reserves Supplement	Supp456.1
Supplemental Compensation Exhibit	Supp460.1
Schedule O Supplement	Supp465.1
Health Supplements Cover Page	Supp475
Health Supplement: Analysis of Operations by Lines of Business	Supp476
Health Supplement: Exhibit 3 – Health Care Receivables	Supp477
Health Supplement: Exhibit 3A – Analysis Of Health Care Receivables Collected And Accrued	Supp478
Trusteed Surplus Statement	Supp490.1
Workers' Compensation Carve-Out Supplement	Supp495.1
Market Conduct Annual Statement (MCAS) Premium Exhibit for Year	Supp600.1



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TO THE
Insurance Department
OF THE
STATE OF
FOR THE YEAR ENDED DECEMBER 31, <mark>2024</mark>
1 LIFE ACCIDENT AND HEALTH ( ) FRATERNAL RENEFIT SOCIETION

<mark>2024</mark>



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

Affix Bar Code Above

#### ANNUAL STATEMENT For the Year Ended December 31, 2024

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Statutory Statement Contact  (City or Town, State, Country and Zip Code)  (Name)  (Name)  (Fax Subserved Contact  (Name)  (Fax Sumbert)  (Fax	(Street	and Number or P.O. Box)		(City o	or Town, State, Country and Zip C	ode)
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DIRECTORS OR TRUSTEES  State of	N7	Tr.		***		2014
State of		Ti	tie	Name		Title
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State of						
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 desc 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, schedule 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 showe, 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 mexcept 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 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, it 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.  (Frinted Name)  (Printed Name)  (Printed Name)  (Printed Name)  (Title)  (Title)  (Title)  (Title)  (Title)  (Title)  (Signature)  (S			DIRECTORS OR TRUST	EES		
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(Printed Name)         (Printed Name)         (Printed Name)           1.         2.         3.           (Title)         (Title)	assets were the absolute property of the said a explanations therein contained, annexed or red above, and of its income and deductions therefie except to the extent that: (1) state law may information, knowledge and belief, respectively	reporting entity, free and clear freered to, is a full and true statem from for the period ended, and hav differ; or, (2) that state rules or y. Furthermore, the scope of this a	om any liens or claims thereon, ex ent of all the assets and liabilities a e been completed in accordance wir regulations require differences in a ttestation by the described officers	acept as herein stated, and that of the condition and affilt the NAIC Annual Statem reporting not related to acculso includes the related control of the statement of the statem	that this statement, together fairs of the said reporting er ent Instructions and Accoun- ounting practices and proce- responding electronic filing	with related exhibits, schedules an tity as of the reporting period state ting Practices and Procedures manua- dures, according to the best of the with the NAIC, when required, that
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a. Is this an original filing?  B. If no:  1. State the amendment number  2. Date filed  3. Is this an original filing?  Yes [ ] No [ ]  No [ ]						
b. If no:  1. State the amendment number  Subscribed and sworn to before me  2. Date filed	(Title)		(Title)		(Ti	itle)
, , , , , , , , , , , , , , , , , , ,	Subscribed and sworn to before me thisday of			State the amendment     Date filed	t number	

#### **ASSETS**

			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	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				
4.	3.2 Other than first liens				
4.	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:				
10.	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. 26.	Aggregate write-ins for other-than-invested assets				
20.	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)				
	LS OF WRITE-INS	<u> </u>	<u> </u>		
1101.	LS OF WRITE-INS				
1101.					
1102.					
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)				
					L.

#### LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Aggregate reserve for life contracts \$ (Exhibit 5, Line 9999999) less \$ included in Line 6.3 (including		
	\$ Modco Reserve)		
2. 3.	Aggregate reserve for accident and health contracts (including \$ Modco Reserve)  Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)		
3. 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)		
5.	Policyholders' dividends/refunds to members \$		
6.	Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year—estimated amounts:  6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$		
	6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$		
	6.3 Coupons and similar benefits (including \$ Modco)		
7.	Amount provisionally held for deferred dividend policies not included in Line 6		
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount;		
9.	including \$ accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)  Contract liabilities not included elsewhere:		
۶.	9.1 Surrender values on canceled contracts.		
	9.2 Provision for experience rating refunds, including the liability of \$		
	rating refunds of which \$ is for medical loss ratio rebate per the Public Health Service Act		
	9.3 Other amounts payable on reinsurance, including \$		
10.	9.4 Interest Maintenance Reserve (IMR, Line 6)		
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		
1.4	of reinsured allowances)		
14. 15.1	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6)  Current federal and foreign income taxes, including \$		
15.2	Net deferred tax liability.		
16.	Unearned investment income		
17.	Amounts withheld or retained by reporting entity as agent or trustee		
18.	Amounts held for agents' account, including \$ agents' credit balances		
19. 20.	Remittances and items not allocated		
21.	Liability for benefits for employees and agents if not included above		
22.	Borrowed money \$		
23.	Dividends to stockholders declared and unpaid		
24.	Miscellaneous liabilities:		
	24.01 Asset valuation reserve (AVR, Line 16, Col. 7)		
	24.03 Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers		
	24.04 Payable to parent, subsidiaries and affiliates		
	24.05 Drafts outstanding		
	24.06 Liability for amounts held under uninsured plans 24.07 Funds held under coinsurance		
	24.07 Funds field under consurance		
	24.09 Payable for securities		
	24.10 Payable for securities lending		
2.5	24.11 Capital notes \$ and interest thereon \$		
25.	Aggregate write-ins for liabilities		
26. 27.	Total liabilities excluding Separate Accounts business (Lines 1 to 25)  From Separate Accounts statement		
28.	Total liabilities (Lines 26 and 27).		
29.	Common capital stock		
30.	Preferred capital stock		
31.	Aggregate write-ins for other-than-special surplus funds		
32. 33.	Surplus notes		
34.	Aggregate write-ins for special surplus funds.		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 29 \$		
37.	Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$		
38.	Totals of Lines 29, 30 and 37 (Page 4, Line 55)		
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)		
DETAI	LS OF WRITE-INS		
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)		
3101.			
3102.			
3103. 3198.	Summary of remaining write-ins for Line 31 from overflow page		
3198.	Totals (Lines 3101 through 3103 plus 3198) (Line 31 above)		
3401.	Totals (Emes 5101 through 5105 plus 5170) (Eme 51 totals)		
3402.			
3403.			
3498.	Summary of remaining write-ins for Line 34 from overflow page		
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	L	L

#### **SUMMARY OF OPERATIONS**

		1	2
		Current Year	Prior Year
1. 2.	Premiums and annuity considerations for life and accident and health contracts  Considerations for supplementary contracts with life contingencies		
3.	Net investment income (Exhibit of Net Investment Income, Line 17)		
4.	Amortization of Interest Maintenance Reserve (IMR, Line 5)		
5. 6.	Separate Accounts net gain from operations excluding unrealized gains or losses		
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     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. 13.	Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1)		
14.	Coupons, guaranteed annual pure endowments and similar benefits		
15.	Surrender benefits and withdrawals for life contracts		
16. 17.	Group conversions		
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. 22.	Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
23.	General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6)		
24.	Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)		
25. 26.	Increase in loading on deferred and uncollected premiums		
27.	Net utanists to 0 (1001) Separate Accounts net 01 tensurance.  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. 32.	Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)		
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.	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to		
35.	the IMR) Net income (Line 33 plus Line 34)		
	AL AND SURPLUS ACCOUNT		
36.	Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)		
37.	Net income (Line 35)		
38. 39.	Change in net unrealized capital gains (losses) less capital gains tax of \$		
39. 40.	Change in net unrealized foreign exchange capital gain (loss)		
41.	Change in nonadmitted assets		
42.	Change in liability for reinsurance in unauthorized and certified companies		
43. 44.	Change in reserve on account of change in valuation basis (increase) or decrease		
45.	Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)		
46.	Surplus (contributed to) withdrawn from Separate Accounts during period		
47. 48.	Other changes in surplus in Separate Accounts statement		
49.	Cumulative effect of changes in accounting principles		
50.	Capital changes:		
	50.1 Paid in		
	50.3 Transferred to surplus		
51.	Surplus adjustment:		
	51.1 Paid in		
	51.2 Transferred to capital (stock Divident) 51.3 Transferred from capital		
	51.4 Change in surplus as a result of reinsurance		
52.	Dividends to stockholders		
53. 54.	Aggregate write-ins for gains and losses in surplus		
55.	Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)		
DETAIL	LS OF WRITE-INS		
	ummary of remaining write-ins for Line 8.3 from overflow page		
08.399 T	otals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)		
	ummary of remaining write-ins for Line 27 from overflow page		
2799. Т	otals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
	ummary of remaining write-ins for Line 53 from overflow page		
	otals (Lines 5301 through 5303 plus 5398) (Line 53 above)	<u> </u>	

#### **CASH FLOW**

	Cash from Operations	1	2
		Current Year	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)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase/(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:		
20.000			
20.0002	2		
20.0003	·		
20.9996		1	

#### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – SUMMARY

	1	2	3	4	5	6	7	8	9
	T . 1	T 1: 11 1T:0	G 1.0	Individual	Group	Accident and	F . 1	Other Lines	YRT Mortality
	Total	Individual Life	Group Life	Annuities	Annuities	Health	Fraternal	of Business	Risk Only
Premiums and annuity considerations for life and accident and health contracts		******	******			*****	******		******
Considerations for supplementary contracts with life contingencies		XXX	XXX			XXX	XXX		XXX
Net investment income									
Separate Accounts net gain from operations excluding unrealized gains or losses							XXX		
Commissions and expense allowances on reinsurance ceded							XXX		
7. Reserve adjustments on reinsurance ceded							XXX		
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)						XXX	XXX		
Death benefits						XXX	XXX		
12. Annuity benefits		XXX	XXX			XXX	XXX		XXX
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		
Totals (Lines 10 to 19)      Commissions on premiums, annuity considerations and deposit-type contract funds (direct business).							XXX		
only)									XXX
22. Commissions and expense allowances on reinsurance assumed							XXX		
23. General insurance expenses and fraternal expenses									
24. Insurance taxes, licenses and fees, excluding federal income taxes									
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					ĺ				
income taxes (Line 29 minus Line 30)									
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							10.01		
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									
2798. Summary of remaining write-ins for Line 27 from overflow page									
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)									
( manager = see print = 1, s) ( and a) world)				1	1		1		1

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

		1	2	2	1	5	6	7	o	0	10	11	12
		1	2	3	4	3	6	Universal	0	9	10	11	12
		Total	Industrial Life	Whole Life	Term Life	Indexed Life	Universal Life	Life With Secondary Guarantees	Variable Life	Variable Universal Life	Credit Life (c)	Other Individual Life	YRT Mortality Risk Only
	niums for life contracts (a)												
	siderations for supplementary contracts with life contingencies.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	ortization of Interest Maintenance Reserve (IMR)												
	arate Accounts net gain from operations excluding unrealized												
gain	is or losses												
	nmissions and expense allowances on reinsurance ceded												
	erve adjustments on reinsurance ceded												
	cellaneous 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												
	lls (Lines 1 to 8.3)												
	th benefits												
11. Matu	ured endowments (excluding guaranteed annual pure						ĺ				1		
	uity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	bility benefits and benefits under accident and health contracts												
	pons, guaranteed annual pure endowments and similar benefits												
	ender benefits and withdrawals for life contracts												
	up conversions												
	rest and adjustments on contract or deposit-type contract funds.												
	nents on supplementary contracts with life contingencies ease in aggregate reserves for life and accident and health												
	tracts												
	ls (Lines 10 to 19)												
21. Com	missions on premiums, annuity considerations and deposit-												
	contract funds (direct business only)												XXX
	missions and expense allowances on reinsurance assumed												
	eral insurance expensesrance taxes, licenses and fees, excluding federal income taxes												
24. Insur 25. Incre	ease in loading on deferred and uncollected premiums												
	transfers to or (from) Separate Accounts net of reinsurance												
	regate write-ins for deductions												
	ls (Lines 20 to 27)												
	gain from operations before dividends to policyholders,												
	nds to members and federal income taxes (Line 9 minus Line												
28) 30. Divid	dends to policyholders and refunds to members												
	gain from operations after dividends to policyholders, refunds						<b>+</b>				<b>+</b>		
	nembers and before federal income taxes (Line 29 minus Line						ĺ				1		
30)													
	eral income taxes incurred (excluding tax on capital gains)												
	gain from operations after dividends to policyholders, refunds												
	nembers and federal income taxes and before realized capital as or (losses) (Line 31 minus Line 32)												
	cies/certificates in force end of year							1					
	OF WRITE-INS												
	OF WRITE-INS												
08.302													
08.303													
08.398. Sun	mmary of remaining write-ins for Line 8.3 from overflow page.												
	al (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)						<del> </del>				<del> </del>		
2702													
2798. Sum	nmary of remaining write-ins for Line 27 from overflow page												
2799. Tota	al (Lines 2701 through 2703 plus 2798) (Line 27 above)												
(a) Inc	lude premium amounts for preneed plans included in Line 1												

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

	1	2	3	4	5	6	7	8	9
									YRT
	Total	Whole Life	Term Life	Universal Life	Variable Life	Variable Universal Life	Credit Life (d)	Other Group Life (a)	Mortality Risk Only
4 7 4 0 110 (b)	10181	whole Life	Term Life	Universal Life	variable Life	Universal Life	Life (d)	Life (a)	RISK OHly
Premiums for life contracts (b)     Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Considerations for supplementary contracts with the contingencies.      Net investment income.	AAA	AAA	ΛΛΛ	AAA	ΛΛΛ	AAA	ΛΛΛ	AAA	AAA
Amortization of Interest Maintenance Reserve (IMR)									
Separate Accounts net gain from operations excluding unrealized gains or losses									
Commissions and expense allowances on reinsurance ceded									
7. Reserve adjustments on reinsurance ceded									
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)									
Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Disability benefits and benefits under accident and health contracts      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)									373737
Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).     Commissions and expense allowances on reinsurance assumed									XXX
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)									
(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									
08.302 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									
2/99. Total (Lines 2/01 inrough 2/03 pius 2/98) (Line 2/ above)	L	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>		l

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

	1		Def	erred		6	7
		2 Fixed	3 Indexed	4 Variable Annuities with	5 Variable Annuities Without	Life Contingent Payout (Immediate and	·
	Total	Annuities	Annuities	Guarantees	Guarantees	Annuitizations)	Other Annuities
Premiums for individual annuity contracts     Considerations for supplementary contracts with life contingencies		XXX	XXX	XXX	XXX		XXX
Net investment income     Amortization of Interest Maintenance Reserve (IMR)     Separate Accounts net gain from operations excluding unrealized gains or losses							
Commissions and expense allowances on reinsurance ceded      Reserve adjustments on reinsurance ceded							
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     Aggregate write-ins for miscellaneous income							
9. Totals (Lines 1 to 8.3)							
Death benefits							
12. Annuity benefits							
13. Disability benefits and benefits under accident and health contracts							
14. Coupons, guaranteed annual pure endowments and similar benefits							
Surrender benefits and withdrawals for life contracts							
Group conversions     Interest and adjustments on contract or deposit-type contract funds							
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)							
<ol> <li>Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)</li> <li>Commissions and expense allowances on reinsurance assumed</li> </ol>							
23. General insurance expenses							
Insurance taxes, licenses and fees, excluding federal income taxes     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)							
<ol> <li>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)</li> </ol>							
34. Policies/certificates in force end of year							
DETAILS OF WRITE-INS							
08.301							
08.302							
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							

<sup>(</sup>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		Defe	erred		6	7
		2	3	4	5	Life	
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities Without Guarantees	(Immediate and Annuitizations)	Other Annuities
		Amuncs	Amunucs	Guarantees	Guarantees	Amunizations)	Other Amunics
Premiums for group annuity contracts		XXX	XXX	XXX	XXX		XXX
Net investment income							
Separate Accounts net gain from operations excluding unrealized gains or losses      Commissions and expense allowances on reinsurance ceded							
Reserve adjustments on reinsurance ceded     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     Aggregate write-ins for miscellaneous income.							
9. Totals (Lines 1 to 8.3)							
10. Death benefits							
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							
Surrender benefits and withdrawals for life contracts							
Interest and adjustments on contract or deposit-type contract funds							
18. Payments on supplementary contracts with life contingencies							
Increase in aggregate reserves for life and accident and health contracts							
20. Totals (Lines 10 to 19)							
Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)     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							
Totals (Lines 20 to 27)      Net gain from operations before dividends to policyholders, refunds to members and federal income taxes							
(Line 9 minus Line 28)							
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)							
<ol> <li>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)</li> </ol>							
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)						ļ	
2701							
2702							
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)

Premiums for accident and health contracts   Plan   Medicare   Vision   Dental   Benefits   Wedicare   Vision   Dental   Benefits   Nonly   Plan   Medicare   Medicare   Medicare   Vision   Dental   Disability   Term   Care   Disability   Term   Care   Disability   Term   Care   Disability   Term   Care   Disability   Term   Dental	Other Health  XXX  XXX  XXX  XXX  XXX
1. Premiums for accident and health contracts. 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. 3. Aggregate write-ins for miscellaneous income. 9. Totals (Lines 1 to 8.3) 10. Death benefits. 3. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX
2. Considerations for supplementary contracts with life contingencies	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.  8. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX
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. 8. XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX XXX
6. Commissions and expense allowances on reinsurance ceded	XXX XXX
7. Reserve adjustments on reinsurance ceded	XXX XXX
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
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
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	XXX 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)	XXX XXX
9. Totals (Lines 1 to 8.3)     XXX	XXX
10. Death benefits XXX XXX XXX XXX XXX XXX XXX XXX XXX X	XXX
	XXX
I I ANA I ANA I ANA I XXX I XX	
11. Annuity benefits	$\Lambda\Lambda\Lambda$
12. Allimity 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
16. Group conversions	
17. Interest and adjustments on contract or deposit-type contract funds.	
18. Payments on supplementary contracts with life contingencies	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. I otals (Lines 20 to 27)	
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	
2701	
2703	
2798. Summary of remaining write-ins for Line 27 from overflow page	
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	

<sup>(</sup>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 INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL LIFE INSURANCE (a)

		1	2	3	4	5	6	7	8	9	10	11	12
								Universal			Credit		
								Life With		Variable	Life (b)	Other	YRT
			Industrial	Whole		Indexed	Universal	Secondary	Variable	Universal	(N/A	Individual	Mortality
		Total	Life	Life	Term Life	Life	Life	Guarantees	Life	Life	Fraternal)	Life	Risk Only
	ng 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												
	urrender Value and Policy Loans												
16.	CSV Ending balance December 31, current year												
17.	Amount Available for Policy Loans Based upon Line 16 CSV												

<sup>(</sup>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.

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

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

		1	2	3	4	5	6	7	8	9
							Variable		Other	YRT
			Whole		Universal		Universal	Credit	Group	Mortality
		Total	Life	Term Life	Life	Variable Life	Life	Life (b)	Life	Risk Only
	ng 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									
	rrender 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	

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

	1		De	eferred		6	7
		2	3	4	5		
					Variable	Life Contingent	
				Variable	Annuities	Payout (Immediate	
		Fixed	Indexed	Annuities with	without	and	Other
	Total	Annuities	Annuities	Guarantees	Guarantees	Annuitizations)	Annuities
Involving Life or Disability Contingencies (Reserves)							
(Net of Reinsurance Ceded)							
Reserve December 31 of prior year							
Tabular net premiums and considerations							
Present value of disability claims incurred	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Tabular interest							
Tabular less actual reserve released							
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							

<sup>(</sup>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 INCREASE IN RESERVES DURING THE YEAR – GROUP ANNUITIES (a) (N/A Fraternal)

	1		De	eferred		6	7
		2	3	4	5		
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities without Guarantees	Life Contingent Payout (Immediate and Annuitizations)	Other Annuities
Involving Life or Disability Contingencies (Reserves)							
(Net of Reinsurance Ceded)							
Reserve December 31 of prior year							
Tabular net premiums and considerations							
Present value of disability claims incurred	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Tabular interest							
Tabular less actual reserve released							
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							

<sup>(</sup>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. 17.	Total deductions (Lines 11 through 15)		
	,		
	AILS OF WRITE-INS		
0901. 0902.			
0902.			
0903.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.	Totals (Lines 0901 through 0903 plus 0990) (Line 9 above)	1	
1501.			
1502.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		
1377.	Totals (Ellies 1301 through 1303 plus 1370) (Ellie 13 tabore)		
(a)	Includes \$ accrual of discount less \$ amortization of premium and less \$	paid for accrued interes	t on purchases.
(b)	Includes \$ accrual of discount less \$ amortization of premium and less \$	paid for accrued div	idends on purchases.
(c)	Includes \$ accrual of discount less \$ amortization of premium and less \$	paid for accrued inte	erest on purchases.
	Includes \$ for company's occupancy of its own buildings; and excludes \$ in		Į
	Includes \$ accrual of discount less \$ amortization of premium and less \$		d interest on purchases.
(f)	Includes \$ accrual of discount less \$ amortization of premium.		
	Includes \$ investment expenses and \$ investment taxes, licenses and fees, e	xcluding federal income taxes, attr	ibutable to segregated and
	Separate Accounts.	-	5 5
	Includes \$ interest on surplus notes and \$ interest on capital notes.		
	Includes \$ depreciation on real estate and \$ depreciation on other invested	d assets.	

#### **EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
		Realized				Change in
		Gain (Loss)	Other	Total Realized	Change in	Unrealized Foreign
		On Sales or	Realized	Capital Gain (Loss)	Unrealized Capital	Exchange Capital
		Maturity	Adjustments	(Columns $1+2$ )	Gain (Loss)	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)					
DETA	ILS 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)					

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

		1	2	3	4	5	6	7	8
			Individual		Individual				
	FIRST YEAR (other than single)	Total	Life	Group Life	Annuities	Group Annuities	Accident & Health	Fraternal	Other Lines of Business
1.	Uncollected								
2.	Deferred and accrued								
	Deferred, accrued and uncollected:								
٥.	3.1 Direct								
	3.2 Reinsurance assumed								
	3.3 Reinsurance ceded								
	3.4 Net (Line 1 + Line 2)								
4.	Advance								
	Line 3.4 - Line 4								
6.	Collected during year:								
	6.1 Direct								
	6.2 Reinsurance assumed								
	6.3 Reinsurance ceded								
7.	6.4 Net								
8.	Prior year (uncollected + deferred and accrued - advance)								
	First year premiums and considerations:								
7.	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								
14.	Advance								
15.	Line 13.4 - Line 14.								
	Collected during year:								
10.	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)								L

## 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
		Individual		Individual				Other Lines of
	Total	Life	Group Life	Annuities	Group Annuities	Accident & Health	Fraternal	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								
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 was (athers the private)								
27. First year (other than single)								
28. Single				•••••	•••••	•••••		
29. Renewal								
31. Totals (to agree with Page 6, Line 21)								
31. Totals (to agree with Page 0, Line 21)								

#### **EXHIBIT 2 – GENERAL EXPENSES**

Test		EANI	BIT 2 – GEI						
Ret			ļ				5	6	7
Life			1			4			
Life Containment Other of Business   Freetreal Total   2 Safaries and wages									
1. Rent			T :60				Investment	Enstanual	Total
2. Salaries and wages	1	Pont	Life				investment		
3.11 Contributions for benefit plans for employees. 3.12 Poyments to employees under non-funded benefit plans. 3.13 Descriptions for benefit plans for agents. 3.14 Pyments to agents under non-funded benefit plans. 3.15 Descriptions to agents under non-funded benefit plans. 3.16 Descriptions to agents under non-funded benefit plans. 3.17 Descriptions of the plants									
3.12   Contributions for benefit plans for agents									
3.21 Payments to employees under non-funded benefit plans. 3.3 Other employee welfare. 3.31 Other employee welfare. 4.1 Legal fees and expenses. 4.2 Legal fees and expenses. 4.3 Inspection report fees. 4.4 Pees 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 Cost or depreciation of furniture and equipment. 5.7 Cost or depreciation of furniture and equipment. 6.8 Boreas and association for such association of furniture and equipment. 6.9 Bureas and association fees. 6.1 Insurance, except on real estate. 6.2 Bureas and association fees. 6.3 Insurance, except on real estate. 6.4 Miscellaneus losses. 6.5 Collection and bank service charges. 6.6 Sandry general expenses. 6.7 Group service and administration fees. 6.8 Sandry general expenses. 6.9 Collection and bank service charges. 6.1 Agency expense allowance. 6.2 Sandre general expenses. 6.3 Insurance, except on real estate. 6.4 Miscellaneus losses. 6.5 Collection and bank service charges. 6.6 Sandry general expenses. 6.7 Group service and administration fees. 6.8 Sandry general expenses. 6.9 Collection and bank service charges. 6.1 Agency conference other than local meetings. 7.1 Agency sequent expenses. 7.2 Agents balances charged off (less S. recovered). 7.3 Agency conferences other than local meetings. 7.4 Agency sequent expenses and included elsewhere. 7.5 General expenses unpid December 31, prior year. 7.6 General expenses unpid december 31, current year. 7.7 General expenses unpid december 31, current year. 7.8 General expenses unpid december 31, current year. 7.9 General expenses unpid december 31, current year. 7									1
3.32   Other agent welfare		Payments to employees under non-funded benefit plans							1
3.31   Other employee welfare									1
3.32									1
1. Legal fees and expenses									
4.3   Inspection report fees									1
4.4   Fees of public accountants and consulting actuaries									
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 furniture and equipment 5.8 Rental of equipment 5.9 Rental of equipment 5.0 Rental of equipment 5.1 Books and periodicals 6.2 Bureau and association fees 6.3 Bureau and association fees 6.4 International expenses and periodicals 6.5 Sundry general expenses 6.6 Sundry general expenses 6.7 Collection and bank service charges 6.8 Reimbursements by unismated plans 6.8 Reimbursements by unismated plans 6.9 Sundry expense allowance 6.1 Agency expense allowance 6.2 Agency expense allowance 7.1 Agency expense allowance 7.2 Agent's balances charged off (less \$ recovered) 7.3 Agency conferences other than local meetings 7.9 Real estate expenses incurred 7.9 Agency conference softer than local meetings 7.9 Aggregate write-ins for expenses incurred plans and the service of the servi									1
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									1
Section   Sect									
5.7   Cost or depreciation of EDP equipment and software									1
6.1 Books and periodicals									
6.2   Bureau and association fees.									
6.4   Miscellaneous losses									1
6.4   Miscellaneous losses									
6.6 Sundry general expenses									1
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 S									
6.8 Reimbursements by uninsured plans 7.1 Agency expense allowance									
7.1 Agency expense allowance 7.2 Agents' balances charged off (less \$									
7.2 Agents' balances charged off (less \$recovered)									
7.3   Agency conferences other than local meetings									
8.1 Official publication (Fraternal Benefit Societies Only)									
8.2 Expense of supreme lodge meetings(Fraternal Benefit Societies Only). XXX XXX XXX XXX XXX XXX XXX XXX XXX X									
9.1 Real estate expenses									
9.2 Investment expenses not included elsewhere									1
9.3 Aggregate write-ins for expenses									
10.   General expenses incurred									
11. General expenses unpaid December 31, prior year								(b)	(a)
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 S to affiliates and S to non-affiliates.  (b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only)  1. Charitable S 2. Institutional S 5. Religious S 6. Membership S 7. Other S 8. Total \$ 8.									
DETAILS OF WRITE-INS									
09.301.     09.302.       09.303.     09.303.     09.308.   Summary of remaining write-ins for Line 9.3 from overflow page									
09.302.		S OF WRITE-INS							
09.303   09.398   Summary of remaining write-ins for Line 9.3 from overflow page									
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 \$						1			
(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only)  1. Charitable \$						<u> </u>			
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)			lu)						
5. Religious \$		aritable \$ 2 Institutional \$	ıy <i>)</i>	3 Recreational and	l Health \$		4 Educational \$		
EXHIBIT 3 – TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)		ligious \$; 6. Membership \$	;	7. Other \$		;			
			CAND FFF		DING FF	DEBAL INC		<b>G</b> )	
		EAHIDH 3 – TAAEB, LICENSE	S AND EEL	_		DENAL INC	ONIE IAAE	5	-

	211112110 1111125, 21021 (225		(			/	
			Insurance		4	5	6
		1	2	3			
			Accident and	All Other Lines			
		Life	Health	of Business	Investment	Fraternal	Total
1.	Real estate taxes						
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		EMILDIT 4 DIVIDENDO ON REI CIUDO		
1. Applied to pay renewal premiums			1	2
Left on deposit			Life	Accident and Health
Left on deposit   Aggregate write-ins for dividend or refund options	1.	Applied to pay renewal premiums		
Left on deposit   Aggregate write-ins for dividend or refund options	2.	Applied to shorten the endowment or premium-paying period		
Left on deposit   Aggregate write-ins for dividend or refund options	3.	Applied to provide paid-up additions		
Left on deposit   Aggregate write-ins for dividend or refund options	4.	Applied to provide paid-up annuities		
Left on deposit   Aggregate write-ins for dividend or refund options	5.	Total Lines 1 through 4		
Left on deposit   Aggregate write-ins for dividend or refund options	6.	Paid-in cash		
11.   Provision for dividends or refunds payable in the following calendar year	/	Left on deposit		
11.   Provision for dividends or refunds payable in the following calendar year	8.	Aggregate write-ins for dividend or refund options		
11.   Provision for dividends or refunds payable in the following calendar year	9.	Total Lines 5 through 8		
12. Terminal dividends	10.	Amount due and unpaid		
13.   Provision for deferred dividend contracts	11.	Provision for dividends or refunds payable in the following calendar year		
13.   Provision for deferred dividend contracts		Terminal dividends		
15. Total Lines 10 through 14		Provision for deferred dividend contracts		
17. Total dividends or refunds (Lines 9 + 15 - 16)  DETAILS OF WRITE-INS  0801.  0802.  0803.  0808. Summary of remaining write-ins for Line 8 from overflow page.				
17. Total dividends or refunds (Lines 9 + 15 - 16)  DETAILS OF WRITE-INS  0801.  0802.  0803.  0808. Summary of remaining write-ins for Line 8 from overflow page.	15.	Total Lines 10 through 14		
DETAILS OF WRITE-INS  0801	16.			
0801.	17.	Total dividends or refunds (Lines 9 + 15 - 16)		
0802		LS OF WRITE-INS		
0803. Summary of remaining write-ins for Line 8 from overflow page				
0898. Summary of remaining write-ins for Line 8 from overflow page.				

#### **EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS**

1	2	3	4	5	6
				Credit	
Valuation Standard  LIFE INSURANCE	Total (a)	Industrial	Ordinary	(Group and Individual)	Group
LIFE INSURANCE					
				***************************************	
0199997 Totals (Gross)					
0199998 Reinsurance ceded		ļ			
019999 Totals (Net)					
ANNOTTES (excluding supplementary contracts with the contingencies):		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	,
		XXX		XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	
		XXX		XXX	
		XXX		XXX	
		XXX XXX		XXX XXX	
		XXX		XXX	
0299997 Totals (Gross)		XXX		XXX	
0299998 Reinsurance ceded		XXX		XXX	
0299999 Totals (Net)		XXX		XXX	
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:		į			
0200007 T-t-1- (C)					
0399997 Totals (Gross)					
0399999 Totals (Net)					
ACCIDENTAL DEATH BENEFITS:					
				***************************************	
0499997 Totals (Gross)					
0499998 Reinsurance ceded		ļ			
0499999 Totals (Net)					
DISABILITY—ACTIVE LIVES:					
0599997 Totals (Gross)					
0599998 Reinsurance ceded					
0599999 Totals (Net)	<u> </u>				
DISABILITY—DISABLED LIVES:		1			
0699997 Totals (Gross)					
0699998 Reinsurance ceded					
0699999 Totals (Net)					
MISCELLANEOUS RESERVES		1			
0799997 Totals (Gross)					
0799998 Reinsurance ceded					

<sup>(</sup>a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$\_\_\_\_; Annuities \$\_\_\_\_\_; Supplementary Contracts with Life Contingencies \$\_\_\_\_\_; Accidental Death Benefits \$\_\_\_\_; Disability – Active Lives \$\_\_\_\_\_; Disability – Di

#### **EXHIBIT 5 – INTERROGATORIES**

Has the reporting entity ever issued both participating and non-participating contracts?	Yes [ ]	No	[ ]
If not, state which kind is issued:			
Does the reporting entity at present issue both participating and non-participating contracts?	Yes [ ]	No	[ ]
If not, state which kind is issued:			
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.			
Has the reporting entity any assessment or stipulated premium contracts in force?	Yes [ ]	No	[ ]
If so, state:			
Amount of insurance:	\$ \$		
Amount of reserve:	\$		
Basis of reserve:			
Basis of regular assessments:			
Basis of special assessments:			
Assessments collected during the year:	\$		
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:			
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	[ ]
If so, state the amount of reserve on such contracts on the basis actually held:	\$		
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.			
Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?	Yes [ ]	No	[]
If yes, state the total dollar amount of assets covered by these contracts or agreements:	\$		
Specify the basis (fair value, amortized cost, etc.) for determining the amount			
State the amount of reserves established for this business:	\$		
Identify where the reserves are reported in the blank			
Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?	Yes [ ]	No	[]
If yes, state the total dollar amount of account value covered by these contracts or agreements:	\$		
State the amount of reserves established for this business:	\$		
Identify where the reserves are reported in the blank:			
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	[ ]
If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:	\$		
State the amount of reserves established for this business:	\$		
Identify where the reserves are reported in the blank:			

1	Voluetie	on Basis	4 Increase in
	2	3	Actuarial
Description of Valuation Class	Changed	Changed	Reserve Due to
· ·	From	To	Change
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	
0197977 Survival (1982 ), Line ()	ΛΛΛ	ΛΛΛ	
029999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
0200000 Saharal	vvv	vvv	
0399999 Subtotal	XXX	XXX	
7777777 101AE (Coluilli 4 olity)			

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

	1	Compre	hensive	4	5	6	7	8	9	10	11	12	13
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefits	Title XVIII	Title XIX	Credit	Disability	Long- Term	Other
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	A&H	Income	Care	Health
ACTIVE LIFE RESERVE													
Unearned premium reserves													
2. Additional contract reserves (b)													
Additional actuarial reserves - Asset/ Liability analysis													
Reserve for future contingent benefits													
Reserve for rate credits													
Aggregate write-ins for reserves													
7. Totals (Gross)													
Reinsurance ceded													
9. Totals (Net)													
CLAIM RESERVE													
<ol><li>Present value of amounts not yet due on claims .</li></ol>													
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)													
17. TOTAL (Net) 18. TABULAR FUND INTEREST											-		
			1					1				1	
DETAILS OF WRITE-INS													
0601													
0.700													
0603													
from overflow page													
0699. Totals (Lines 0601 through 0603 plus 0698)													
(Line 6 above)													
1301.													İ
1302.													
1303													
1398. Summary of remaining write-ins for Line 13									1				
from overflow page													
1399. Totals (Lines 1301 through 1303 plus 1398)									1				
(Line 13 above)													

<sup>(</sup>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.

<sup>(</sup>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
			Guaranteed Interest	Annuities	Supplemental	Dividend Accumulations	Premium and Other
		Total	Contracts	Certain	Contracts	or Refunds	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 agreement	s:

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	<del>+</del>
٥.	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 Doggadanasida			Total	Liic	Gloup Life	Amunics	Aimutues	Heartii	Tratemai	Business
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)		
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								
1011123	4.2	Reinsurance assumed								
	4.3	Reinsurance ceded								
				( )						
	4.4	Net		(a)	(a)					

(a)	Including matured endowments	(but not guaranteed annua	l pure endowments) unpaid amounting	to \$ in Column 2 and \$	in Column 3.

#### EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 – Incurred During the Year

		1	2	3	4	5	6	7	8
			Individual Life	Group Life	Individual				Other Lines of
		Total	(a)	(b)	Annuities	Group Annuities	Accident & Health	Fraternal	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):			
٥.	3.1 First liens			
	3.2 Other than first liens			
1	Real estate (Schedule A):			
4.				
	4.1 Properties occupied by the company	•••••		
	4.2 Properties held for sale			
-	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
5.				
_	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)			
	LS OF WRITE-INS			
1101.				
	Summary of ramaining write inc for Line 11 from overflow page			
	Summary of remaining write-ins for Line 11 from overflow page			
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2503.				
	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?	ch 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 su 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 Mod Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standard and disclosure requirements substantially similar to those required by such Act and regulations?	ng el
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 treporting entity?	he 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. The date should be the date of the examined balance sheet and not the date the report was completed or released.	is
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 the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance she 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 statemen filed with Departments?	t 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 at combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or contra substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	
	4.11 sales of new business? 4.12 renewals?	Yes [ ] No [ ] 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 affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on dire premiums) of:	
	4.21 sales of new business? 4.22 renewals?	Yes [ ] No [ ] 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 h ceased to exist as a result of the merger or consolidation.	as
	1 2 3 Name of Entity NAIC Company Code State of Domicile	
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspends or revoked by any governmental entity during the reporting period?	ed 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,	
	<ul> <li>7.21 State the percentage of foreign control</li> <li>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).</li> </ul>	%
	1 2	
	Nationality Type of Entity	

#### **GENERAL INTERROGATORIES**

Lo	response to 6.1 is yes, pl	case ruentity the name of t							
If fi	f response to 8.3 is yes, planancial regulatory services	es agency [i.e. the Federal ]	ifts or securities firms? d locations (city and state of Reserve Board (FRB), the C	f the main office) of any at Office of the Comptroller of	ffiliates regulated by a federal of the Currency (OCC), the Fed ffiliate's primary federal regular		о [	]	
Г	1	2	3	4	5	6	7		
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC			
					fined by the Board of Governor				
					en made subject to the Federal	Yes [ ]	No [	]	
R	teserve Board's capital rul	le?					No [	]	$N \setminus A$
					conduct the annual audit?				
					independent public accountant				
		Section 7H of the Annual	Financial Reporting Model	Regulation (Model Audit	Rule), or substantially similar				
	tate law or regulation?	as massida information nol	atad ta this avanuation.			Yes [ ]	No [	]	
			to the other requirements of		orting Model Regulation				
		_	n, or substantially similar s	_		Yes [ ]	No [	]	
		•	•						
Н	Ias the reporting entity est	ablished an Audit Commit	tee in compliance with the	domiciliary state insurance	e laws?	Yes [ ]	No [	]	N/A
If	•								
W					ultant associated with an actu				
co	onsulting firm) of the indi	vidual providing the stater	nent of actuarial opinion/cer	rtification?					
D	oes the reporting entity of	wn any securities of a real	estate holding company or		•	Yes [ ]	No [	]	
				Name of real estal Number of parce	ate holding company				
				•	ted carrying value	\$			
If									
 E			EPORTING ENTITIES ON						
					f the reporting entity?				
W 			r the reporting entity throug indentures during the year?		on risks wherever located?	Yes [ ]	_	-	
W  D	, ,	•	state approved the changes			Yes [ ]	-	-	N/A [
W  D H								,	
W  D H			rincipal financial officer, pri code of ethics, which includ		or controller, or persons perform	-	NT. F	1	
W  D H If					between personal and profess	Yes [ ]	No [	J	
W  D H If		onduct, including the ethic	cal handling of actual or an	narent conflicts of interest	F F				
W  D H If A si a.	. Honest and ethical c relationships;	, .		•					
W DHIff Asi a. b.	. Honest and ethical c relationships; . Full, fair, accurate, t	imely and understandable	disclosure in the periodic re	•	by the reporting entity;				
W DHIff Asi a. b. c.	<ul> <li>Honest and ethical c relationships;</li> <li>Full, fair, accurate, t</li> <li>Compliance with app</li> </ul>	imely and understandable	disclosure in the periodic re s, rules and regulations;	ports required to be filed b					
W DHIff Asi a. b.	Honest and ethical c relationships; Full, fair, accurate, t Compliance with app The prompt internal	imely and understandable plicable governmental laws reporting of violations to a	disclosure in the periodic re	ports required to be filed b					
W DHIF	Honest and ethical c relationships;     Full, fair, accurate, t     Compliance with app     The prompt internal     Accountability for acf the response to 14.1 is not accountable.	imely and understandable plicable governmental laws reporting of violations to a dherence to the code. o, please explain:	disclosure in the periodic re s, rules and regulations; n appropriate person or pers	ports required to be filed be sons identified in the code	; and				
W DHIff Asi a. b. c. d. e. Iff	Honest and ethical c relationships;     Full, fair, accurate, t     Compliance with app     The prompt internal     Accountability for acf the response to 14.1 is no	imely and understandable plicable governmental laws reporting of violations to a dherence to the code.	disclosure in the periodic re s, rules and regulations; n appropriate person or pers	ports required to be filed be sons identified in the code	; and		No. F	1	
W DH Iff A si a. b. c. d. e. Iff H	Honest and ethical c relationships;     Full, fair, accurate, t     Compliance with app     The prompt internal     Accountability for act of the response to 14.1 is not account to the response to 14.1 is not account.  Has the code of ethics for so	imely and understandable plicable governmental laws reporting of violations to a dherence to the code. o, please explain:senior managers been amer	disclosure in the periodic re s, rules and regulations; n appropriate person or personded?	ports required to be filed be sons identified in the code	; and	Yes [ ]	No [	]	
W DHIff Asi a. b. c. d. e. Hf Iff	Honest and ethical c relationships;     Full, fair, accurate, t     Compliance with app.     The prompt internal Accountability for act the response to 14.1 is not as the code of ethics for s f the response to 14.2 is yet.	imely and understandable plicable governmental laws reporting of violations to a dherence to the code. o, please explain:	disclosure in the periodic res, rules and regulations; n appropriate person or personal ded?	ports required to be filed to sons identified in the code	; and	Yes [ ]	_	-	
W DHIff Asi a. b. c. d. e. HIf H	Honest and ethical c relationships;     Full, fair, accurate, t     Compliance with app.     The prompt internal Accountability for a f the response to 14.1 is not as the code of ethics for s f the response to 14.2 is yellawe any provisions of the	imely and understandable plicable governmental laws reporting of violations to a dherence to the code. o, please explain:	disclosure in the periodic res, rules and regulations; n appropriate person or personal ded?  ated to amendment(s)d for any of the specified of	ports required to be filed to sons identified in the code	; and	Yes [ ]	_	-	

15.1

#### **GENERAL INTERROGATORIES**

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

1	2	3		4	
American	2	3		7	
Bankers					
Association (ABA) Routing	Issuing or Confirming				
Number	Bank Name	Circumstances That Can Trigge	er the Letter of Credit	Amount	
		BOARD OF D	IRECTORS		
-	le of all investments of the report	ting entity passed upon either by the	ne board of directors or a	subordinate	
committee thereof?	ntity kaan a aamnlata narmanan	record of the proceedings of its bo	and of directors and all	whordingto	Yes [ ] No [
committees thereof?		record of the proceedings of its bo	said of directors and air s	subordinate	Yes [ ] No [
		disclosure to its board of directors			part of
ny of its officers, d	irectors, trustees or responsible e	employees that is in conflict or is li	kely to conflict with the	official duties of such person?	X
					Yes [ ] No [
		FINANC	CIAL		
Has this statement Principles)?	been prepared using a basis of	accounting other than Statutory	Accounting Principles (e	e.g., Generally Accepted Accord	-
inicipies):					Yes [ ] No [
Total amount loaned	I during the year (inclusive of Se	parate Accounts, exclusive of police			
		20.11	To directors or other of		\$
		20.12 20.13	To stockholders not o		\$
Catal am ayut aflaa	as system dime at the and african		Trustees, supreme or		Ψ
otai amount oi ioai	ns outstanding at the end of year	(inclusive of Separate Accounts, e 20.21	To directors or other		\$
		20.22	To stockholders not o		\$
		20.23	Trustees, supreme or		\$
Were any assets repo	orted in this statement subject to	a contractual obligation to transfer			being
eported in the states					Yes [ ] No [
i yes, state the amo	unt thereof at December 31 of th	e current year:	Rented from others		S
		21.22	Borrowed from others		\$
		21.23	Leased from others	•	\$
		21.24	Other		\$
		ents as described in the Annual	Statement Instructions	other than guaranty fund or guaranty	aranty
ssociation assessme	ents?				Yes [ ] No [
f answer is yes:		22.21	Amount paid as losses	s or risk adjustment	\$
		22.22	Amount paid as exper	=	\$
		22.23	Other amounts paid		\$
Does the reporting e	entity report any amounts due fro	m parent, subsidiaries or affiliates	on Page 2 of this stateme	ent?	Yes [ ] No [
	amounts receivable from parent i	•	Ü		\$
	•	ommissions in which the amounts	advanced by the third p	arties are not settled in full with	
f the response to 24	.1 is yes, identify the third-party	that pays the agents and whether t	hey are a related party.	1	
	l Name of Third-Party	Is the Thir	2 d-Party Agent a Related	Party (Yes/No)	
		To and Thin		<u> </u>	
		INVESTM	IENT		

#### **GENERAL INTERROGATORIES**

25.02 25.03	For securities lending proceeds collateral is carried on collateral is carried on collateral in carried on collateral is carried on collateral in carried on	plete information, relating rograms, provide a descript or off-balance sheet. (an alto	tion of the pre ernative is to	ogram including value reference Note 17 wh	e for collateral an tere this informati	d amount of loan on is also provid	ed securities, and when	ther			
25.04	For the reporting entity	's securities lending progra							\$_		
25.05 25.06	Instructions.  For the reporting entity'  Does your securities len	s securities lending program	m, report am	ount of collateral for o securities) and 105% (	other programs.  foreign securities	s) from the counte	erparty at the outset of	the	\$_ Yes		] N/A [ ]
25.07		y non-admit when the colla							Yes	[ ] No [	] N/A [ ]
25.08	securities lending?	y or the reporting entity's s				0 0	, ,	ct	Yes	[ ] No [	] N/A [ ]
25.09	25.091 Total fa 25.092 Total bo	's securities lending progra ir value of reinvested colla ook/adjusted carrying value	teral assets re of reinveste	eported on Schedule E d collateral assets repo	DL, Parts 1 and 2		•		\$ _ \$ _		
26.1	Were any of the stocks the reporting entity or	hyable for securities lending, bonds or other assets of that the reporting entity so errogatory 21.1 and 25.03).	he reporting	entity owned at Dece					\$ _ Vac	[] N	
26.2		thereof at December 31 of							\$		ю [ ]
			26.21 26.22 26.23 26.24 26.25	Subject to dollar re Subject to reverse Placed under option	repurchase agree epurchase agreem dollar repurchase on agreements	e agreements			\$ \$ \$		
			26.26 26.27 26.28	FHLB Capital Sto On deposit with st	ck ates		ding FHLB Capital St	ock	\$ \$ \$		
			26.29 26.30 26.31		ral – excluding co	ollateral pledged	to an FHLB king funding agreeme	nts	\$ \$		
26.3	For category (26.26) pro	ovide the following:	26.32	Other		C			\$		
		1		2			3				
		Nature of Restric	tion	Descript	tion	A	mount				
27.1 27.2		y have any hedging transac sive description of the hedg			to the domicilian	z state?				No [ ]	N/A [ ]
	If no, attach a description				to the dominemar.	, state.		103	LJ	110 [ ]	10/11
27.3	=	y utilize derivatives to heda			ect to fluctuation	s as a result of in	terest rate sensitivity?	Yes	[]	No [ ]	
27.4	If the response to 27.3 is	s YES, does the reporting e	entity utilize: 27.41 27.42	Special accounting		AP No. 108				No [ ]	
27.5		27.41 regarding utilizing	27.43 the special	Other accounting gaccounting provision	5	108, the reporting	ng entity attests to th	Yes	[ ]	No [ ] No [ ]	
	<ul> <li>Hedging strate</li> <li>Actuarial certicestablishment</li> <li>Conditional Ta</li> <li>Financial Office</li> <li>Clearly Define</li> </ul>	entity has obtained explicit gy subject to the special acc dification has been obtain of VM-21 reserves and p il Expectation Amount. cer Certification has been d Hedging Strategy within the company in its actual de	counting pro ed which is provides the obtained what VM-21 and	visions is consistent we ndicates that the he impact of the hedgi nich indicates that the that the Clearly Defin	with the requirement dging strategy in g strategy with the hedging strateg	s incorporated in the Actuarial y meets the defi	Guideline nition of a				
28.1	Were any preferred stocissuer, convertible into	eks or bonds owned as of D	ecember 31	of the current year ma	ndatorily convert	ible into equity, o	or, at the option of the	Yes	r 1	No [ ]	
28.2 29.	If yes, state the amount Excluding items in Scho offices, vaults or safety custodial agreement wi	thereof at December 31 of edule E, Part 3 – Special Do deposit boxes, were all s th a qualified bank or tru	eposits, real stocks, bond st company	estate, mortgage loans s and other securities in accordance with S	, owned through Section 1, III – C	out the current y General Examina	vear held pursuant to tion Considerations, I	\$ s a 7.			
29.01	· ·	Functions, Custodial or Sam nply with the requirements		-				Yes	[]	No [ ]	
		-	Name	1 of Custodian(s)		2 's Address					
							-				
							1				

#### **GENERAL INTERROGATORIES**

Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?  Yes []  If yes, give full and complete information relating thereto:		1 Name(s)			2 Location(s)		3 Complete Expla	nation(s)		
If yes, give full and complete information relating thereto:    Old Custodian										
Old Custodian New Custodian Date of Change Reason    Change   Reason					n(s) identified in 29	9.01 during the c	urrent year?		Yes [	]
on behalf of the reporting entity. This includes both primary and sub-advisors. ["that have access to the investment accounts"; "handle securities"]    Name of Firm or Individual   2			N		I					
Central Registration Depository Number   Name of Firm or Individual   Steed in the table for 29.05 with an affiliation code of "A" (affiliated), provide the information for the table below   Name of Firm or Individual   Steed in the table for 29.05 with an affiliated or "U" (affiliated), provide the information for the table below   Name of Firm or Individual   Identifier (LEI)   Registered With   Agreement (IMA) Filed										
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 []  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 []  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 that the control of the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the province of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below that the table above, complete the following schedule:  1		"that have access to the investment at	ccounts"; "han			2			<i>3 7</i> ,	
(i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?  Yes []  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 []  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   Name of Firm or Individual   Legal Entity   Identifier (LEI)   Registered With   Agreement (IMA) Filed	E	29.0597 For those firms/individuals	listed in the tabl	le for Question	29.05 do any firr	ns/individuals ur	affiliated with the s	reporting entity		
Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?  Yes [ ]  If yes, complete the following schedule:	6	(i.e., designated with a "U" 29.0598 For firms/individuals unaff does the total assets under r	) manage more the filiated with the management aggr	han 10% of the reporting entity regate to more t	reporting entity's (i.e., designated than 50% of the re	invested assets? with a "U") liste porting entity's i	ed in the table for (	Question 29.05,	Yes [	]
1 2 3 Book/Adjusted Carrying Value  30.2999 TOTAL  For each mutual fund listed in the table above, complete the following schedule:  1 2 3 Amount of Mutual Fund's	6	(i.e., designated with a "U", 29.0598 For firms/individuals unaff does the total assets under r For those firms or individuals listed i	) manage more the filiated with the remanagement aggrent the table for 29	han 10% of the reporting entity regate to more to 2.05 with an affine 2	reporting entity's (i.e., designated than 50% of the refiliation code of "A	invested assets? with a "U") liste porting entity's i a" (affiliated) or " 3 Entity	d in the table for (nvested assets? 'U'' (unaffiliated), p	Question 29.05, provide the informal Irr	Yes [ mation for the table be	] elow.
CUSIP# Name of Mutual Fund Book/Adjusted Carrying Value  30.2999 TOTAL  For each mutual fund listed in the table above, complete the following schedule:  1 2 3 4 Amount of Mutual Fund's		(i.e., designated with a "U"  29.0598 For firms/individuals unaff does the total assets under r  For those firms or individuals listed i  1  Central Registration Depository Nun  Does the reporting entity have any di	) manage more the filiated with the remanagement aggrant the table for 29 mber Name of the filiated mutual	han 10% of the reporting entity regate to more to 0.05 with an affine 2 of Firm or Individuals reported	reporting entity's  / (i.e., designated than 50% of the reconstruction code of "A Legal Identification of the reconstruction of the	invested assets? with a "U") liste porting entity's i " (affiliated) or '  Entity ter (LEI)  Part 2 (diversified	d in the table for Convested assets?  'U" (unaffiliated), p  4  Registered Wi	Question 29.05,  provide the information of the inf	Yes [ mation for the table be 5 nvestment Managemen Agreement (IMA) File	elow.
For each mutual fund listed in the table above, complete the following schedule:  1 2 3 4 Amount of Mutual Fund's		(i.e., designated with a "U".  29.0598 For firms/individuals unaff does the total assets under refer those firms or individuals listed in the control of the	) manage more the filiated with the remanagement aggrent the table for 29 mber Name of the versified mutual Investment Comp	han 10% of the reporting entity regate to more to 0.05 with an affine 2 of Firm or Individuals reported	reporting entity's  / (i.e., designated than 50% of the reconstruction code of "A Legal Identification of the reconstruction of the	invested assets? with a "U") liste porting entity's i " (affiliated) or '  Entity ter (LEI)  Part 2 (diversified	d in the table for Convested assets?  'U" (unaffiliated), p  4  Registered Wi	Question 29.05,  provide the information of the inf	Yes [ mation for the table be 5 nvestment Managemen Agreement (IMA) File	elow.
1 2 3 4 Amount of Mutual Fund's		(i.e., designated with a "U".  29.0598 For firms/individuals unaff does the total assets under r  For those firms or individuals listed i  1  Central Registration Depository Nun  Does the reporting entity have any di Exchange Commission (SEC) in the l  If yes, complete the following schedu	) manage more the filiated with the remanagement aggrent the table for 29 mber Name of the versified mutual Investment Comp	han 10% of the reporting entity regate to more to 0.05 with an affine 2 of Firm or Individuals reported pany Act of 194	reporting entity's  7 (i.e., designated than 50% of the resiliation code of "A Legal Identification and Legal Identificat	invested assets? with a "U") liste porting entity's i " (affiliated) or '  3 Entity ier (LEI)  Part 2 (diversified 1)])?	d in the table for (nvested assets?  'U" (unaffiliated), p  4  Registered W  according to the So	Question 29.05,  provide the inform the A	Yes [ mation for the table be 5 nvestment Managemen Agreement (IMA) File	elow.
Amount of Mutual Fund's		(i.e., designated with a "U".  29.0598 For firms/individuals unaff does the total assets under refer those firms or individuals listed in the control of the	) manage more the filiated with the remanagement aggrent the table for 29 mber Name of the versified mutual Investment Comp	han 10% of the reporting entity regate to more to 0.05 with an affine 2 of Firm or Individuals reported pany Act of 194	reporting entity's  7 (i.e., designated than 50% of the resiliation code of "A Legal Identification and Legal Identificat	invested assets? with a "U") liste porting entity's i " (affiliated) or '  3 Entity ier (LEI)  Part 2 (diversified 1)])?	d in the table for (nvested assets?  'U" (unaffiliated), p  4  Registered W  according to the So	Question 29.05,  provide the inform the A	Yes [ mation for the table be 5 nvestment Managemen Agreement (IMA) File	elow.
Name of Mutual Fund (from above table)  Name of Significant Holding (from above table)  Name of Significant Holding (Book/Adjusted Carrying Value (Date of Valuation)  Attributable to the Holding (Valuation)		(i.e., designated with a "U".  29.0598 For firms/individuals unaff does the total assets under refer those firms or individuals listed in the control of the	manage more the filiated with the remanagement aggrant the table for 29 mber Name of the versified mutual Investment Compute:	han 10% of the reporting entity regate to more to 0.05 with an affine 2 of Firm or Individuals reported pany Act of 194 Name of Mu	reporting entity's  7 (i.e., designated than 50% of the resiliation code of "A Legal Identification of the resiliation code of "A Legal Identification of the resiliation code of "A Legal Identification of the resiliation o	invested assets? with a "U") liste porting entity's i " (affiliated) or '  3 Entity ier (LEI)  Part 2 (diversified 1)])?	d in the table for (nvested assets?  'U" (unaffiliated), p  4  Registered W  according to the So	Question 29.05,  provide the inform the A	Yes [ mation for the table be 5 nvestment Managemen Agreement (IMA) File	elow.

#### **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
				Excess of Statement
				over Fair Value (-),
		Statement (Admitted)		or Fair Value over
		Value	Fair Value	Statement (+)
31.1	Bonds			
31.2	Preferred Stocks			
31.3	Totals			
		•	•	•

Descr	ibe the sources or methods utilized in determining the fair values:			
	he rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?  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)	Yes	[]	No [
If the	brokers or custodians used as a pricing source? answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair for Schedule D:	Yes	[]	No [
	all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes	[ ]	No [
By sel a. b.	If-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  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.  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.			37. 5
By sel	the reporting entity self-designated 5GI securities?  If-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the <i>Purposes and dures Manual of the NAIC Investment Analysis Office</i> (P&P Manual) for private letter rating (PLR) securities and the following	Yes	[ ]	No [
eleme	nts 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.			
	the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?  signing FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-	Yes	[ ]	No [
	nated FE fund:			
	The shares were purchased prior to January 1, 2019.			
b. c.	The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  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.  The approximation and NMC Designation was designed from the applies and it notice (a) with approximation are spirated by an NMC.			
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. Has th	The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?	Yes	[ ]	No [
	lling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 ified through a code (%) in those investment schedules), the reporting entity is certifying to the following:			
a. b.	The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the			
c.	discretion of all involved parties.  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 th	e reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?	Yes	[ ]	No [ ]

#### **GENERAL INTERROGATORIES**

38.1	Does the reporting entity directly hold crypto	ocurrencies?			Yes [ ] No [ ]
38.2	If the response to 38.1 is yes, on what schedu	ule are they reported?			
39.1	Does the reporting entity directly or indirect	ly accept cryptocurrencies	as payments for premiums on	policies?	Yes [ ] No [ ]
39.2	If the response to 39.1 is yes, are the cryptoc	urrencies held directly or	are they immediately converted	d to U.S. dollars?	
	39.21	Held directly	7		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 t	that are held directly.	
	•			•	
	1		2	3	٦
	•	Immed	diately Converted to USD,	3	
	Name of Cryptocur		Directly Held, or Both	Accepted for Payment of Premiums	
			OTHER		
10.1	A			0	en e
40.1	Amount of payments to trade associations, s		•	•	\$
40.2	List the name of the organization and the associations, service organizations, and stati				
	associations, service organizations, and stati	stical of fating ourcaus du	ring the period covered by this	statement.	
		1	2		
		Name	Amount P	aid	
			\$		
			\$		
			\$ \$		
			φ		
41.1	Amount of payments for legal expenses, if a	ny?			\$
41.2	List the name of the firm and the amount pa	aid if any such payment re	epresented 25% or more of the	total payments for legal expenses during	
	the period covered by this statement.	, , ,	•		
		1	2		
		Name	Amount P	aid	
			\$   \$		
			\$		
			\$		
42.1	Amount of payments for expenditures in con	nection with matters befo	re legislative bodies, officers, o	or departments of government, if any?	\$
			_	-	•
42.2	List the name of the firm and the amount pa				
	with matters before legislative bodies, office	ers, or departments of gove	rinnent during the period cove	red by this statement.	
		1	2		
		I Name	Amount P	raid	
		Ivaille	\$	ard	
			\$		
			\$		

Name	Amount Paid
rvanie	\$
	\$
	\$
	\$

#### **GENERAL INTERROGATORIES**

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

1.1	Does the reporting entity have any direct Medicare					No [ ]
1.2	If yes, indicate premium earned on U.S. business on	-			\$	
1.3	What portion of Item (1.2) is not reported on the Me				\$	
	1.31 Reason for excluding:					
1.4	To disease a second of second or sec				6	
1.4	Indicate amount of earned premium attributable to C		ncluded in Item (1.2) above.		\$	
1.5 1.6	Indicate total incurred claims on all Medicare Suppl	ement insurance.			۰	
1.0	Individual policies:	Most current three years:				
		1.61 Total premium earned	4		\$	
		1.62 Total incurred claims			\$ \$	
		1.63 Number of covered li			Ψ	
		All years prior to most curre				
		1.64 Total premium earner			\$	
		1.65 Total incurred claims			\$	
		1.66 Number of covered li			Ψ	
1.7	Group policies:	1.00 Transoci di coveletti il				
1.,	Croup ponoios.	Most current three years:				
		1.71 Total premium earned	1		\$	
		1.72 Total incurred claims			\$	
		1.73 Number of covered li				
		All years prior to most curre				
		1.74 Total premium earned			\$	
		1.75 Total incurred claims			\$	
		1.76 Number of covered li	ves			
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)			
		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 distributable from the Separate Accounts to the general			s statement, is not currently	\$	
3.4	State the authority under which Separate Accounts a	are maintained:				
3.5	Was any of the reporting entity's Separate Accounts	s business reinsured as of Decemb	er 31?		Yes [	No [ ]
3.6	Has the reporting entity assumed by reinsurance any	Separate Accounts business as of	f December 31?		Yes [	No [ ]
3.7	If the reporting entity has assumed Separate Account Accounts reserve expense allowances is included a				•	
	(net)?"				\$	
4.	For reporting entities having sold annuities to another from the claimant (payee) as the result of the purchase	ase of an annuity from the reporting		obtained a release of liability		
4.1	Amount of loss reserves established by these annuit				\$	
4.2	List the name and location of the insurance compan	y purchasing the annuities and the	statement value on the purc	hase date of the annuities.		
		1	2			
		P&C Insurance Company	Statement Value	nition .		
		and Location	on Purchase Date of Annu (i.e., Present Value)	nucs		
		Location	(i.e., i resent value)	<del></del>		

1	2
P&C Insurance Company	Statement Value
and	on Purchase Date of Annuities
Location	(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 f								[ ] No [ ]
5.2	If yes, please provide the a			of the reporting da	ite.			\$	
5.3	Do you act as an administra		· ·						[ ] No [ ]
5.4	If yes, please provide the b								
6.1	Are any of the captive affil	-		3, authorized rei	nsurers?			Yes	[ ] No [ ] NA [ ]
6.2	If the answer to 6.1 is yes,	please provide the	following:						
			1 2	2			G D	G. II.	1
		1	2 NAIC	3	4	Assets 5	Supporting Reserve	7	
		ompany	Company	Domiciliary	Reserve	Letters of	Trust	,	
		Name	Code	Jurisdiction	Credit	Credit	Agreements	Other	
7.	Provide the following for ir	dividual ordinary	life insurance*	policies (U.S. bus	siness only) for th	e current vear (prio	r to reinsurance		
	assumed or ceded).			F					
			7.	1 Direct Premi	um Written			\$	
			7.	2 Total Incurre	d Claims			\$	
			7.	3 Number of C	overed Lives				
				10.11				7	
					Life Insurance In				
		`			U, 3	sue, "short form ap	,		
		Whole Lif	fe (whether full	underwriting, lim	nited underwriting	, jet issue, "short fo	rm app")		
		Variable I	Life (with or wi	hout secondary g	uarantee)				
		Universal	Life (with or w	ithout secondary	guarantee)				
		Variable U	Jniversal Life (	with or without se	econdary guarante	e)			
			(			-,		1	
8.	Is the reporting entity licens	ed or chartered, re	gistered, qualif	ied, eligible or wi	riting business in	at least two states?		Yes	[ ] No [ ]
8.1	If no, does the reporting ent			_	-		the state of domici		., .,
0.1	of the reporting entity?	ity assume remous	ance casmess t	00 (015 115115 11	ording in at reast	one state other than	and blace of dominor		[ ] No [ ]
	policies.  b. IMR losses for fixed incaccordance with a reporgains were reversed to I.  c. Any deviation to (a) wastransaction, that mechand. Asset sales that were ge	ing entity's derivation MR and amortized seither because of ically made the car	tive use plans a in lieu of being a temporary an	nd reflect symme grecognized as re	etry with historica calized gains upon	treatment in which	unrealized derivat	ive	
	outflows including, but		negative IMR w		of reinvestment a	ctivities.		ce	
				ere not compelle	of reinvestment ac d by liquidity pres	ctivities.		ce	
	Is the reporting entity admi	tting net negative (	ss withdrawals	ere not compelle and collateral cal	of reinvestment and d by liquidity press ls).	sures (e.g., to fund			[ ] No [ ] NA [ ]
	Is the reporting entity admi	tting net negative (	ss withdrawals	ere not compelle and collateral cal	of reinvestment and d by liquidity press ls).	sures (e.g., to fund			[ ] No [ ] NA [ ]
10.	Is the reporting entity admi		ss withdrawals (disallowed) IM	ere not compelled and collateral cal IR in accordance	of reinvestment and d by liquidity press ls).	sures (e.g., to fund			[ ] No [ ] NA [ ]
10.		nounts at risk for th	ss withdrawals (disallowed) IM	rere not compelled and collateral cal IR in accordance tegories.	of reinvestment and d by liquidity press ls).	sures (e.g., to fund			[ ] No [ ] NA [ ]  Amount at Risk
10.	Provide the current-year an	nounts at risk for th Individual an	ss withdrawals (disallowed) IM he following ca	rere not compeller and collateral cal IR in accordance tegories.	of reinvestment and d by liquidity press ls).	sures (e.g., to fund			
10.	Provide the current-year an	nounts at risk for th Individual and Modified Co	ss withdrawals (disallowed) IN the following cand Industrial Livinsurance Assu	rere not compeller and collateral cal IR in accordance tegories.  The many contents are accordance to the contents are accor	of reinvestment and d by liquidity press ls).	sures (e.g., to fund		Yes	
10.	Provide the current-year an	nounts at risk for th Individual and Modified Co	ss withdrawals (disallowed) IM he following cand Industrial Li	rere not compeller and collateral cal IR in accordance tegories.  The many contents are accordance to the contents are accor	of reinvestment and d by liquidity press ls).	sures (e.g., to fund		Yes	
10.	Provide the current-year an	nounts at risk for the Individual are Modified Co	ess withdrawals (disallowed) IM the following can and Industrial Livinsurance Assurance Cede	rere not compeller and collateral cal IR in accordance degories. Ce med Reserves d Reserves	of reinvestment ac d by liquidity pres ls). with these criteria	sures (e.g., to fund		Yes	Amount at Risk
10.	Provide the current-year an 10.0	nounts at risk for the Individual are Modified Co  Modified Co  Individual are	ss withdrawals (disallowed) IN the following cand Industrial Library insurance Assurinsurance Cederal Industrial Library Industrial Library with Industrial Library Insurance Cederal In	rere not compelled and collateral cal IR in accordance tegories. Cemed Reserves d Reserves	of reinvestment acd by liquidity pressess, with these criterians.	sures (e.g., to fund		Yes	
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are the Individual are the Individual are the Individual are I	ss withdrawals (disallowed) IN the following cand Industrial Lipinsurance Assurinsurance Cedend Industrial Lipinsurance Cede	rere not compelled and collateral call IR in accordance tegories.  The collateral call tegories are tegories.	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force	sures (e.g., to fund		Yes \$ \$ \$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are the Individua	ss withdrawals (disallowed) IN the following cand Industrial Litinsurance Assurance Cederal Industrial Litinsurance Cederal Industrial Indus	rere not compelled and collateral call IR in accordance tegories.  The collateral call tegories are tegories are tegories.	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded)	etivities. sures (e.g., to fund		Yes	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual Ar	ss withdrawals (disallowed) IN the following cand Industrial Lipinsurance Assurinsurance Cederal Industrial Lipinsurance Cederal Industrial Indust	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed -	etivities. sures (e.g., to fund		Yes \$ \$ \$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Modified Co Individual are Modified Exhibit 5 Life Separate Acc Net Modified	he following cand Industrial Litinsurance Assurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance (Direct + Assurance Industrial Litinsurance Industrial Litinsuranc	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed -	etivities. sures (e.g., to fund		Yes \$ \$ \$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Modified Exhibit 5 Life Separate Acc Met Modified Life Reserve	he following cand Industrial Litinsurance Assurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance (Direct + Assurance Personal Industrial Industrial Litinsurance Insurance In	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed -	etivities. sures (e.g., to fund		Yes \$ \$ \$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Modified Exhibit 5 Life Separate Acc Met Modified Life Reserve	he following cand Industrial Litinsurance Assurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance (Direct + Assurance Industrial Litinsurance Industrial Litinsuranc	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed -	etivities. sures (e.g., to fund		Yes \$ \$ \$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Net Amount Exhibit 5 Life Separate Acc Net Modified Life Reserve Life Net Am	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance (Direct + Assure Reserves (Direct + Assure Cederated Industrial Litinsurance Insurance Insura	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)	etivities. sures (e.g., to fund ? - Ceded)		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Net Amount Exhibit 5 Life Separate Acc Net Modified Life Reserve Life Net Am	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance (Direct + Assure Reserves (Direct + Assure Cederated Industrial Litinsurance Insurance Insura	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed -	etivities. sures (e.g., to fund ? - Ceded)		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk
10.	Provide the current-year an 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Modified Co Individual are Modified Exhibit 5 Life Separate Acc Modified Net Modified Co Individual are Modified Co Individual are Modified Co Individual Indivi	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Insurance Ins	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)	etivities. sures (e.g., to fund ? - Ceded)		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk  Amount of Risk
10.	Provide the current-year an 10.6 10.6 10.6 10.6 10.6 10.6 10.6 10.6	nounts at risk for the Individual are Modified Co Modified Co Modified Co Individual are Modified Co Individual are Modified Co Individual are Modified Co Met Modified Co Met Modified Co Individual are Modified	he following cand Industrial Litinsurance Assurinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance Cederal Industrial Litinsurance (Direct + Assure Reserves (Direct + Assure (10.04 + 10.00) ount at Risk (10.04 + 10.00) ount	rere not compelled and collateral call IR in accordance tegories.  The collateral call IR is a collate	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)  Without Pricing F Force	etivities. sures (e.g., to fund ? - Ceded)		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk  Amount of Risk
10.	Provide the current-year and 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.	nounts at risk for the Individual are Modified Co Modified Co Modified Co Individual are Modified Co Individual are Modified Co Individual are Modified Co Met Modified Co Individual are Modified Co Individual A	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Insurance Ins	rere not compelled and collateral call IR in accordance tegories.  The med Reserves deserves deserves  The Policies With Proceed the Assumed — Life Reserves (Assumed 5 + 10.06)  The Dollater of the Policies	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)  Without Pricing F Force	exibility		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk  Amount of Risk
10.	Provide the current-year and 10.6 10.6 10.6 10.6 10.6 10.6 10.6 10.6	nounts at risk for the Individual are Modified Co Modified Co Modified Co Individual are Modified Co Individual are Modified Co Separate Acc Net Modified Co Net Modified Co Individual are Modified Co Individual	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Insurance Ins	rere not compelled and collateral call IR in accordance tegories.  The med Reserves deserves deserves  The Policies With Proceed the Assumed — Life Reserves (Assumed 5 + 10.06)  The Dollater of the Policies	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)  Without Pricing F Force Ceded) irect + Assumed -	exibility		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk  Amount of Risk
10.	Provide the current-year and 10.6 10.6 10.6 10.6 10.6 10.6 10.6 10.6	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Modified Exhibit 5 Life Separate Acc Life Net Amount Life Net Amount Individual are Modified Exhibit 5 Life Net Amount O Exhibit 5 Life Separate Acc 2 Net Modified Net Modified Net Amount Modified Net Amount Modified Net Amount Modified Net Modified Ne	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Insurance Ins	rere not compeller and collateral cal IR in accordance tegories.  The med Reserves deserves deserves  The Policies With Proceed the Assumed – Life Reserves (Assumed – Life Policies Med – Ceded) in 1 med – Ceded (Assumed – Ceded) in 1 med – Ceded) in 1 med – Ceded (Assumed – Ceded) in 1 med – Ceded) in 1 med – Ceded (Assumed – Ceded) in 1 med – Ceded (A	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)  Without Pricing F Force Ceded) irect + Assumed -	exibility		\$\$ \$\$ \$\$ \$\$ \$\$	Amount at Risk  Amount of Risk
10.	Provide the current-year and 10.6 10.6 10.6 10.6 10.6 10.6 10.6 10.6	nounts at risk for the Individual are Modified Co Modified Co Individual are Modified Co Individual are Modified Exhibit 5 Life Separate Acc Life Net Amount Individual are Modified Individual are Modified Exhibit 5 Life Net Amount O Exhibit 5 Life Net Amount O Exhibit 5 Life Net Modified Individual are Modified Indiv	he following cand Industrial Litinsurance Assurinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Cederated Industrial Litinsurance Insurance Ins	rere not compelled and collateral call IR in accordance degories.  The med Reserves de Policies With Proceed and Ceded) in 1 rect + Assumed - Life Reserves (Assumed 5 + 10.06)  The Dolicies With Proceed and Ceded) in 1 rect + Assumed - Life Reserves (Assumed - Life Reserves (Degories Vinet + Assumed - Life Reserves (Degories (Assumed - Life Reserves (Assumed - Life Reserves (Assumed 1 + 10.12)	of reinvestment ac d by liquidity pres ls). with these criteria  Pricing Flexibility Force Ceded) irect + Assumed - ed - Ceded)  Without Pricing F Force Ceded) irect + Assumed -	exibility		\$\$\$\$\$\$\$\$	Amount at Risk  Amount of Risk

#### **GENERAL INTERROGATORIES**

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

			Group and Credit Life (Excludent	ling FEGLI/SGLI)				Amount at Risk
		10.15	Modified Coinsurance Assume	ed Reserves				\$
		10.16	Modified Coinsurance Ceded	Reserves				\$
			Group and Credit Term Life (1	Excluding FEGLI/SC	GLI) with Remaining I	Rate Terms 36 Mont	hs and Under	Amount of Risk
		10.17	Net Amount (Direct + Assume	ed – Ceded) in Force				\$
		10.18	Exhibit 5 Life Reserves (Direct	et + Assumed – Cede	d)			\$
		10.19	Separate Account Exhibit 3 Li	fe Reserves (Direct	+ Assumed – Ceded)			\$
		10.20	Net Modified Coinsurance Res	serves (Assumed – C	eded)			\$
		10.21	Life Reserves (10.18 + 10.19 -	+ 10.20)				\$
		10.22	Life Net Amount at Risk (10.1	7 – 10.21)				\$
			Group and Credit Term Life (I	Excluding FEGLI/SO	GLI) with Remaining I	Rate Terms Over 36	Months	Amount of Risk
		10.23	Net Amount (Direct + Assume	ed – Ceded) in Force				\$
		10.24	Exhibit 5 Life Reserves (Direct	et + Assumed – Cede	d)			\$
		10.25	Separate Account Exhibit 3 Li	fe Reserves (Direct	+ Assumed – Ceded)			\$
		10.26	Net Modified Coinsurance Re	serves (Assumed – C	eded)			\$
		10.27	Life Reserves (10.24 + 10.25 -	+ 10.26)				\$
		10.28	Life Net Amount at Risk (10.2	23 – 10.27)				\$
			Group and Credit Permanent I	Life (Excluding FEG	LI/SGLI) with Pricing	Flexibility		Amount of Risk
		10.29	Net Amount (Direct + Assume	· · · · · · · · · · · · · · · · · · ·				\$
		10.30	Exhibit 5 Life Reserves (Direct	et + Assumed – Cede	d)			\$
		10.31	Separate Account Exhibit 3 Li	fe Reserves (Direct	+ Assumed – Ceded)			\$
		10.32	Net Modified Coinsurance Res		eded)			\$
		10.33	Life Reserves (10.30 + 10.31 -	+ 10.32)				\$
		10.34	Life Net Amount at Risk (10.2	29 - 10.33				\$
			is reporting entity used by anoth to for activities such as adminis					Yes [ ] No [ ]
<mark>1</mark> .2	Net reimbursement of	f such exp	enses between reporting entities	s:				
			<mark>11</mark> .21	Paid				\$
			11.22	2 Received				\$
<mark>2</mark> .1	Does the reporting en	ntity write	any guaranteed interest contract	s?				Yes [ ] No [ ]
<mark>2</mark> .2	If yes, what amount	pertaining	to these items is included in:					
			<mark>12</mark> .21	Page 3, Line 1				\$
			<mark>12</mark> .22	Page 4, Line 1				\$
	For stock reporting e		=					
	-		olders as surplus funds since org	-	orting entity:			\$
	Total dividends paid	stockhold	ers since organization of the rep	orting entity:				
			<mark>14</mark> .11	Cash				\$
			<mark>14</mark> .12	2 Stock				\$
1	Does the reporting en	ntity reinst	are any Workers' Compensation	Carve-Out business	defined as:			Yes [ ] No [ ]
	,	_	ssional reinsurance) assumed by nt exposures, but not the employ					
		ing entity	completed the Workers' Compe	nsation Carve-Out Su	applement to the Annu	al Statement?		Yes [ ] No [ ]
	<u> </u>		earned premiums and claims incu					[ ] 1.0 [ ]
	,		1		1	2	3	
					Reinsurance	Reinsurance	Net	
					Assumed	Ceded	Retained	
	15.31 Earned p	remium						
	15.32 Paid clai							
	13.32 Faid Clai							
		ms						
	15.33 Claim lia	ms bility and						

### GENERAL INTERROGATORIES PART 2-LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

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: Earned Claim Liability Attachment Premium and Reserve Point 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 What portion of earned premium reported in 15.31, Column 1 was assumed from pools? Fraternal Benefit Societies Only: Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [ ] No [ ] How often are meetings of the subordinate branches required to be held?.... How are the subordinate branches represented in the supreme or governing body? <del>19</del>. 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? How many members of the governing body attended the last regular meeting? <mark>20</mark>.5 How many of the same were delegates of the subordinate branches? How are the expenses of the governing body defrayed? When and by whom are the officers and directors elected? 22. What are the qualifications for membership? 24. What are the limiting ages for admission? <mark>25</mark>. 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 [ ] 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 [ ] <mark>28</mark>.2 If yes, do the notices state the purpose for which the money is to be used? Yes [ ] No [ ] 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? Yes [ ] No [ ] 32.1 Has the constitution or have the laws of the reporting entity been amended during the year? 32.2 If yes, when? 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 [ ] 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.... Yes [ ] No [ ] 35 1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? 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 Yes [ ] No [ ] N/A [ ] 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 [ ] Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [ ] No [ ] 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	2	3	4	5
I ifa Inam	onno in Torno	2024	2023	2022	2021	2020
	rance in Force of Life Insurance)	1				1
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. 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					
	iness Issued					
	f Life Insurance)					
8. 9.	Ordinary-whole life and endowment (Line 34, Col. 2) 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)					
	Income-Lines of Business  — Part 1)					
(Exhibit 1	- rart 1) 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. 20.	Other lines of business (Line 20.4, Col. 8)					
Balance S						
(Pages 2 a						
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. 23.1	Aggregate life reserves (Page 3, Line 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. Cash Flox	Surplus (Page 3, Line 37)v (Page 5)					
29.	Net cash from operations (Line 11)					
	ed Capital Analysis					
30.	Total adjusted capital					
31.	Authorized control level risk-based capital					
	te Distribution of Cash, Cash Equivalents and Invested Assets 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. 37.	Cash, cash equivalents and short-term investments (Line 5)					
37.	Contract loans (Line 6)  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
	nts in Parent, Subsidiaries and Affiliates	1				1
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)	1				1
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	1				1
	*	l .	<del>                                     </del>	ļ		<del></del>

#### FIVE-YEAR HISTORICAL DATA

(Continued)

Text   Number   Text   Admitted Asset			1	2	3	4	5
Text   Note (Ministric and America America   1.0   1			2024	2023	2022	2021	2020
2. Total consultatived sources (Page 2. Line 25, Col. 2)  10. Section 2. An extraction of security of the first between the consultative and the consultativ	Total Non	admitted and Admitted Assets				·	
International Principles   Control Principles   C	52.	Total nonadmitted assets (Page 2, Line 28, Col. 2)					
4.5 Not investions it issues (Chibble of Nat Investigation Income)  5. Roding disput (Income) (Page 2.1 to Nat V. Colona 1)							
Section of completing and process (Page 4, Line 34, Column 1).							
So							
25. To rol of rabove Lines 5.1.5.5 and 56.							
Boordina and Reserve Increases (Page 6)							
13, 14 and 15, Cole, 6, 7 and 8)  5 Tool contenticerelizate benefits Ad #1 (Lines 13 & 14, Col. 6)  6 Increase in A & H. Ferryeve, (Line § 5, Col. 6)  6 Increase in A & H. Ferryeve, (Line § 5, Col. 6)  6 Increase in A & H. Ferryeve, (Line § 5, Col. 6)  6 Increase in A & H. Ferryeve, (Line § 5, Col. 6)  6 Increase in A & H. Ferryeve, (Line § 5, Col. 6)  6 Increase in A & H. Ferryeve, (Line § 5, Col. 6)  6 Increase in Col. 7 (Line 2) x (1000)  6 Increase in Col. 7 (Line 2) x (1000)  6 Increase in Col. 7 (Line 2) x (1000)  6 Increase in Col. 7 (Line 2) x (1000)  6 Increase in Col. 7 (Line 2) x (1000)  7 A & H. General collean x, (Line 2) x (1000)  7 A & H. General process process excludes contaminent separate (Schedule II, Part I, Line 4, Col. 2)  7 A & H. General process process excludes contaminent separate (Schedule II, Part I, Line 1, Col. 2)  7 A & H. General process contaminent separate (Schedule II, Part I, Line 1, Col. 2)  7 Increase in Col. 1 (Line Col. 3)  7 Increase in Col. 1 (Line Col. 4)  7 Increase in Col. 2 (Li							
59. Total centractivecrificate bordin-A & H (Lines 13 & H, Col. 6).  61. Increase in the Security of the interpretation of the Security of the	58.	Total contract/certificate benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12,					
6.0. Increase in life reserves other than group and annuties (Line 19, Cot. 2).  6.1. Increase in A. H. Heavers (Line 19, Cot. 4).  6.2. Instrument copuses percent (Page 6, Cot. 1, Line 3), 22 & 22 less Line 69/(Page 6 Cot. 1, Line 1) plus Exhibit 7, Cot. 2, Line 19, 19 (1000).  6.5. A A. H. Hous prevent (Secholic H. Part 1, Lines 5 & 6, Cot. 2).  6.6. A A. H. Hous prevent (Secholic H. Part 1, Lines 5 & 6, Cot. 2).  6.7. A B. H. Hous prevent (Secholic H. Part 1, Lines 5 & 6, Cot. 2).  6.8. A B. H. Hous prevent (Secholic H. Part 1, Lines 5 & 6, Cot. 2).  6.9. A B. H. Hous seem party and "Lines (Journal of Lines 1).  6.9. A B. H. Hous seem party and "Lines (Journal of Lines 1).  6.9. First years (John Mills) and reserve-complexes (Secholich H. Part 1, Line 10, Cot. 2).  6.9. First years (John Mills) and reserve-complexes (Secholich H. Part 1, Line 10, Cot. 2).  6.9. First years (John Mills) and reserve-complexes (Secholich H. Part 1, Line 10, Cot. 2).  7. First years (John Mills) and reserve-complexes (Secholich H. Part 1, Line 10, Cot. 2).  8. Line 31, Cot. 1 less Cot. 3).  8. Line 31, Cot. 1 less Cot. 3).  8. Line 31, Cot. 1 less Cot. 3).  9. They ward claim habitity and reserve-complexes (Secholich H. Part 1, Line 1).  1. Line 31, Cot. 1 less Cot. 3).  2. Line 31, Cot. 1 less Cot. 3).  3. Line 31, Cot. 3 less Cot. 3 les							
6.1 Increase in A & Henerwe (Line 1); Col. 4). C. Diocheads by ophicylated and artifacts to members (Line 30, Col. 1). C. Diocheads by ophicylated and artifacts to members (Line 30, Col. 1). C. Diocheads by ophicylated and artifacts are completed by the collection of the collection							
Col.   Divisions to policybolds and refunds to members (Line 30, Col. 1)							
Operating Personages							
Exhibit 7, Col. 2, Line 23 x 100.00  6. Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Line 14 & 15 / 16 (Exhibit of Col. 2)  6. A & B Hous percent (Schulde H. Part 1, Line 5, & 6, Col. 2)  6. A & B Hous percent (Schulde B. Part 1, Line 5, & 6, Col. 2)  6. A & B Hous percent (Schulde B. Part 1, Line 5, & 6, Col. 2)  6. A & B Hous percent (Schulde Schulde H. Part 1, Line 4, Col. 2)  6. A B House percent (Schulde Schulde H. Part 1, Line 4, Col. 2)  6. A B House percent (Schulde Schulde H. Part 1, Line 3, Col. 3)  7. A B House percent (Schulde Schulde H. Part 1, Line 4, Col. 2)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 4, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 4, Col. 3)  7. In Line 24, Col. 1 Line 4, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3)  7. In Line 24, Col. 1 Line 4, Col. 3)  7. In Line 24, Col. 1 Line 3, Col. 3,							
6.4 Layes percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14, 615) 19; [Exhibit of Life Insurance, Column 4, Lines 14, 621) 2, 1000.  1.6 A & R H court containment prevent (Schedule H, Part I, Line 4, Col. 2).  6.6 A & R H court containment prevent (Schedule H, Part I, Line 4, Col. 2).  6.7 A & R H Capter percent excluding cost containment experses; Schedule H, Part I, Line 10, Col. 2).  4.8 H Claim Reserve Adequage.  7. A & R H column Reserve Adequage.  7. A Exhibit of the Column Reserve Complexions of group beath (Sch. H, Part 3, Line 3, Loc. 1).  8. Instruct losses on prior year claims beath softer than compechensive group beath (Sch. H, Part 3, Line 3, Loc. 1).  9. Instruct losses control of the Column Reserve Complexions of group beath (Sch. H, Part 3, Line 3).  1. Col. 1 lises Col. 3).  1. Existing Col. 1 lises Col. 3).  1. Existing Col. 1 lises Col. 3).  1. Existing Col. 1 lises Col. 3).  2. Instruction industrial life (Page 6, L. Col. 3).  2. Instruction industrial life (Page 6, L. Col. 3).  2. Instruction industrial life (Page 6, L. Col. 3).  3. Instruction industrial life (Page 6, L. Col. 3).  3. Instruction industrial life (Page 6, L. Col. 3).  4. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. Instruction industrial life (Page 6, L. Col. 3).  5. I		Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus					
Lick Insurance, Column 4, Lines 1 & 21) 13, 100,00 65. A & H I cord containment percent (Schedule H, Part 1, Lines 4, 6, Col. 2)							
6.6 A. & H. loss percent (Schedule H., Part I, Lines S. & Co. 2).  6. A. & H. leyense percent exchange (Schodule H., Part I, Lines J. Col. 2).  7. A. & H. leyense percent exchange cost containment expense (Schedule H., Part I, Line I, Col. 2).  8. A. & H. leyense percent exchange cost containment expense (Schedule H., Part I, Line I, Col. 2).  8. A. & H. Leyense percent exchange cost containment expense (Schedule H., Part I, Line I, Loc. 1).  8. A. & H. Leyense percent exchange containment expense (Schedule H., Part I, Line I, Loc. 1).  8. A. & H. Leyense percent exchange containment expense (Schedule H., Part I, Line I, Loc. 1).  8. A. & H. Leyense percent exchange containment expense (Schedule H., Part I, Line I, Loc. 1).  8. A. & H. Leyense percent exchange containment expense (Schedule H., Part I, Line I, Loc. 1).  8. A. & Line I, L. Col. I Iss. Col. 3).  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  8. A. & Line I, L. Col. I Iss. Col. 3].  9. A. & Line I, L. Col. I Iss. Col. 3].  9. A. & Line I, L. Col. I Iss. Col. 3].  9. A. & Line I, L. Col. I Iss. Col. 3].  9. A. & Line I, L. Col. I Iss. Col. 3].  9. A. & Line I, L. Col. I Iss. Col. 3].  9. A. & Line I, L. Col. I Iss. Col. 3].  9. Landvidual universal Ité (Page 6, I, Col. 4).  9. Landvidual universal Ité (Page 6, I, Col. 9).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual universal Ité (Page 6, I, Col. 1).  9. Landvidual derferre fixed annuments (Page 6, I, Col. 1).  9. Landvidual derferre fixed annuments	64.						
66. A & H lost containment percent (Scholable H, Part I, Line 4, Col. 2). 67. A & H Claure percent excluding cost containment expense (Scholable H, Part I, Line 10, Col. 2). A & H Claim Reserve Addensity.  XXX  XXX  XXX  XXX  XXX  XXX  XXX	65						
A. & H. Claim Reverse Adequacy   A. & H. Claim Reverse Adequacy							
A& H Claim Reserve Adequaxy   Society   Competentive group health (Sch. H., Part 3, Line 3.1, Col. 3)   XXX   XX							
69. Prior years' claim liability and reserves-comprobensive group health (Sch. H. Part 3, Line 3.1, Col. 1]		im Reserve Adequacy					
70. Incurred losses on prior years' claims-health other than comprehensive group health (Seh. H. Part 3, Line 3.1, Co. 1 less Co. 1). The prior years' claim liability and reserve-health other than comprehensive group health (Seh. H. Part 3, Prior years' claim liability and reserve-health other than comprehensive group health (Seh. H. Part 3, Part 3). The comprehensive group health (Seh. H. Part 3, Part 3, Part 3). The comprehensive group health (Seh. H. Part 3, Part 3, Part 3, Part 3, Part 3, Part 3, P	68.	Incurred losses on prior years' claims-comprehensive group health (Sch. H, Part 3, Line 3.1, Col. 3)					
Line 3.1, Col. 1 less Col. 3) Priori yeary claim liability and reserve-health other than comprehensive group health (Sch. H., Part 3, N. Col. 1) Priori year claim liability and reserve-health other than comprehensive group health (Sch. H., Part 3, Line 3.2, Col. 1 less Col. 3)  NSC Colar Progression After Divides for the sholders. Refunds to Members. Federal Income Taxes and Before Rev. 1 less Col. 2 less Col. 3 less Col. 4 less Col. 3 less Col. 3 less Col. 4 less Col.						XXX	XXX
71. Prior year claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2, Col. 1 less (Co. 1). Sc. (Col. 1 less (Co. 1). Sc. (Col. 1 less (Co. 1). Sc. (Col. 1 less (Col. 2). Sc. (Col. 2).	70.					vvv	vvv
Line 52, Cot 1   Isses Cot 3   No. 2007   State of 1	71					АЛА	АЛА
Net Gains From Operations After Dividends to Policyholders. Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Binamises (Page 6.x., Line 33)	/1.					XXX	XXX
Befork Realized Capital Cains or (Losses) by Lines of Business (Page 6.1, Col. 2)	Net Gains						
73. Individual whole life (Page 6.1, Col. 3). 1 Individual term life (Page 6.1, Col. 4). 2 Individual indexed life (Page 6.1, Col. 5). 3 Individual inversal life (Page 6.1, Col. 6). 3 Individual universal life (Page 6.1, Col. 6). 3 Individual universal life (Page 6.1, Col. 6). 4 Individual variable life (Page 6.1, Col. 8). 5 Individual variable life (Page 6.1, Col. 9). 5 Individual variable life (Page 6.1, Col. 9). 5 Individual variable life (Page 6.1, Col. 1). 5 Individual variable life (Page 6.1, Col. 1). 5 Individual Varia mortality risk only (Page 6.1, Col. 12). 6 Group variable life (Page 6.2, Col. 2). 6 Group term life (Page 6.2, Col. 2). 6 Group variable life (Page 6.2, Col. 5). 7 Group variable life (Page 6.2, Col. 5). 7 Group variable life (Page 6.2, Col. 5). 8 Group ore life (Page 6.2, Col. 5). 8 Group ore life (Page 6.2, Col. 5). 9 Individual deferred rick annual life (Page 6.2, Col. 5). 9 Individual deferred lixed annual life (Page 6.2, Col. 5). 9 Individual deferred lixed annual life (Page 6.2, Col. 5). 9 Individual deferred lixed annual lixed l	Before Re						
Individual term life (Page 6.1, Col. 4)							
75. Individual indexed life (Page 6.1, Col. 6). 16. Individual universal life with secondary guarantees (Page 6.1, Col. 7). 17. Individual variable life (Page 6.1, Col. 8). 18. Individual variable life (Page 6.1, Col. 9). 18. Individual variable life (Page 6.1, Col. 10). 18. Individual variable life (Page 6.2, Col. 2). 18. Group whole life (Page 6.2, Col. 2). 18. Group variable universal life (Page 6.2, Col. 2). 18. Group variable life (Page 6.2, Col. 3). 19. Group variable life (Page 6.2, Col. 3). 19. Group variable life (Page 6.2, Col. 3). 19. Group VRT mortality risk only (Page 6.2, Col. 3). 19. Individual deferred risk annuties (Page 6.3, Col. 2). 20. Individual deferred indexed annuties (Page 6.3, Col. 2). 21. Individual deferred variable annuties (Page 6.3, Col. 3). 22. Individual deferred variable annuties without guarantees (Page 6.3, Col. 5). 23. Individual deferred variable annuties (Page 6.3, Col. 5). 24. Individual deferred variable annuties (Page 6.3, Col. 5). 25. Individual deferred variable annuties (Page 6.3, Col. 5). 26. Individual deferred variable annuties (Page 6.3, Col. 5). 27. Individual deferred variable annuties (Page 6.3, Col. 5). 28. Group deferred variable annuties (Page 6.4, Col. 5). 29. Group deferred variable annuties (Page 6.4, Col. 5). 20. Group deferred variable annuties (Page 6.3, Col. 7). 20. Individual deferred variable annuties (Page 6.4, Col. 6). 20. Group deferred variable annuties (Page 6.4, Col. 6). 20. Group deferred variable annuties (Page 6.5, Col. 7). 20. A & H-vision only (Page 5.5, Col. 5). 20. Individual deferred variable annuties (Page 6.4, Col. 6). 20. Group deferred variable annuties (Page 6.5, Col. 8). 20. A & H-vision only (Page 5.5, Col. 1). 20. A & H-vision only (Page 5.5, Col. 1)							
Individual universal life (Page 6.1, Col. 8).							
Individual universal life with secondary guarantees (Page 6.1, Col. 7).							
Individual variable life (Page 6.1, Col. 8)							
Individual credit life (Page 6.1, Col. 10)	78.						
Individual of the Pite (Page 6.1, Col. 11)							
Section   Sect							
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 life (Page 6.2, Col. 5). 88. Group variable life (Page 6.2, Col. 5). 89. Group variable life (Page 6.2, Col. 6). 80. Group VRT mortality risk only (Page 6.2, Col. 9). 81. Individual determed fixed annutities (Page 6.3, Col. 2). 82. Individual determed indexed annutities (Page 6.3, Col. 2). 83. Individual determed variable annutities with guarantees (Page 6.3, Col. 4). 84. Individual determed variable annutities with guarantees (Page 6.3, Col. 5). 85. Individual diference prayout (Immediate and annutitization) (Page 6.3, Col. 6). 86. Individual ofter annutities (Page 6.3, Col. 7). 87. Group deferred fixed annutities (Page 6.4, Col. 2). 88. Group deferred indexed annutities (Page 6.4, Col. 3). 89. Group deferred indexed annutities (Page 6.4, Col. 3). 80. Group deferred indexed annutities (Page 6.4, Col. 3). 81. Group deferred indexed annutities (Page 6.4, Col. 4). 82. Group deferred indexed annutities (Page 6.4, Col. 5). 83. Group deferred indexed annutities (Page 6.4, Col. 5). 84. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 85. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 86. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 87. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 88. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 89. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 80. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 80. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 80. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 80. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 80. Group deferred variable annutities without guarantees (Page 6.4, Col. 5). 80. Grou							
Section   Sect							
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 redril life (Page 6.2, Col. 8). 89. Group other life (Page 6.2, Col. 9). 90. Group YRT mortality risk only (Page 6.2, Col. 9). 91. Individual deferred fixed annuities (Page 6.3, Col. 2). 92. Individual deferred variable annuities with guarantees (Page 6.3, Col. 5). 93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 5). 94. Individual dieferred variable annuities with guarantees (Page 6.3, Col. 5). 95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 5). 96. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 5). 97. Group deferred indexed 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). 90. Group deferred variable annuities with guarantees (Page 6.4, Col. 6). 91. Group deferred variable annuities without guarantees (Page 6.4, Col. 6). 92. Group other annuities (Page 6.4, Col. 6). 93. A & H-comprehensive individual (Page 6.5, Col. 2). 94. A & H-comprehensive individual (Page 6.5, Col. 2). 95. A & H-dectar ensupplement (Page 6.5, Col. 4). 96. A & H-dectar ensupplement (Page 6.5, Col. 4). 97. A & H-dectar ensupplement (Page 6.5, Col. 6). 98. A & H-Federal employees health benefits plan (Page 6.5, Col. 7). 99. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 99. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 90. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicare (Page 6.5, Col. 1). 91. A & H-Title XIVI Medicar							
87. Group variable universal life (Page 6.2, Col. 6).  88. Group orther life (Page 6.2, Col. 7).  89. Group other life (Page 6.2, Col. 8).  90. Group VRT mortality risk only (Page 6.2, Col. 9)  91. Individual deferred fixed annuities (Page 6.3, Col. 2).  92. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4).  93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 5).  94. Individual deferred variable annuities with guarantees (Page 6.3, Col. 5).  95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6).  96. Individual other annuities (Page 6.4, Col. 2)  97. Group deferred indexed annuities (Page 6.4, Col. 3).  98. Group deferred variable annuities with guarantees (Page 6.4, Col. 5).  100. Group deferred variable annuities with guarantees (Page 6.4, Col. 5).  101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 5).  102. Group other annuities (Page 6.4, Col. 7).  103. A & H-comprehensive individual (Page 6.5, Col. 3).  104. A & H-comprehensive group (Page 6.5, Col. 3).  105. A & H-detail only (Page 6.5, Col. 4).  106. A & H-vision only (Page 6.5, Col. 4).  107. A & H-detail only (Page 6.5, Col. 6).  108. A & H-detail only (Page 6.5, Col. 6).  109. A & H-detail only (Page 6.5, Col. 6).  101. A & H-detail only (Page 6.5, Col. 6).  102. A & H-detail only (Page 6.5, Col. 6).  103. A & H-detail only (Page 6.5, Col. 6).  104. A & H-detail only (Page 6.5, Col. 6).  105. A & H-detail only (Page 6.5, Col. 6).  106. A & H-vision only (Page 6.5, Col. 6).  107. A & H-detail only (Page 6.5, Col. 6).  108. A & H-detail only (Page 6.5, Col. 6).  109. A & H-ritle XVIII Medicaire (Page 6.5, Col. 19).  110. A & H-distability income (Page 6.5, Col. 19).  111. A & H-draft (Page 6.5, Col. 10).  112. A & H-distability income (Page 6.5, Col. 11).  113. A & H-loner-term care (Page 6.5, Col. 19).  114. A & H-other (Page 6.5, Col. 19).  115. Aggregato of all other lines of business (Page 6, Col. 8).							
88. Group credit life (Page 6.2, Col. 8)							
Section   Sect							
90. Group YRT mortality risk only (Page 6.2, Col. 9). 91. Individual deferred fixed amuities (Page 6.3, Col. 2). 92. Individual deferred indexed amuities (Page 6.3, Col. 3). 93. Individual deferred variable amuities with guarantees (Page 6.3, Col. 4). 94. Individual deferred variable amuities with guarantees (Page 6.3, Col. 5). 95. Individual offer amuities (Page 6.3, Col. 7). 96. Individual offer amuities (Page 6.3, Col. 7). 97. Group deferred fixed amuities (Page 6.4, Col. 2). 98. Group deferred indexed amuities (Page 6.4, Col. 3). 99. Group deferred variable amuities (Page 6.4, Col. 3). 100. Group deferred variable amuities with guarantees (Page 6.4, Col. 5). 101. Group ife contingent payout (immediate and amuitiant) (Page 6.5, Col. 5). 102. Group ofter amuities (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-deficare supplement (Page 6.5, Col. 4). 106. A & H-vision only (Page 6.5, Col. 5). 107. A & H-detal only (Page 6.5, Col. 5). 108. A & H-Federal employees health benefits plan (Page 6.5, Col. 9). 110. A & H-firlet XIX Medicard (Page 6.5, Col. 1). 111. A & H-order (Page 6.5, Col. 10). 112. A & H-destal (Page 6.5, Col. 10). 113. A & H-order (Page 6.5, Col. 10). 114. A & H-other (Page 6.5, Col. 10). 115. A gregogate of all other lines of business (Page 6, Col. 8). 116. Faternal (Page 6.5, Col. 13). 117. A gregogate of all other lines of business (Page 6, Col. 8). 118. Faternal (Page 6.5, Col. 13). 119. Individual deferred variable amuities without and the page of the page							
91. Individual deferred fixed annuities (Page 6.3, Col. 2). 92. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4). 93. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5). 94. Individual die fortingent payout (immediate and annuitization) (Page 6.3, Col. 6). 95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6). 96. Individual other annuities (Page 6.4, Col. 2). 97. Group deferred indexed annuities (Page 6.4, Col. 3). 98. Group deferred variable annuities with guarantees (Page 6.4, Col. 4). 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 ife 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 individual (Page 6.5, Col. 2). 105. A & H-Wision only (Page 6.5, Col. 6). 107. A & H-dental only (Page 6.5, Col. 5). 108. A & H-vision only (Page 6.5, Col. 6). 109. A & H-Title XVII Medicaid (Page 6.5, Col. 8). 110. A & H-Title XVII Medicaid (Page 6.5, Col. 1). 111. A & H-cordit (Page 6.5, Col. 10). 112. A & H-dental only (Page 6.5, Col. 10). 113. A & H-dental only (Page 6.5, Col. 10). 114. A & H-cordit (Page 6.5, Col. 10). 115. A guaranteer (Page 6.5, Col. 11). 116. Farternal (Page 6.5, Col. 13). 117. A guaranteer (Page 6.5, Col. 13). 118. A guaranteer (Page 6.5, Col. 13). 119. A guaranteer (Page 6.5, Col. 13). 110. A guaranteer (Page 6.5, Col. 13). 111. A guaranteer (Page 6.5, Col. 13). 112. A guaranteer (Page 6.5, Col. 13). 113. A guaranteer (Page 6.5, Col. 13). 114. A guaranteer (Page 6.5, Col. 18).							
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117. Iotal (Page 6, Col. 1)							
	117.	i otal (rage o, Col. 1)	l				

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?	Yes [ ]	No [ ]
	If no, please explain		

٠	•	•			٠	•	•	•	•	•	•	•	•	•	•		•	•	•	٠	٠	•	٠	٠	•	•	•	•	•							•	•		
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#### DIRECT BUSINESS IN THE STATE OF

#### DURING THE YEAR

		1	2		Dividends	to Policyholders/Refunds to	Members				aid		
				3	4	5	6	7	8	9	10	11	12
						Applied to Provide Paid-							
		Premiums and			Applied to Pay	Up Additions or Shorten					Surrender Values		Total
		Annuities	Other	Paid in Cash or	Renewal	the Endowment or		Total	Death and	Matured	and Withdrawals for	All Other	(Sum Columns 8
	Line of Business	Considerations	Considerations	Left on Deposit	Premiums	Premium-Paying Period	Other	(Col. 3+4+5+6)	Annuity Benefits	Endowments	Life Contracts	Benefits	through 11)
Indiv	idual Life												
	Industrial												
2.	Whole												
	Term												
	Indexed												
	Universal												
	Universal with secondary guarantees												
	Variable												
	Variable universal												
	Credit												
	Other(f)												
	Total Individual Life												
	p Life									1			
	Whole												
	Term												
	Universal												
15.	Variable												
	Variable universal												
	Credit												
	Other(f)												
	Total Group Life												
	idual Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
	Life contingent payout												
	Other(f)												
	Total Individual Annuities												
	p Annuities												
	Fixed												
	Indexed												
	Variable with guarantees												
	Variable without guarantees												
31.	Life contingent payout												
	Other(f)												
	Total Group Annuities												
	lent and Health									1			
	Comprehensive individual(d)								XXX	XXX	XXX		
35.	Comprehensive group(d)								XXX	XXX	XXX		
	Medicare Supplement(d)								XXX	XXX	XXX		
	Vision only(d)								XXX	XXX	XXX		
	Dental only(d)								XXX	XXX	XXX		
	Federal Employees Health Benefits Plan(d)								XXX	XXX	XXX		
	Title XVIII Medicare(d)								XXX	XXX	XXX		
	Title XIX Medicaid(d)								XXX	XXX	XXX		
	Credit A&H								XXX	XXX	XXX		
	Disability income(d)								XXX	XXX	XXX		
	Long-term care(d)								XXX	XXX	XXX		
	Other health(d)								XXX	XXX	XXX		
	Total Accident and Health								XXX	XXX	XXX		
47.	Total	(c)											

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

	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits Policy Exhibit															
	13				Claims Settled D	uring Current Year	r			22	Issued Du	ing Year	Other Change	es to In Force (Net)	In Force December	31, Current Year (b)
		Totals Pa	ıid	Reduction by	Compromise	Amount	Rejected	Total Settled Du	ing Current Year		23	24	25	26	27	28
		14	15	16	17	18	19	20	21	Unpaid						
	Incurred During	Number of		Number of		Number of		Number of		December 31,	Number of		Number of		Number of	
Line of Business	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount	Current Year	Pols/Certs	Amount	Pols/Certs	Amount	Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole																
3. Term																
Indexed     Universal																
Universal with secondary																
guarantees																
7. Variable																
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																(a)
18. Other(f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
22. Variable with guarantees																
23. Variable with guarantees																
24. Life contingent payout																
25. Other(f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed														l		
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						
35. Comprehensive group(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only(d) 38. Dental only(d)	XXX XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX						
38. Dental only(d) 39. Federal Employees Health	λλλ	ААА	ААА	АЛА	АЛА	ААА	ААА	ххх	ААА	ххх						
Benefits Plan(d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	l		l			
40. Title XVIII Medicare(d)	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						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			l			
43. Disability income(d)	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						
45. Other health(d)	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	l		l			
47. Total																
						1	1	1								

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$....., current year \$......

<sup>......</sup> and number of persons insured under indemnity only products .......

#### **EXHIBIT OF LIFE INSURANCE**

(\$000 Omitted for Amounts of Life Insurance)

	In	dustrial	1	Ordinary	Credit Life (Gro	oup and Individual)		Group		10
	1	2	3	4	5	6		•	9	
			ĺ		Number		Numb			
			ĺ	<b>.</b> .	of Individual		7	8		Total
	N. 1 C	Amount	N. 1 C	Amount	Policies and	Amount			Amount	Amount
	Number of Policies	of Insurance	Number of Policies	of Insurance	Group Certificates	of	Policies	Certificates	of Insurance	of
In force end of prior year						Insurance				Insurance
Issued during year  Reinsurance assumed										
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		
Aggregate write-ins for increases										
9. Totals (Lines 1 and 6 to 8)										
Deductions during year:			ĺ							
10. Death							XXX			
11. Maturity							XXX			
12. Disability							XXX			
13. Expiry										
14. Surrender							XXX			
15. Lapse							3/3/3/	3/3/3/	3/3/3/	
16. Conversion							XXX	XXX	XXX	
17. Decreased (net)										
18. Reinsurance										
20. Totals (Lines 10 to 19)			1							
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	70.07		70.01		72.27	(u)	70.01	7272		
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)			ĺ							
(Line 19 above)			l							
Life, Accident and Health Companies Only:										

(a)	Group \$; Individual \$
Frate	rnal Benefit Societies Only:
(b)	Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates

#### **EXHIBIT OF LIFE INSURANCE**

(\$000 Omitted for Amounts of Life Insurance) (Continued)

#### ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Indu	strial	Ordi	nary
	1	2	3	4
	Number of Policies	Amount of Insurance	Number of Policies	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	2	3	4
Term Insurance Excluding Extended Term Insurance	Number of Policies	Amount of Insurance	Number of Policies	Amount of 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	2	3	4		
	Non-Participating	Participating	Non-Participating	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

	Credi	it Life	Gro	oup
	1	2	3	4
	Number of Individual	Amount	Number	Amount
	Policies and Group	of	of	of
	Certificates	Insurance	Certificates	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

#### 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

#### POLICIES WITH DISABILITY PROVISIONS

		Indu	strial	Ordi	nary	Cre	edit	Group		
		1	2	3	4	5	6	7	8	
		Number of	Amount of	Number of	Amount of	Number of	Amount of	Number of	Amount of	
	Disability Provision	Policies	Insurance	Policies	Insurance	Policies	Insurance	Certificates	Insurance	
48.	Waiver of Premium									
49.	Disability Income									
50.	Extended Benefits			XXX	XXX					
51.	Other									
52.	Total		(a)		(a)		(a)		(a)	

<sup>(</sup>a) See the Annual Audited Financial Reports section of the annual statement instructions.

### 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

		Ordina	ary	G	roup
		1	2	3	4
		Involving Life	Not Involving Life	Involving Life	Not Involving Life
		Contingencies	Contingencies	Contingencies	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)				
Deduc	ctions 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

	Ordina	ıry	C	Group
	1	2	3	4
	Immediate	Deferred	Contracts	Certificates
In force end of prior year				
Issued during year				
Reinsurance assumed				
4. Increased during year (net)				
<ol> <li>Totals (Lines 1 to 4)</li> </ol>				
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)				
<ol><li>In force end of year (line 5 minus line 8)</li></ol>				
Income now payable:				
<ol><li>Amount of income payable</li></ol>	(a)	XXX	XXX	(a)
Deferred fully paid:	_			
11. Account balance	XXX	(a)	XXX	(a)
Deferred not fully paid:				
<ol><li>Account balance</li></ol>	XXX	(a)	XXX	(a)

#### ACCIDENT AND HEALTH INSURANCE

		Gro	oup	Cre	edit	Otl	her
		1	2	3	4	5	6
		Certificates	Premiums in Force	Policies	Premiums in Force	Policies	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
Deduc	ctions 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

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

<sup>(</sup>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

		1	2	3	4
			Current Year's Realized	Adjustment for Current	Balance Before
			Capital Gains/(Losses)	Year's Liability Gains/	Reduction for Current
	Year of	Reserve as of December	Transferred into the	(Losses) Released From	Year's Amortization
	Amortization	31, Prior Year	Reserve Net of Taxes	the Reserve	(Cols. 1+2+3)
	111110111111111111111111111111111111111	51,11101 1 001	11000110110001100100		(0018, 1 12 10)
1.	2024				
	2025				
	2026				
	2027				
	2028		•••••		
	2029		••••••		
	2030		•••••		
8.					
	2032		•••••		
			•••••	•••••	
	2033		•••••		•••••
11.			•••••		•••••
	2035				
_	2036				
	2037				
	<mark>2038</mark>				
	<u>2039</u>				
	<mark>2040</mark>				
18.	<u>2041</u>				
19.	<u>2042</u>				
20.	2043				
21.	2044				
22.	2045				
23.	2046				
24.	<del>2047</del>				
25.	<del>2048</del>				
26.	<del>2049</del>				
27.	<del>2050</del>				
28.	<b>2051</b>				
29.	<del>2052</del>				
30.	2053				
31.	2054 and Later				
	Total (Lines 1 to 31)				

#### ASSET VALUATION RESERVE

	Default Component				Equity Component		7
	1	2	3	4	5	6	
	Other Than		T . 1	G.	Real Estate and	m . 1	T . 1 .
	Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
	Loans	Loans	(Cois. 1 + 2)	Stock	Assets	(Cois. 4 + 3)	(Cois. 3 + 0)
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

			1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximu	ım Reserve
Line Number	NAIC Desig- nation	Description	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	Amount (Cols. 4x9)
Number	nation	LONG-TERM BONDS	value	Elicumorances	Encumbrances	(Cols. 1+2+3)	ractor	(Cois. 4A3)	racioi	(Cols. 4X7)	1 actor	(COIS. 4A9)
1		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	1
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	†
O		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4		71.17	72.21		717171		717171		717171	†
9		+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

			1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximu	m Reserve
Line	NAIC Desig-		Book/ Adjusted Carrying	Reclassify Related Party	Add Third Party	Balance for AVR Reserve Calculations	5	6 Amount	7	8 Amount	9	10 Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
4.0		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

			1	2	3	4	Basic Co	ntribution	Reserve Ol	ojective	Maximu	ım Reserve
			Book/			Balance for	5	6	7	8	9	10
			Adjusted	Reclassify	Add	AVR Reserve		Amount		Amount		
Line	NAIC		Carrying	Related Party	Third Party	Calculations		(Cols.		(Cols.		Amount
Number	Designation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	4x5)	Factor	4x7)	Factor	(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 (Sum of Emes 35 unough 57)			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	
00		Total Mortgage Loans on Real Estate (Lines 36 + 37)	<u> </u>		ΛΛΛ		ΛΛΛ	ļ	ΛΛΛ		ЛЛЛ	<u> </u>

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

			1	2	3	4	Basic Co	ntribution	Reserve	Objective	Maximum	Reserve
			Book/			Balance for	5	6	7	8	9	10
			Adjusted	Reclassify	Add	AVR Reserve		Amount				Amount
Line	NAIC		Carrying	Related Party	Third Party	Calculations	_	(Cols.	_	Amount	_	(Cols.
Number	Designation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	4x5)	Factor	(Cols. 4x7)	Factor	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	
21		· 5 /					ΛΛΛ		ΛΛΛ		ΛΛΛ	
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING										
22		CHARACTERISTICS OF BONDS		373737	373737		0.0000		0.0000		0.0000	
22		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23		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

			1	2	3	4	Basic Co	ntribution	Reserve	Objective	Maximur	m Reserve
			Book/			Balance for	5	6	7	8	9	10
	NAIC		Adjusted	Reclassify	Add	AVR Reserve						
Line	Desig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols.4x5)	Factor	(Cols. 4x7)	Factor	(Cols.4x9)
		INVESTMENTS WITH THE UNDERLYING				Ì				, ,		T
		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										+
٥,		(Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING		71.71	70.07		71.71		717171		71.71	+
		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		0.0011		0.0037		0.0074	
40		Mortgages – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
41		Mortgages – CM4 – Low Medium Quality			XXX		0.0009		0.0200		0.0428	
42		Mortgages – CM4 – Low Medium Quanty			XXX		0.0120		0.0343		0.0428	
43		Residential Mortgages – Insured or Guaranteed			XXX		0.0183		0.0480		0.0028	
44		Residential Mortgages – Insured of Guaranteed		XXX	XXX		0.0003		0.0007		0.0011	
45		Commercial Mortgages – An Ouler  Commercial Mortgages – Insured or Guaranteed			XXX		0.0013		0.0034		0.0040	
43		Overdue, Not in Process Affiliated:			ΛΛΛ		0.0003		0.0007		0.0011	
46		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47		Residential Mortgages – Insured or Guaranteed			XXX		0.0480		0.0008		0.1371	
48		Residential Mortgages – All Other			XXX		0.0000		0.0014		0.0023	
49		Commercial Mortgages – Insured or Guaranteed			XXX		0.0029		0.0000		0.0103	
50		Commercial Mortgages — All Other			XXX		0.0000		0.0014		0.0023	
30		In Process of Foreclosure Affiliated:			AAA		0.0400		0.0808		0.13/1	
51					XXX		0.0000		0.1942		0.1942	
52		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
53		Residential Mortgages – Insured of Guaranteed			XXX		0.0000		0.0046		0.0046	
54		Commercial Mortgages – Insured or Guaranteed			XXX		0.0000		0.0149		0.0149	
55		Commercial Mortgages – Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
			-	-								+
56		Total Affiliated (Sum of Lines 38 through 55)		ļ	XXX	ļ	XXX		XXX		XXX	+
57		Unaffiliated – In Good Standing With Covenants			XXX		(c)		(c)		(c)	
50		Unaffiliated – In Good Standing Defeased With Government			XXX		0.001		0.0055		0.007	
58		Securities					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		ļ	XXX		0.0000		0.1942		0.1942	
63		Total Unaffiliated (Sum of Lines 57 through 62)			XXX	ļ	XXX		XXX		XXX	<del> </del>
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

			1	2	3	4	Basic C	ontribution	Reserve 0	Objective	Maximun	n Reserve
			Book/			Balance for	5	6	7	8	9	10
	NAIC		Adjusted	Reclassify	Add	AVR Reserve						
Line	Desig-		Carrying	Related Party	Third Party	Calculations		Amount		Amount		Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		INVESTMENTS WITH THE UNDERLYING				(22227 2 4)		(==== ;;;		(====,)		(======================================
		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		70.07	71.71		0.0000		0.1745		0.1743	
70		(Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
				λλλ	λλλ		ААА		λλλ		λλλ	
		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	I
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	
- 00		RESIDUAL TRANCHES OR INTERESTS	-				ALA		71.71	1	AAA	1
81		Fixed Income Instruments – Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
82		Fixed Income Instruments – Originated		XXX	XXX		0.0000		0.1580		0.1580	
83		Common Stock – Unaffiliated					0.0000		0.1580		0.1580	
83 84		Common Stock – Unarrilated		XXX XXX	XXX XXX		0.0000		0.1580		0.1580	
٥.							0.0000		0.000			
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	1
93		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX		XXX		XXX	<u> </u>
		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	1
98		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
99		Total Other Invested Assets - Schedules BA & DA	<del>                                     </del>	73.73			71.77	1	72.72	<del> </del>	71.71	†
99							VVV		vvv		VVV	
		(Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)					XXX	]	XXX		XXX	1

- (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.

# ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
						AVR	AVR	AVR
				NAIC	Value of	Basic	Reserve	Maximum
RSAT Number	Type	CUSIP	Description of Asset(s)	Designation or Other Description of Asset	Asset	Contribution	Objective	Reserve
					ļ			
0599999 Totals					<u> </u>			

#### **SCHEDULE F**

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
		State	Year		Amount	Amount	Why
		of	of Claim		Paid	Resisted	Compromised
Contract	Claim	Residence of	for Death or	Amount	During the	Dec. 31 of	or
Numbers	Numbers	Claimant	Disability	Claimed	Year	Current Year	Resisted
	•••••						
	•••••		•••••	•••••			
	•••••					••••••	•
				•••••			
	•••••						
	•••••		•••••	•••••			
							•
	•••••	•••••	•••••	•••••			
	•••••						
	•••••						
	•••••					•••••	
	•••••					••••••	•
	•••••		•••••	•••••		•••••	
		•••••	•••••	•••••			
		•••••	•••••	•••••			
5399999 Totals		·					XXX
						l.	

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

	Total	I	Comprehensive and Medical) I		Comprehensive and Medical		Medica Supplen		Vision (	Only	Dental (	Only	Federal Emplo Benefits	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX
Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX		XXX
Incurred claims														
Cost containment expenses														
<ol><li>Incurred claims and cost containment expenses (Lines</li></ol>														
3 and 4)														
Increase in contract reserves														
7. Commissions (a)														
Other general insurance expenses														
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 Ti	tle XVIII	Medicaid Ti	tle XIX	Credit A	.&H	Disability	Income	Long-Terr	m Care	Other He	ealth
	15	16	17	18	19	20	21	22	23	24	25	26
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Premiums written		XXX		XXX		XXX		XXX		XXX		XXX
Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX
Incurred claims												
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												l
1101												
1102												
1103												
1198. Summary of remaining write-ins for Line 11 from												i l
overflow page												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11												l
above)												

<sup>(</sup>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
		Comprehensive											
		(Hospital and	Comprehensive				Federal						
		Medical)	(Hospital and	Medicare	Vision	Dental	Employees Health		Medicaid	Credit			
	Total	Individual	Medical) Group	Supplement	Only	Only	Benefits Plan	Title XVIII	Title XIX	A&H	Income	Care	Health
A. Premium Reserves:													
1. Unearned premiums													
2. Advance premiums													
Reserve for rate credits      Total premium reserves, current year													
5. Total premium reserves, prior year													
6. Increase in total premium reserves													
B. Contract Reserves:													
Additional reserves (a)													
Reserve for future contingent benefits													
Total contract reserves, current year													
4. Total contract reserves, prior year													
<ol><li>Increase in contract reserves</li></ol>													
C. Claim Reserves and Liabilities:													
Total current year													
Total prior year													
3. Increase													
		PART 3	- TEST OF PRICE	OR YEAR'S	CLAIM R	ESERVES	AND LIABILITI	ES					
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive					Federal						
		(Hospital and	Comprehensive				Employees						
		Medical)	(Hospital and	Medicare	Vision	Dental	Health Benefits	Medicare	Medicaid	Credit	Disability	Long-	Other
	Total	Individual	Medical) Group	Supplement	Only	Only	Plan	Title XVIII	Title XIX	A&H	Income	Term Care	Health
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													
5.5 Elife 5.1 lillings Elife 5.2				PART 4 – R	EINSURA	NCE		1					
	1	2	3	4	5	6	7	8	9	10	11	12	13
	1	Comprehensive	3	7	5	· ·	Federal	9	´	10	11	12	13
		(Hospital and	Comprehensive				Employees		1				
		Medical)	(Hospital and	Medicare	Vision	Dental	Health Benefits	Medicare	Medicaid	Credit	Disability	Long-Term	Other
	Total	Individual	Medical) Group	Supplement	Only	Only	Plan	Title XVIII	Title XIX	A&H	Income	Care	Health
A. Reinsurance Assumed:			-										
Premiums written													
2. Premiums earned													
Incurred claims													
4. Commissions													
B. Reinsurance Ceded:				⊣	T	T		T	T	Т	$\exists$		
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													

<sup>(</sup>a) Includes \$..... premium deficiency reserve.

#### SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4	5	6 Federal	7	8	9	10	11	12	13
	Comprehensive (Hospital and Medical)	Comprehensive	Medicare	Vision	Dental	Employees Health Benefits	Medicare Title	Medicaid	Con dia	Disabilita	Long- Term	Other	
	Individual	(Hospital and Medical) Group	Supplement	Only	Only	Plan	XVIII	Title XIX	Credit A&H	Disability Income	Care	Health	Total
A. Direct:	marviduai	Wiedicar) Group	Вирргетен	Omy	Olliy	1 1411	Aviii	THE XIX	Accii	meome	Care	Hearth	1 Otal
Incurred claims				l									
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid													
B. Assumed Reinsurance:													
Incurred claims													
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid													
C. Ceded Reinsurance:													
Incurred claims													
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid													
Classic paid													
D. Net:													
Incurred claims													
Beginning claim reserves and liabilities													
Ending claim reserves and liabilities													
4. Claims paid													
E. Net Incurred Claims and Cost Containment Expenses:													
Incurred claims and cost containment expenses													
Beginning reserves and liabilities													
3. Ending reserves and liabilities													
Paid claims and cost containment expenses													

#### SCHEDULE S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
			Remsured	Julisdiction	Assumed	Assumed	Life of Tear	Reserve	Ticiliums	Losses	Reserve	Comsurance
			•••••									
			•••••				•••••				•••••	
			•••••				•••••				•••••	
			•••••									
			•••••									
			•••••									
			••••••									
			••••••									
				•••••			•••••	•••••			•••••	
					••••••	•••••	•••••	•••••			•••••	
			••••••		••••••	•••••	•••••	•••••			•••••	
			•••••								•••••	
	•••••						•••••				•••••	
	•••••						•••••				•••••	
	L											
9999999 To	tals											

#### SCHEDULE S – PART 1 – SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
						•••••						
									•••••			
			•••••	••••••		•••••			•••••		••••••	
	•••••			••••••		•••••						
				•••••		•••••						***************************************
				••••••	•••••	•••••			•••••			
			•••••	••••••			••••••		•••••		••••••	
						•••••						
					•••••	•••••						
						•••••						
					•••••							
					***************************************	•••••			***************************************			
			•••••	••••••	•••••	•••••			•••••		•••••	
9999999 To	tals											
										L	l	

#### **SCHEDULE S – PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5 6		7		
NAIC			Name					
Company	ID	Effective	of	Domiciliary Paid		Unpaid		
Code	Number	Date	Company	Jurisdiction	Losses	Losses		
000000 Table 1.5 Assistant Mark								
9999999 Totals—Life, Annuity and Accident and Health								

#### SCHEDULE S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Credit		11	Outstanding Surplus		14	15
								Taken			Relief			Funds
NAIC		7.00	Name		Type of	Type of	Amount in	9	10		12	13	Modified	Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Business	Force at	Current	Prior		Current	Prior	Coinsurance	Under
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
0000000 Totals										<del> </del>				
9999999 Totals							l	l	L	l				

#### SCHEDULE S – PART 3 – SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
									Reserve Credit	11	12		
									Taken Other				Funds
NAIC			Name		Type of	Type of		Unearned	than for			Modified	Withheld
Company	ID	Effective	of	Domiciliary	Reinsurance	Business	<b>.</b> .	Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
			•••••										
			•••••										
			•••••										
					L								
9999999 To	otals												
									· · · · · · · · · · · · · · · · · · ·			·	

#### **SCHEDULE S – PART 4**

Reinsurance Ceded To Unauthorized Companies

Name Company ID Effective Of Crotist Reserved Politics (Obeh) Debits (Coles Number (a) Agreements (Number (a) Agre	1	2	3	4	5	6 Paid	7	8	9	10 Issuing or	11	12	13	14	15
Credit   C	NAIC			Name	Pacarya				Letters					Miscellaneous	Sum of Cols 9+11+12+13
Cole Number Date Reinsures Taken (Debit) Debits (Cols, 5-6+7) Credit Number (a) Agreements Reinsures Other (Credit) Excess of the color		ID	Effortivo				Other	Total			Truct				+14 but not in
													Other		Excess of Col. 8
	Code	Number	Date	Remsurer	Taken	(Debit)	Debits	(Cois. 3+0+7)	Credit	Number (a)	Agreements	Remsurers	Other	(Credit)	Excess of Col. 8
999999 Totals XXX															
1 9999999 10tais	0000000 77 :	1-						<b> </b>		VVV			<del>                                     </del>		
	9999999 1 ota	IIS						1		AXX			1	l	

(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
i				55	
ŀ					
			***************************************		

#### **SCHEDULE S – PART 5**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
	-	1	ĺ												16	17	18	19	20	21	22		Percent		
																							Credit		Liability for
																						Percent of	Allowed on	Amount of	
														Dollar								Collateral Provided for	Net Obligation	Credit Allowed for	With Certified
							Percent							Amount of							Total	Net	Subject to	Net	Reinsurers
						Effective			Paid and		Total		Net	Collateral			Issuing or				Collateral	Obligation	Collateral	Obligation	Due to
					Certified	Date of	Required		Unpaid		Recoverable/		Obligation	Required for			Confirming		Funds		Provided	Subject to	(Col. 23 /	Subject to	Collateral
NAIC					Reinsurer	Certified	for Full	Reserve	Losses		Reserve Credit	Miscellaneous	Subject to	Full Credit	Multiple		Bank	_	Deposited by		(Col. 16 + 17	Collateral	Col. 8, not to	Collateral	Deficiency
Compan Code	y ID Number	Effective	Name of	Domiciliary Jurisdiction	Rating (1	Reinsurer Rating	Credit (0% -100%)	Credit Taken	Recoverable (Debit)	Other Debits	Taken (Col. 9 + 10 + 11)	Balances (Credit)	Collateral (Col. 12 – 13)	(Col. 14 x Col. 8)	Beneficiary Trust	Letters of Credit	Reference Number (a)	Trust Agreements	and Withheld from Reinsurers	Other	+ 19 + 20 + 21)	(Col. 22 / Col. 14)	exceed 100%)	(Col. 14 x Col. 24)	(Col. 14 – Col. 25)
Code	Number	Date	Remsurer	Jurisdiction	tilrough 6)	Rating	-100%)	Taken	(Debit)	Debus	10 + 11)	(Credit)	(Col. 12 – 13)	Coi. 8)	Trust	Credit	Number (a)	Agreements	Irom Remsurers	Other	21)	Col. 14)	100%)	Coi. 24)	Col. 23)
								***************************************																	
												•••••													
												•••••													
9999999	Totals	l .	1	1	1	1	·	<del>                                     </del>								<del>                                     </del>	XXX	1		1	1	XXX	XXX		
2222395	ı Jiais															-	ΛΛΛ		l		1	ΛΛΛ	ллл		

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

(a)

#### **SCHEDULE S – PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		1	2	3	4	5
A.	OPERATIONS ITEMS	2024	2023	2022	2021	2020
Α.	OI ERATIONS 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.						
	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)					
_	DENIGNE ANGE WATER GERTELER DENIGNERO					
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

ASSETS (Page 2, Col. 3)  1. Cash and invested assets (Line 12)			1	2	3
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  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)  1. LABILITIES. CAPITAL AND SURPLUS (Page 3)  9. Contract reserves (Line 1 and 2)  1. Lability for deposit-type contracts (Line 3)  1. Claim reserves (Line 4)  1. Policyholder dividends/member refunds/reserves (Lines 5 through 7)  1. Premium & annuity considerations received in advance (Line 8).  1. Other contract liabilities (Line 24)  1. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)  1. Reinsurance with Certified Reinsurers (Line 24.03 minus inset amount).  1. Reinsurance with Certified Reinsurers (Line 24.03 minus inset amount).  1. Reinsurance with Certified Reinsurers (Line 24.03 minus inset amount).  2. Total labilities chalance)  2. Total labilities (Line 3)  2. Total Lability for deposity (Line 34)  3. Capital & surplus (Line 38)  AXXX  4. Total Labilities (Line 10)  8. Premium & annuity (Line 38)  AXXX  1. Total Labilities (Line 10)  8. Premium & annuity (Line 38)  8. AXX  8. AXX  8. AXX  9. Premium & annuity (Line 39)  8. Premium & annuity (Line 38)  8. AXX  9. Premium & annuity (Line 39)  8. Premium & annuity (Line 38)  9. Other contract liabilities (Line 27)  9. Policyholder dividends/reserves  1. Fremium and annuity (Line 39)  8. Premium & annuity (Line 38)  9. Other contract liabilities (Line 27)  9. Other coded reinsurance recoverables  1. Geliar reserves  1. Reinsurance in unauthorized companies  1. Funds held under reinsurance treaties with unauthorized reinsurers  1. Funds held under reinsurance treaties with unauthorized reinsurers  1. Funds held under reinsurance treaties with unauthorized reinsurers  1.			As Reported	Restatement	Restated
1. Cash and invested assets (Line 12)			<u> </u>	Adjustments	
2. Reinstrance (Line 16) 3. Premiums and considerations (Line 15). 4. Net credit for ceded reinsurance. 5. All other admitted assets (balance). 6. Total assets exchiding Separate Accounts (Line 26) 7. Separate Account assets (Line 27) 8. Total assets (Line 28) 1. Liability for deposit-type contracts (Line 30) 1. Claim reserves (Line 1 and 2). 1. Claim reserves (Line 1 and 2). 1. Claim reserves (Line 3) 1. Premium & annuity considerations received in advance (Line 8). 1. Principal assets (Line 28) 1. Reinstrance in unauthorized companies (Line 24.02 minus inset amount). 1. Reinstrance with Certified Reinsurers (Line 24.03 minus inset amount). 1. Reinstrance with Certified Reinsurers (Line 24.03 minus inset amount). 1. Reinstrance with Certified Reinsurers (Line 24.03 minus inset amount). 1. Roll other liabilities (balance). 2. Total liabilities (chie 27). 2. Separate Account liabilities (Line 29). 2. Separate Account liabilities (Line 29). 2. Total liabilities, capital & surplus (Line 38). 2. Capital & surplus (Line 38). 3. Capital & surplus (Line 38). 4. Total liabilities, capital & surplus (Line 39)  NET CREDIT FOR CEDED REINSURANCE 5. Contract reserves 5. Contract receive and the surplus (Line 38). 5. Reinsurance eded reinsurance recoverables. 5. Contract receive and the under reinsurance recoverables. 5. Reinsurance in unauthorized companies. 6. Funds held under reinsurance treaties with unauthorized reinsurers. 7. Reinsurance in unauthorized companies. 7. Rein		ASSETS (Page 2, Col. 3)			
3. Premiums and considerations (Line 15)	1.	Cash and invested assets (Line 12)			
4. Net credit for ceded reinstrance.  5. All other admitted assets (halance).  6. Total assets excluding Separate Accounts (Line 26).  7. Separate Account assets (Line 27).  8. Total assets (Line 28).  8. Total assets (Line 28).  9. Contract reserves (Line 3).  10. Liability for deposit-type contracts (Line 3).  11. Claim reserves (Line 4).  12. Policyholder dividends/member refunds/reserves (Line 5 through 7).  13. Premium & annuity considerations received in advance (Line 8).  14. Other contract liabilities (Line 9).  15. Reinstrance 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. Reinstrance 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 (balance).  21. Separate Account labilities (Line 27).  22. Total liabilities (Line 28).  23. Capital & surplus (Line 38).  24. Total liabilities, capital & surplus (Line 39).  25. Contract reserves.  26. Colmate reserves.  27. Policyholder dividends/reserves.  28. Permium & annuity considerations received in advance.  29. Liability for deposit-type contracts.  30. Other contract liabilities.  31. Reinsurance coded assets.  32. Other ceded reinsurance recoverables.  33. Other ceded reinsurance recoverables.  34. Premiums and considerations.  35. Reinsurance in unauthorized companies.  36. Funds held under reinsurance resoverables.  37. Reinsurance in unauthorized companies.  38. Funds held under reinsurance resoverables.  39. Other ceded reinsurance payables offsets.	2.	Reinsurance (Line 16)			
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)  1. LaBHITTES, CAPITAL AND SURPLUS (Page 3) 9. Contract reserves (Line 1 and 2). 1. Liability for deposit-type contracts (Line 3). 1. Claim reserves (Line 4). 2. Policyholder dividend/smember 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 24.03 inset amount). 18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount). 19. All other liabilities (balance). 20. Total liabilities (balance). 21. Separate Account liabilities (Line 27). 22. Total liabilities (Line 28). 23. Capital & surplus (Line 38). 24. Total liabilities, capital & surplus (Line 38). 25. Capital & surplus (Line 38). 26. Contract reserves. 27. Policyholder dividends/reserves. 28. Penium & annuity considerations received in advance. 29. Liability for deposit-type contracts. 30. Other contract liabilities. 31. Reinsurance eded assets. 32. Other ceded reinsurance recoverables. 33. Total ceded reinsurance recoverables. 34. Premium & annuity considerations. 35. Reinsurance with Certified Reinsurers. 36. Funds held under reinsurance treaties with unauthorized reinsurers. 37. Reinsurance with Certified Reinsurers. 38. Funds held under reinsurance treaties with unauthorized reinsurers. 39. Other ceded reinsurance recoverables. 30. Other ceded reinsurance recoverables. 31. Funds held under reinsurance treaties with unauthorized reinsurers. 38. Funds held under reinsurance treaties with unauthorized reinsurers. 39. Other ceded reinsurance treaties with Certified Reinsurers.	3.	Premiums and considerations (Line 15)			
6 Total assets excluding Separate Accounts (Line 26) 7 Separate Account assets (Line 27) 8. Total assets (Line 28) 1. Total assets (Line 28) 2. Contract reserves (Line 18) 2. Contract reserves (Line 18) 2. Policyholder dividends/member refunds/reserves (Line 5 through 7) 2. Policyholder dividends/member refunds/reserves (Line 5 through 7) 3. Premium & annuity considerations received in advance (Line 8) 4. Other contract liabilities (Line 9) 5. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) 6. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) 7. Reinsurance with Certified Reinsurers (Line 24.03 inset amount) 8. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) 9. All other liabilities (balance) 9. All other liabilities (balance) 9. All other liabilities (balance) 9. Total liabilities (Line 27) 9. Separate Account liabilities (Line 27) 9. Total liabilities (Line 28) 9. XXX 9. Total liabilities, capital & surplus (Line 39) NET CREDIT FOR CEDED REINSURANCE 9. Claim reserves 9. Contract reserves 9. Claim reserves 9. Premium & annuity considerations received in advance 9. Liability for deposit-type contracts 9. Other ceded reinsurance recoverables 9. Other ceded reinsurance recoverables 9. Contract ceded reinsurance recoverables 9. Contract ceded reinsurance recoverables 9. Contract ceded reinsurance recoverables 9. Premiums and considerations 9. Chief ceded reinsurance recoverables 9. Chief ceded reinsurance recoverables 9. Chief ceded reinsurance recoverables 9. Chief ceded reinsurance payable/offsets 9. Other ceded reinsurance payable/offsets	4.	Net credit for ceded reinsurance	XXX		
7. Separate Account assets (Line 27) 8. Total assets (Line 28) 1. LiABILITIES, CAPITAL AND SURPLUS (Page 3) 9. Contract reserves (Lines 1 and 2). 1. Liability for deposit-type contracts (Line 3). 1. Claim reserves (Line 4) 1. Policyholder dividends/member refunds/reserves (Line 5 through 7) 1. Policyholder dividends/member refunds/reserves (Line 8) 1. Other contract liabilities (Line 9). 1. Reinsurance in unauthorized companies (Line 24.02 minus inset amount). 1. Reinsurance in unauthorized companies (Line 24.02 minus inset amount). 1. Reinsurance with Certified Reinsurers (Line 24.03 minus inset amount). 1. Reinsurance with Certified Reinsurers (Line 24.03 minus inset amount). 1. Reinsurance with Certified Reinsurers (Line 24.03 minus inset amount). 1. All other liabilities (balance) 1. Total liabilities excluding Separate Accounts (Line 26). 2. Separate Account liabilities (Line 27). 2. Total liabilities (Line 28). 2. Capital & surplus (Line 38). 2. XXX 2. Total liabilities (Line 28). 2. XXX 2. Total liabilities, Cline 18 surplus (Line 39) 2. NET CREDIT FOR CEDED REINSURANCE 2. Contract reserves. 2. Policyholder dividends/reserves. 2. Premium & annuty considerations received in advance. 2. Liability for deposit-type contracts 3. Total ceded reinsurance recoverables. 3. Reinsurance coded reinsurance recoverables. 3. Reinsurance on considerations 3. Reinsurance with Certified Reinsurers 3. Funds held under reinsurance treaties with unauthorized reinsurers 3. Funds held under reinsurance recoverables. 3. Reinsurance with Certified Reinsurers 3. Funds held under reinsurance payable/offsets.	5.	All other admitted assets (balance)			
Total assets (Line 28)   LIABILITIES, CAPITAL AND SURPLUS (Page 3)   Contract reserves (Lines 1 and 2)	6.	Total assets excluding Separate Accounts (Line 26)			
LIABILITIES, CAPITAL AND SURPLUS (Page 3)  9. Contract reserves (Lines 1 and 2).  1. Liability for deposit-type contracts (Line 3).  11. Claim reserves (Line 4).  2. Policyholder dividends/member refunds/reserves (Lines 5 through 7).  3. Premium & annuity considerations received in advance (Line 8).  4. Other contract liabilities (Line 9).  5. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).  6. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).  7. Reinsurance with Certified Reinsurers (Line 24.02 inset amount).  8. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount).  9. All other liabilities (bine 9).  10. Total liabilities excluding Separate Accounts (Line 26).  21. Separate Account liabilities (Line 27).  22. Total liabilities (Line 28).  23. Capital & surplus (Line 38).  24. Total liabilities (Line 28).  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 payable/offsets.	7.	Separate Account assets (Line 27)			
9. Contract reserves (Lines 1 and 2) Liability for deposit-type contracts (Line 3) 11. Claim reserves (Line 4)	8.	Total assets (Line 28)			
1. Liability for deposit-type contracts (Line 3).		LIABILITIES, CAPITAL AND SURPLUS (Page 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 (balance).  21. Separate Account liabilities (Line 27).  22. Total liabilities (Line 28).  23. Capital & surplus (Line 38).  24. Total liabilities, capital & surplus (Line 39)  25. Contract reserves  26. Claim reserves  27. Policyholder dividends/reserves.  28. Premium & annuity considerations received in advance.  29. Liability for deposi-type contracts  30. Other contract liabilities  31. Reinsurance ceded assets.  32. Other ceded reinsurance recoverables.  33. Premium and considerations  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 unauthorized reinsurers.  39. Other ceded reinsurance payables/offsets.	9.	Contract reserves (Lines 1 and 2)			
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	10.	Liability for deposit-type contracts (Line 3)			
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).  24. Total liabilities, Capital & surplus (Line 39)  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 evide 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 unauthorized reinsurers.  39. Other ceded reinsurance treaties with Certified Reinsurers.  31. Funds held under reinsurance treaties with Certified Reinsurers.  31. Funds held under reinsurance treaties with Certified Reinsurers.  31. Funds held under reinsurance treaties with Certified Reinsurers.  31. Funds held under reinsurance treaties with Certified Reinsurers.  32. Other ceded reinsurance payable/offsets.	11.				
14. Other contract liabilities (Line 9). 15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)					
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 (Euleufing Separate Accounts (Line 26)  21. Separate Account liabilities (Line 27)  22. Total liabilities (Line 28)  23. Capital & surplus (Line 38)  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 ceder feinsurance recoverables  33. Total ceded reinsurance recoverables  34. Premiums and considerations  35. Reinsurance in unauthorized companies  46. Funds held under reinsurance treaties with unauthorized reinsurers  37. Reinsurance in unauthorized companies  48. Funds held under reinsurance treaties with unauthorized reinsurers  39. Other ceder feinsurance payable/offsets  40. Total ceded reinsurance payable/offsets  40. Total ceded reinsurance payable/offsets					
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)					
inset amount)  17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)					
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	16.				
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)		,			
amount).  All other liabilities (balance).  Total liabilities excluding Separate Accounts (Line 26).  Separate Account liabilities (Line 27).  Total liabilities (Line 28).  Capital & surplus (Line 38).  XXX   A Total liabilities, capital & surplus (Line 39)  NET CREDIT FOR CEDED REINSURANCE  Contract reserves.  Contract reserves.  Policyholder dividends/reserves.  Premium & annuity considerations received in advance.  Liability for deposit-type contracts.  Other contract liabilities.  Reinsurance ceded assets.  Total ceded reinsurance recoverables.  Total ceded reinsurance recoverables.  Reinsurance in unauthorized companies.  Reinsurance with Certified Reinsurers.  Reinsurance with Certified Reinsurers.  Funds held under reinsurance treaties with unauthorized reinsurers.  Funds held under reinsurance treaties with Certified Reinsurers.  Reinsurance with Certified Reinsurers.  Funds held under reinsurance treaties with Certified Reinsurers.  Total ceded reinsurance payables/offsets.					
19. All other liabilities (balance)	18.				
20. Total liabilities excluding Separate Accounts (Line 26)	10	,			
21. Separate Account liabilities (Line 27)		· /			
22. Total liabilities (Line 28)	-				
23. Capital & surplus (Line 38)		1			
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.					
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	_	1 1 1		XXX	
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	24.				
26. Claim reserves		NET CREDIT FOR CEDED REINSURANCE			
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	26.	Claim reserves			
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					
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	33.				
36. Funds held under reinsurance treaties with unauthorized reinsurers	34.				
37. Reinsurance with Certified Reinsurers					
38. Funds held under reinsurance treaties with Certified Reinsurers	36.				
39. Other ceded reinsurance payables/offsets					
40. Total ceded reinsurance payable/offsets					
* * * * * * * * * * * * * * * * * * *	39.				
41. Total net credit for ceded reinsurance	40.	Total ceded reinsurance payable/offsets			
	41.	Total net credit for ceded reinsurance			

## SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

		1 Direct Business Only										
		1	Life	Contracts	4	5	6	7				
			2	3	Accident and Health		Total					
		Active	Life		Insurance Premiums,	0.1	Columns					
	States, Etc.	Status (a)	Insurance Premiums	Annuity Considerations	Including Policy, Membership and Other Fees	Other Considerations	2 through 5 (b)	Deposit -Type Contracts				
1.		(a)		Considerations	Membership and Other Pees	Considerations	(0)	Contracts				
	Alaska											
3.	ArizonaAZ											
4.												
5.		•••••										
6. 7.												
	DelawareDE											
9.												
10.	FloridaFL											
11.												
12.												
13.	IdahoID IllinoisIL											
	IndianaIN											
16.												
17.	KansasKS											
18.												
19.												
20.	Maine         ME           Maryland         MD	•••••										
22.												
23.												
24.												
25.	11											
26.												
27.												
29.	Nebraska NE Nevada NV											
30.												
	New JerseyNJ											
32.												
33.												
34.												
35. 36.												
37.												
38.												
39.												
40.												
41.												
42. 43.												
44.												
45.												
46.												
	VirginiaVA											
	Washington WA											
49. 50.												
	Wyoming											
52.												
53.												
	Puerto RicoPR											
	U.S. Virgin IslandsVI											
	Northern Mariana Islands	•••••										
58.	Canada	XXX										
	Subtotal	XXX										
90.	Reporting entity contributions for employee benefits plans	XXX										
91.	Dividends or refunds applied to purchase paid-up additions	***	1	]			İ					
00	and annuities	XXX										
92.	Dividends or refunds applied to shorten endowment or premium paying period	XXX	ĺ	1			1					
93.		ААА										
/3	disability or other contract provisions	XXX										
	Aggregate other amounts not allocable by State	XXX										
95.	Totals (Direct Business)	XXX										
96.		XXX										
97. 98.		XXX										
98.		XXX XXX			(c)							
	ILS OF WRITE-INS		<b>†</b>	1	(-)		<b>†</b>					
58001		XXX										
58002 58003		XXX XXX										
58998	Summary of remaining write-ins for Line 58 from overflow page	XXX										
58999	Total (Lines 58001 through 58003 + 58998) (Line 58 above)		<b></b>				<b></b>					
9401. 9402.		XXX 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)  Active Status Counts:		ļ	ļ	ļ	ļ	<u> </u>	!				

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4.	Q – Qualified - Qualified or accredited reinsurer	

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

R - Registered - Non-domiciled RRGs..... R – Registered - Non-domiciled RRGs...... E – Eligible - Reporting entities eligible or approved to write surplus lines in the state .....

<sup>(</sup>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

		Direct Business Only										
		1	2	3	4	5	6					
		Life	Annuities	Disability Income	Long-Term Care							
	States, Etc.	(Group and Individual)	(Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals					
1. 2.	Alabama											
3.	AlaskaAK ArizonaAZ											
4.	Arkansas AR											
5.	CaliforniaCA											
6.	ColoradoCO											
7.	ConnecticutCT											
8.	Delaware DE											
9.	District of Columbia											
10.	FloridaFL											
11.	Georgia											
12. 13.	Hawaii HI Idaho ID											
14.	IllinoisIL											
15.	Indiana IN											
16.	IowaIA											
17.	KansasKS											
18.	KentuckyKY											
19.	LouisianaLA											
20.	MaineME											
21.	MarylandMD											
22.	Massachusetts											
23.	MichiganMI											
24.	Minnesota MN											
25. 26.	Mississippi											
27.	Missouri MO Montana MT											
28.	NebraskaNE											
29.	NevadaNV											
30.	New HampshireNH											
31.	New JerseyNJ											
32.	New MexicoNM											
33.	New YorkNY											
34.	North CarolinaNC											
35.	North DakotaND											
36. 37.	OhioOH											
38.	Oklahoma OK Oregon OR											
39.	PennsylvaniaPA											
40.	Rhode IslandRI											
41.	South CarolinaSC											
42.	South DakotaSD											
43.	Tennessee TN											
44.	TexasTX											
45.	UtahUT											
46.	VermontVT											
47.	VirginiaVA											
48.	Washington											
49. 50.	West Virginia											
50.	Wisconsin											
52.	Wyoming											
53.	Guam GU											
54.	Puerto RicoPR											
55.	U.S. Virgin Islands											
56.	Northern Mariana IslandsMP											
57.	CanadaCAN											
58.	Aggregate Other Alien OT											
59.	Totals											

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

PART 1 – ORGANIZATIONAL CHART

## SCHEDULE Y

#### PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
	Group Ivanie				CIIC	internationar)	Of Hilliates	Location	Littity	(Ivalie of Entry/Terson)	minuence, other)	1 creentage	Entity (163)/1 cr3on(3)		+-1

Asterisk	Explanation Explanation

## SCHEDULE Y

#### PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases,							
					Sales or							
					Exchanges of	Income/				Any Other		
					Loans,	(Disbursements)				Material		Reinsurance
					Securities,	Incurred in				Activity Not		Recoverable/
					Real Estate,	Connection with	Management	Income/		in the		(Payable) on
37.170		27 27			Mortgage	Guarantees or	Agreements	(Disbursements)		Ordinary		Losses and/or
NAIC	TD.	Names of Insurers	C1 1 11	0.51	Loans or	Undertakings for	and	Incurred Under		Course of the		Reserve Credit
Company Code	ID Number	and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Other	the Benefit of	Service	Reinsurance	*	Insurer's Business	Totals	Taken/ (Liability)
Code	Number	Amnates	Dividends	Contributions	Investments	any Affiliate(s)	Contracts	Agreements		Business	1 otais	(Liability)
9999999 Contro	ol Totale								XXX			
,,,,,,,, cond	or rotais				l	l	1	l	$\Lambda\Lambda\Lambda$	1		

#### **SCHEDULE Y**

## PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer of				Disclaimer of
			Control\Affiliation			Ownership	Control\Affiliation
		Ownership	of Column 2 Over			Percentage	of Column 5 Over
		Percentage Column	Column 1		U.S. Insurance Groups or Entities Controlled by Column 5	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	2 of Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	Column 6)	(Yes/No)
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
1	I .	%	1	1		%	1

## 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 Dispussion and Ambusia he filed by Amil 19	
6.	Will Management's Discussion and Analysis be filed by April 1?  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?	
the even	SUPPLEMENTAL FILINGS owing 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 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 in "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 enation following the interrogatory questions.	terrogatory will be accepted in lieu of
	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 I be filed with the state of domicile and electronically with the NAIC by March	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Bar code:

## **OVERFLOW PAGE FOR WRITE-INS**

## SUMMARY INVESTMENT SCHEDULE

			vestment		Admitted Asse		
	Investment Categories	1 Amount	Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	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):						
٥.	5.01 Properties occupied by company						
1	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:						
0.	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)						
9. 10.	Receivables for securities						
10. 11.	Securities lending (Schedule DL, Part 1)				vvv	vvv	vvv
11.					XXX	XXX	XXX
	Other invested assets (Page 2, Line 11)						
13.	Total invested assets		l				

## 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 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.	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
1. 2.	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  Cost of acquired:	
	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
2.	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
2.	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
2.	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
2.	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  Cost of acquired: 2.1 Actual cost at time of acquisition (Part 2, Column 7)	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> <li>9.</li> </ol>	Book value/recorded investment excluding accrued interest, December 31 of prior year  Cost of acquired: 2.1 Actual cost at time of acquisition (Part 2, Column 7)	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  Cost of acquired: 2.1 Actual cost at time of acquisition (Part 2, Column 7)	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> <li>9.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  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).  Capitalized deferred interest and other: 3.1 Totals, Part 1, Column 12  3.2 Totals, Part 3, Column 11  Accrual of discount.  Unrealized valuation increase/(decrease): 5.1 Totals, Part 1, Column 9.  5.2 Totals, Part 3, Column 8.  Total gain (loss) on disposals, Part 3, Column 18.  Deduct amounts received on disposals, Part 3, Column 15  Deduct amortization of premium and mortgage interest points and commitment fees  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  Deduct current year's other-than-temporary impairment recognized:	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> <li>9.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  Cost of acquired:  2.1 Actual cost at time of acquisition (Part 2, Column 7)	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> <li>9.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  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)  Capitalized deferred interest and other:  3.1 Totals, Part 1, Column 12  3.2 Totals, Part 3, Column 11  Accrual of discount.  Unrealized valuation increase/(decrease):  5.1 Totals, Part 1, Column 9  5.2 Totals, Part 3, Column 8  Total gain (loss) on disposals, Part 3, Column 18  Deduct amounts received on disposals, Part 3, Column 15  Deduct amortization of premium and mortgage interest points and commitment fees  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  Deduct current year's other-than-temporary impairment recognized:  10.1 Totals, Part 1, Column 11  10.2 Totals, Part 3, Column 10  Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7.8+9-10)  Total valuation allowance.	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> <li>9.</li> <li>11.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  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)  Capitalized deferred interest and other:  3.1 Totals, Part 1, Column 12  3.2 Totals, Part 3, Column 11  Accrual of discount  Unrealized valuation increase/(decrease):  5.1 Totals, Part 1, Column 8  Total gain (loss) on disposals, Part 3, Column 18.  Deduct amounts received on disposals, Part 3, Column 15  Deduct amounts received on disposals, Part 3, Column 15  Deduct amortization of premium and mortgage interest points and commitment fees  Total foreign exchange change in book value/recorded investment excluding accrued interest:  9.1 Totals, Part 1, Column 13  Deduct current year's other-than-temporary impairment recognized:  10.1 Totals, Part 3, Column 10  Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)  Total valuation allowance.  Subtotal (Line 11 plus Line 12)	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>8.</li> <li>9.</li> <li>110.</li> </ol>	Mortgage Loans  Book value/recorded investment excluding accrued interest, December 31 of prior year  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)  Capitalized deferred interest and other:  3.1 Totals, Part 1, Column 12  3.2 Totals, Part 3, Column 11  Accrual of discount.  Unrealized valuation increase/(decrease):  5.1 Totals, Part 1, Column 9  5.2 Totals, Part 3, Column 8  Total gain (loss) on disposals, Part 3, Column 18  Deduct amounts received on disposals, Part 3, Column 15  Deduct amortization of premium and mortgage interest points and commitment fees  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  Deduct current year's other-than-temporary impairment recognized:  10.1 Totals, Part 1, Column 11  10.2 Totals, Part 3, Column 10  Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7.8+9-10)  Total valuation allowance.	

## SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

## SCHEDULE D – SUMMARY BY COUNTRY

Long-Term Bonds and Stocks **OWNED** December 31 of Current Year

			1	2	3	4
			Book/Adjusted	Z Fair	Actual	Par Value
Description			Carrying Value	Value	Cost	of Bonds
BONDS			Carrying value	v aluc	Cost	Of Bollus
BONDS	1	United States	1		1	I
Governments (including all obligations	1. 2.	Canada				
guaranteed by governments)	3.	Other Countries				
guaranteed by governments)	3. 4.	Totals				
U.S. States, Territories and Possessions (direct	7.	Totals				
and guaranteed)	5.	Totals				
U.S. Political Subdivisions of States. Territories	Э.	Totals				
and Possessions (direct and guaranteed)	6.	Totals				
U.S. Special Revenue and Special Assessment	0.	Totals				
Obligations and all Non-Guaranteed Obligations						
of Agencies and Authorities of Governments and						
their Political Subdivisions	7.	Totals				
Industrial and Miscellaneous, SVO Identified	8.	United States				
Funds, Unaffiliated Bank Loans, Unaffiliated	9.	Canada				
Certificates of Deposit and Hybrid Securities	10.	Other Countries				
(unaffiliated)	11.	Totals				
Parent, Subsidiaries and Affiliates	12.	Totals				
	13.	Total Bonds				
PREFERRED STOCKS			I	I.	I	I.
THE BRIDE STOCKS	14.	United States				
	15.	Canada				
Industrial and Miscellaneous (unaffiliated)	16.	Other Countries				
	17.	Totals				
Parent, Subsidiaries and Affiliates	18.	Totals				1
	19.	Total Preferred Stocks				1
COMMON STOCKS			J		l	1
	20.	United States				1
Industrial and Miscellaneous (unaffiliated),	21.	Canada				
Mutual Funds, Unit Investment Trusts, Closed-	22.	Other Countries				
End Funds and Exchange Traded Funds	23.	Totals				
Parent, Subsidiaries and Affiliates	24.	Totals				1
,	25.	Total Common Stocks				1
	26.	Total Stocks				1
	27.	Total Bonds and Stocks				1
			1	1	1	1

#### 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

	1	2.	3	4	5	6	7	8	9	10	11	12
	1	_	3	010	3	· ·	,	o o		10	11	
		0 177	0.57	Over 10				0.1.7	T . 1 C	0/ E	T . 1	Total
		Over 1 Year	Over 5 Years	Years				Col. 7	Total from	% From	Total	Privately
	1 Year	Through	Through	Through	Over 20	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(a)
<ol> <li>U.S. Governments</li> </ol>												
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						
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						
U.S. States, Territories and Poss	assisms ata Cuar	-outood				70724						
	1	I				VVV						
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						
<ol> <li>U.S. Political Subdivisions of St</li> </ol>	ates. Territories ar	nd Possessions, Gu	uaranteed									
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						
						XXX						
4.7 Totals						XXX						
<ol><li>U.S. Special Revenue &amp; Special</li></ol>	Assessment Oblig	gations, 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						
J./ Totals	I	I	l	I	1	ААА	I	1	l	I	I	I

#### 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

NAC Designation			1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation				O 1 V	O 5 V	Over 10				C-1.7	T-4-1 6	0/ 5	T-4-1	Total
NAIC Designation   October   19 Years   10			1 Voor				Over 20	No Maturity	Total					
6. Industrial and Miscellancous (unaffiliated)		NAIC Designation			-								_	
Color   Colo	6			3 1 cars	10 Tears	20 1 cars	1 0415	Date	Current rear	Line 12.7	THOI Tear	THOI Tear	Traded	(a)
C   NAIC	0.			l				XXX						
Column														
California   Cal														
6.6 NAIC 6														
Color								XXX						
7. Hybrid Securities		6.6 NAIC 6						XXX						
T.   NAIC		6.7 Totals						XXX						
7.2 NAC 2	7.	Hybrid Securities												
7.3 NAIC 3														
7.4 NAC 4														
7.5 NAIC 5														
7.6 NAIC 6														
R   Parent Dubbiliaries and Affiliaries		7.5 NAIC 5												
S. Parent, Subsidiaries and Affiliates														
S.   NAIC	0		20					ΛΛΛ	1			1		
S. V.	0.		i					XXX						
R. S. NAIC 3														
S. NAIC 4														
S. S. NAIC 5														
S. NAIC 6														
9. SVO Identified Funds   9.1 NAIC 1		8.6 NAIC 6												
9.1 NAIC   XXX		8.7 Totals						XXX						
9.2 NAIC 2	9.	SVO Identified Funds												
9.3 NAIC 3. XXX XXX XXX XXX XXX XXX XXX XXX XXX		9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX							
9.4 NAIC 4														
9.5 NAIC 5														
9.6 NAIC 6														
9.7   Totals   XXX   X		9.5 NAIC 5												
10. Unaffiliated Bank Loans														
10.1 NAIC 1	10		XXX	XXX	XXX	XXX	XXX							
10.2 NAIC 2	10.							vvv	1	l		1		
10.3 NAIC 3														
10.4 NAIC 4														
10.5 NAIC 5														
10.6 NAIC 6   XXX														
10.7 Totals										***************************************				
11. Unaffiliated Certificates of Deposit														
11.1 NAIC 1	11.		osit											
11.2 NAIC 2			i					XXX						
11.4 NAIC 4								XXX						
11.4 NAIC 4								XXX						
11.6 NAIC 6 XXX	1							XXX						
		11.5 NAIC 5						XXX						
11.7 Totals		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
				Over 10								Total
		Over 1 Year	Over 5 Years	Years				Col. 7	Total from	% From	Total	Privately
	1 Year	Through	Through	Through	Over 20	No Maturity	Total	as a % of	Col. 7	Col. 8	Publicly	Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.7	Prior Year	Prior Year	Traded	(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 XXX		
12.4 NAIC 4	(d)						(a)		XXX	XXX		
12.5 NAIC 5 12.6 NAIC 6	(d) (d)						(c)		XXX XXX	XXX		
12.7 Totals									XXX	XXX		
12.8 Line 12.7 as a % of Col. 7							(b)	XXX	XXX	XXX		
13. Total Bonds Prior Year								ААА	AAA	AAA		
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								3/3/3/	3/3/3/			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		1						ΛΛΛ	ΛΛΛ	ΛΛΛ		ΛΛΛ
15.1 NAIC 1											XXX	
15.1 NAIC 1											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.

<sup>(</sup>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 \$.........

#### 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

	1	2	3 05 V	4 Over 10 Years	5	6	7	8	9	10	11	12
	1 Year	Over 1 Year Through	Over 5 Years Through	Over 10 Years Through	Over 20	No Maturity	Total	Col. 7 as a % of	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately
Distribution by Type	or Less	5 Years	10 Years	20 Years	Years	Date	Current Year	Line 12.09	Prior Year	Prior Year	Traded	Placed
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 XXX						
2.05 Totals						XXX						
U.S. States, Territories and Possessions, Guaranteed						λλλ						
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						
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						
<ol> <li>U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</li> </ol>												
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 6. Industrial and Miscellaneous						XXX						
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						
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 XXX						
8.06 Affiliated Bank loans – Acquired								-				
8.07 Totals						XXX		ļ				ļ

#### 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

		1	2	3	4	5	6	7	8	9	10	11	12
			Over 1 Year	Over 5 Years	Over 10 Years				Col. 7	Total from	% From	Total	Total
	Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	as a % of Line 12.09	Col. 7 Prior Year	Col. 8 Prior Year	Publicly Traded	Privately Placed
0	SVO Identified Funds	or Less	3 Tears	10 Tears	20 Tears	20 Tears	Date	Current rear	Line 12.09	rior rear	riior rear	Traded	Fraced
9.	9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
10.	Unaffiliated Bank Loans	70.00	70,07	70.07	70.07	70.00							
	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	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	XXX XXX		
13.	Total Bonds Prior Year								λλλ	АЛА	XXX		
13.	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 XXX	XXX XXX				
	13.09 Totals							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	XXX	XXX	XXX	XXX						XXX
	14.06 Affiliated Bank Loans		ΛΛΛ	ΛΛΛ	ΛΛΛ		XXX			***************************************			XXX
	14.07 Unaffiliated Bank Loans						XXX						XXX
	14.08 Unaffiliated Certificates of Deposit				<u> </u>	<u> </u>	XXX			<u> </u>	<u> </u>		XXX
	14.09 Totals												XXX
	14.10 Line 14.09 as a % of Col. 7								XXX	XXX	XXX		XXX
1.5	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	ĺ		ĺ		XXX	
	15.01 Issuer Obligations						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				<del>                                     </del>		XXX	<del>                                     </del>		<del>                                     </del>	-	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	
	The second section is a second		l	L	1		l	1					

#### SCHEDULE DA – VERIFICATION BETWEEN YEARS

**Short-Term Investments** 

		1	2	3	4	5
					Other	Investments in
					Short-term	Parent,
					Investment	Subsidiaries
				Mortgage	Assets	and
		Total	Bonds	Loans	(a)	Affiliates
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:			
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.		ook/adjusted carrying value, December 31, prior year (Line 10, prior year)
2.		ost paid/(consideration received) on additions:
	2.	
	2	Section 1, Column 12
	2.	2 Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14
3.	T I	realized valuation increase/(decrease):
3.	3.	
	3.	
4.		SAP No. 108 adjustments
5.		otal gain (loss) on termination recognized, Section 2, Column 22
6.	Co	onsiderations received/(paid) on terminations, Section 2, Column 15
7.	A	mortization:
	7.	, · · · · ·
	7.3	,
8.		djustment to the book/adjusted carrying value of hedged item:
	8.	
9.	8.2	, <u> </u>
9.	9.	otal foreign exchange change in book/adjusted carrying value:  Section 1, Column 18
	9.	
10		pok/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6+7+8+9)
11		educt nonadmitted assets
12		atement 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.		ative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change Column)
3.1	Add:	auto cash change (section 1, bloke) (value) (value) to cash beposits (southout cash change column)
3.1	Auu.	
		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:	
	Chang	e 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
	_	e 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	Subtot	al (Line 3.1 minus Line 3.2)
4.1	Cumul	ative 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
4.2		
4.3		al (Line 4.1 minus Line 4.2)
5.	_	sitions 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/a	adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)
7.	Deduc	t total nonadmitted amounts
8.	Statem	nent value at end of current period (Line 6 minus Line 7)
		• • • • • • • • • • • • • • • • • • • •

## SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

		Re	olication (Syntheti	ic Asset) Transacti	ons					Components	of the Replication	(Synthetic Asset)	Transactions		
1	2	3	4	5	6	7	8	Deriv	ative Instrument(s)	) Open		Ca	sh Instrument(s) H	eld	
								9	10	11	12	13	14	15	16
		NAIC											NAIC		
		Designation or											Designation or		
		Other	Notional	Book/Adjusted					Book/Adjusted				Other	Book/Adjusted	
Number	Description	Description	Amount	Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Carrying Value	Fair Value	CUSIP	Description	Description	Carrying Value	Fair Value
999999999 To	otals					XXX	XXX	XXX			XXX	XXX	XXX		

#### SCHEDULE DB – PART C – SECTION 2

Replication (Synthetic Asset) Transactions Open

	First	Quarter	Second	Quarter	Third	Quarter	Fourt	h Quarter	Year '	To Date
	1	2	3	4	5	6	7	8	9	10
	Number	Total Replication (Synthetic Asset)	Number	Total Replication (Synthetic Asset)	Number	Total Replication (Synthetic Asset)	Number	Total Replication (Synthetic Asset)	Number	Total Replication (Synthetic Asset)
	of	Transactions								
	Positions	Statement Value								
Beginning Inventory      Add: Opened or Acquired										
3. Add: Increases in Replication (Synthetic Asset) Transactions										
Statement Value	XXX									
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)	<u></u>
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
				Money Market	
		Total	Bonds	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)				

<sup>(</sup>a) Indicate the category of such investments, for example, joint ventures, transportation equipment\_\_\_\_\_

## SCHEDULE A – PART 1

Showing All Real Estate OWNED December 31 of Current Year

1	2	Locati	ion	5	6	7	8	9	10	C	hange in Book/Adjus	ted Carrying Value Le	ess Encumbrances	3	16	17
		3	4							11	12	13	14	15		
											Current Year's				Gross Income	Taxes,
								Book/Adjusted			Other-Than-		Total	Total Foreign	Earned Less	Repairs,
Description							Amount	Carrying Value	Fair Value		Temporary	Current Year's	Change in	Exchange	Interest	and
of				Date	Date of	Actual	of	Less	Less	Current Year's	Impairment	Change in	B./A.C.V.	Change in	Incurred on	Expenses
Property	Code	City	State	Acquired	Last Appraisal	Cost	Encumbrances	Encumbrances	Encumbrances	Depreciation	Recognized	Encumbrances	(13-11-12)	B./A.C.V.	Encumbrances	Incurred
•••••																
•••••																
																•••••
0699999 Total	s				1											
John Total								I			I		ı	l .	l .	

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## **SCHEDULE A – PART 2**

Showing All Real Estate ACQUIRED and Additions Made During the Year

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

## **SCHEDULE A – PART 3**

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

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

#### **SCHEDULE B – PART 1**

Showing All Mortgage Loans OWNED December 31 of Current Year

1	2	Locatio	n	5	6	7	8		Change in	Book Value/Recorded In	vestment		14	15
		3	4					9	10	11	12	13		
							Book Value/			Current Year's		Total		Date of
							Recorded	Unrealized		Other-Than-		Foreign	Value of	Last
_				_	_	Rate	Investment	Valuation	Current Year's	Temporary	Capitalized	Exchange	Land	Appraisal
Loan	6.1	o:	G	Loan	Date	of	Excluding	Increase/	(Amortization)/	Impairment	Deferred Interest	Change in	and	or
Number	Code	City	State	Туре	Acquired	Interest	Accrued Interest	(Decrease)	Accretion	Recognized	and Other	Book Value	Buildings	Valuation
														•••••
			•••••											
														•••••
														•••••
														•••••
														•••••
														•••••
														•••••
														•••••
														•••••
														•••••
3399999	Γotals													XXX

#### General Interrogatory:

- 1. Mortgages in good standing \$.....unpaid taxes \$..... interest due and unpaid.
- 2. Restructured mortgages \$..... unpaid taxes \$.... interest due and unpaid.
- 3. Mortgages with overdue interest over 90 days not in process of foreclosure \$...... unpaid taxes \$..... interest due and unpaid.
- 4. Mortgages in process of foreclosure \$..... unpaid taxes \$.... interest due and unpaid.

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#### SCHEDULE B – PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

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

## **SCHEDULE B – PART 3**

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

1	Locat	ion	4	5	6	7	Change in Book Value/Recorded Investment 14						15	16	17	18	
	2	3					8	9	10	11	12	13	Book	-			1
												Total	Value/Recorded				i
						Book Value/Recorded			Current Year's			Foreign	Investment		Foreign		i l
						Investment	Unrealized		Other-Than-			Exchange	Excluding		Exchange		Total
						Excluding	Valuation	Current Year's	Temporary	Capitalized	Total Change in	Change in	Accrued		Gain	Realized Gain	Gain
Loan			Loan	Date	Disposal	Accrued Interest	Increase/	(Amortization)/	Impairment	Deferred Interest	Book Value	Book	Interest		(Loss) on	(Loss) on	(Loss) on
Number	City	State	Type	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	and Other	(8+9-10+11)	Value	on Disposal	Consideration	Disposal	Disposal	Disposal
							***************************************										
0599999 T	otals		1		1												
,,,,,								1	l		I						

## SCHEDULE BA – PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2.	3	Locati	on	6	7	8	9	10	11	12		Change in	Book/Adjusted Car	rving Value		18	19	20
	-	,	4	5		NAIC	0		10		12	13	14	15	16	17	10	17	20
						Designation,													
						NAIC					Book/								
						Designation					Adjusted			Current Year's		Total			
	Name				Name of Vendor or	Modifier and SVO	Date	T			Carrying Value	Unrealized Valuation	Current Year's (Depreciation) or	Other-Than- Temporary	Capitalized Deferred	Foreign Exchange		Commitment for	Danasatasas
CUSIP	or				General	Administrative	Originally	Type and	Actual	Fair	Less	Increase/	(Amortization)/	Impairment	Interest and	Change in	Investment	Additional	Percentage of
Identification	Description	Code	City	State	Partner	Symbol	Acquired	Strategy	Cost	Value	Encumbrances	(Decrease)	Accretion	Recognized	Other	B./A.C.V.	Income	Investment	Ownership
								l		l									
***************************************													***************************************	***************************************	***************************************				
6299999 Totals			1		•	•													XXX
																	·	·	

1.													
Line	Book/Adjusted Carrying Value by NAIC Designation Category Footnote:												
Number													
1A	1A \$	1B \$	1C \$	1D \$	1E \$	1F \$	1G \$						
1B	2A \$	2B \$	2C \$										
1C	3A \$	3B \$	3C \$										
1D	4A \$	4B \$	4C \$										
1E	5A \$	5B \$	5C \$										
117	6 \$												

# **SCHEDULE BA – PART 2**

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1	2	Loca	ation	5	6	7	8	9	10	11
		3	4	Name of			Actual			
CUSIP			_	Vendor or General	Date Originally		Cost at Time	Additional Investment	Amount of	Percentage of
Identification	Name or Description	City	State	Partner	Acquired	Type and Strategy	of Acquisition	Made After Acquisition	Encumbrances	Ownership
6299999 Totals										XXX

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

1	2	Loca	ation	5	6	7	8		Ch	ange in Book/Adj	isted Carrying Va	lue		15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
							Book/Adjusted			Current Year's			Total	Book/Adjusted					
				Name of	_		Carrying	Unrealized	(Depreciation)	Other-Than-	Capitalized	Total	Foreign	Carrying Value		Foreign			
CUSIP	Name			Purchaser or Nature of	Date Originally	Disposal	Value Less Encumbrances.	Valuation Increase/	or (Amortization)/	Temporary Impairment	Deferred Interest and	Change in B./A.C.V.	Exchange Change in	Less Encumbrances		Exchange Gain (Loss)	Realized Gain (Loss)	Total Gain (Loss)	Investment
Identification	or Description	City	State	Disposal	Acquired	Disposai	Prior Year	(Decrease)	Accretion	Recognized	Other	(9+10-11+12)	B./A.C.V.	on Disposal	Consideration	on Disposal	on Disposal	on Disposal	Income
		·		,	•		THOI TOU			recognized									
										***************************************									
***************************************	•••••				***************************************					***************************************			***************************************						
***************************************	•••••			***************************************	***************************************					***************************************			***************************************						
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
***************************************	•••••				***************************************														
				l	l	l .								1					
6299999 Totals																			

Showing All Long-Term BONDS Owned December 31 of Current Year

S	1	2		Codes		6	7	Fair V	/alue	10	11		Change in Book/Adju	sted Carrying Valu	ie			Interest			Da	ates
Company   Comp			3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
Care   Care																						
Cold   Part																						
Color   Colo				-							Book/	Unrealized	Current						Admitted	Amount		Stated
Color   Colo				i				Rate Used									Effective					
Mathematical Column   Column	CUSIP			g	Bond		Actual		Fair	Par						Rate		When				
	Identification	Description	Code																		Acquired	
																						1
																						I
																						1
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250999999 Total Bonds XXX XXX XXX XXX XXX XXX XXX XXX XXX X	2500000000	1.12	<u> </u>	<u> </u>	1	L		1000			-					27777	37777	7777			1000	1000
	2509999999 T	otal Bonds						XXX		ļ	L		ļ	<u> </u>	L	XXX	XXX	XXX			XXX	XXX

1.							
Line	Book/Adjusted Carrying V	alue by NAIC Designation	Category Footnote:				
Number	, , ,	, ,	0 ,				
1A	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	2	Co	odes	5	6	7	8	Fair '	Value	11	i	Dividends		1	Change in I	Book/Adjusted Carryin	g Value		20	21
	-	3	4	1 -		,	·	9	10	1	12	13	14	15	16	17	18	19	NAIC	ı
			F											-				-	Designation,	i l
			0					Rate per										Total	NAIC	1 1
			r					Share								Current Year's	Total	Foreign	Designation	i l
			e		Par		Book/	Used to				Amount	Nonadmitted	Unrealized	Current	Other-Than-	Change	Exchange	Modifier and	i l
			i	Number	Value	Rate	Adjusted	Obtain			Declared	Received	Declared	Valuation	Year's	Temporary	in	Change	SVO	1 _ 1
CUSIP Identification	Description	Code	g n	of Shares	Per Share	Per Share	Carrying Value	Fair Value	Fair Value	Actual Cost	but Unpaid	During Year	But Unpaid	Increase/ (Decrease)	(Amortization)/ Accretion	Impairment Recognized	B./A.C.V. (15+16-17)	in B./A.C.V.	Administrative Symbol	Date
	Description		п	Shares							Unpaid	i car	Unpaid		Accretion	Recognized	(15+16-17)		Symbol	Acquired
			***************************************																	
				***************************************			***************************************										***************************************			
				***************************************			***************************************													
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							***************************************													
																				1 1
4509999999 T	Total Preferred Sto	ocks		•	1	ı		XXX											XXX	XXX
									l	l	l				L		l	l	l	

1.							
Line	Book/Adjusted Carrying V	alue by NAIC Designation	Category Footnote:				
Number	, , ,	, ,	8 3				
1A	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 \$						

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

#### SCHEDULE D – PART 2 – SECTION 2

Showing all **COMMON STOCKS** Owned December 31 of Current Year

1	2	(	Codes	5	6	Fair V	alue	9		Dividends			Change in Book/A	djusted Carrying Valu	ie	17	18
		3	4	1		7	8		10	11	12	13	14	15	16		NAIC
			F														Designation,
			0										Current Year's		Total		NAIC
			r			Rate per				Amount		Unrealized	Other-Than-	Total	Foreign		Designation Modifier and
			i	Number	Book/Adjusted	Share Used			Declared	Received	Nonadmitted	Valuation	Temporary	Change in	Exchange		SVO
CUSIP			g	of	Carrying Value	to Obtain	Fair	Actual	but	During	Declared	Increase/	Impairment	B./A.C.V.	Change in	Date	Administrative
Identification	Description	Code	n	Shares	Value	Fair Value	Value	Cost	Unpaid	Year	But Unpaid	(Decrease)	Recognized	(13-14)	B./A.C.V.	Acquired	Symbol
***************************************			***************************************			***************************************					***************************************	***************************************					
***************************************								***************************************									
												***************************************					
																	1
	Total Common Stocks					XXX										XXX	XXX
5999999999	Total Preferred and Common Stocks	S				XXX										XXX	XXX
1																	

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
				Name	Number of			Paid for
CUSIP			Date	of	Shares	Actual	Par	Accrued Interest
Identification	Description	Foreign	Acquired	Vendor	of Stock	Cost	Value	and Dividends
			•••••					
			•••••					
			•••••	•••••	•••••	•••••		
			•••••					
			•••••	•••••	•••••	•••••		
			•••••					
			•••••					
			•••••					
			•••••	••••••				
			•••••					
			•••••					
600000000	m . 1						373737	
6009999999	Totals						XXX	

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

CUSIP   CUSIP   CUSIP   Current Verice   1	2	3	4	5	6	7	8	9	10			Book/Adjusted Carry			16	17	18	19	20	21	
Cump   Part			F								11	12	13	14	15					Bond	
Company   Comp			0							n ·					- · ·			n 1: 1	m . 1		
Company   Comp			r							Prior Year	Time-diam			T-4-1							Stated
Marie   Decelifies   Property	CUSIP		i			Number						Current Vear's		Change in	Evelance						Contractual
Second   Process   Proce			o o	Disposal	Name of			Par	Actual					B/A C V							Maturity
		Description			Purchaser	of Stock	Consideration			Value				(11+12-13)	B./A.C.V.						Date
																					l
																					ļ
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					l																
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	***************************************									***************************************	***************************************	***************************************									
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600999999 Totals																					
600999999 Totals XXX																					
600999999 Totals XXX X					l									-	ļ		-	<del>                                     </del>	-	-	-
	6009999999	Totals						XXX				ļ	ļ	L	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	XXX

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11		Change in B	Book/Adjusted Carr	ying Value	_	17	18	19	20	21
											12	13	14	15	16					
							Par Value						Current							
							(Bonds) or			Book/ Adjusted	Unrealized	Current	Year's Other- Than-	Total	Total Foreign	Foreign Exchange	Realized	Total	Interest and	Paid for Accrued
				Name			Number of			Carrying	Valuation	Year's	Temporary	Change in	Exchange	Gain	Gain	Gain	Dividends	Interest
CUSIP			Date	of	Disposal	Name of	Shares	Actual		Value at	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	(Loss) on	(Loss) on	(Loss) on	Received	and
Identification	Description	Foreign	Acquired	Vendor	Date	Purchaser	(Stock)	Cost	Consideration	Disposal	(Decrease)	Accretion	Recognized	(12+13-14)	B./A.C.V.	Disposal	Disposal	Disposal	During Year	Dividends
	BONDS																			
	l																			
***************************************									***************************************		***************************************	***************************************								
1																				
			***************************************																	
			***************************************											***************************************						
***************************************																				
***************************************																				
				l .	l .															
2509999998	Subtotal Bonds																			
	STOCKS																			
5999999999	Subtotal-Stocks																			
6009999999	Totals																			
-																				

## SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	9	Stock o Company ( Insurer on Sta	Owned by
	Description Name of Subsidiary, Controlled or						Total Amount of Goodwill Included in		10 Number	11
CUSIP					NAIC Valuation	Book/Adjusted Carrying	Book/Adjusted	Nonadmitted	of	% of
Identification	Affiliated Company	Foreign	NAIC Company Code	ID Number	Method	Value	Carrying Value	Amount	Shares	Outstanding
	•••••									
	•••••									
	•••••									
	•••••									
	•••••									
1000000 77 / 1									VVV	7777
1999999 Total:	S								XXX	XXX

Total amount of goodwill nonadmitted \$

## SCHEDULE D - PART 6 - SECTION 2

1	2	3	4 Total Amount of Goodwill	Stock in Lower Owned Indirectly by Ins	-Tier Company surer on Statement Date
CUSIP	Name of	Name of Company Listed in Section 1	Included in Amount Shown in	5	6
Identification		Which Controls Lower-Tier Company	Column 8, Section 1	Number of Shares	% of Outstanding
Identification	Lower-Tier Company	which Controls Lower-Tier Company	Column 8, Section 1	Number of Shares	% of Outstanding
0399999 Total				XXX	XXX
0377777 Total				ΛΛΛ	ΛΛΛ

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

1	Code	es	4	5	6	7		Change In Book/Adjus	sted Carrying Value		12	13			Interest				20
	2	3					8	9	10	11			14	15	16	17	18	19	i l
		F o r e i		Name		Book/ Adjusted	Unrealized Valuation	Current Year's	Current Year's Other-Than- Temporary	Total Foreign Exchange Change			Amount Due and Accrued Dec 31 of Current Year on Bond	Non-Admitted Due				Amount Received	Paid for
Descrip-		g	Date	of	Maturity	Carrying	Increase/	(Amortization)/	Impairment	in	Par	Actual	Not in	and	Rate	Effective	When	During	Accrued
tion	Code	n	Acquired	Vendor	Date	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	Value	Cost	Default	Accrued	of	Rate of	Paid	Year	Interest
***************************************															***************************************				
							***************************************												
													***************************************						
***************************************															***************************************				
													***************************************						
																		**********	
7709999999	Totals			L	·						XXX				XXX	XXX	XXX		
. 1077777777	. Julio										АЛЛ	1		l	АЛЛ	7///	7.7.7.		

l.							
Line	Book/Adjusted Carrying V	alue by NAIC Designation	Category Footnote:				
Number	, , ,	, .	<i>c</i> ,				
1A	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 Description	3	4	5	6	7	8	9	10	11 Cumulative	12 Current	13	14	15	16	17	18	19	20	21	22	23
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)	Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid	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)
1689999999	Subtotal - Hec	ging Effective	- Excluding \	Variable Annuity	Guarantees U	nder SSAP No.	108							XXX							XXX	xxx
1699999999	Subtotal - Hed	ging Effective	- Variable Aı	nnuity Guarantee	s Under SSAP	No. 108								XXX							XXX	xxx
1709999999	Subtotal - Hed	plication XXX XXX															XXX					
1719999999	Subtotal - Rep																XXX	XXX				
1729999999	Subtotal - Inco	ncome Generation XXX XXX															xxx					
1739999999	Subtotal - Oth																	XXX	XXX			
1749999999	Subtotal - Adj	ustments for S	SAP No. 108	Derivatives						XXX							XXX	XXX				
1759999999	Totals																XXX	XXX				
(a) (	Code										Description	of Hedged	Risk(s)									
-																						
-																						
-																						
-																						
<u>L</u>																						J
(b) (	Code								Financia	l or Economic	Impact of the	Hedge at	the End of	the Reportin	ng Period							
Γ.																						

#### SCHEDULE DB – PART A – SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Discreption   Processing   Pr	1	2	3	4	3	0	,	٥	9	10	11	12	Cumulative	14	13	10	17	10	19	20	21	22	23	24	23
109999999 Sabotal - Hadging Effective - Variable Annuity Gaustuses Under SSAP No. 108	Descriptio	of Item(s) Hedged, Used for Income Generation or	Schedule/ Exhibit	Risk(s)	Counterparty or Central		Maturity or		Exercise, Expiration, Maturity or			Price, Rate or Index Received	Prior Year(s) Initial Cost of Undis- counted Premium (Received)	Current Year Initial Cost of Undis- counted Premium (Received)	tion Received (Paid) on Termina-	Year	Adjusted Carrying	Code	Valuation Increase/	Foreign Exchange Change in	Year's (Amortiza- tion)/Accre-	on Termi- nation –	to Carrying Value of Hedged	on Termi- nation –	Effectiveness at Inception and at Termination
109999999 Sabotal - Hadging Effective - Variable Annuity Gaustuses Under SSAP No. 108																									
109999999 Sabotal - Hadging Effective - Variable Annuity Gaustuses Under SSAP No. 108		-																							
109999999 Sabotal - Hadging Effective - Variable Annuity Gaustuses Under SSAP No. 108																									
109999999 Sabotal - Hadging Effective - Variable Annuity Gaustuses Under SSAP No. 108																									
109999999   Sabutal - Hadging Effective - Variable Annuity Gaustrates Under SSAP No. 108   XXX																									
109999999   Sabutal - Hadging Effective - Variable Annuity Gaustrates Under SSAP No. 108   XXX																									
109999999   Sabutal - Hadging Effective - Variable Annuity Gaurantees Under SSAP No. 108   XXX																					ļ				
109999999   Sabutal - Hadging Effective - Variable Annuity Gaurantees Under SSAP No. 108   XXX   16899	19999 Subtota	1 - Hedging Fi	ffective - Exc	luding Variable Ar	nnuity Gua	rantees Under	SSAP No. 10	18									xxx							xxx	
179999999   Sabatal Hedging Other		,,,,																							
171999999 Subtoal - Replication	16999	99999 Subtota	l - Hedging Et	ffective - Var	riable Annuity Gua	arantees Ur	der SSAP No	. 108										XXX							XXX
171999999 Subtoal - Replication	17000	00000 C 1	1 11 1 1 0	ging Other XXX X															vvv						
	17099	19999 Subiola	i - neuging O																ΑΛΛ						
	17199	99999 Subtota	l - Replication	eplication XXX X															XXX						
Privatives   Name   N	17299	19999 Subtota	l - Income Ge	ome Generation XXX XX															XXX						
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	17399	99999 Subtota	l - Other																XXX						
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																									
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	17499	99999 Subtota	l - Adjustmen	ts for SSAP N	No. 108 Derivative	S												XXX				<u> </u>			XXX
(a) Code Description of Hedged Risk(s)  (b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	17599	19999 Totals																xxx							xxx
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period		,,,,																							
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	г																								
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	(a)	Code											Description	on of Hedge	ed Risk(s)										
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period	` '																								
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																									
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																									
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																									
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																									
(b) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period																									
	_																								<u> </u>
	г	-																							1
	(b)	Code									Financial o	r Economi	: Impact of	the Hedge :	at the End o	f the Repor	ting Period								
	(-)																								
				•••••								•••••						•••••							

## SCHEDULE DB - PART B - SECTION 1

Future Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	High	ly Effective He	does	18	19	20	21	22
Ticker Symbol	Number of Contracts			Description of Item (s) Hedged, Used for Income Generation or	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	15  Cumulative Variation Margin	Deferred Variation Margin	17 Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Year-End (b)	Value of One (1) Point
16899999	99 Subtotal	- Hedging	Effective - E	xcluding Vari	able Annuity	Guarantees	Under SSAP	No. 108												XXX	XXX
16999999	99 Subtotal	- Hedging																XXX	XXX		
17099999	99 Subtotal	- Hedging	ing Other XXX cation XXX															XXX	XXX		
17199999	99 Subtotal	– Replicati	cation XXX ne Generation XXX															XXX	XXX		
17299999	99 Subtotal	– Income (	me Generation XXX															XXX	XXX		
17399999	99 Subtotal	– Other	r XXX															XXX	XXX		
17499999	99 Subtotal	- Adjustme	r XXX stments for SSAP No. 108 Derivatives XXX															XXX	XXX		
17599999	99 Totals																			XXX	XXX
														1						$\neg$	
							Bi	roker Name						Beginning C	ash Balance	Cumulative (	Cash Change	Ending C	ash Balance		
		Tota	l Net Cash D	eposits																	
(a)	Codo										Description of	of Hadaad 1	Diale(a)								
(a)	Code										Description	or rreaged i	XISK(S)								
		***************************************																			
(b)	Code								Financial :	or Economia	Impact of the	Hedge et 4	ne End of the B	Reporting Period							
(0)									i mancial (	, Leononiic	impact of the	muge at t	ic End of the R	ceporing renod							
		•••••																			

## SCHEDULE DB – PART B – SECTION 2

Future Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Chang	ge in Variation	Margin	19	20
				Description											16	17	18		
				of Item(s)														Hedge	
				Hedged, Used for									Indicate Exercise,	C1	Coin (Loon)	Gain (Loss) Used to		Effectiveness at Inception/	
				Income	Schedule/	Type(s) of	Date of						Exercise, Expiration,	Cumulative Variation	Recognized	Adjust Basis		at inception/	Value
Ticker	Number of	Notional		Generation	Exhibit	Risk(s)	Maturity or			Transaction	Termination	Termination	Maturity or	Margin at	in Current	of Hedged		Termination	of One (1)
Symbol	Contracts	Amount	Description	or Replicated	Identifier	(a)	Expiration	Exchange	Trade Date	Price	Date	Price	Sale	Termination	Year	Item	Deferred	(b)	Point
1689999999	Subtotal - Hedg	ing Effective -	Excluding Var	iable Annuity C	Guarantees Und	er SSAP No. 10	08											XXX	XXX
1600000000	Subtotal - Hedg	ing Effective -	Variable Annu	ity Guarantees	I Inder SSAP N	0.108												XXX	XXX
10/////////////////////////////////////	Subtotal - Hedg	ing Effective -	variable Aiiiu	nty Guarantees	Older SSAF IV	0. 100													
1709999999	Subtotal - Hedg	ing Other																XXX	XXX
1719999999	Subtotal - Repli	cation																XXX	XXX
1729999999	Subtotal - Incon	ne Generation																XXX	XXX
1739999999	Subtotal - Other	r																XXX	XXX
1749999999	Subtotal - Adjus	stments for SSA	AP No. 108 De	rivatives														XXX	XXX
1759999999	Totals																	XXX	XXX
_																			_
(a)	Code								Description	n of Hedged R	isk(s)								
(-)									puc		\-/								7

(a)	Code	Description of Hedged Risk(s)
i		
(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	2	3	Counterp	arty Offset	Book	/Adjusted Carrying	Value		Fair Value		12	13
			4	5	6	7	8	9	10	11		
		Credit			Contracts With	Contracts With						
Description of Exchange, Counterparty or	Master	Support	Fair Value of	Present Value	Book/Adjusted	Book/Adjusted	Exposure Net			Exposure Net		
Counterparty or	Agreement	Annex	Acceptable	of Financing	Carrying Value	Carrying Value	of	Contracts With	Contracts With	of	Potential	Off-Balance
Central Clearinghouse	(Y or N)	(Y or N)	Collateral	Premium	>0	<0	Collateral	Fair Value >0	Fair Value <0	Collateral	Exposure	Sheet Exposure
099999999 Gross Totals										1		
Offset per SSAP No. 64												
1. Offset per 35AP No. 04												
2. Net after right of offset per SSAP No	o. 64											

# SCHEDULE DB – PART D – SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

#### Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange,								
Counterparty or								
Central	Type of Asset	CUSIP				Book/Adjusted		Type of Margin (I, V or IV)
Clearinghouse	Pledged	Identification	Description	Fair Value	Par Value	Carrying Value	Maturity Date	(I, V or IV)
0199999999 Totals							XXX	XXX

## Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange,								
Counterparty or								
Central	Type of Asset	CUSIP				Book/Adjusted		Type of Margin (I, V or IV)
Clearinghouse	Pledged	Identification	Description	Fair Value	Par Value	Carrying Value	Maturity Date	(I, V or IV)
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
0299999999 Totals						XXX	XXX	XXX

# Derivatives Hedging Variable Annuity Guarantees as of December 31 of Current Year

This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

C	DHS				Hedge	d Item							H	ledging Instrumer	nts			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
									Current Year									
				Fair Value			Current Year		Increase/				Hedging					
		Prior Fair		Gains (Loss) in			Increase/	Change in the	(Decrease) in				Instruments'	Hedge Gain				
		Value in Full	Value in Full	Full Contract	Fair Value	Current Year	(Decrease) in	Hedged Item	VM-21		Current Year		Current Fair	(Loss) in				
		Contract Cash	Contract Cash	Cash Flows	Gain (Loss) in	Increase/	VM-21	Attributed to	Liability		Fair Value	Current Year	Value	Current Year	Current Year	Current Year	Current Year	Ending
		Flows	Flows	Attributed to	Hedged Item	(Decrease) in	Liability	Hedged Risk	Attributed to		Fluctuation of	Natural Offset	Fluctuation	Deferred	Prescribed	Additional	Total Deferred	Deferred
		Attributed to	Attributed to	Interest Rates	Attributed to	VM-21	Attributed to	Percentage	Hedged Risk	Prior Deferred	the Hedge	to VM-21	Not Attributed	Adjustment	Deferred	Deferred	Amortization	Balance
Identifier	Description	Interest Rates	Interest Rates	(4-3)	Hedged Risk	Liability	Interest Rates	(6/5)	(8*9)	Balance	Instruments	Liability	to Hedged Risk	[12-(13+14)]	Amortization	Amortization	(16+17)	(11+15+18)
Total								XXX										

## **SCHEDULE DL – PART 1** SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year
(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page (Line 9 for Separate Accounts))
and not included on Schedules A, B, BA, D, DB and E)

1	2	3	4 NAIC Designation, NAIC Designation	5	6	7
CUSIP			Modifier and SVO Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
	•••••					
	•••••					
	•••••					
					••••••	
•••••					••••••	
••••••	•••••					
••••••			••••••		••••••	
	•••••					
	•••••					
9999999999 Totals	S					XXX
3. Line Number 3A 1A \$ 3B 2A \$ 3C 3A \$ 3D 4A \$	for the year ce for the year  ed Carrying Value by NAIC Designation C  1B S 1C S 2B S 2C S 3B S 3C S 3C S		Value \$	Book/Adju	usted Carrying Value Susted Carrying Value S	
3E 5A \$	5B \$ 5C \$					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

#### SCHEDULE DL – PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned December 31 Current Year (Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page (Line 9 for Separate Accounts))

1	2	3	4	) 3	6	/
			NAIC Designation,			
			NAIC Designation			
			Modifier and SVO			
CUSIP			Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
1001111110011011			zymeer			materity Batt
••••••						
••••••						
••••••						
	•••••					
999999999 Total	S	1				XXX
	=			I	I	1
General Interrogator	ries:					
Total activity:		Fair V	Value \$	Rook/Adia	usted Carrying Value	\$
	ice for the year	Fair V		Book/Adi	usted Carrying Value	§

# SCHEDULE E - PART 1 - CASH

	1	2	3	4	5	6	7
		2	Rate of	Amount of Interest Received	Amount of Interest Accrued December 31	O .	,
	Depository	Code	Interest	During Year	of Current Year	Balance	*
OPEN DEPOSITORIE	S						
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX XXX
•••••							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
							XXX
the allowable	depositories that do not exceed limit in any one depository (See open depositories	XXX	XXX				XXX
msu uctions)-c	spen depositories	AAA	AAA				AAA
0199999 Totals – Open SUSPENDED DEPOSI	Depositories TORIES	XXX	XXX				XXX
exceed the all	depositories that do not owable limit in any one depository ons)-suspended depositories	XXX	XXX				XXX
0299999 Totals – Suspe	ended Depositories	XXX	XXX				XXX
	Deposit	XXX	XXX				XXX
0499999 Cash in Comp	pany's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash		XXX	XXX				XXX

## TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	 4. April	 7. July	 10. October	
2. February	 5. May	 8. August	 11. November	
3. March	6. June	9. September	12. December	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE

## SCHEDULE E – PART 2 – CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4 Date	5 Rate of	6 Maturity	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
		•••••						
60000000 Tat-1	Cash Equivalents							
10tal	Cash Equivalents							

# SCHEDULE E – PART 3 – SPECIAL DEPOSITS

		1	2		sits For All Policyholders	All Other Sp	ecial Deposits
				3	4	5	6
	States, etc.	Type of Deposit	Purpose of Deposit	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	Fair Value
1.	AlabamaAL						
2.	AlaskaAK						
3.	Arizona AZ						
4.	Arkansas AR						
5.	CaliforniaCA						
6.	ColoradoCO						
7.	ConnecticutCT						
8.	Delaware DE						
9. 10.	District of Columbia						
11.	GeorgiaGA						
12.	HawaiiHI						
13.	IdahoID						
14.	IllinoisIL						
15.	IndianaIN						
16.	IowaIA						
17.	KansasKS						
18.	KentuckyKY						
19.	Louisiana LA						
20.	MaineME						
21.	MarylandMD						
22.	Massachusetts MA						
23.	Michigan MI						
24.	Minnesota						
25.	Mississippi MS						
26.	MissouriMO						
27.	Montana MT						
28.	Nebraska NE						
29.	Nevada						
30.	New HampshireNH						
31.	-						
	New Jersey NJ						
32. 33.	New Mexico NM New YorkNY						
34.	North Carolina NC						
35. 36.	North DakotaND						
	OhioOH						
37.	OklahomaOK						
38. 39.	Oregon OR						
40.	PennsylvaniaPA						
41.	Rhode Island RI						
42.	South CarolinaSC						
43.	South Dakota						
44.	Tennessee TN Texas TX						
45.							
46.	Utah UT Vermont VT						
47.	VirginiaVA						
48.	WashingtonWA						
49.	West VirginiaWV						
	WisconsinWI						
50. 51.	WyomingWY						
52.	American SamoaAS						
53.	GuamGU						
54.	Puerto RicoPR						
55.	U.S. Virgin IslandsVI						
56.	Northern Mariana IslandsMP						
57.	CanadaCAN						
58.	Aggregate Alien and Other OT	XXX	XXX				
59.	Total	XXX	XXX				
	AILS OF WRITE-INS			<u>.</u>	<u>.</u>	<u>.</u>	
	·						
	. Sum of remaining write-ins for Line						
2090	58 from overflow page	XXX	XXX				
5890	Totals (Lines 5801 – 5803 + 5898)	АЛЛ	AAA				
2095	(Line 58 above)	XXX	XXX				
	(Eme 30 above)	ллл	ΛΛΛ	I	I	I	I

NAIC Group Code.....

Affix	Bar	Code A	Above

## ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

For The Year Ended December 31, 20\_\_ (To Be Filed by April 1)

		l Direct Premiums Written	2 Direct Premiums Earned	3 Assumed Premiums Earned	4 Ceded Premiums Earned	5 Net Premiums Earned (2+3-4)	6 Direct Incurred Claims Amount	7 Assumed Incurred Claims Amount	8 Ceded Incurred Claims Amount	9 Net Incurred Claims Amount (6+7-8)	10 Change in Contract Reserves	11 Loss Ratio (6+10)/2	Number of Policies or Certificates as of Dec. 31	13 Number of Covered Lives as of Dec. 31	14 Member Months
Α.	INDIVIDUAL BUSINESS	written	Earned	Earned	Earned	(2+3-4)	Claims Amount	Ciainis Amount	Claims Amount	(0+7-8)	Reserves	(6+10)/2	Dec. 31	01 Dec. 31	Monuis
2.1	Comprehensive major medical Short-Term Medical – 6 Months or Less Short-Term Medical – Over 6 Months														
3.	Subtotal Short-Term Medical (2.1+2.2)														
5. 6.	Limited Benefit														
9.	Accident Only or AD&D  Disability Income – Short–Term  Disability Income – Long–Term														
11.	Long-Term Care														
13. 14.	State Children's Health Insurance Program Medicare														
16. 17.	Medicare Part D – Stand-Alone														
19. B.	Other Individual Business														
1.1	rehensive Major Medical Single Employer – Small Employer Single Employer – Other Employer														
2.	Single Employer Subtotal														
4. 5.	Other Comprehensive Major Medical  Comprehensive/Major Medical Subtotal  Medical (Non-Comprehensive)														
6. 7.	Specified/Named Disease Limited Benefit Student														
9. 10.	Accident Only or AD&D  Disability Income – Short–term														
12.	Disability Income – Long-term														
15.	Federal Employees Health Benefits Plan														
17. 18.	Medicare Medicare Part D – Stand-Alone Vision														
20. 21.	Other Group CareGrand Total Group Business														
	OTHER BUSINESS Credit (Individual and Group)Stop Loss/Excess Loss														
4.	Administrative Services Only	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX			
D.	TOTAL BUSINESS Total Non-U.S. Policy Forms														

۰	٠		۰						•	•	۰											۰		•	•	•	۰	•	
		,	ı	F	¥	7	,	,	1	4				1	-	٠	,	è	1	c		,	Ĺ	1	,	,	,	,	

	SUPPLEMENTA	AL HEALTH CARE EXHIBIT – PART 1	
(To Be Filed By April 1	- Not for Rebate Purposes - See Cautionary Statement at htt	ps://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statem	ent.pdf)
REPORT FOR: 1	. CORPORATION	2	
		(LOCATION)	
NAIC Group Code	BUSINESS IN THE STATE OF	DURING THE YEAR NAIC Company Co	de

					Business Subject to MLR						10	11	12	13	14	15
		Comprel	hensive Health (	Coverage		Mini-Med Plan	s	Expatri	ate Plans	9	1		Medicare			
		1	2	3	4	5	6	7	8	1			Advantage			
											Government		Part C and Medicare Part D Stand-			
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Business (excluded by statute)	Other Health Business	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				l											
	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				l					l						
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)				l					l					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)															
2	Claims:							1					1			+
_	2.1 Incurred claims excluding prescription drugs				l										XXX	
	2.2 Prescription drugs				l										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	1
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							1							1	1
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	XXX			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	
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)					<u> </u>									XXX	<u> </u>
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)											]				<u> </u>
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:			1	1											
	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)			l	l	ļ		1	1			<u> </u>		1	<b>↓</b>	<b>↓</b>
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)		l											XXX	XXX	XXX

# **SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)**

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

					Busines	s Subject to MI	10	11	12	13	14	15				
		Compre	hensive Health	Coverage		Mini-Med Plan	S	Expatri	ate Plans	9			Medicare			
		1	2	3	4	5	6	7	8				Advantage			
													Part C			
													and			
													Medicare Part D			
											Government		Stand-			
			Small	Large		Small	Large			Student	Business	Other	Alone	Subtotal		
			Group	Group		Group	Group	Small	Large	Health	(excluded by	Health	Subject	(Cols 1	Uninsured	Total
		Individual	Employer	Employer	Individual	Employer	Employer	Group	Group	Plans	statute)	Business	to ACA	thru 12)	Plans	13 + 14
10.	General and Administrative (G&A) Expenses:													ĺ		1
	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	
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	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	
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															

	AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES											
		Curren	nt Year	Prior	Year							
		Comprehensive	Health Coverage	Comprehensive	Health Coverage							
		1	2	3	4							
			Small Group		Small Group							
		Individual Plans	Employer Plans	Individual Plans	Employer Plans							
ACA Re	eceivables and Payables											
1.	Permanent ACA Risk Adjustment Program				1							
	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 Re	eceipts 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				1							
	6.1 Retrospective premium received											
1	6.2 Rate credits or policy experience refunds paid				1							

## **SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2**

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

	REPORT FOR: 1. CORPORATION				2					LOCATION	T)			
NAIC	WAIC Group Code BUSINESS IN THE STATE OF					DURING	THE YEA	R			NAIC Company Code			
						Subject to ML					10	11		13
		Compreh 1	ensive Health o 2 Small	3 Large	4	Mini-Med Plan: 5 Small	6 Large	7	ate Plans	9 Student	Government Business	Other	Medicare Advantage Part C and Medicare Part D Stand- Alone	
		Individual	Group Employer	Group Employer	Individual	Group Employer	Group Employer	Small Group	Large Group	Health Plans	(excluded by statute)	Health Business	Subject to ACA	Total (a)
l.	Health Premiums Earned:										,			
	1 1 2													
	1 ,													
	· ·													
	1 7													
	1.10 Group conversion charges													
	1													
,	1.16 Net premiums earned (Lines 1.11 – 1.5 – 1.8 + 1.12 + 1.13 – 1.14 + 1.15)  Direct Claims Incurred:													
٠.														
	· ·													
	2.6 Direct contract reserves current year													
	1													
	1 7													
	` /													
	ž – – – – – – – – – – – – – – – – – – –													
	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 +													
	2.20 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)													1

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? Ves ( ) No ( )

# PART 1A – CREDIT LIFE INSURANCE

# PART 1B – CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

Single Premium (SP) and Total

	Open-End		Closed-End		1	2	3
	1	2	3	4	Single	Joint	Total
	Single	Joint	Single	Joint	SP	SP	SP + MOB
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					••••••		
1.6 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:							
Si meanea 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)	%	%	%	%	%	%	0/2
4.1 Actual loss percentage (Lines 2.0/1.0)	%	%	%	%	%	%	%
1.2 2005 percentage at prima facto faces (Enics 2.0/1./)		/0	/0			/0	
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	2	3	4	5	6	7
		7 Day	14 Day	14 Day	30 Day	30 Day	Other	
		Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	Total
1. Earne	d 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. Incuri	red 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. Incuri	red 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)	%	%	%	%	%	%	%
	D 4							
4. Loss l	Percentage:							
4.1	A -t11	0/	0/	0/	0/	0/	0/	0/
4.1 4.2	Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	%	%
4.2	Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	%	%
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	

(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	2	3	4	5	6	7
			7 Day	14 Day	14 Day	30 Day	30 Day	Other	
			Retro	Retro	Non-Retro	Retro	Non-Retro	(a)	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					•••••		
_		101							
2.	Incurr	ed Claims:							
	2.1	Claims paid							
	2.1	Claims paid 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.	Incurr	ed 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 P	ercentage:							
	4.1	Actual loss percentage (Lines 2.6/1.6)	%	%	0/.	0/.	0/-	0/.	0/.
	4.1	Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	% %	%
	7.4	Loss percentage at printa facte fates (Effics 2.0/1./)	/0	/0	/0	/0	%	/0	%

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

## PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

## PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

	1	2	3	4	5	6	7	1	2 Total -Parts
	7 Day Retro	14 Day Retro	14 Day Non-Retro	30 Day Retro	30 Day Non-Retro	Other (a)	Total	All Other (b)	2A, 2B, 2C and 2D
1. Earned Premiums:	110410	110410	1,011 110110	110415	TYON TOUR	(4)	1000	(0)	
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 decomination of "ethan" accompany (including their record	t of Line 1.6. C	Salamon 6).							
(a) Provide a description of "other" coverages (including their percen	i oi Line 1.6, C	orumn oj:		••••••		•••••		••••••	
(b) Provide a description of "other" coverages (including their percen	t of Line 1.6. C	Column 1):							
(a) Traviac a description of other coverages (metaling their percent	. or Line 1.0, C		••••••••••			•••••	••••••		

#### PART 3A - CREDIT UNEMPLOYMENT INSURANCE

## PART 3B - CREDIT UNEMPLOYMENT INSURANCE

			1	2	3	1	2	3
			30 Day	30 Day	30 Day Retro-MOB	30 Day Non-Retro-MOB	Other	Total
	г :	In :	Retro-SP	Non-Retro-SP	Retro-MOB	Non-Retro-MOB	(a)	1 ota1
1.	Earnec	l 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.	Incurre	ed 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.	Incurre	ed 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 P	ercentage:						
	4.1	Actual loss percentage (Lines 2.6/1.6)	%	%	%	%	%	0/2
	4.2	Loss percentage at prima facie rates (Lines 2.6/1.7)	%	%	%	%	%	% %
	1.2	2.055 percentage at prima facto fattos (Emics 2.0/1./)	/0		/0	/0		/0

(a)	Provide a description of "other"	coverages (including their	r percent of Line 1.6, Colum	ın 2):	 	 •••••

## PART 4 – CREDIT PROPERTY INSURANCE

			1	2	3	4	5	6	7	8	9	10	11
			Creditor	Creditor	3	-	3	· ·	,	0		10	11
			Placed	Placed	Creditor	Creditor	Creditor	Creditor	Creditor	Creditor			
			Home-	Home-	Placed	Placed	Placed	Placed	Placed	Placed	Personal	Personal	
			Hazard	Hazard	Wind Only	Wind Only	Home	Home	Auto-	Auto-	Property-	Property-	
			Single	Dual	Single	Dual	Flood Only	Flood Only	Single	Dual	Single	Dual	Other
			Interest	Interest	Interest	Interest	First Dollar	Excess	Interest	Interest	Interest	Interest	(a)
1		1 n .	mterest	Interest	Interest	Interest	First Dollar	Excess	Interest	Interest	Interest	Interest	(a)
1.		d 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.	Incurr	red 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		red Compensation:											
٥.	3.1	Commissions and service fees											
	5.1	incurred											
	3.2	Other incurred compensation				••••••	•••••						
	3.3	Total incurred compensation (Lines	•••••										
	3.3	3.1+3.2)											
	3.4	Commissions/service fee percentage	•••••										
	3.4	1 0	0/	0/	0/	0/	%	0/	0/	0/	0/	0/	0/
	2.5	(Lines 3.1/1.3)	%	%	%	%	%0	%	%	%	%	%	%
	3.5	Other incurred compensation	0./	0/	0/	0/	0/	0/	0/	0/	0/	0.7	0/
		percentage (Lines 3.2/1.6)	%	%	%	%	%	%	%	%	%	%	%
4.		Percentage:											
	4.1	Actual loss percentage (Lines										0.4	
		2.4/1.6)	%	%	%	%	%	%	%	%	%	%	%
	4.2	Loss percentage at prima facie rates											
		(Lines 2.4/1.7)	%	%	%	%	%	%	%	%	%	%	%
5.	Incurr	red Loss Adjustment Expense:											
	5.1	Defense and cost containment											
		expenses incurred											
	5.2	Adjusting and other expenses											
		incurred											
6.	Writte	en Exposures											
7.		d Exposures											
<u> </u>			i			i .	i .						

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

# PART 5 – OTHER CREDIT INSURANCE

			1	2	3
			Credit Family Leave	Personal GAP	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	Incurre	d Claims:			
۷.	meure	d Claims.			
	2.1	Claims paid			
	2.2	Total claim reserve, start of period			
	2.3				
	2.4	Total claim reserve, end of period			
3.	Incurre	d 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 Pe	ercentage:			
	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	2 Creditor Placed	3 Personal	4 Other
		Home	Auto	Property	(a)
1.	Premiums:				
	1.1 Direct written premiums				
2.	Underwriting expenses incurred:				
	Commissions and brokerage expenses incurred     Taxes, licenses and fees incurred				
	2.3 Other acquisitions, field supervision and collection expenses incurred				
	Zi. Contra expenses meaned				

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

Affix Bar Code Above

#### 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>
		Description of		Percentage of Total
	<u>Issuer</u>	<u>Exposure</u>	<u>Amount</u>	Admitted Assets
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.

	<b>Bonds</b>	<u>1</u>	<u>2</u>		Preferred Stocks	<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 1	NAIC so	vereign	designation	n:
----	-----------	---------	------------	----------	-------------	------	---------	---------	-------------	----

		<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:		9%
		1	2
Aggrega	ate unhedged foreign currency exposure	\$	%
Aggrega	ate unhedged foreign currency exposure cat	egorized by NAIC sovereign o	designation:
		1	2

		<u> </u>	<b>=</b>
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>	NAIC Designation		
10.01			\$	%
10.02			\$	%
10.03			\$	%
10.04			\$	%
10.05			\$	%
10.06			\$	%
10.07			\$	%
10.08			\$	%
10.09			\$	%
10.10			\$	%

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with 13. Amounts and percentages of admitted assets held in the ten largest equity interests: If response to 13.01 is yes, responses are not required for the remainder of Interrogatory 13. 3 1 Issuer 13.02 ..... \$ ..... .....% 13.03 ..... \$ ..... .....% 13.04 \$ ..... .....% 13.05 .....% \$ ..... 13.06 ..... \$ ..... .....% 13.07 ..... \$ ..... .....% 13.08 .....% ..... \$ ..... 13.09 .....% ..... \$ .....

13.10

13.11

.....

.....

\$ .....

\$ .....

.....%

.....%

14.01	Are assets held in nonaffiliated, privately placed energorting entity's total admitted assets?	quities less t	than 2.5% of the	Yes [ ] No [ ]
	If response to 14.01 above is yes, responses are not	required 14	.02 through 14.05.	
	1		<u>2</u>	<u>3</u>
14.02	Aggregate statement value of investments held nonaffiliated, privately placed equities			
	Largest three investments held in nonaffiliate privately placed equities:	ed,		
14.03		\$		
14.04		\$		
14.05		\$		
	Ten largest fund managers:			
	<u>1</u>		<u>3</u>	<u>4</u>
	<u>Fund Manager</u> <u>Total Inv</u>	<u>ested</u>	<b>Diversified</b>	<b>Nondiversified</b>
14.06	\$	\$		\$
14.07	\$	\$		\$
14.08	\$	\$		\$
14.09	\$			\$
14.10	<b></b> \$	\$		\$
14.11	\$			\$
14.12	\$			\$
14.13	\$	\$		\$
14.14	\$			\$
14.15	\$			\$
Amounts	and percentages of the reporting entity's total admitted.  Are assets held in general partnership interests less entity's total admitted assets?			Yes [ ] No [ ]
	If response to 15.01 above is yes, responses are not	required fo	r the remainder of In	terrogatory 15.
	<u>1</u>		<u>2</u>	<u>3</u>
15.02	Aggregate statement value of investments held			
	general partnership interests	\$		
	Largest three investments in general partnershinterests:			
15.03		\$		
15.04		*		
15.05		\$		

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18.04

18.05

18.06

.....%

.....%

.....%

\$.....

\$ .....

\$.....

19.		ggregate amounts and ne real estate loans:	percentages of the	he reporting enti	ty's total adm	nitted assets he	ld in investme	nts held in
	19.01	Are assets held in invo			estate loans le	ss than 2.5%	Yes [ ] N	[o [ ]
		If response to 19.01 is	yes, responses a	re not required fo	r the remainde	er of Interrogate	ory 19.	
	19.02	Aggregate statement mezzanine real estate l		stments held in		<u>2</u>	<u>3</u>	
		Largest three investme	ents held in mezz	anine real estate l	loans:			
	19.03 19.04 19.05				\$			%
20.	Amounts	and percentages of the	reporting entity'	s total admitted a	ssets subject t	o the following	types of agrees	ments:
				At Year	<u>-End</u>	At E	End of Each Qua	arter 3 <sup>rd</sup> Qtr
	20.01	Securities lending agre include assets held a		<u>1</u>	<u>2</u>	<u>3</u>	4	<u>5</u>
	20.02	such transactions) Repurchase agreement	ts	\$ \$	%	\$ \$		
	20.03 20.04	Reverse repurchase ag Dollar repurchase agree		*	% %	\$ \$	\$ \$	
	20.04	Dollar reverse repurch			%	\$	\$	\$
21.		s and percentages of the nts, options, caps, and fl		ty's total admitte	ed assets for	warrants not a	ttached to othe	er financial
				Owned			Written	
	21.01	Hedging	<u>1</u>		2	<u>3</u>		<u>4</u>
	21.01	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:

		At Yea	At Year-End		At End of Each Quarter		
				1st Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
22.01	Hedging	\$	%	\$	\$	\$	
22.02	Income generation	\$	%	\$	\$	\$	
22.03	Replications	\$	%	\$	\$	\$	
22.04	Other	\$	%	\$	\$	\$	

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

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

A ffix	Dor	Codo	Ahove

#### VARIABLE ANNUITIES SUPPLEMENT

For Year Ended December 31, 20\_\_\_\_ (To Be Filed by April 1)

	(10 Be Filed by April 1)
NAIC Group Code	

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

#### PART 1 – INDIVIDUAL

		3			6	7			10	Percentage o	f Guaranteed
Ty	/pe		Benef	it Base		Guaranteed	Accoun	nt Value		Benefits Reinsured	
1	2	Number of	4 For Guaranteed	5 For Guaranteed	Net Amount at Risk For Guaranteed	Annual Income Amount For Guaranteed	8	9	Contract-Level Reserves Less	11	12
		Individual	Death Benefit	Living Benefit	Death Benefit	Living Benefit	General	Separate	Cash Surrender	Guaranteed	Guaranteed
Guaranteed Death Benefit	Guaranteed Living Benefit	Contracts	(Col 1)	(GLB) (Col 2)	(Col 1)	(GLB) (Col 2)	Account	Account	Value	Death Benefit	Living Benefit
Subtotal	I									XXX	XXX
Dubiotal		l	l	l		_ll	l .	1		ΛΛΛ	$\Lambda\Lambda\Lambda$

- 1. Aggregate cash surrender value
- 2. Pre-reinsurance ceded aggregate reserve (Subtotal for Column 10 plus line 1) 3. Reserve credit from affiliated captive reinsurance
- Reserve credit from other reinsurance
- 5. Post- reinsurance ceded aggregate reserve

#### VARIABLE ANNUITIES SUPPLEMENT

#### PART 2 – GROUP CONTRACTS WITH INDIVIDUAL CERTIFICATES

		3			6	7			10	Percentage o	of Guaranteed
Ty	уре		Benef	it Base		Guaranteed	Accour	nt Value			Reinsured
1	2		4	5	Net Amount at Risk For	Annual Income Amount For	8	9	Contract-Level	11	12
		Number of	For Guaranteed	For Guaranteed	Guaranteed	Guaranteed			Reserves Less		
		Group	Death Benefit	Living Benefit	Death Benefit	Living Benefit	General	Separate	Cash Surrender	Guaranteed	Guaranteed
Guaranteed Death Benefit	Guaranteed Living Benefit	Certificates	(Col 1)	(GLB) (Col 2)	(Col 1)	(GLB) (Col 2)	Account	Account	Value		
					•••••						
					•••••						
Subtotal	L							<u> </u>	<u> </u>	XXX	XXX
		1		1	1 4	ish surrender value			1		

- 1. Aggregate cash surrender value
- 2. Pre-reinsurance ceded aggregate reserve (Subtotal for Column 10 plus line 1) 3. Reserve credit from affiliated captive reinsurance
- 4. Reserve credit from other reinsurance
- 5. Post- reinsurance ceded aggregate reserve

Affix Bar Code Above

# LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT – PART 1 For The Year Ended December 31, (To be Filed by April 1) William Control of the State of th

OF THE	E	NAIC COMPANY COD	E		
Direct E	Business in the State of	=			
		1	2 Allocated	3	4 Unallocated Annuity and
	DEVELOPMENT OF ASSESSABLE PREMIUMS, CONSIDERATIONS AND DEPOSITS BEFOR ADDITIONAL ADJUSTMENTS	Premiums	Annuity and Other Fund Deposits	Accident & Health Premiums	Other Unallocated Fund Deposits
1. 2.					
	including investment contract receipts credited to liability account:				
	Contract fees for variable contracts with guarantees      Reporting entity contributions to employee benefits plans				
	2.2 Reporting entity contributions to employee benefits plans				
	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				
3.	2.99 Total (Lines 2.1 through 2.6) Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which the following categories:	ı are in			
	3.1 Transfers to guaranteed Separate Accounts				
	Roll over of GICs or annuities into other companies				
	3.4 Excess interest credited to accounts.				
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 of				
	3.99 Total (Lines 3.1 through 3.5)				
4.	Transfers between Columns 2 and 4 (Note: allocated governmental retirement plans established under Se 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				
	trustee) established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, that are			VVV	
	in Column 4, Lines 1, 2.99, and 3.99.  4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, the total of all			XXX	
	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 it	in			
	Column 4, Lines 1, 2.99 and 3.99.			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 received to fund allocated annuity contracts owned by both non-governmental and governmental	amounts			
	retirement plans (or its trustee) established under Section 401, 403(b) or 457 of the U.S. Internal R. Code as these amounts are to be included on Line 4.1)			XXX	
	4.4 Enter in Column 4, as a positive number, and Column 2 as a negative number, the total of all amou reported in Column 2, Lines 1, 2.99, and 3.99 that are unallocated, other than amounts that fund	ints		XXX	
	unallocated contracts owned by a governmental retirement plan (or its trustee) established under So			3/3/3/	
	401, 403(b) or 457 of the U.S. Internal Revenue Code as these amounts should remain in Col. 2 4.99 Total (Lines 4.1 through 4.4)			XXX XXX	
5.	Total (Lines 1 + 2.99 + 3.99 + 4.99)			ΛΛΛ	
DEV	ELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUC	TED IN DETERMINING TI	HE BASE PRIOR T	O ADDITIONAL A	DJUSTMENTS
	PART 2. Do not include any amounts more than once in Lines 6 through 9. Non-guaranteed separate account business in which the premiums are for portions of policies or contracts	NOT		1	1
0.	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 Line 5	in			
8.	Current year amounts received for supplemental contracts and retained asset programs BUT ONLY IF in in Line 5 and if any prior years original premiums were reported as assessable premium				
ASSI	ESSABLE PREMIUM BASE BEFORE ADDITIONAL ADJUSTMENTS IN PART 2				
10.					
2.601	AILS OF WRITE-INS				
2.602					
2.603					
2.698					
2.699					
3.501					
3.502 3.503					
3.598					
3.599					
	note 1: For purposes of allocating Long Term Care ("LTC") costs involving an insolvent company, please in long term) and Long-Term Care business included in Line 10, Column 3. Note DI and LTC premium associated in Line 10, Column 3.	ated with a rider that is attached		policy should NOT I	be included.
1 b)	Disability income (include both short and long term)		XXX		XXX XXX
Indivi Title					
	artment				
	State ZIP				
Email	il address				

# 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	2	4
		1	2 Allocated	3	4 Unallocated
			Annuity and	Accident	Annuity &
		Life	Other	&	Other
		Insurance	Allocated	Health	Unallocated
	71 40 A1 4 11 B 1	Premiums	Fund Deposits	Premiums	Fund Deposits
11.	Line 10 of the Assessable Premium Exhibit – Part 1  NTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
12.	Premium received for multiple non-group policies of life insurance owned by one owner:		1	1	1
12.	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:				
	<ul> <li>13.1 Federal Employees Health Benefit Program</li></ul>	XXX XXX	XXX XXX		XXX XXX
	13.2 Medicare 1 file XVIII (Note Medicare Part D stand alone plans are to be reported separately on Line 13.5)  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	VVV	VVV		VVV
	uninsured	XXX XXX	XXX 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	*****		*****	
15.	403(b) of the U.S. Internal Revenue Code. Include both governmental and non-governmental plans  Amounts received from obligations to provide a book value accounting guaranty for defined contribution	XXX		XXX	
13.	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 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:	VVV	VVV	VVV	
	16.1 Amounts NOT in excess of \$1 million per contract	XXX XXX	XXX XXX	XXX XXX	
	16.3 Amounts in excess of \$2 million per contract that are NOT issued to a specific employee, union, or	AAA	AAA	AAA	
	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 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,	T.T.T.	70.01	AAA	
	union, or association of natural persons benefit plans, based on the principal place of business of the				
10	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		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	AAA	ААА	ЛЛЛ	
	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				
	S OF WRITE-INS				
21.01 21.02					
21.03					
21.98 21.99	Summary of remaining write-ins for Line 21 from overflow page				
			•	•	

#### **OVERFLOW PAGE FOR WRITE-INS**

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										AIC Company	Code
	1	2	3	4	5	6	7	8	9	10	11

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

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

<sup>[ ]</sup> Paid by Waiver [ ] Paid Up

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	2	3	4	5	6	7	8
	Calendar Year of	Percent Male Lives	Average Attained	Earned	Incurred	Number of Lives In	Number of	Number of New
	Peak Issues	Insured	Age	Premiums	Claims	Force Year End	Terminations	Lives Insured
Primarily 2002 and Prior Issue Years								
Current (Comprehensive)								
<ol><li>Total Inception-to-Date (Comprehensive)</li></ol>			XXX			XXX	XXX	
Current (Institutional Only)								
4. Total Inception-to-Date (Institutional Only)			XXX			XXX	XXX	
Current (Non-Institutional Only)								
<ol><li>Total Inception-to-Date (Non-Institutional</li></ol>								
Only)			XXX			XXX	XXX	
7. Current (Grand Total)								
8. Total Inception-to-Date (Grand Total)			XXX			XXX	XXX	
Primarily 2003 to 2010 Issue Years								
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) l	Indicate whether	policies are a	signed to a	Primary	Issue Period	on a per-pe	olicy or pe	r-policy:	form basis.
-------	------------------	----------------	-------------	---------	--------------	-------------	-------------	-----------	-------------

[ ] Policy [ ] Policy Form

OF THE

Affix Bar Code Above

#### 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 \_ 2 3 6 2018 2020 2021 Incurred Year 2017 2019 2022 2023 2024 Individual PART 1 - Total (Direct and Transferred) Amount Paid Policyholders Prior ...... 3. 2018 ..... XXX2019 ...... XXX 2020 ...... XXXXXXXXX 2021 ..... XXXXXXXXX XXX 2022 ..... XXXXXXXXXXXXXXX 2023 ...... XXX XXX XXX XXX XXX XXX 2024 XXX XXX XXX XXX XXX XXX XXXPART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year 1. Prior ...... 2017 ...... 2018 ..... XXX2019 ..... XXXXXX2020 ..... XXX XXX XXX 2021 ...... XXXXXXXXX XXX 2022 ...... XXX XXX XXX XXX XXX 2023 ...... XXXXXXXXX XXXXXX XXX 2024 XXX XXX XXX XXX XXX XXX XXX PART 3 - Transferred Reserves Prior ..... 2018 ...... 3. XXX2019 ..... XXXXXX<mark>2020</mark> ..... XXXXXXXXX2021 ..... XXX XXX XXX XXX 2022 ..... XXXXXXXXXXXXXXX 2023 ...... XXX XXX XXX XXX XXX XXX 2024 XXXXXXXXX XXXXXXXXXXXXPART 4 - Present Value of Incurred Claims Prior ..... 2. **2017** ..... 2018 ...... XXX2019 ..... XXXXXX2020 ...... XXXXXXXXX 2021 ..... XXXXXXXXX XXX 7. 2022 ..... XXXXXX XXXXXXXXX 2023 ...... XXXXXXXXXXXXXXX XXX

XXX

XXX

XXX

2024

XXX

XXX

XXX

XXX

OF THE

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

			1	2	3	4	5	6	7	8
It	curred '	Year	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	2021	2022	2023	<mark>2024</mark>
B.	Group	)	<u> </u>						<u> </u>	
				PAl	RT 1 – Total (Direct a	and Transferred) Am	ount Paid Policyholde	ers		
	1. Pr	rior								
	2. <mark>20</mark>	<mark>017</mark>								
	3. <mark>20</mark>	<mark>018</mark>	XXX							
	4. <mark>20</mark>	<mark>019</mark>	XXX	XXX						
	5. <mark>20</mark>	<mark>020</mark>	XXX	XXX	XXX					
	6. <mark>20</mark>	<mark>021</mark>	XXX	XXX	XXX	XXX				
	7. <mark>20</mark>	<mark>022</mark>	XXX	XXX	XXX	XXX	XXX			
		023	XXX	XXX	XXX	XXX	XXX	XXX		
	9. <mark>20</mark>	<mark>024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
			PAR	T 2 – Sum of Total A	mount Paid Policyho	lders and Claim Liab	ility and Reserve Out	tstanding at End of Y	ear	
		rior								
	2. <mark>20</mark>	<mark>017</mark>								
		<mark>018</mark>	XXX							
	4. <mark>20</mark>	<mark>019</mark>	XXX	XXX						
	5. <mark>20</mark>	<mark>020</mark>	XXX	XXX	XXX					
		<mark>021</mark>	XXX	XXX	XXX	XXX				
		<mark>022</mark>	XXX	XXX	XXX	XXX	XXX			
		<mark>023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
	9. <mark>20</mark>	<mark>024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
					PART	3 – Transferred Res	erves			
		rior								
	2. <mark>20</mark>	<mark>017</mark>								
		<mark>018</mark>	XXX							
		<mark>019</mark>	XXX	XXX						
		<mark>020</mark>	XXX	XXX	XXX					
	6. <mark>20</mark>	<mark>021</mark>	XXX	XXX	XXX	XXX				
		<mark>022</mark>	XXX	XXX	XXX	XXX	XXX			
		023	XXX	XXX	XXX	XXX	XXX	XXX		
	9. <mark>20</mark>	<mark>024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
			1		PART 4 – P	resent Value of Incur	red Claims	T	1	1
		rior								
		<mark>017</mark>								
		<mark>018</mark>	XXX							
		<mark>019</mark>	XXX	XXX						
		020	XXX	XXX	XXX					
		021	XXX	XXX	XXX	XXX				
		<mark>022</mark>	XXX	XXX	XXX	XXX	XXX			
		023	XXX	XXX	XXX	XXX	XXX	XXX		
	9. <mark>20</mark>	<mark>024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

OF THE

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

		1	2	3	4	_5	6	7	8
	rred Year	<mark>2017</mark>	<mark>2018</mark>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>
C. Su	mmary								
			PA	RT 1 – Total (Direct	and Transferred) Am	ount Paid Policyhold	ers		
1.	Prior								
2.	<mark>2017</mark>								
3.	2018	XXX							
4.	<mark>2019</mark>	XXX	XXX						
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
		PAI	RT 2 – Sum of Total A	Amount Paid Policyho	olders and Claim Lial	bility and Reserve Ou	itstanding at End of Y	Year	
1.	Prior								
2.	<b>2017</b>								
3.	2018	XXX							
4.	<mark>2019</mark>	XXX	XXX						
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX		
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	xxx	XXX	
				PART	Γ3 − Transferred Res	serves			
1.	Prior								
2.	2017								
3.	2018	XXX							
4.	<mark>2019</mark>	XXX	XXX						
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	2021	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	xxx		
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	xxx	XXX	
				PART 4 – P	resent Value of Incui	rred Claims			
1.	Prior								
2.	2017								
3.	2018	XXX							
4.	<mark>2019</mark>	XXX	XXX						
5.	<mark>2020</mark>	XXX	XXX	XXX					
6.	<mark>2021</mark>	XXX	XXX	XXX	XXX				
7.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX			
8.	2023	XXX	XXX	XXX	XXX	XXX	XXX		
9.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	xxx	xxx	

<sup>(</sup>a) Indicate whether claim reserves and liabilities for prior years are based on historical or current reserving assumptions:

<sup>[ ]</sup> Historical

<sup>[ ]</sup> Current

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)

,	o Be Filed By April 1)
NAIC Group Code	NAIC Company Code

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

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		
		Number			Incurred	Number of		New		
	Number of	of Lives		Incurred	Extended	Claims	Number of	Extended	Accelerated	Extended
	New Lives	In Force	Earned	LTC	Benefits	Remaining	Claims	Benefits	Benefits	Benefits
	Insured	Year End	Premiums	Claims	Claims	Open	Opened	Claims	Available	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

Affix Bar Code Above

#### SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT

(For the Year Ended December 31, 20\_\_)
(To Be Filed by April 1)

	OF THE	
NAIC Group Code	_	NAIC Company Code

#### PART 1 – ALL CESSIONS OF TERM AND UNIVERSAL LIFE INSURANCE WITH SECONDARY GUARANTEES

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
				Reinsurer										
				that is Licensed,										
			Reinsurer	Accredited or										
			that is Licensed,	Domiciled in										
			Accredited or	Another State and										
			Domiciled in	that Meets										
			Another State and	Certain										
			that Meets	Additional										
			Certain	Non-Affiliation,										
			Additional	Statutory	Certified	Reinsurer		Special						
			Statutory Accounting	Accounting, Licensing	Reinsurer/ Reciprocal	Meeting Certain Size	Reinsurer	Exemption				Statutory	Term Life	Universal Life
NAI	C		and RBC	and RBC	Jurisdiction	and Licensing		by Domestic				Reserve	Statutory	Statutory
Compa			Requirements	Requirements	Reinsurer	Requirements	Trust Fund	Regulator	Affiliate	Effective	Statutory	Credit Taken	Policy Reserve	Policy Reserve
Cod		Name of Company	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	(YES/NO)	Date	Reserve	(Col. 14+15)	Credit Taken	Credit Taken
									l					
999999	9 Totals													

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## PART 2A – TRANSACTIONS SUBJECT TO PART 2 DISCLOSURE (GRANDFATHERED OR SPECIAL EXEMPTION)

1	2	3	4	5	As of	Effective Date	e or Prior Year'	s Annual Staten	nent			As of Curren	t Year's Annual	Statement		
					6	7	8	9	10	11	12	13	14	15	16	17
Cession ID	NAIC Company Code	ID Number	Name of Company	Effective Date or Prior Year Annual Statement Date	Statutory Reserve	Statutory Reserve Credit Taken	"Economic Reserve" Level	Primary Security	Other Security	Statutory Reserve	Statutory Reserve Credit Taken	"Economic Reserve" Level	Primary Security	Primary Security – Trust	Primary Security – Funds Withheld or Modified Coinsurance	Other Security
								,					,			
0000000	T-4-1			ı												
9999999	ı otai															

## PART 2B – TRANSACTIONS SUBJECT TO PART 2 DISCLOSURE (NON-GRANDFATHERED)

1	2	3	4	5	As of Effective Date or Prior Year's Annual Statement					As of Current Year's Annual Statement							
		-			6	7	8	9	10	11	12	13	14	15	16	17	18
																Primary	
				Effective												Security -	
	NAIC			Date or Prior Year Annual		Statutory	Required Level of				Statutory	Paguired Lavel		Driman, Caurity	Primary	Funds Withheld or	
Cession	Company	ID		Statement	Statutory	Reserve Credit	Primary	Primary		Statutory	Reserve Credit	of Primary	Primary	Primary Security Remediation	Security –	Modified	
ID	Company Code	Number	Name of Company	Date	Reserve	Taken	Security	Security	Other Security	Reserve	Reserve Credit Taken	Required Level of Primary Security	Primary Security	Adjustment	Trust	Coinsurance	Other Security
							***************************************										
							***************************************										
	لـــــا										<b>.</b>	<b>.</b>					
9999999 T	otal					L		l	l	l	L	L	l			l	

# 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 Vear Annual Statement Date	

		As of Effective Date Annual Sta		As of Current Year's A	1 Ct-t
		Annuai Sta	2.	As of Current Year's A	
		1	_	3	4 A CC1: 4
			Affiliate or		Affiliate or
			Parental Guarantee		Parental Guarantee
	Security Category Description	Assets	(YES/NO)	Assets	(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 Committee				
12	Other Security Other Investments Admissible per the NAIC				
12.					
13.	AP&P Manual	•••••		•••••	
13.	Evergreen, Unconditional LOCs Other LOCs				
14.	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:

# 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:		

		As of Effective Da	ate or Prior Year's		
		Annual S	tatement	As of Current Year	's Annual Statement
		1	2	3	4
		Non-Collateral Assets		Non-Collateral Assets	
		Supporting Reserves –	Affiliate or Parental	Supporting Reserves -	Affiliate or Parental
	Asset Category Description	Affiliate Transactions	Guarantee (YES/NO)	Affiliate Transactions	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	credit,	collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit a letter of synthetic letter of credit, contingent note, credit-linked note or other similar security that operates in a manner similar to a f credit?	Yes	[]	No [	] ]	N/A	[]
1.2	If the re	esponse 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		collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a ng provider?	Ves	r 1	No [	1 1	VI/Δ	r 1
2.2		esponse to 2.1 is yes:	103	LJ	110 [	] ,	. 1/21	ГЛ
	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		ny collateral identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit have a n that is less than the duration of the underlying policy liabilities?	Yes	[]	No [	] ]	N/A	[ ]
3.2	If the re	esponse 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		asset identified in Part 3 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit as being guaranteed ffiliate or parent?	Yes	[]	No [	] 1	N/A	[ ]
4.2	If the re	esponse 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:						
	4.00							
	4.23 4.24	Specify the dollar amount of the guarantee:  Describe all contingencies or conditions to performance of the guarantee:	\$					
5.1		PART 4 – INTERROGATORIES  asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit being guaranteed by						
		iate or parent?	Yes	[ ]	No [	] ]	N/A	[ ]
5.2		esponse 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		asset identified in Part 4 of the Supplemental Term and Universal Life Insurance Reinsurance Exhibit pledged to a ng provider?	Yes	[]	No [	] ]	N/A	[ ]
6.2	If the re	esponse 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:						

٠.																													
A	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	NAIC Group Code  NAIC Company Code																
•		3.1.							TVIIC COI	ipuny code							
	, State and Zip C																
Person Compl	leting This Exhil	bit															
		Title							Telephone	Number							
1	2	1 2	4	5		7	l 0		10	T	D.1	TI1 2021		l p	. II. I T I ! .	2022 2022 202	4
1	2	3	4	5	6	7	8	9	10	11	Policies Issued Incurred		14	15		1 <mark>2022</mark> , <mark>2023</mark> , <mark>202</mark> d Claims	18
		Standardized							Policy		12	13	Number	15	16	17	Number
Compliance	Policy	Medicare				Date	Date		Marketing			Percent of	of			Percent of	of
with	Form	Supplement	Medicare	Plan	Date	Approval	Last	Date	Trade	Premiums	A	Premiums	Covered	Premiums		Premiums	Covered
OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0100000 TOT	AI EVDEDIEN	ICE ON INDIVID	LIAL DOLICIE	20	l .	1		1									
0199999 101	AL EXPERIEN	CE ON INDIVID	UAL FOLICII			I		I									
0299999 TC	TAL EXPERIE	ENCE ON GROUP	POLICIES		1												
02/////	THE EAST DIGIT		TOLICILO							I	1	I	1	ı			
							GE	NERAL INTER	ROGATORIES								
1.	If recognized in (	Column 1 is no, giv	va full and aan	anlata dataila													
	-	_		-													
2.	Claims address	and contact perso	n provided to t	the Secretary of Hea	ith and Humar	Services as requ	uired by 42 U.	S.C. 1395ss(c) (3	(E) for this sta	te							
	2.1 Address	s:															
	2.2 Contact	Person and Phone	Number:														
3.	Billing address	and contact perso	n for user fees	established under 4	1 U.S.C. 1395	u(h) (3) (B).											
	3.1 Address	s:															
	3.2 Contact	Person and Phone	Number:														

Explain any policies identified above as policy type "O" ....

NAIC Group Code.....

OF THE

Affix Bar Code Above

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Company Code.....

		Individual	Coverage	Group C	Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
	Premiums Collected					
1.1	Standard Coverage					
	1.11 With Reinsurance Coverage		XXX		XXX	
	1.12 Without Reinsurance Coverage		XXX		XXX	
1.2	Supplemental Benefits		XXX XXX		XXX	
2.	Premiums Due and Uncollected-change		AAA		AAA	
2.1	Standard Coverage					
2.1	2.11 With Reinsurance Coverage		XXX		XXX	xxx
	2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
	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
5.0	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	
7.0	7.12 Without Reinsurance Coverage		XXX		XXX	
7.2	Supplemental Benefits	•••••	XXX		XXX	•••••
8. 8.1	Claim Reserves and Liabilities-change					
0.1	Standard Coverage 8.11 With Reinsurance Coverage		VVV		VVV	VVV
	8.12 Without Reinsurance Coverage		XXX XXX		XXX XXX	XXX
8.2	Supplemental Benefits		XXX		XXX	XXX XXX
	Health Care Receivables-change		AAA		AAA	AAA
9.1	Standard Coverage					
7.1	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

#### FINANCIAL REPORTING TO STOCKHOLDERS

	Answer
2.	Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?
	Answer

Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?

If the answer is "No" explain in detail below. Attach separate sheet if necessary.

(2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A		Colur	nn B	
To be answered by Life, Accident and Health Companies:	Yes	No	Yes	No	
a Statement of Accests Lightlities Symplys and Other Friends					
a. Statement of Assets, Liabilities, Surplus and Other Funds					
b. Summary of Operations					
c. Surplus Account					
To be assessed by Durante and County Comments					
To be answered by Property and Casualty Companies:					
a. Statement of Assets, Liabilities, Surplus and Other Funds					
b. Statement of Income					
c. Capital and Surplus Account					
To be answered by Title Insurance Companies:					
a. Statement of Assets, Liabilities, Surplus and Other Funds					
b. Statement of Income Operations and Investment Exhibit					
b. Statement of Income Operations and Investment Exhibit					
To be answered by Health Insurance Companies:					
a. Statement of Assets, Liabilities, Capital and Surplus					
b. Statement of Revenue and Expenses					
c. Capital and Surplus Account					

#### INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person. Benefits Accrued or Est. Annual Benefits Set Aside During Year Upon Retirement Principal Occupation Served as Aggregate Direct Retirement Other Emp. Retirement Other Emp. Name and Title Director From or Employment Remuneration Plan Benefits Plan Benefits Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present): Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year. 2. Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is "no" explain in detail on a separate sheet. 3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them. 4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting? ...... If answer is "no" explain on separate sheet. 5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days? 

If answer is "no" and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.

#### STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3			Number	of Shares		
			4	5	Disposed of Duri		8	9
					6	7		Percentage of Voting Stock Directly and Indirectly Owned or
Name and Title of (a) Each Director and Each Officer with Any Ownership and	Title of	Nature of	Owned at End of	Acquired During	Held Less Than 6	Held 6 Months	Owned at End of	Indirectly Owned or Controlled at the End of the
(b) Any Other Owner of More Than 10%	Security	Ownership	Prior Year	Current Year	Months	or More	Current Year	Current Year
<u>-</u>								
<del>-</del>								
					-		-	-
							·	
-								
							-	
_					-		-	
							·	
<u>-</u>								
<del>-</del>								
								-
							-	
Note: Answer "yes" or "no" as to whether the information will be furnished to stockholders in a proxy state.	ation concerning the number of stement or otherwise.	hares owned at the end of the y	year (as shown in Column 8) b	by each Director and the three	highest paid Officers whose	aggregate direct remuneration	n exceeded \$100,000 during	the year, has been or
Answer If answer is "no" expla	in in detail on separate sheet.							
State the number of stockholders of record of the comp	oany at the end of the year. Answ	er						
Has the state of domicile granted an exemption or discl	laimer of control? Answer							
If answer is "yes" explain:								

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1	١	ff	ï	x	F	2	ล	1	•	(	7	c	١,	4	e	1	۸	1	`	n	7	J	e	

#### 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	Curr	ent Year
	1	2	3
	Reported	Reported	Due and Deferred
	Reserve	Reserve	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)			

OF THE

## 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)

						Curre	nt Year					
			SECTION A					TON B			SECTION C	
	1	2	3	4	5	6	7	8	9	10	11	12
	Net Premium	Deterministic	Stochastic	Number of		Net Premium	Deterministic	Number of		Net Premium	Number of	
	Reserve	Reserve	Reserve	Policies	Face Amount	Reserve	Reserve	Policies	Face Amount	Reserve	Policies	Face Amount
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
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.					70.07				70.01			
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)												
5.777 15 all (2 mes 5.701 unough 5.705 plus 5.776) (Ellie 5.7 above)					1		1		1		1	

OF THE

#### VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption
For The Year Ended December 31, 20\_\_
(To Be Filed by March 1)

		Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)				
1.	Has the	company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes	[]	No	[ ]
2.	If the r	esponse to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)				
	2.1	NAIC Adopted VM [ ]				
	2.2	State Statute (SVL) [ ] Complete items "a" and "b", as appropriate.				
		a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes	[]	No	[]
		b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):				
	2.3	State Regulation [ ] Complete items "a" and "b", as appropriate.				
		a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes	[]	No	[]
		b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):				
3.	If the cor Que current none o					

#### VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR For The Year Ended December 31, 20\_\_\_ (To Be Filed by March 1)

1A. 1B.	Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.	Yes [ ]	No [ ]	
2A. 2B.	If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?  If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.	Yes [ ]	No [ ]	
3.	Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?	Yes [ ]	No [ ]	

OF THE

Affix Bar Code 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 emplument that will extend beyond a period of 12 months from the date of the agreement?	Vec	1	No	Г 7

#### PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and	2	3	4	5 Stock	6 Option	7 Sign-on	8 Severance	9 All Other	10
Principal Position	Year	Salary	Bonus	Awards	Awards	Payments	Payments	Compensation	Totals
Current:						,			
Principal Executive Officer	2024								
1. Timesput External ve Silicei	2024								
	2022								
Current:	2022								
Principal Financial Officer	2024								
2. Frincipal Financial Officer	2024								
	2023								
	2022								
3.	<mark>2024</mark>								
	2023								
	2022								
4.	<mark>2024</mark>								
	2023								
	2022								
5.	2024								
	2023								
	2022								
6.	2024								
··	2023								
	2022								
7.									
7.	2024								
	2023								
2	2022								
8.	<del>2024</del>								
	2023								
	<mark>2022</mark>								
9.	2024								
	2023								
	<mark>2022</mark>								
10.	2024								
	2023								
	2022			***************************************					

#### PART 3 – DIRECTOR COMPENSATION

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

OF THE

#### PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

P	Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.						

Affix Bar Code Above

#### SCHEDULE O SUPPLEMENT

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

Of The		Insurance Compan
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

		Cumulative Net Amounts Paid Policyholders									
Yea	r in Which Losses	1	2	3	4	5					
	Were Incurred	<mark>2020</mark>	2021	<mark>2022</mark>	2023	2024(a)					
1.	Prior										
2.	<mark>2020</mark>										
3.	<mark>2021</mark>	XXX									
4.	<mark>2022</mark>	XXX	XXX								
5.	2023	XXX	XXX	XXX							
6.	<del>2024</del>	XXX	XXX	XXX	XXX						

#### Section B-Other Accident and Health

1.	Prior					
2.	<mark>2020</mark>					
3.	<mark>2021</mark>	XXX				
4.	<mark>2022</mark>	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

#### Section C—Credit Accident and Health

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	2022	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

<sup>(</sup>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)

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

### Section B—Other Accident and Health

1.	Prior					
2.	2020					
3.	2021	XXX				
4.	<mark>2022</mark>	XXX	XXX			
5.	<mark>2023</mark>	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

### Section C—Credit Accident and Health

1.	Prior					
2.	<mark>2020</mark>					
3.	<mark>2021</mark>	XXX				
4.	<mark>2022</mark>	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

## SCHEDULE O SUPPLEMENT

## **SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses (\$000 Omitted) Section A – Group Accident and Health

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

#### Section B - Other Accident and Health

2.	<mark>2020</mark>				XXX	XXX
3.	<mark>2021</mark>	XXX				XXX
4.	<mark>2022</mark>	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	2024	XXX	XXX	XXX	XXX	

### Section C - Credit Accident and Health

2.	<mark>2020</mark>				XXX	XXX
3.	<mark>2021</mark>	XXX				XXX
4.	<mark>2022</mark>	XXX	XXX			
5.	2023	XXX	XXX	XXX		
6.	<mark>2024</mark>	XXX	XXX	XXX	XXX	

### SCHEDULE O SUPPLEMENT

## **SUPPLEMENTAL SCHEDULE O – PART 4**

Development of Incurred Losses (\$000 Omitted)

#### Section A - Group Accident and Health

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

### Section B - Other Accident and Health

2.	<mark>2020</mark>				 
3.	<mark>2021</mark>				 
4.	<mark>2022</mark>	XXX			 
5.	<mark>2023</mark>	XXX	XXX		 
6.	<mark>2024</mark>	XXX	XXX	XXX	 

#### Section C - Credit Accident and Health

2.	2020				 	
3.	2021				 	
4.	2022	XXX			 	
5.	<del>2023</del>	XXX	XXX		 	
6.	<mark>2024</mark>	XXX	XXX	XXX	 	

# **SUPPLEMENTAL SCHEDULE O - PART 5**

(\$000 Omitted)

Reserve and Liability Methodology - Exhibits 6 and 8

		1	2
	Line of Business	Methodology	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		

Affix Bar Code Abo	ve

## **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 Nu	ımber

SUPPLEMENT FOR THE YEAR

OF THE

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1		chensive & Medical)	4	5	6	7	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
1.	Net premium income														
2.	Change in unearned premium reserves and reserve														
_	for rate credit														
3.	Fee-for-service (net of \$ medical expenses)														XXX XXX
4. 5.	Risk revenue														
	Aggregate write-ins for other non-health care related														XXX
6.	revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	Total revenues (Lines 1 to 6)		АЛА	АЛА	АЛА	АЛА	ААА			АЛА	AAA	АЛА	AAA	АЛА	
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. 14.	Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus														XXX
	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. 19.	Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	\$ 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. 24.	Total underwriting deductions (Lines 17 to 22) Net underwriting gain or (loss)							***************************************							
	(Line 7 minus Line 23)														
DETA	ILS OF WRITE-INS														
0501.															XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from														VVV
0599.	Overflow page Totals (Lines 0501 through 0503 plus 0598)														XXX
0599.	(Line 5 above)														XXX
0601.	(Line 3 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ΛΛΛ
0601.			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	
	Summary of remaining write-ins for Line 6 from		1	100.					1000			1000			
	overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.	Totals (Lines 0601 through 0603 plus 0698)	1													
	(Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.															XXX
1302.															XXX
1303.															XXX
	Summary of remaining write-ins for Line 13 from overflow page														XXX
1399.	Totals (Lines 1301 through 1303 plus 1398)														
	(Line 13 above)														XXX
	•														

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# **EXHIBIT 3 – HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
	ļ		ļ			
	ļ		ļ			
	ļ					
				<u> </u>		
0799999 Gross health care receivables						

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## EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected		Health Care Receivables Accrued			
	or Offset Du	ring the Year	as of December 31 of Current Year		5	6
	1	2	3	4	Health Care	Estimated Health Care
	On Amounts Accrued		On Amounts Accrued		Receivables from	Receivables Accrued as
	Prior to January 1 of	On Amounts Accrued	December 31 of	On Amounts Accrued	Prior Years	of December 31 of
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Cols. $1 + 3$ )	Prior Year
Pharmaceutical rebate receivables						
Claim overpayment receivables						
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

heing duly sworn	, says that he/she is the	of the
a corporation organized under the laws ofstatement together with its related schedules appended h enumerated, are the absolute property of said corporation,	, entered to transact business in the Unereto is a true statement of the trusteed surplus of a free and clear from any liens or claims thereon, excee Departments and Officers of the various States of the	Jnited States through the State of, that this trusteed surplu- said corporation, that the several items of assets, as hereinafte tept as hereinafter stated, and that each and all of the hereinafte be United States and Trustees as hereinafter indicated, and that the
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 located at the said assets are subject to no other claims than those of p	, entered to transact business i e assets listed in Schedule B of the following statemen policyholders and creditors within the United States.	n the United States through the State of, nt are held by it as such Trustee within the United States, and tha
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 located at the said assets are subject to no other claims than those of p	, entered to transact business i e assets listed in Schedule C of the following statemer policyholders and creditors within the United States.	n the United States through the State of, nt are held by it as such Trustee within the United States, and tha
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 located at, that the the said assets are subject to no other claims than those of p	ie assets fisted in Schedule D of the following statement	n the United States through the State of, nt are held by it as such Trustee within the United States, and tha
Subscribed and sworn to before me this day of	A.D., 20	

# TRUSTEED SURPLUS STATEMENT ASSETS

## SCHEDULE A – DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

1	2	3	4	5
		Admitted Asset	Par	Fair
Line Number	Description	Value	Value	Value
1.98	Accrued Investment Income		XXX	XXX
1.99	Totals			

### SCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

		3	4	5
		Admitted Asset	Par	Fair
Line Number	Description	Value	Value	Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investments			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		XXX	XXX
2.99	Totals			

# SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

		3	4	5
		Admitted Asset		
Line Number	Description	Value	Par Value	Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investments			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		XXX	XXX
3.99	Totals			

### SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

		3	4	5
		Admitted Asset	Par	Fair
Line Number	Description	Value	Value	Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investments			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		XXX	XXX
4.99	Totals			

### TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

	1
	Current Year
1. Total Liabilities	
ADDITIONS TO LIABILITIES:	
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	
Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule)	
5.2 Accrued interest on special state deposits	
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)	
oviv. Totals (Elites ovot and ovos plas ovvo) (Elite v deore)	<u> </u>
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 [ ]
,	r 1 [ ]

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**

Affix Bar Code Above

## WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

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

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

#### UNDERWRITING AND INVESTMENT EXHIBIT

#### PART 1 – PREMIUMS EARNED

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

#### PART 2 – PREMIUMS WRITTEN

	Reinsuranc	e Assumed	Reinsurar	nce Ceded	5
Line	1	2	3	4	Net Premiums
of	From	From	To	To	Written
Business	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates	Cols. 1+2-3-4
Workers' Compensation Carve-Out					

#### PART 3 - LOSSES PAID AND INCURRED

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

#### PART 4 – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

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

### WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

### SCHEDULE F – PART 1

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

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

### SCHEDULE F – PART 2

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

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

# WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

## **SCHEDULE P – PART 1**

(\$000 Omitted)

Yea	ars in Which	Pre	miums Ear	ned				Loss and l	Loss Expense Pay	yments			12
	niums Were	1	2	3			Defense a	ınd Cost	Adjusting a	and Other	10	11	
	arned and				Loss Pay	yments	Containmen	t Payments	Paym	ents		Total Net Paid	Number of
Lo	osses Were			Net	4	5	6	7	8	9	Subrogation	(Cols. 4 - 5 + 6 - 7 + 8 - 9)	Claims Reported
	Incurred	Assumed	Ceded	(Cols. 1-2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	-7+8-9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	<mark>2015</mark>												
3.	<mark>2016</mark>												
4.	<mark>2017</mark>												
5.	<mark>2018</mark>												
6.	<mark>2019</mark>												
7.	2020												
8.	2021												
9.	2022												
10.	2023												
11.	2024												
12.	Totals	XXX	XXX	XXX		1						l	XXX

		Losses U	npaid		Defen	se and Cost	Containment Ur	paid	Adjusting a Unpa	nd Other id	23	24 Total Net	25 Number of
	Case B		Bulk + I	BNR	Case B		Bulk + I		21	22		Losses and	Claims
	13	14	15	16	17	18	19	20			Subrogation	Expenses	Outstanding
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11.													
12.													

	7	Γotal		Loss and	Loss Expense	Percentage			34	Net Bala	ance Sheet
	Losses and Loss	s Expenses	Incurred	(Incur	red/Premiums	Earned)	Nontabula	ar Discount		Reserves A	fter Discount
	26	27	28	29	30	31	32	33	Inter-Company	35	36
									Inter-Company Pooling		Loss
								Loss	Participation	Losses	Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	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		

# WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

# **SCHEDULE P – PART 2**

	Years in		INCURREI	NET LOSSES	AND DEFENSI	E AND COST C (\$000 ON		EXPENSES RI	EPORTED AT	YEAR-END		DEVELO	PMENT
W	hich Losses	1	2	3	4	5	6	7	8	9	10	11	12
W	ere Incurred	2015	<mark>2016</mark>	2017	2018	2019	2020	2021	2022	2023	2024	One-Year	Two-Year
1.	Prior												
2.	2015												
3.	<mark>2016</mark>	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.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals													

## **SCHEDULE P - PART 3**

		CUMULAT	IVE PAID NE	ET LOSSES AN	ID DEFENSE A	AND COST CO	NTAINMENT	EXPENSES R	EPORTED AT	YEAR END (\$	000 OMITTED)	11	12
		1	2	3	4	5	6	7	8	9	10	Number of	Number of
	Years in											Claims Closed	Claims Closed
W	hich Losses											With Loss	Without Loss
We	ere Incurred	2015	<mark>2016</mark>	<b>2017</b>	<b>2018</b>	<mark>2019</mark>	<mark>2020</mark>	<mark>2021</mark>	<mark>2022</mark>	<b>2023</b>	<mark>2024</mark>	Payment	Payment
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.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

# WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

## **SCHEDULE P – PART 4**

		BULK A	ND IBNR RES	ERVES ON NE	T LOSSES AND		ND COST CON MITTED)	TAINMENT E	XPENSES REP	ORTED AT YE	AR END
	Years in Which	1	2	3	4	5	6	7	8	9	10
L	osses Were Incurred	2015	<b>2016</b>	2017	2018	2019	2020	2021	2022	2023	2024
1.	Prior										
2.	2015										
3.	2016	XXX									
4.	2017	XXX	XXX								
5.	2018	XXX	XXX	XXX							
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX						
7.	2020	XXX	XXX	XXX	XXX	XXX					
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX				
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	<mark>2024</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## **SCHEDULE P – PART 5**

### SECTION 1

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

### **SECTION 2**

Ye:	ars in Which Premium		NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END														
	ere Earned and Losses	1	2	3	4	5	6	7	8	9	10						
	Were Incurred	2015	<mark>2016</mark>	<b>2017</b>	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	<mark>2023</mark>	<mark>2024</mark>						
1.	Prior																
2.	2015																
3.	<mark>2016</mark>	XXX															
4.	2017	XXX	XXX														
5.	2018	XXX	XXX	XXX													
6.	<mark>2019</mark>	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

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

# WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

## **SCHEDULE P – PART 6**

### SECTION 1

				CUMULATI	VE ASSUMED	PREMIUMS E	ARNED AT Y	EAR END (\$00	0 OMITTED)			11
	ears in Which Premiums Were ned and Losses Were Incurred	1 2015	2 <mark>2016</mark>	3 2017	4 2018	5 2019	6 <mark>2020</mark>	7 <mark>2021</mark>	8 <mark>2022</mark>	9 <mark>2023</mark>	10 <mark>2024</mark>	Current Year Premiums Earned
1.	Prior											
2.	2015											
3.	<mark>2016</mark>	XXX										
4.	<mark>2017</mark>	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	<mark>2019</mark>	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<mark>2024</mark>	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**

				CUMULAT	TIVE CEDED P	REMIUMS EA	RNED AT YEA	AR END (\$000	OMITTED)			11
	ears in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	Current Year
Ear	ned and Losses Were Incurred	2015	2016	2017	2018	<mark>2019</mark>	<mark>2020</mark>	2021	<mark>2022</mark>	2023	<mark>2024</mark>	Premiums Earned
1.	Prior											
2.	<mark>2015</mark>											
3.	<mark>2016</mark>	XXX										
4.	<mark>2017</mark>	XXX	XXX									
5.	<mark>2018</mark>	XXX	XXX	XXX								
6.	2019	XXX	XXX	XXX	XXX							
7.	<mark>2020</mark>	XXX	XXX	XXX	XXX	XXX						
8.	<mark>2021</mark>	XXX	XXX	XXX	XXX	XXX	XXX					
9.	<mark>2022</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10.	<mark>2023</mark>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11.	<del>2024</del>	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

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		٠	•	•	•	•	•	•	•	•	•	•	•	•	
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## MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

		1
		MCAS Reportable
		Premium/Considerations
	MCAS LINE OF BUSINESS	(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	
	Private flood	
10.	Private passenger auto	
	Short-term limited duration health	
11.	plans	
12.	Travel	

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