NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE:	**FOR NAIC USE ONLY**
CONTACT PERSON: Todd Sells	Agenda Item #
TELEPHONE:	Year
EMAIL ADDRESS:	Changes to Existing Reporting [ ]
ON BEHALF OF: Liquidity Assessment (EX) Subgroup	New Reporting Requirement [ ]
NAME:	**REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT**
TITLE:	No Impact [ ]
AFFILIATION:	Modifies Required Disclosure [ ]
ADDRESS:	**DISPOSITION**
	[ ] Rejected For Public Comment
	[ ] Referred To Another NAIC Group
	[ ] Received For Public Comment
	[ ] Adopted Date
	[ ] Rejected Date
	[ ] Deferred Date
	[ ] Other (Specify)

BLANK(S) TO WHICH PROPOSAL APPLIES

[X]	**ANNUAL STATEMENT**	[ ]	**QUARTERLY STATEMENT**		
[X]	**INSTRUCTIONS**	[X]	**CROSSCHECKS**	[X]	**BLANK**
	[X] Life and Accident & Health	[ ]	Property/Casualty	[ ]	Health
	[ ] Separate Accounts	[X]	Fraternal	[ ]	Title
	[ ] Other Specify				

Anticipated Effective Date: Annual 2018

IDENTIFICATION OF ITEM(S) TO CHANGE

Add columns to Life and Fraternal State Pages for types of life insurance; separate into individual life, group life, individual annuities and group annuities; update columns on Accident and Health Insurance table to coincide with information from Health Statement. Add lines for direct losses incurred and paid to Accident and Health table. Number sequentially between tables. Coordinate columns between various schedules by adding columns or validations to map data. Delete Interest Sensitive Supplement and Annuities Supplements. Add new appendix for Definitions of Lines of Business and move expense allocation instructions from Analysis of Operations to appendices. Renumber all subsequent pages.

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

This proposes to obtain more detail by state on the types of policies being sold by jurisdiction as requested by regulators. It will also make the State Page uniform between the life and fraternal blanks. This will coordinate product lines between schedules and eliminate duplication, where possible. The life and annuity categories are found in *SSAP No. 50—Classifications of Insurance or Managed Care Contracts* and the *Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix.* The changes to the health table are consistent with the Health Statement State Page, which will allow for more accurate comparisons and more meaningful aggregate data.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date:

Other Comments:

**** This section must be completed on all forms.** **Revised 6/13/2009**

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Proposed deletions:

Interest Sensitive Life Insurance Products Report	Supp39 (2016)
Analysis of Operations by Lines of Business	Supp40 (2016)
Analysis of Increase in Reserves During the Year	Supp41 (2016)
Analysis of Annuity Operations By Lines of Business	Supp56 (2016)
Analysis of Increase in Annuity Reserves During the Year	Supp58 (2016)

Variable Annuities Supplement (Supp12 in 2017)

Miscellaneous Revisions:

Exhibit 5 – Aggregate Reserve for Life Contracts	Change heading of column 4 from Ordinary to Individual.

Add to Summary of Operations instructions:

Summary of Operations, column 1, by line should agree with the sums of Analysis of Operations by Lines of Business-Individual Life Insurance, column 1 plus Analysis of Operations by Lines of Business-Group Life Insurance, column 1 plus Analysis of Operations by Lines of Business-Individual Annuities, column 1 plus Analysis of Operations by Lines of Business-Group Annuities, column 1 plus Analysis of Operations by Lines of Business – Accident and Health, column 1.

Add to Schedule T Instructions:

Schedule T, column 2 by state should agree with line 1 of States Pages: Life Insurance – Individual plus Life Insurance – Group.

Schedule T, column 3 plus column 7 by state should agree with states pages: Annuities and Deposit-Type Contracts – Individual plus Annuities and Deposit-Type Contracts – Group.

Schedule T, Column 5.should agree with line 2 of States Pages Life Insurance – Individual plus Life Insurance – Group.

New or Updated Pages:

Analysis of Operations by Lines of Business – Individual Life Insurance 6
Analysis of Operations by Lines of Business – Group Life Insurance 7
Analysis of Operations by Lines of Business – Individual Annuities 8
Analysis of Operations by Lines of Business – Group Annuities 9
Analysis of Operations by Lines of Business – Accident and Health 10
Analysis of Increase in Reserves During The Year – Individual Life Insurance 11
Analysis of Increase in Reserves During The Year – Group Life Insurance 12
Analysis of Increase in Reserves During The Year – Individual Annuities 13
Analysis of Increase in Reserves During The Year – Group Annuities 14

Renumber remaining pages:

Exhibit of Net Investment Income 15
Exhibit of Capital Gains (Losses) 15
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts 16
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense 17
Exhibit 2 – General Expenses 18
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes) 18
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ANNUAL SUPPLEMENTS

Supplemental Compensation Exhibit Supp1
Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit Supp2
Adjustments to the Life, Health & Annuity Guaranty Association Model Act Supp4
Supplemental Investment Risks Interrogatories Supp6
Variable Annuities Supplement Supp12
Schedule SIS Supp14
Medicare Supplement Insurance Experience Exhibit Supp18
Trusteed Surplus Statement Supp19
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Schedule O Supplement Supp29
Medicare Part D Coverage Supplement Supp33
VM-20 Reserves Supplement Supp34
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Long-Term Care Experience Reporting Form 2 ..... Supp37
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Long-Term Care Experience Reporting Form 4 ..... Supp41
Long-Term Care Experience Reporting Form 5 ..... Supp42
Credit Insurance Experience Exhibit Supp47
Accident and Health Policy Experience Exhibit for Year Supp56
Supplemental Health Care Exhibit – Part 1 ..... Supp63
Supplemental Health Care Exhibit's Expense Allocation Report Supp69
Supplemental Term and Universal Life Insurance Reinsurance Exhibit Supp70

MAPPING
This directs where various types of contracts are expected to be included within summary exhibits.

Reported on State Page as:	Include in	
Individual Life		
Industrial Life (Individual/Ordinary)	Exhibits 1 & 8, Col. 2: Industrial Life	Schedule T, Col. 2
Whole Life (Individual/Ordinary)	Exhibits 1 & 8, Col. 3: Ordinary Life Insurance	Schedule T, Col. 2
Term Life (Individual/Ordinary)	Exhibits 1 & 8, Col. 3: Ordinary Life Insurance	Schedule T, Col. 2
Indexed Life (Individual/Ordinary)	Exhibits 1 & 8: Ordinary Life or Annuities	Schedule T, Col. 2
Universal Life (Individual/Ordinary)	Exhibits 1 & 8: Ordinary Life or Annuities	Schedule T, Col. 2
Universal Life with Secondary Benefits (Individual/Ordinary)	Exhibits 1 & 8: Ordinary Life or Annuities	Schedule T, Col. 2
Variable Life (Individual/Ordinary)	Exhibits 1 & 8: Ordinary Life or Annuities	Schedule T, Col. 2
Universal Variable Life (Individual/Ordinary)	Exhibits 1 & 8: Ordinary Life or Annuities	Schedule T, Col. 2
Supplementary Contracts (Individual/Ordinary)	Exhibits 1 & 8: Col. 3	Schedule T, Col. 2
Credit Life (Individual/Ordinary)	Exhibits 1 & 8: Credit Life (Group and Individual)	Schedule T, Col. 2
Other Individual Life Insurance (Individual/Ordinary)	Exhibits 1 & 8: various	Schedule T, Col. 2
Group Life		
Whole Life (Group)	Exhibits 1 & 8: Group Life Insurance	Schedule T, Col. 2
Term Life (Group)	Exhibits 1 & 8: Group Life Insurance	Schedule T, Col. 2
Variable Life (Group)	Exhibits 1 & 8: Group Life or Annuities	Schedule T, Col. 2
Flexible Premium Adjustable (Group)	Exhibits 1 & 8: Group Life or Annuities	Schedule T, Col. 2
Credit Life (Group)	Exhibits 1 & 8: Credit Life (Group and Individual)	Schedule T, Col. 2
Other Group Life Insurance (Group)	Exhibits 1 & 8:, Col 6 or 11	Schedule T, Col. 2
Annuities – Individual or Group		
Fixed Annuities (Deferred)	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
Indexed Annuities (Deferred)	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
Variable Annuities (Deferred)	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
Guaranteed Interest Contracts (Deferred)	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
Certain Period Only (Payout – Immediate and Annuitizations)	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
Life Contingent (Payout – Immediate and Annuitizations)	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
All Other	Exhibits 1 & 8, Col. 4 or 7	Schedule T, Col. 3
Health **		
Individual (Comprehensive – Hospital and Medical)	Exhibits 1 & 8, Col. 10	Schedule T, Col. 4
Group (Comprehensive – Hospital and Medical)	Exhibits 1 & 8, Col. 8	Schedule T, Col. 4
Medicare Supplement	Exhibits 1 & 8, Col. 8 or 10	Schedule T, Col. 4
Vision Only	Exhibits 1 & 8, Col. 8 or 10	Schedule T, Col. 4
Dental Only	Exhibits 1 & 8, Col. 8 or 10	Schedule T, Col. 4
Federal Employees Health Benefits	Exhibits 1 & 8, Col. 8	Schedule T, Col. 4

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Reported on State Page as:	Include in	
Plan		
Title XVIII Medicare	Exhibits 1 & 8, Col. 8 or 10	Schedule T, Col. 4
Title XIX Medicaid	Exhibits 1 & 8, Col. 8 or 10	Schedule T, Col. 4
Credit	Exhibits 1 & 8, Col. 9	Schedule T, Col. 4
Other	Exhibits 1 & 8, Col. 10	Schedule T, Col. 4

** Number of life companies writing certain health business: Medicare Supplement – 138, Dental – 51, Medicare – 11, Medicaid – 1. Vision is included in Other column of A&H Policy Experience Exhibit, therefore, unable to determine how many Life companies write this business.

STATE PAGE

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

Unless domiciliary state regulations differ, use Definitions of Lines of Business located in the Appendix to this manual.

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

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

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

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

Life Insurance – Individual (Ordinary):

Column 1 – Total

By line, sum of columns 2 through 12.

Column 2 – Industrial Life

Include: premiums which are meant to be collected by the agent at the policyholder's home or business.

Column 3 – Whole Life

Include: May have cash surrender values.

Column 4 – Term Life

Include: No cash value.

Column 5 – Indexed Life

Include:

Column 6 – Universal Life

Include:

May have cash surrender values.

Column 7 – Universal Life Insurance with Secondary Benefits

Column 8 – Variable Life

Include: Life insurance whose face value and/or duration varies depending upon the value of underlying securities.

Column 9 – Universal Variable Life

Include:

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Column 10 – Supplementary Contracts

Include:

Column 11 – Credit Life

Include: Business not exceeding 120 months duration.

Column 12 – Other Individual Life Insurance

Include: Any individual life business not included in other categories.

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

Should equal Schedule T, Column 2 by State, in part.

Line 2 – Other Considerations

Include: Other premiums that incorporate any mortality or morbidity risk and are not reported on Line 1 The amounts reported should be consistent with those reported on Schedule T, Column 5, in part.

Line 4 – Life Insurance Direct Dividends/Refunds to Policyholders/Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded

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

Line 8 – Aggregate Write-ins for Miscellaneous Direct Claims and Benefits Paid

Enter the total of the write-ins listed in schedule Detail of Write-ins Aggregated at Line 8 for Miscellaneous Direct Claims and Benefits Paid.

Lines 15 through 18 – Policy Exhibit

Enter the aggregate number of policies and face amount of coverage for each category of life insurance in order to track from the prior year-end to the current year-end.

Lines 19 – Cash Surrender Value

Enter the total cash surrender values for each category.

Footnote (b) – Enter required information for corporate owned life insurance where cash surrender value is reported as a write-in on the Assets page, regardless of the wording used on the Assets page. This includes COLI/BOLI, cash surrender value, company/corporate/business-owned life insurance, split life, officers, key man, executive, rabbi trusts, SERP, and other variations.

Life Insurance – Group (N/A Fraternal):

Column 1 – Total

By line, sum of columns 2 through 12.

Column 2 – Whole Life

Include: provides coverage for entire lifetime of policyholder.

Column 3 – Term Life

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Include: provides protection for a specified period of time.

Column 4 – Variable Life

Include: Life insurance whose face value and/or duration varies depending upon the value of underlying securities.

Column 5 – Flexible Premium Adjustable Life

Include:

Column 6 – Credit Life

Include: Business not exceeding 120 months duration.

Column 7 – Other Group Life Insurance

Include: Business not included in other categories.

Line 20 – Direct Premiums for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded

Should equal Schedule T, Column 2 by State, in part.

Lines 21 – Other Considerations

Include: Other premiums that incorporate any mortality or morbidity risk and are not reported on Line 1 The amounts reported should be consistent with those reported on Schedule T, Column 5, in part.

Lines 23 – Life Insurance Direct Dividends/Refunds to Policyholders/Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded

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

Lines 27 – Aggregate Write-ins for Miscellaneous Direct Claims and Benefits Paid

Enter the total of the write-ins listed in schedule Detail of Write-ins Aggregated at Line 8 for Miscellaneous Direct Claims and Benefits Paid.

Lines 34 through 37 – Policy Exhibit

Enter the aggregate number of policies and face amount of coverage for each category of life insurance in order to track from the prior year-end to the current year-end.

Lines 38 – Cash Surrender Value

Enter the total cash surrender values for each category.

Footnote (b) – Enter required information for corporate owned life insurance where cash surrender value is reported as a write-in on the Assets page, regardless of the wording used on the Assets page. This includes COLI/BOLI, cash surrender value, company/corporate/business-owned life insurance, split life, officers, key man, executive, rabbi trusts, SERP, and other variations.

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Annuities and Deposit-Type Contracts – Individual

Once a deferred annuity begins its payout phase, record as a surrender; then record that amount as premium within the appropriate Payout column.

Column 1 – Total

Sum of Columns 2 through 8.

Column 2 – Fixed Annuities (Deferred)

Include:

Column 3 – Indexed Annuities (Deferred)

Include:

Column 4 – Variable Annuities (Deferred)

Include:

Column 5 – Guaranteed Interest Contracts (GICs) (Deferred)

Include: Funding agreements that are treated as deposit-type contracts in the state of domicile.

Exclude: Funding agreements that are treated as insurance in the state of domicile. These are to be included in Other Life Insurance column.

Column 6 – Certain Period Only (Payout – Immediate and Annuitizations)

Include:

Column 7 – Life Contingent (Payout – Immediate and Annuitizations)

Include:

Column 8 – All Other

Include: Funding agreements that are treated as insurance in the state of domicile.

Exclude: Funding agreements that are treated as deposit-type contracts in the state of domicile. These are to be included in Guaranteed Interest Contracts (GICs) column.

Lines 39 – Annuity Considerations (Direct Annuity Considerations)

Include: Direct Annuity Considerations for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded

Should equal Schedule T, Column 3 by State, in part.

Lines 40 – Deposit-type Contract Considerations

Report all deposits and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 39 or Line 55. The amounts reported should be consistent with those reported on Schedule T, Column 7, in part.

Lines 51 – Policy Exhibit

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through 54

Enter the aggregate number of policies and face amount of coverage for each category of annuities and deposit-type contracts in order to track from the prior year-end to the current year-end.

Lines 55 – Cash Surrender Value

Enter the total cash surrender values for each category.

Annuities and Deposit-Type Contracts – Group

Once a deferred annuity begins its payout phase, record as a surrender; then record that amount as premium within the appropriate Payout column.

Column 1 – Total

Sum of Columns 2 through 8.

Column 2 – Fixed Annuities (Deferred)

Include:

Column 3 – Indexed Annuities (Deferred)

Include:

Column 4 – Variable Annuities (Deferred)

Include:

Column 5 – Guaranteed Interest Contracts (GICs) (Deferred)

Include: Funding agreements that are treated as deposit-type contracts in the state of domicile.

Exclude: Funding agreements that are treated as insurance in the state of domicile. These are to be included in Other Life Insurance column.

Column 6 – Certain Period Only (Payout – Immediate and Annuitizations)

Include:

Column 7 – Life Contingent (Payout – Immediate and Annuitizations)

Include:

Column 8 – All Other

Include: Funding agreements that are treated as insurance in the state of domicile.

Exclude: Funding agreements that are treated as deposit-type contracts in the state of domicile. These are to be included in Guaranteed Interest Contracts (GICs) column.

Lines 56 – Annuity Considerations (Direct Annuity Considerations)

Include: Direct Annuity Considerations for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded

Should equal Schedule T, Column 3 by State, in part.

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Lines 57 – Deposit-type Contract Considerations

Report all deposits, and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 39 or Line 55. The amounts reported should be consistent with those reported on Schedule T, Column 7, in part.

Lines 68 through 71 – Policy Exhibit

Enter the aggregate number of policies and face amount of coverage for each category of annuities and deposit-type contracts in order to track from the prior year-end to the current year-end.

Lines 72 – Cash Surrender Value

Enter the total cash surrender values for each category.

Accident and Health Insurance:

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

Column 1 – Total

Include: All members.

Line 82 should agree with Schedule H, column 4 by state.

Columns 2 through 11 – Lines of Business

See Appendix – Definitions of Lines of Business in determining with which source information is associated. Stop loss, disability income and long-term care are to be included in the Other column.

Column 4 – Medicare Supplement

Include: Medicare Supplement contracts as defined by the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#650) and Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651).

Contracts sold primarily to Medicare eligible persons and designed to coordinate with Medicare but that are exempt from the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#650) and Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651).

Column 8 – Title XVIII Medicare

Include only amounts collected from the Federal Government for Medicare benefits and the amounts collected from enrollees over and above that collected from the Federal Government as authorized under Title XVIII.

Column 10 – Credit Accident and Health

Include: Business not exceeding 120 months duration.

Column 11 – Other

Include: Policies providing stand-alone Medicare Part D Prescription Drug Coverage.

Line 71 – Total Members at End of Prior Year

A member is a person who has been enrolled as a subscriber, or an eligible dependent of a subscriber, and for whom the reporting entity has accepted the responsibility for the provision of basic health services as provided by contract.

Line 72 – Total Members at End of First Quarter

Show total members (cumulative) at the end of the quarter.

Line 73 – Total Members at End of Second Quarter

Show total members (cumulative) at the end of the quarter.

Line 74 – Total Members at End of Third Quarter

Show total members (cumulative) at the end of the quarter.

Line 75 – Total Members at End of Current Year

Show total members at the end of the year.

Line 76 – Current Year Member Months

A member month is equivalent to one member for whom the reporting entity has recognized premium revenue for one month. Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial member month may be counted. Accumulate member months for the period.

Lines 77 through 79 – Ambulatory Encounters

The accrued ambulatory encounters experienced by the total membership during the time period. "Ambulatory Encounters" are further defined as follows:

Ambulatory Services

Health services provided to reporting entity members who are not confined to a health care institution. Ambulatory services are often referred to as "outpatient" services, as distinct from "inpatient" services.

Encounter

Contact between a reporting entity member and a provider of health care services who exercises independent judgment in the care and provision of health service(s) to the member. The term "independent" is used synonymously with self-reliant, to distinguish between providers who assume major responsibility for the care of individual members and all other personnel who assist in providing that care.

Line 77 – Physician

Encounters provided by physicians only.

Line 78 – Non-Physician

Encounters provided by other health professionals.

Line 80 – Total Hospital Patient Days Incurred

The accrued number of hospital patient days experienced by the total membership during the time period.

This also provides for accruing hospital utilization for which the reporting entity may ultimately be financially responsible, consistent with accrued expenses shown in financial reports.

A "Patient Day" is a period of service rendered an inpatient with the day of discharge being counted only when the patient was admitted on the same day. Newborns whose inpatient stay is concurrent with the mother's stay should not be counted separately from the mother's patient days. Newborns whose inpatient stay is longer than the mother's should be counted as separate days for the period beginning with the discharge of the mother.

Lines 82 to 83 – Premiums

Include premiums for riders with the type of package sold. Report riders attached to group contracts under the appropriate group category, riders attached to individual contracts under the individual category, and riders attached to Medicare contracts under either Title XVIII Medicare or Medicare Supplement.

Line 82 – Health Premiums Written

Include: Direct premiums written Amount should agree with Schedule H Part 1, Column 1, Line 9.

Line 83 – Health Premiums Earned

Include: Direct written premium plus the change in unearned premium reserves and reserve for rate credits.

Sum of General Interrogatories Part 2, Lines 1.61, 1.64, 1.71 and 1.74 should equal Column 4, of Accident and Health Insurance.

Line 84 – Amount Paid for Provision of Health Care Services

Report direct medical expense payments.

Include:
Capitation payments
Fee-for-service payments
Contractual fee payments
Bonus/withhold arrangements
Non-contingent salaries
Aggregate cost arrangements
All other payments

Line 85 – Amount Incurred for Provision of Health Care Services

General Interrogatories Part 2, Line 1.5 should equal Column 4 of Accident and Health Insurance.

Footnote (a) – Complete the information regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to higher level of benefits whenever participating provider networks are used. This will include all blended products whereby an indemnity product is sold and issued in conjunction with an HMO product. Health business includes all business equivalent to that included in the health blank.

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

Summary of All Direct Premiums:

To support state insurance regulators and other state officials regarding total direct premiums written by state, this summary section pulls in totals from the prior State Page sections.

Column 1 – Totals

Line 88, Total Direct Life Insurance Premiums Written, is the sum of:

Line 1, Column 1, of the State Page, Life Insurance – Individual section, and

Line 20, Column 1, of the State Page, Life Insurance – Group section.

Line 89, Total Annuity Considerations, is the sum of:

Line 39, Column 1, of the State Page, Annuities and Deposit-Type Contracts – Individual section, and

Line 55, Column 1, of the State Page, Annuities and Deposit-Type Contracts – Group section.

Line 90, Total Accident and Health Insurance, should equal Line 82, Column 1, of the State Page, Accident and Health section.

Line 91, Total Other Considerations, is the sum of:

Line 2, Column 1, of the State Page, Life Insurance – Individual section, and

Line 21, Column 1, of the State Page, Life Insurance – Group section.

Line 92, Subtotal Before Deposit-Type Contracts, is the sum of Lines 88 through 91.

Line 93, Total Deposit-Type Contracts, is the sum of:

Line 40, Column 1, of the State Page, Annuities and Deposit-Type Contracts – Individual section, and

Line 56, Column 1, of the State Page, Annuities and Deposit-Type Contracts – Group section.

Line 94, Total, is the sum of Lines 92 and 93.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – INDIVIDUAL LIFE INSURANCE

This exhibit shows Lines 1 through 33 of the Summary of Operations by Line of Business, in part.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

Riders/Endorsements/Floaters:

> If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. Otherwise, the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 1 – Total

The lines in this column are to agree with Page 4, Column 1, in part.

Column 11 – Credit Life

Include: Business not exceeding 120 months.

Column 12 – Other Individual Life Insurance

Include: All individual life insurance not included elsewhere.

Column 13 – Aggregate of All Other Lines of Business

A company that is engaged in one or more insurance businesses (other than life business, e.g., workers' compensation, aviation reinsurance) that cannot be reported in Columns 2 through 12 on Page 6 shall add the amounts for each additional line of business and shall enter the total in Column 13.

Include: On Line 3, investment income attributable to capital, gross paid in and contributed surplus and unassigned funds (Corporate Account).

Line 4 – Amortization of the Interest Maintenance Reserve

Report the amount shown on Page 4, Line 4, in part, and on Page 28, Line 5, in part.

Allocate the amortization of the Interest Maintenance Reserve in the same manner that investment income would have been allocated had the investment not been sold.

Line 5 – Separate Accounts Net Gain from Operations Excluding Unrealized Gains or Losses

Report the total net gain from operations shown on Page 4 of the Separate Accounts Statement, in part, excluding the portion due to unrealized capital gains or losses.

Line 8.1 – Fees associated with Income from Investment Management, Administration and Contract Guarantees from Separate Accounts

Include: Gross amount of fees and charges from separate accounts.

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Line 8.2 – Aggregate Write-Ins for Miscellaneous Income

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 8.2 for Miscellaneous Income.

Line 14 – Group Conversions

Include: The customary charges, in the appropriate columns, to cover the excess cost arising from group conversions.

Line 21 – Commissions on Premiums (Direct Business Only)

Column 2 should agree with Exhibit 1 Part 2, Line 31, Column 2.
Columns 3, 4, 5, 6, 7, 8, 9, 10 and 12 should agree with Exhibit 1 Part 2, Line 31, Column 3.
Column 11 plus Analysis of Operations – Group Life Insurance, column 6, line 21 should agree with Exhibit 1 Part 2, Line 31, Column 5.
Column 13 should agree with Exhibit 1 Part 2, Line 31, Column 11.

Line 23 – General Insurance Expenses

Line 24 – Insurance Taxes, Licenses and Fees, Excluding Federal Income Taxes

Line 27 – Aggregate Write–ins for Deductions

Enter the total of the write–ins listed in schedule Details of Write–ins Aggregated at Line 27 for Deductions.

Line 30 – Dividends to Policyholders

Details of Write–ins Aggregated at Line 8.2 for Miscellaneous Income

List separately each category of miscellaneous income for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Details of Write–ins Aggregated at Line 27 for Deductions

List separately each category of deductions for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Include: The amount from the Form for Calculating the Interest Maintenance Reserve, Line 3, in part.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – GROUP LIFE INSURANCE

This exhibit shows Lines 1 through 33 of the Summary of Operations by Line of Business, in part.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business – group, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

Riders/Endorsements/Floaters:

> If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. Otherwise, the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 1 – Total

The lines in this column are to agree with Page 4, Column 1, in part.

Column 6 – Credit Life

Include: Business not exceeding 120 months.

Column 7 – Other Group Life Insurance

Include: All group life insurance not included elsewhere.

Line 4 – Amortization of the Interest Maintenance Reserve

Report the amount shown on Page 4, Line 4in part, and on Page 28, Line 5, in part.

Allocate the amortization of the Interest Maintenance Reserve in the same manner that investment income would have been allocated had the investment not been sold.

Summary of Operations, column 1, line 4 should agree with the sums of Analysis of Operations by Lines of Business-Individual Life Insurance, column 1, line 4 plus Analysis of Operations by Lines of Business-Group Life Insurance, column 1, line 4 plus Analysis of Operations by Lines of Business-Individual Annuities, column 1, line 4 plus Analysis of Operations by Lines of Business-Group Annuities, column 1, line 4.

Line 5 – Separate Accounts Net Gain from Operations Excluding Unrealized Gains or Losses

Report the total net gain from operations shown on Page 4 of the Separate Accounts Statement, in part, excluding the portion due to unrealized capital gains or losses.

Line 8.1 – Fees associated with Income from Investment Management, Administration and Contract Guarantees from Separate Accounts

Include: Gross amount of fees and charges from separate accounts.

Line 8.2 – Aggregate Write-Ins for Miscellaneous Income

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 8.2 for Miscellaneous Income.

Line 16 – Group Conversions

Include: The customary charges, in the appropriate columns, to cover the excess cost arising from group conversions.

Line 21 – Commissions on Premiums (Direct Business Only)

Columns 2, 3, 4, 5 and 7 should agree with Exhibit 1 Part 2, Line 31, Column 6.
Note: Column 6 is included in Exhibit 1 Part 2, Line 31, column 5 with individual credit life business.

Line 23 – General Insurance Expenses

Line 24 – Insurance Taxes, Licenses and Fees, Excluding Federal Income Taxes

Line 27 – Aggregate Write–ins for Deductions

Enter the total of the write–ins listed in schedule Details of Write–ins Aggregated at Line 27 for Deductions.

Line 30 – Dividends to Policyholders

Details of Write–ins Aggregated at Line 8.2 for Miscellaneous Income

List separately each category of miscellaneous income for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Details of Write–ins Aggregated at Line 27 for Deductions

List separately each category of deductions for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Include: The amount from the Form for Calculating the Interest Maintenance Reserve, Line 3, in part.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – INDIVIDUAL ANNUITIES AND DEPOSIT-TYPE CONTRACTS

These exhibits show Lines 1 through 33 of the Summary of Operations by Line of Business.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

Riders/Endorsements/Floaters:

> If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. Otherwise, the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 1 – Total

The lines in this column are to agree with Page 4, Column 1, in part.

Column 5 – Guaranteed Interest Contracts

Include: Funding agreements that are treated as deposit-type contracts in the state of domicile.

Exclude: Funding agreements that are treated as insurance in the state of domicile. These are to be included in Other Life Insurance column.

Column 8 – Other

Include: Funding agreements that are treated as insurance in the state of domicile.

Exclude: Funding agreements that are treated as deposit-type contracts in the state of domicile. These are to be included in Guaranteed Interest Contracts (GICs) column.

Line 4 – Amortization of the Interest Maintenance Reserve

Report the amount shown on Page 4, Line 4in part, and on Page 28, Line 5, in part.

Allocate the amortization of the Interest Maintenance Reserve in the same manner that investment income would have been allocated had the investment not been sold.

Summary of Operations, column 1, line 4 should agree with the sums of Analysis of Operations by Lines of Business-Individual Life Insurance, column 1, line 4 plus Analysis of Operations by Lines of Business-Group Life Insurance, column 1, line 4 plus Analysis of Operations by Lines of Business-Individual Annuities, column 1, line 4 plus Analysis of Operations by Lines of Business-Group Annuities, column 1, line 4.

Line 5 – Separate Accounts Net Gain from Operations Excluding Unrealized Gains or Losses

Report the total net gain from operations shown on Page 4 of the Separate Accounts Statement, in part, excluding the portion due to unrealized capital gains or losses.

Line 8.1 – Fees associated with Income from Investment Management, Administration and Contract Guarantees from Separate Accounts

Include: Gross amount of fees and charges from separate accounts.

Line 8.2 – Charges and Fees for Deposit-Type Contracts

Include: All charges and fees for deposit-type contracts. The amount should agree with Exhibit 7, Deposit-Type Contracts, Lines 5 and 6, Column 1.

Line 8.3 – Aggregate Write-Ins for Miscellaneous Income

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 8.3 for Miscellaneous Income.

Line 16 – Group Conversions

Include: The customary charges, in the appropriate columns, to cover the excess cost arising from group conversions.

Line 21 – Commissions on Annuity Considerations and Deposit-Type Contracts (Direct Business Only)

Columns 2, 3, 4, 5, 6, 7 and 8 should agree with Exhibit 1 Part 2, Line 31, Column 4.

Line 23 – General Insurance Expenses

Line 24 – Insurance Taxes, Licenses and Fees, Excluding Federal Income Taxes

Line 27 – Aggregate Write–ins for Deductions

Enter the total of the write–ins listed in schedule Details of Write–ins Aggregated at Line 27 for Deductions.

Line 30 – Dividends to Policyholders

Details of Write–ins Aggregated at Line 8.3 for Miscellaneous Income

List separately each category of miscellaneous income for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Details of Write–ins Aggregated at Line 27 for Deductions

List separately each category of deductions for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Include: The amount from the Form for Calculating the Interest Maintenance Reserve, Line 3, in part.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – GROUP ANNUITIES AND DEPOSIT-TYPE CONTRACTS

These exhibits show Lines 1 through 33 of the Summary of Operations by Line of Business.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

Riders/Endorsements/Floaters:

> If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. Otherwise, the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 1 – Total

The lines in this column are to agree with Page 4, Column 1, in part.

Column 5 – Guaranteed Interest Contracts

Include: Funding agreements that are treated as deposit-type contracts in the state of domicile.

Exclude: Funding agreements that are treated as insurance in the state of domicile. These are to be included in Other Life Insurance column.

Column 8 – Other

Include: Funding agreements that are treated as insurance in the state of domicile.

Exclude: Funding agreements that are treated as deposit-type contracts in the state of domicile. These are to be included in Guaranteed Interest Contracts (GICs) column.

Line 4 – Amortization of the Interest Maintenance Reserve

Report the amount shown on Page 4, Line 4, in part, and on Page 28, Line 5, in part.

Allocate the amortization of the Interest Maintenance Reserve in the same manner that investment income would have been allocated had the investment not been sold.

Summary of Operations, column 1, line 4 should agree with the sums of Analysis of Operations by Lines of Business-Individual Life Insurance, column 1, line 4 plus Analysis of Operations by Lines of Business-Group Life Insurance, column 1, line 4 plus Analysis of Operations by Lines of Business-Individual Annuities, column 1, line 4 plus Analysis of Operations by Lines of Business-Group Annuities, column 1, line 4.

Line 5 – Separate Accounts Net Gain from Operations Excluding Unrealized Gains or Losses

Report the total net gain from operations shown on Page 4 of the Separate Accounts Statement, in part, excluding the portion due to unrealized capital gains or losses.

Line 8.1 – Fees associated with Income from Investment Management, Administration and Contract Guarantees from Separate Accounts

Include: Gross amount of fees and charges from separate accounts.

Line 8.2 – Charges and Fees for Deposit-type Contracts

Include: All charges and fees for deposit-type contracts. The amount should agree with the Exhibit 7, Deposit-type Contracts, Lines 5 and 6, Column 1.

Line 8.3 – Aggregate Write-Ins for Miscellaneous Income

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 8.3 for Miscellaneous Income.

Line 16 – Group Conversions

Include: The customary charges, in the appropriate columns, to cover the excess cost arising from group conversions.

Line 21 – Commissions on Annuity Considerations and Deposit-Type Contracts (Direct Business Only)

Columns 2, 3, 4, 5, 6, 7 and 8 should agree with Exhibit 1 Part 2, Line 31, Column 7.

Line 23 – General Insurance Expenses

Line 24 – Insurance Taxes, Licenses and Fees, Excluding Federal Income Taxes

Line 27 – Aggregate Write–ins for Deductions

Enter the total of the write–ins listed in schedule Details of Write–ins Aggregated at Line 27 for Deductions.

Line 30 – Dividends to Policyholders

Details of Write–ins Aggregated at Line 8.3 for Miscellaneous Income

List separately each category of miscellaneous income for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Details of Write–ins Aggregated at Line 27 for Deductions

List separately each category of deductions for which there is no pre–printed line on Analysis of Operations by Lines of Business-Individual.

Include: The amount from the Form for Calculating the Interest Maintenance Reserve, Line 3, in part.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – ACCIDENT AND HEALTH

Riders/Endorsements/Floaters:

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

Column 1 – Total

Column 2 & 3 – Comprehensive (Hospital & Medical)

Include:	Business that provides for medical coverages including hospital, surgical and major medical. Include State Children's Health Insurance Program (SCHIP) Medicaid Program (Title XXI), risk contracts.
Exclude:	Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business.

Column 4 – Medicare Supplement

Include:	Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statement.
Exclude:	Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Vision only and Dental only business.

Column 5 – Dental Only

Include:	Policies providing for dental only coverage issued as stand alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits.
Exclude:	Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement and Vision only business.

Column 6 – Vision Only

Include:	Policies providing for vision only coverage issued as stand-alone vision or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits.
Exclude:	Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contract, Medicare Supplement, and Dental only business.

Column 7 – Federal Employees Health Benefits Plans (FEHBP)

Include: Business allocable to the Federal Employees Health Benefits Plan (FEHBP) premium that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.

Exclude: Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business.

Column 8 – Title XVIII - Medicare

Include: Business where the reporting entity charges a premium and agrees to cover the full medical costs of Medicare subscribers. Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Exclude: Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefits plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicaid (Title XIX) risk contracts, Medicare Supplement, Vision only and Dental only business. Policies providing stand alone Medicare Part D Prescription Drug Coverage.

Column 9 – Title XIX - Medicaid

Include: Business where the reporting entity charges a premium and agrees to cover the full medical costs of Medicaid subscribers.

Exclude: Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefits plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) risk contracts, Medicare Supplement, Vision only and Dental only business.

Column 10 – Credit Accident and Health

Include: Business not exceeding 120 months.

Column 11 – Other Health

Include: Other health coverages such as stop loss, disability income, long-term care and prescription drug plans and coverages not specifically addressed in any other columns. Policies providing stand alone Medicare Part D Prescription Drug Coverage.

On Line 20, expenses and reimbursements from administrative services only (ASO), other non-underwritten business and administrative services contracts (ASC).

Exclude: Policies providing Medicare Part D Prescription Drug Coverage through a Medicare Advantage product.

Line 1 – Net Premium Income

Should equal direct written premiums plus reinsurance assumed less reinsurance ceded.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy

benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

Include: Accrued return premium adjustments for contracts subject to redetermination.

Line 2 – Change in Unearned Premium Reserves and Reserve for Rate Credit

Exclude: Reserves relating to uninsured plans and the uninsured portion of partially insured plans.

Line 3 – Fee-for-Service (net of $____ medical expenses)

Include: Revenue recognized by the reporting entity for provision of health services to non-members by reporting entity providers and to members through provision of health services excluded from their prepaid benefit packages. Include in the inside amount, the medical expenses associated with fee-for-service business.

Line 4 – Risk Revenue

Include: Amounts charged by the reporting entity as a provider or intermediary for specified medical services (e.g., full professional, dental, radiology, etc.) provided to the policyholders or members of another insurer or reporting entity.

Unlike premiums that are collected from an employer group or individual member, risk revenue is the prepaid (usually on a capitated basis) payment, made by another insurer or reporting entity to the reporting entity in exchange for services to be provided or offered by such organization.

Line 5 – Aggregate Write-ins for Other Health Care Related Revenues

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 5 for Other Health Care Related Revenues.

Line 7 – Hospital/Medical Benefits

Include: Expenses for physician services provided under contractual arrangement to the reporting entity.

Salaries, including fringe benefits, paid to physicians for delivery of medical services. Capitation payments by the reporting entity to physicians for delivery of medical services to reporting entity subscribers.

Fees paid by the reporting entity to physicians on a fee-for-service basis for delivery of medical services to reporting entity subscribers. This includes capitated referrals.

Inpatient hospital costs of routine and ancillary services for reporting entity members while confined to an acute care hospital.

Charges for non-reporting entity physician services provided in a hospital are included in this line item only if included as an undefined portion of charges by a hospital to the reporting entity. (If separately itemized or billed, physician charges should be included in outside referrals, below.)

The cost of utilizing skilled nursing and intermediate care facilities.

Routine hospital service includes regular room and board (including intensive care units, coronary care units, and other special inpatient hospital units), dietary and nursing services, medical surgical supplies, medical social services, and the use of certain equipment and facilities for which the provider does not customarily make a separate charge.

Ancillary services may also include laboratory, radiology, drugs, delivery room, physical therapy services, other special items and services for which charges are customarily made in addition to a routine service charge.

Skilled nursing facilities are primarily engaged in providing skilled nursing care and related services for patients who require medical or nursing care or rehabilitation service.

Intermediate care facilities are for individuals who do not require the degree of care and treatment that a hospital or skilled nursing-care facility provides, but that do require care and services above the level of room and board.

Report gross of reinsurance. Report net of coordination of benefits, co-payments and subrogation.

Exclude: Expenses for medical personnel time devoted to administrative tasks.

Emergency room and out-of-area hospitalization.

All items meeting the definition of Cost Containment Expenses found in *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses*.

Line 8 – Other Professional Services

Include: Expenses for other professional providers under contractual arrangement to the reporting entity.

Salaries, as well as fringe benefits, paid by the reporting entity to non-physician providers licensed, accredited or certified to perform specified health services, consistent with state law, engaged in the delivery of medical services.

Compensation to personnel engaged in activities in direct support of the provision of medical services. For example, include compensation to pharmacists, dentists, psychologists, optometrists, podiatrists, extenders, nurses, clinical personnel such as ambulance drivers and technicians.

Exclude: Professional services not meeting this definition. Report these services as administrative expenses. For example, exclude compensation to paraprofessionals, janitors, quality assurance analysts, administrative supervisors, secretaries to medical personnel, and medical record clerks.

Prescription drugs.

All items meeting the definition of Cost Containment Expenses found in *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses*.

Line 9 – Outside Referrals

Include: Expenses for providers not under arrangement with the reporting entity to provide services, such as consultations, or out-of-network providers.

Line 10 – Emergency Room and Out-of-Area

Include: Expenses for other health delivery services including emergency room costs incurred by members for which the reporting entity is responsible and out-of-area service costs for emergency physician and hospital.

In the event a member is admitted to the health care facility immediately after seeking emergency room service, emergency service expenses are reported in this line, the expenses after admission are reported in the hospital/medical line, provided the member is seeking services in the service area. Out-of-area expenses incurred, whether emergency or hospital, are reported in this line.

Line 11 – Prescription Drugs

Include: Expenses for Prescription Drugs and other pharmacy benefits covered by the reporting entity.

Deduct: Pharmaceutical rebates relating to insured plans.

Exclude: Prescription drug charges that are included in a hospital billing which should be classified as Hospital/Medical Benefits on Line 7.

Line 12 – Aggregate Write-ins for Other Hospital and Medical

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 12 for Other Medical and Hospital.

Line 13 – Incentive Pool, Withhold Adjustments and Bonus Amounts

This category is for adjusting the full medical expenses reported by means of both debit and credit entries. For example, report physician withholds forfeited to the reporting entity as a credit entry. Report amounts incurred due to an arrangement whereby the reporting entity agrees to utilization savings with a provider as a debit entry.

Line 15 – Net Reinsurance Recoveries

Amounts recovered and recoverable from reinsurers on paid losses.

Include: Amounts related to assumed and ceded business.

Line 17 – Claims Adjustment Expenses, Including $___ Cost Containment Expenses

All expenses incurred in connection with the recording, adjustment and settlement of claims. This includes the total of the expense classification "Other Claim Adjustment Expenses" and all "Cost Containment Expenses"

Cost Containment Expenses and Other Claim Adjustment Expenses have been defined in *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses*. Refer to SSAP No. 55 for accounting guidance.

Line 18 – General Administrative Expenses

Refer to *SSAP No. 70—Allocation of Expenses* for accounting guidance.

Exclude: All expenses related to cost containment activities in accordance with *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses*.

Line 19 – Increase in Reserves for Accident and Health Contracts

Include: Increase in policy reserves.

Change in premium deficiency reserve.

Detail of Write-ins Aggregated at Line 5 for Other Health Care Related Revenues

Include: Revenue from sources not covered in the other revenue accounts.

Details of Write-ins Aggregated at Line 12 for Other Hospital and Medical

Include: Other hospital and medical expenses not covered in the other claims accounts.

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

This exhibit analyzes the development of life policy and contract reserves by showing how the reserve may be traced mathematically from one year-end to the next by taking account of its various theoretical components:

Reinsurance – Ordinarily, it will be satisfactory to compute all items net of reinsurance ceded. However, companies will generally find it more useful to compute gross and reinsurance ceded separately, unless the latter is not material.

Coinsurance – For the ceding company, all items are computed similarly to its own direct business. For the assuming company, all items are included with its direct business and are similarly computed.

Modified Coinsurance – For the ceding company, there is no deduction from reserves for reinsurance ceded.

Yearly Renewable Term Reinsurance – For the ceding company, items are computed on the same basis as its direct business. For the assuming company, all items are included with its direct business and are similarly reported.

A company shall not omit the columns for any lines of business in which it is not engaged. All figures for the individual variable life insurance business of the company, excluding separate accounts items, shall be included in Columns 8 or 9, as applicable.

This analysis applies to items reported in Exhibit 5.

Lines 2 through 6 and Lines 9 through 11 do not include amounts related to the VM-20 Deterministic/Stochastic portion of the reserves, which are reported on Line 6.1.

Refer to *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance* for accounting guidance.

Column 11 – Credit Life

Include: Business not exceeding 120 months.

Line 1 – Reserve December 31 of Prior Year

Enter applicable individual reserves from the Life Insurance Section, and the Supplementary Contracts with Life Contingencies Section through the Miscellaneous Reserves Section of Exhibit 5.

Include: Both active and disabled life reserves on Ordinary Life in Column 3.

Line 2 – Tabular Net Premium or Considerations

Enter tabular net premiums or considerations as determined by valuation bases employed. Tabular premiums on Industrial business should be increased by one-half year's interest thereon.

Include: The full variable life insurance net premiums in Columns 3 and 7 corresponding to the gross premiums included in Analysis of Operations by Line of Business, Line 1, Columns 3 and 7.

Line 3 – Present Value of Disability Claims Incurred

Include: Claims pending, unreported, and resisted as well as approved claims.

Line 4 – Tabular Interest
Line 5 – Tabular Less Actual Reserve Released and
Line 9 – Tabular Cost

For these items either use formulas indicated below or derive them from basic data.

Indicate in the Notes to Financial Statements under Note 31 whether determination has been by formula or from basic data.

(1) Tabular Cost Minus Tabular Interest (C-I) on Life Insurance, Accidental Death Benefits and Disability, Active Lives

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular premiums	_____
Line 7	–	Other increases	_____
		Total	_____

Deduct:

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 10	–	Terminal reserves released by death	_____
Line 11	–	Net reserves released by other terminations	_____
		Total deductions	_____
		Balance (C-I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
One-half year's interest on (C-I)	_____
One-half year's interest on terminal reserves released by death (life insurance only)	_____
Total equals tabular interest	_____

Tabular Cost:

C-I	_____
Add I	_____
Total equals tabular cost	_____

(2) Tabular Less Actual Reserve Released Plus Tabular Interest (T-A+I) on Annuities, Disability Annuities, and Supplementary Contracts with Life Contingencies

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 12	–	Benefits payable during year	_____
		Total	_____

Deduct:

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular considerations for annuities and supplementary contracts (or present value of disability claims incurred)	_____
Line 7	–	Other increases net	_____
		Total deductions	_____
		Balance (T-A+I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
Total	_____
Deduct one-half year's interest on (T-A+I)	_____
Balance equals tabular interest	_____

Tabular Less Actual Reserve Released:

T-A+I	_____
Deduct I	_____
Balance equals tabular less actual reserve released	_____

(3) Tabular Interest on Deposits and Contracts Without Life Contingencies

Mean Reserve December 31 of current year	_____
Payments Incurred during the year	_____
Total	_____

Deduct:

Mean Reserve December 31 of prior year	_____
Income during the year	_____
Other increases	_____
Total Deductions	_____
Balance equals tabular interest	_____

Column 2 – Use Formula 1 for life insurance, accidental death benefits and disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.

Column 3 through 9 – Use Formula 1 for life insurance, accidental death benefits and disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.

Column 10 – Use Formula 2 for supplementary contracts with life contingencies, and Formula 3 for supplementary contracts without life contingencies.

Column 11 – For yearly renewable term, use Formula 1 for (C-I), and use only the first two items in Formula 1 for calculating Tabular Interest, changing "One-half" to "Full" in each item; otherwise use Formula 1.

Line 6 – Increase in Reserve on Account of Change in Valuation Basis

Enter appropriate amounts from Part A of Exhibit 5A – Changes in Bases of Valuation During the Year.

Line 6.1 – Change in Excess of VM-20 Deterministic/Stochastic Reserve over Net Premium Reserve

As the line item describes, this is the change in excess of any Deterministic/Stochastic reserve over the amount of the VM-20 Net Premium Reserve.

Line 7 – Other Increases (Net)

Enter amounts that affect reserves but that are not included elsewhere (transfers between lines of business, group conversions, etc.).

Include: Adjustments due to fluctuations in foreign exchange rates.

Line 10 – Reserves Released by Death

Entries should be made only in the columns involving life insurance. Enter terminal reserves released.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Death

Line 11 – Reserves Released by Other Terminations (Net)

Enter reserves released by all causes in Columns 4, 5 and 8 and other than by death in Columns 2, 3, 6 and 7. The computation should be on a net basis so as to take account of revivals, increases, changes, etc.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Other Terminations (Net)

Line 12 – Annuity, Supplementary Contract, Disability Payments Involving Life Contingencies

Include: Surrender payments on annuities and supplementary contracts with life contingencies.

Line 13 – Net Transfers to or (From) Separate Accounts

Include: Net transfers to or (from) separate accounts of net premiums, considerations.

Line 15 – Reserve December 31 of Current Year

Line 8 minus Line 14. Amounts reported should equal (net) reserves by lines of business from Exhibit 5.

An Analysis of Increase in Reserves is done by annual statement line of business, and within each line according to these formula types: insurance, annuity, and contracts with life or disability contingencies. The instructions specify that the various items are either to be derived from basic data or derived by formula. One item is always to be derived as the balancing item in its reserve analysis formula. Thus, the accuracy of the analysis for each line of business and formula type should be verified by the reasonableness of the various balancing items.

The balancing item for life insurance, accidental death benefit, and active life disability reserves is tabular cost. Tabular cost for life insurance can be expressed as the summation of the products of mortality rates times the excess of the face amount over the reserve. Using the tabular cost that was derived in the reserve analysis, the amount of insurance in force, and the reserves, the average mortality rate that is implied by the reserve analysis can be determined. This rate should be reasonable considering the nature of the in force and should show a reasonable progression from year to year.

The balancing item for annuity, supplementary contracts with life contingencies, and disabled life reserves is tabular less actual reserve released. This item reflects the relationship between the mortality and claim termination rates used for the reserves and the corresponding company experience. The level of this item and its variation from year to year should be reasonable in terms of these factors.

Cash Surrender Value and Other Amounts Available for Withdrawal:

Line 16 – Report cash surrender values (CSV) for prior year end by category.

Line 17 – Increases in CSV value during year

Line 18 – Decreases in CSV value during year

Line 19 – Ending CSV balance December 31, current year

Line 20 – Report the current year balance of policy loans and other contractual amounts available for withdrawal by category.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP LIFE INSURANCE

This exhibit analyzes the development of life policy and contract reserves by showing how the reserve may be traced mathematically from one year-end to the next by taking account of its various theoretical components:

Reinsurance – Ordinarily, it will be satisfactory to compute all items net of reinsurance ceded. However, companies will generally find it more useful to compute gross and reinsurance ceded separately, unless the latter is not material.

Coinsurance – For the ceding company, all items are computed similarly to its own direct business. For the assuming company, all items are included with its direct business and are similarly computed.

Modified Coinsurance – For the ceding company, there is no deduction from reserves for reinsurance ceded.

Yearly Renewable Term Reinsurance – For the ceding company, items are computed on the same basis as its direct business. For the assuming company, all items are included with its direct business and are similarly reported.

A company shall not omit the columns for any lines of business in which it is not engaged. All figures for the group variable life insurance business of the company, excluding separate accounts items, shall be included in Column 4.

This analysis applies to items reported in Exhibit 5.

Lines 2 through 6 and Lines 9 through 11 do not include amounts related to the VM-20 Deterministic/Stochastic portion of the reserves, which are reported on Line 6.1.

Refer to *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance* for accounting guidance.

Column 6 – Credit Life

Include: Business not exceeding 120 months.

Line 1 – Reserve December 31 of Prior Year

Enter applicable group reserves from the Life Insurance Section, and the Supplementary Contracts with Life Contingencies Section through the Miscellaneous Reserves Section of Exhibit 5.

Line 2 – Tabular Net Premium or Considerations

Enter tabular net premiums or considerations as determined by valuation bases employed. Tabular premiums on Industrial business should be increased by one-half year's interest thereon.

Include: The full variable life insurance net premiums in Columns 3 and 7 corresponding to the gross premiums included in Analysis of Operations by Line of Business, Line 1, Columns 3 and 7.

Line 3 – Present Value of Disability Claims Incurred

Include: Claims pending, unreported, and resisted as well as approved claims.

Line 4 – Tabular Interest
Line 5 – Tabular Less Actual Reserve Released and
Line 9 – Tabular Cost

For these items either use formulas indicated below or derive them from basic data.

Indicate in the Notes to Financial Statements under Note 31 whether determination has been by formula or from basic data.

(1) Tabular Cost Minus Tabular Interest (C-I) on Life Insurance, Accidental Death Benefits and Disability, Active Lives

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular premiums	_____
Line 7	–	Other increases	_____
		Total	_____

Deduct:

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 10	–	Terminal reserves released by death	_____
Line 11	–	Net reserves released by other terminations	_____
		Total deductions	_____
		Balance (C-I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
One-half year's interest on (C-I)	_____
One-half year's interest on terminal reserves released by death (life insurance only)	_____
Total equals tabular interest	_____

Tabular Cost:

C-I	_____
Add I	_____
Total equals tabular cost	_____

(2) Tabular Less Actual Reserve Released Plus Tabular Interest (T-A+I) on Annuities, Disability Annuities, and Supplementary Contracts with Life Contingencies

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 12	–	Benefits payable during year	_____
		Total	_____

Deduct:

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular considerations for annuities and supplementary contracts (or present value of disability claims incurred)	_____
Line 7	–	Other increases net	_____
		Total deductions	_____
		Balance (T-A+I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
Total	_____
Deduct one-half year's interest on (T-A+I)	_____
Balance equals tabular interest	_____

Tabular Less Actual Reserve Released:

T-A+I _____
Deduct I _____
Balance equals tabular less actual reserve released _____

(3) Tabular Interest on Deposits and Contracts Without Life Contingencies

Mean Reserve December 31 of current year _____
Payments Incurred during the year _____
Total _____

Deduct:

Mean Reserve December 31 of prior year _____
Income during the year _____
Other increases _____
Total Deductions _____
Balance equals tabular interest _____

Column 2 through 5 – Use Formula 1 for life insurance, accidental death benefits and disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.

Column 6 – For yearly renewable term, use Formula 1 for (C-I), and use only the first two items in Formula 1 for calculating Tabular Interest, changing "One-half" to "Full" in each item; otherwise use Formula 1.

Column 7 – For yearly renewable term (life insurance and disability, active lives) use Formula 1 for (C-I) and use only the first two items in Formula 1 for calculating Tabular interest, changing "One-half" to "Full" in each item; use Formula 1 for group permanent. Use Formula 2 for disability, disabled lives. Companies including supplementary contracts under group contracts in this column should use Formula 2 for Group supplementary contracts with life contingencies. Use Formula 3 for benefits valued at interest only.

Line 6 – Increase in Reserve on Account of Change in Valuation Basis

Enter appropriate amounts from Part A of Exhibit 5A – Changes in Bases of Valuation During the Year.

Line 6.1 – Change in Excess of VM-20 Deterministic/Stochastic Reserve over Net Premium Reserve

As the line item describes, this is the change in excess of any Deterministic/Stochastic reserve over the amount of the VM-20 Net Premium Reserve.

Line 7 – Other Increases (Net)

Enter amounts that affect reserves but that are not included elsewhere (transfers between lines of business, group conversions, etc.).

Include: Adjustments due to fluctuations in foreign exchange rates.

Line 10 – Reserves Released by Death

Entries should be made only in the columns involving life insurance. Enter terminal reserves released.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Death

Line 11 – Reserves Released by Other Terminations (Net)

Enter reserves released by all causes in Columns 4, 5 and 8 and other than by death in Columns 2, 3, 6 and 7. The computation should be on a net basis so as to take account of revivals, increases, changes, etc.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Other Terminations (Net)

Line 12 – Annuity, Supplementary Contract, Disability Payments Involving Life Contingencies

Include: Surrender payments on annuities and supplementary contracts with life contingencies.

Line 13 – Net Transfers to or (From) Separate Accounts

Include: Net transfers to or (from) separate accounts of net premiums, considerations.

Line 15 – Reserve December 31 of Current Year

Line 8 minus Line 14. Amounts reported should equal (net) reserves by lines of business from Exhibit 5.

An Analysis of Increase in Reserves is done by annual statement line of business, and within each line according to these formula types: insurance, annuity, and contracts with life or disability contingencies. The instructions specify that the various items are either to be derived from basic data or derived by formula. One item is always to be derived as the balancing item in its reserve analysis formula. Thus, the accuracy of the analysis for each line of business and formula type should be verified by the reasonableness of the various balancing items.

The balancing item for life insurance, accidental death benefit, and active life disability reserves is tabular cost. Tabular cost for life insurance can be expressed as the summation of the products of mortality rates times the excess of the face amount over the reserve. Using the tabular cost that was derived in the reserve analysis, the amount of insurance in force, and the reserves, the average mortality rate that is implied by the reserve analysis can be determined. This rate should be reasonable considering the nature of the in force and should show a reasonable progression from year to year.

The balancing item for annuity, supplementary contracts with life contingencies, and disabled life reserves is tabular less actual reserve released. This item reflects the relationship between the mortality and claim termination rates used for the reserves and the corresponding company experience. The level of this item and its variation from year to year should be reasonable in terms of these factors.

Cash Surrender Value and Other Amounts Available for Withdrawal:

Line 16 – Report cash surrender values (CSV) for prior year end by category.

Line 17 – Increases in CSV value during year

Line 18 – Decreases in CSV value during year

Line 19 – Ending CSV balance December 31, current year

Line 20 – Report the current year balance of policy loans and other contractual amounts available for withdrawal by category.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL ANNUITIES AND DEPOSIT-TYPE CONTRACTS

This exhibit analyzes the development of life policy and contract reserves by showing how the reserve may be traced mathematically from one year-end to the next by taking account of its various theoretical components:

Reinsurance – Ordinarily, it will be satisfactory to compute all items net of reinsurance ceded. However, companies will generally find it more useful to compute gross and reinsurance ceded separately, unless the latter is not material.

Coinsurance – For the ceding company, all items are computed similarly to its own direct business. For the assuming company, all items are included with its direct business and are similarly computed.

Modified Coinsurance – For the ceding company, there is no deduction from reserves for reinsurance ceded.

Yearly Renewable Term Reinsurance – For the ceding company, items are computed on the same basis as its direct business. For the assuming company, all items are included with its direct business and are similarly reported.

A company shall not omit the columns for any lines of business in which it is not engaged.

This analysis applies to items reported in Exhibit 5.

Lines 2 through 6 and Lines 9 through 11 do not include amounts related to the VM-20 Deterministic/Stochastic portion of the reserves, which are reported on Line 6.1.

Refer to *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance* for accounting guidance.

Column 11 – Credit Life

Include: Business not exceeding 120 months.

Line 1 – Reserve December 31 of Prior Year

Enter individual annuity reserves from the Annuities Section of Exhibit 5.

Line 2 – Tabular Net Considerations

Enter tabular net considerations as determined by valuation bases employed.

Include: The full variable life insurance net premiums in Columns 3 and 7 corresponding to the gross premiums included in Analysis of Operations by Line of Business, Line 1, Columns 3 and 7.

Line 3 – Present Value of Disability Claims Incurred

Include: Claims pending, unreported, and resisted as well as approved claims.

Line 4 – Tabular Interest
Line 5 – Tabular Less Actual Reserve Released and
Line 9 – Tabular Cost

For these items either use formulas indicated below or derive them from basic data.

Indicate in the Notes to Financial Statements under Note 31 whether determination has been by formula or from basic data.

(1) Tabular Cost Minus Tabular Interest (C-I) on Life Insurance, Accidental Death Benefits and Disability, Active Lives

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular premiums	_____
Line 7	–	Other increases	_____
		Total	_____

Deduct:

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 10	–	Terminal reserves released by death	_____
Line 11	–	Net reserves released by other terminations	_____
		Total deductions	_____
		Balance (C-I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
One-half year's interest on (C-I)	_____
One-half year's interest on terminal reserves released by death (life insurance only)	_____
Total equals tabular interest	_____

Tabular Cost:

C-I	_____
Add I	_____
Total equals tabular cost	_____

(2) Tabular Less Actual Reserve Released Plus Tabular Interest (T-A+I) on Annuities, Disability Annuities, and Supplementary Contracts with Life Contingencies

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 12	–	Benefits payable during year	_____
		Total	_____

Deduct:

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular considerations for annuities and supplementary contracts (or present value of disability claims incurred)	_____
Line 7	–	Other increases net	_____
		Total deductions	_____
		Balance (T-A+I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
Total	_____
Deduct one-half year's interest on (T-A+I)	_____
Balance equals tabular interest	_____

Tabular Less Actual Reserve Released:

T-A+I	_____
Deduct I	_____
Balance equals tabular less actual reserve released	_____

(3) Tabular Interest on Deposits and Contracts Without Life Contingencies

Mean Reserve December 31 of current year	_____
Payments Incurred during the year	_____
Total	_____

Deduct:

Mean Reserve December 31 of prior year	_____
Income during the year	_____
Other increases	_____
Total Deductions	_____
Balance equals tabular interest	_____

Columns 2 Through 8 – Use Formula 2 for all annuities "with a life contingency" basis. Use Formula 1 for disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.

Line 6 – Increase in Reserve on Account of Change in Valuation Basis

Enter appropriate amounts from Part A of Exhibit 5A – Changes in Bases of Valuation During the Year.

Line 6.1 – Change in Excess of VM-20 Deterministic/Stochastic Reserve over Net Premium Reserve

As the line item describes, this is the change in excess of any Deterministic/Stochastic reserve over the amount of the VM-20 Net Premium Reserve.

Line 7 – Other Increases (Net)

Enter amounts that affect reserves but that are not included elsewhere (transfers between lines of business, group conversions, etc.).

Include: Adjustments due to fluctuations in foreign exchange rates.

Line 10 – Reserves Released by Death

Entries should be made only in the columns involving life insurance. Enter terminal reserves released.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Death

Line 11 – Reserves Released by Other Terminations (Net)

Enter reserves released by all causes in Columns 4, 5 and 8 and other than by death in Columns 2, 3, 6 and 7. The computation should be on a net basis so as to take account of revivals, increases, changes, etc.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Other Terminations (Net)

Line 12 – Annuity, Supplementary Contract, Disability Payments Involving Life Contingencies

Include: Surrender payments on annuities and supplementary contracts with life contingencies.

Line 13 – Net Transfers to or (From) Separate Accounts

Include: Net transfers to or (from) separate accounts of net premiums, considerations.

Line 15 – Reserve December 31 of Current Year

Line 8 minus Line 14. Amounts reported should equal (net) reserves by lines of business from Exhibit 5, in part.

An Analysis of Increase in Reserves is done by annual statement line of business, and within each line according to these formula types: insurance, annuity, and contracts with life or disability contingencies. The instructions specify that the various items are either to be derived from basic data or derived by formula. One item is always to be derived as the balancing item in its reserve analysis formula. Thus, the accuracy of the analysis for each line of business and formula type should be verified by the reasonableness of the various balancing items.

The balancing item for life insurance, accidental death benefit, and active life disability reserves is tabular cost. Tabular cost for life insurance can be expressed as the summation of the products of mortality rates times the excess of the face amount over the reserve. Using the tabular cost that was derived in the reserve analysis, the amount of insurance in force, and the reserves, the average mortality rate that is implied by the reserve analysis can be determined. This rate should be reasonable considering the nature of the in force and should show a reasonable progression from year to year.

The balancing item for annuity, supplementary contracts with life contingencies, and disabled life reserves is tabular less actual reserve released. This item reflects the relationship between the mortality and claim termination rates used for the reserves and the corresponding company experience. The level of this item and its variation from year to year should be reasonable in terms of these factors.

Cash Surrender Value:

Line 16 – Report cash surrender values (CSV) for prior year end by category.

Line 17 – Increases in CSV value during year

Line 18 – Decreases in CSV value during year

Line 19 – Ending CSV balance December 31, current year

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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP ANNUITIES

This exhibit analyzes the development of life policy and contract reserves by showing how the reserve may be traced mathematically from one year-end to the next by taking account of its various theoretical components:

Reinsurance – Ordinarily, it will be satisfactory to compute all items net of reinsurance ceded. However, companies will generally find it more useful to compute gross and reinsurance ceded separately, unless the latter is not material.

Coinsurance – For the ceding company, all items are computed similarly to its own direct business. For the assuming company, all items are included with its direct business and are similarly computed.

Modified Coinsurance – For the ceding company, there is no deduction from reserves for reinsurance ceded.

Yearly Renewable Term Reinsurance – For the ceding company, items are computed on the same basis as its direct business. For the assuming company, all items are included with its direct business and are similarly reported.

A company shall not omit the columns for any lines of business in which it is not engaged.

This analysis applies to items reported in Exhibit 5.

Lines 2 through 6 and Lines 9 through 11 do not include amounts related to the VM-20 Deterministic/Stochastic portion of the reserves, which are reported on Line 6.1.

Refer to *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance* for accounting guidance.

Column 11 – Credit Life

Include: Business not exceeding 120 months.

Line 1 – Reserve December 31 of Prior Year

Enter group annuity reserves from the Annuities Section of Exhibit 5.

Line 2 – Tabular Net Premium or Considerations

Enter tabular net premiums or considerations as determined by valuation bases employed. Tabular premiums on Industrial business should be increased by one-half year's interest thereon.

Include: The full variable life insurance net premiums in Columns 3 and 7 corresponding to the gross premiums included in Analysis of Operations by Line of Business, Line 1, Columns 3 and 7.

Line 3 – Present Value of Disability Claims Incurred

Include: Claims pending, unreported, and resisted as well as approved claims.

Line 4 – Tabular Interest
Line 5 – Tabular Less Actual Reserve Released and
Line 9 – Tabular Cost

For these items either use formulas indicated below or derive them from basic data.

Indicate in the Notes to Financial Statements under Note 31 whether determination has been by formula or from basic data.

(1) Tabular Cost Minus Tabular Interest (C-I) on Life Insurance, Accidental Death Benefits and Disability, Active Lives

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular premiums	_____
Line 7	–	Other increases	_____
		Total	_____

Deduct:

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 10	–	Terminal reserves released by death	_____
Line 11	–	Net reserves released by other terminations	_____
		Total deductions	_____
		Balance (C-I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
One-half year's interest on (C-I)	_____
One-half year's interest on terminal reserves released by death (life insurance only)	_____
Total equals tabular interest	_____

Tabular Cost:

C-I	_____
Add I	_____
Total equals tabular cost	_____

(2) Tabular Less Actual Reserve Released Plus Tabular Interest (T-A+I) on Annuities, Disability Annuities, and Supplementary Contracts with Life Contingencies

Line 15	–	Mean reserve Dec. 31 of current year	_____
Line 12	–	Benefits payable during year	_____
		Total	_____

Deduct:

Line 1	–	Mean reserve Dec. 31 of prior year	_____
Line 2	–	Tabular considerations for annuities and supplementary contracts (or present value of disability claims incurred)	_____
Line 7	–	Other increases net	_____
		Total deductions	_____
		Balance (T-A+I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
Total	_____
Deduct one-half year's interest on (T-A+I)	_____
Balance equals tabular interest	_____

Tabular Less Actual Reserve Released:

T-A+I	_____
Deduct I	_____
Balance equals tabular less actual reserve released	_____

(3) Tabular Interest on Deposits and Contracts Without Life Contingencies

Mean Reserve December 31 of current year	_____
Payments Incurred during the year	_____
Total	_____

Deduct:

Mean Reserve December 31 of prior year	_____
Income during the year	_____
Other increases	_____
Total Deductions	_____
Balance equals tabular interest	_____

Columns 2-8 – Use Formula 2 for all annuities "with a life contingency" basis. Use Formula 1 for disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.

Column 8 – Use Formula 2 for Group Annuity contracts valued on a "with life contingencies" basis. Companies that include active life disability reserve under Group Annuity contracts in this column should use Formula 1 for such. Use Formula 3 for group annuity contracts valued on a "without life contingencies" basis if they are included in Exhibit 8.

Line 6 – Increase in Reserve on Account of Change in Valuation Basis

Enter appropriate amounts from Part A of Exhibit 5A – Changes in Bases of Valuation During the Year.

Line 6.1 – Change in Excess of VM-20 Deterministic/Stochastic Reserve over Net Premium Reserve

As the line item describes, this is the change in excess of any Deterministic/Stochastic reserve over the amount of the VM-20 Net Premium Reserve.

Line 7 – Other Increases (Net)

Enter amounts that affect reserves but that are not included elsewhere (transfers between lines of business, group conversions, etc.).

Include: Adjustments due to fluctuations in foreign exchange rates.

Line 10 – Reserves Released by Death

Entries should be made only in the columns involving life insurance. Enter terminal reserves released.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Death

Line 11 – Reserves Released by Other Terminations (Net)

Enter reserves released by all causes in Columns 4, 5 and 8 and other than by death in Columns 2, 3, 6 and 7. The computation should be on a net basis so as to take account of revivals, increases, changes, etc.

Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Other Terminations (Net)

Line 12 – Annuity, Supplementary Contract, Disability Payments Involving Life Contingencies

Include: Surrender payments on annuities and supplementary contracts with life contingencies.

Line 13 – Net Transfers to or (From) Separate Accounts

Include: Net transfers to or (from) separate accounts of net premiums, considerations.

Line 15 – Reserve December 31 of Current Year

Line 8 minus Line 14. Amounts reported should equal (net) reserves by lines of business from Exhibit 5, in part.

An Analysis of Increase in Reserves is done by annual statement line of business, and within each line according to these formula types: insurance, annuity, and contracts with life or disability contingencies. The instructions specify that the various items are either to be derived from basic data or derived by formula. One item is always to be derived as the balancing item in its reserve analysis formula. Thus, the accuracy of the analysis for each line of business and formula type should be verified by the reasonableness of the various balancing items.

The balancing item for life insurance, accidental death benefit, and active life disability reserves is tabular cost. Tabular cost for life insurance can be expressed as the summation of the products of mortality rates times the excess of the face amount over the reserve. Using the tabular cost that was derived in the reserve analysis, the amount of insurance in force, and the reserves, the average mortality rate that is implied by the reserve analysis can be determined. This rate should be reasonable considering the nature of the in force and should show a reasonable progression from year to year.

The balancing item for annuity, supplementary contracts with life contingencies, and disabled life reserves is tabular less actual reserve released. This item reflects the relationship between the mortality and claim termination rates used for the reserves and the corresponding company experience. The level of this item and its variation from year to year should be reasonable in terms of these factors.

Cash Surrender Value:

Line 16 – Report cash surrender values (CSV) for prior year end by category.

Line 17 – Increases in CSV value during year

Line 18 – Decreases in CSV value during year

Line 19 – Ending CSV balance December 31, current year

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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR –ACCIDENT AND HEALTH

Use existing Exhibit 6 – location If moved, Relabel to be consistent with life and annuities reserves tables
Exhibit 6 in Life almost same as U&I Part 2D in Health. See examples:

Exhibit 6

ACTIVE LIFE RESERVE	
1.	Unearned premium reserves
2.	Additional contract reserves (a)
3.	Additional actuarial reserves - Asset/Liability analysis
4.	Reserve for future contingent benefits
5.	Reserve for rate credits
6.	Aggregate write-ins for reserves
7.	Totals (Gross)
8.	Reinsurance ceded
9.	Totals (Net)
CLAIM RESERVE	
10.	Present value of amounts not yet due on claims
11.	Additional actuarial reserves-Asset/Liability analysis
12.	Reserve for future contingent benefits
13.	Aggregate write-ins for reserves
14.	Totals (Gross)
15.	Reinsurance ceded
16.	Totals (Net)
17.	**TOTAL (Net)**
18.	**TABULAR FUND INTEREST**

U&I Part 2D in Health

1.	Unearned premium reserves
2.	Additional policy reserves (a)
3.	Reserve for future contingent benefits
4.	Reserve for rate credits or experience rating refunds (including $..... for investment income)
5.	Aggregate write-ins for other policy reserves
6.	Totals (gross)
7.	Reinsurance ceded
8.	Totals (Net) (Page 3, Line 4)
9.	Present value of amounts not yet due on claims
10.	Reserve for future contingent benefits
11.	Aggregate write-ins for other claim reserves
12.	Totals (gross)
13.	Reinsurance ceded
14.	Totals (Net) (Page 3, Line 7)

New Appendix to Life and Fraternal (To be formatted like Health section when finalized)

DEFINITIONS OF LINES OF BUSINESS

From *Accounting Practices and Procedures Manual, SSAP No. 50— Classifications of Insurance or Managed Care Contracts*:

- Life Insurance – The primary purpose is to provide financial assistance to a beneficiary at the insured's death.
  - **Ordinary life insurance** is between the company and the policy owner (often the insured). Many variations of ordinary life coverages are available to a purchaser of insurance, including participating, limited-payment periods, combinations of coverages, and decreasing (or increasing) death benefits.
  - **Industrial life insurance**, also called "debit" insurance, is insurance under which premiums are paid monthly or more often, the face amount of the policy does not exceed a stated amount, and the words "industrial policy" are printed in prominent type on the face of the policy.
  - **Whole life contracts** provide a fixed amount of insurance coverage over the life of the insured and the related benefits are normally payable only upon the insured's death.
  - **Term life contracts** provide insurance over a specified period of time. If the insured dies during this term, the face amount of the policy will be paid to the beneficiary.
  - **Supplementary contracts with life contingencies** are a type of agreement between the insurance company and either the insured or the beneficiary, usually to provide for full or partial settlement of the amount payable upon the termination of an original contract.
  - **Group life contracts** are insurance on the lives of a group of persons under a single master contract.
  - **Universal life and variable life contracts** include those contracts which have terms that are not fixed and guaranteed relative to premium amounts, expense assessments, or benefits accruing to the policyholder. These contracts generally provide for death benefits and nonforfeiture values and may be issued on a fixed premium basis or on a flexible premium basis where the premiums are paid at the insured's discretion.
  - An **annuity contract** is an arrangement whereby an annuitant is guaranteed to receive a series of stipulated amounts commencing either immediately or at some future date.

From *Accounting Practices and Procedures Manual, Appendix A-585—Universal Life Insurance*:

"**Fixed premium universal life insurance policy**" means a universal life insurance policy other than a flexible premium universal life insurance policy.

"**Flexible premium universal life insurance policy**" means a universal life insurance policy which permits the policyowner to vary, independently of each other, the amount or timing of one or more premium payments or the amount of insurance.

"**Interest-indexed universal life insurance policy**" means any universal life insurance policy where the interest credits are linked to an external referent.

"Net cash surrender value" means the maximum amount payable to the policyowner upon surrender.

"Policy value" means the amount to which separately identified interest credits and mortality, expense, or other charges are made under a universal life insurance policy.

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

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

From Contingent Deferred Annuity (CDA) Working Group of the Life Insurance and Annuities (A) Committee:

A **Contingent Deferred Annuity** (CDA) is defined as an annuity contract that establishes a life insurer's obligation to make periodic payments for the annuitant's lifetime at the time designated investments, which are not owned or held by the insurer, are depleted to a contractually defined amount due to contractually permitted withdrawals, market

performance, fees and/or other charges. A CDA is an insurance product that provides protection against underperforming and downward performing markets in the form of an income guarantee on outside investment accounts owned by an insured. The income guarantee is provided through the collection of ongoing fees from within these outside investment accounts. The insured must agree to certain portfolio restrictions and must first deplete their outside investment account assets at the CDA guaranteed income amount and rate according to the contract and prior to the insurer's assumption of this amount. A CDA is considered a living benefit added to an investment account.

From Uniform Life, Accident and Health, Annuity and Credit Product Coding Matrix:

Guaranteed Interest Contracts (GICs) – contracts that guarantee principal and interest for a specified period of time and include the option to purchase immediate annuities that depend on the survival of the annuitant.

From NY

Supplementary Contract – An agreement between a life insurance company and a policyowner or beneficiary in which the company retains at least part of the cash sum payable under an insurance policy and makes payment in accordance with the settlement option chosen.

(https://www.allbusiness.com/barrons_dictionary/dictionary-**supplementary-contract**-4956062-1.html)

Terms of a settlement of a life insurance or annuity contract under which monies are currently payable or used at least in part by the beneficiary to fund a new insurance policy. Supplementary contracts are a balance sheet liability for a life company. They represent money held for policyholders that will eventually be paid out. But because the contract no longer involves insurance on a life, it is not included in the company's policy reserves.

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

From *Accounting Practices and Procedures Manual:*

Appendix A-235, **interest-indexed annuity contract** means any annuity contract where the interest credits are linked to an external reference.

Appendix A-250, **variable annuity** means a policy or contract, individual or group, that provides for annuity benetifs that vary according to the investment experience of a separate account or accounts maintaind by the insurer as to the policy or contract.

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

DEFINITIONS SPECIFICLY RELATED TO ACCIDENT AND HEALTH

Riders/Endorsements/Floaters:

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

Comprehensive (Hospital & Medical):

Business that provides for medical coverage including hospital, surgical, & major medical. Includes State Children's Health Insurance Program (SCHIP) Medicaid Program (Title XXI) risk contracts. Also includes medical only programs that provide medical only benefits without hospital coverage. Does not include self-insured business as

well as federal employees health benefit programs (FEHBP), Medicare & Medicaid programs, and dental only business.

Medicare Supplement:

Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statements. Does not include Medicare (Title XVIII) or Medicaid (Title XIX) risk contracts.

Dental-Only:

Policies providing for dental only coverage issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through, premiums, deductibles or out-of-pocket limits. Does not include self-insured business, as well as federal employees health benefits plans (FEHBP), or Medicare and Medicaid programs.

Vision-Only:

Policies providing for vision only coverage issued as stand-alone vision or as a rider to a medical policy that is not related to the medical policy through, premiums, deductibles or out-of-pocket limits. Does not include self-insured business, federal employees health benefit plans (FEHBP), or Medicare and Medicaid programs.

Federal Employees Health Plans (FEHBP):

Business allocable to the Federal Employees Health Benefit Plan premium that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code. Does not include Medicare & Medicaid programs.

Medicare Cost:

Contracts with the Centers for Medicare & Medicaid Services (CMS) to provide services that are paid a pre-determined monthly amount per member based on a total estimated budget. The beneficiary can use providers outside the provider network. Does not include policies providing stand alone Medicare Part D Prescription Drug Coverage which are reported within the Other Health line of business.

Medicare Risk:

Contracts with the Centers for Medicare & Medicaid Services (CMS) whereby managed care is paid a per capita premium per member. Assume full financial risk for all care provided to Medicare Risk members. With the exception of emergency and out-of area urgent care, members must receive all of their care through the managed care plan; however, an out-of network option can be provided. Does not include policies providing stand alone Medicare Part D Prescription Drug Coverage which are reported within the Other Health line of business.

Medicare Other:

Health Care Prepayment Plans (HCPP) – similar to Medicare Cost. Contracts with the Centers for Medicare & Medicaid Services (CMS) but only covers part of the Medicare Benefit package. HCCP's do not cover Medicare Part A services (inpatient hospital care, skilled nursing, hospice and some home health care).

Medicare +Choice –Contracts with the Centers for Medicare & Medicaid Services (CMS) and a variety of different managed care and fee-for-service entities (i.e., HMO, PPO, PSO) with benefits to members similar to Medicare Risk as defined under the Balanced Budget Act of 1997.

Does not include policies providing stand alone Medicare Part D Prescription Drug Coverage which are reported within the Other Health line of business.

Medicaid Cost:

Those members enrolled under a prepaid contract between the reporting entity and the appropriate state agency administering medical assistance under a state plan approved under Title XIX of the Social Security Act where that

agency agrees to pay part or all of the member's financial obligation to the reporting entity. The beneficiary can use providers outside the provider network.

Medicaid Risk:

A prepaid contract between a managed care entity and the appropriate state agency administering medical assistance under a state plan approved under Title XIX of the Social Security Act where that agency agrees to pay part or all of the member's financial obligation to the Health Organization.

Self-Funded:

Business where the health-care organization agrees to provide services to a third party self-insured group. Includes Administrative Services Contracts where the organization advances its own funds in payment of claims and issues its own membership card and use of their provider network to the members of the groups and Administrative Services Only Contracts where the organization utilizes the group's funds in payment of claims.

PRODUCT LINES:

HMO (Health Maintenance Organization):

An entity that provides, arranges or offers coverage of designated health services needed by plan members for a fixed prepaid premium.

There are four basic HMO models:

a. Group Model

b. Individual Practice Association

c. Network Model

d. Staff Model

An entity must have three characteristics to be an HMO:

1. An organized system for providing health care or otherwise assuring health care delivery in a geographic area.

2. An agreed upon set of basic and supplemental health maintenance and treatment services.

3. A voluntary enrolled group of people.

PPO (Preferred Provider Organization):

A program in which contracts are established with providers of medical care, referred to as preferred providers. Usually the benefit contract offers better benefits (fewer copayments) for services received from a preferred provider, thus encouraging members to use these providers. Members are allowed benefits for non-participating provider services on an indemnity basis with significant copayments. Providers may be paid on a discounted fee-for service basis. A PPO arrangement can be insured or uninsured

POS (Point of Service):

A type of health plan allowing the covered person to choose to receive a service from a participating or non-participating provider, with different benefit levels associated with the use of participating providers.

There are several ways POS can be provided:

a. An HMO may allow members to obtain limited services from non-participating providers.

b. An HMO may provide non-participating benefits through a supplemental major medical policy.

c. A PPO may be used to provide both participating and non-participating levels of coverage and access.

Hospital/Surgical:

An entity that provides coverage for inpatient care and surgical procedures associated with this inpatient care.

Dental (Only):

Entity providing Dental coverage in addition to health care coverage. Can also be a rider offered by the insuring company but covered by the dental insurer.

Vision (Only):

Entity providing Vision coverage in addition to health coverage provided by health care company.

Other (Specify):

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

Miscellaneous Definitions:

Encounter:

A contact between a member and a provider of health care services who exercise independent judgment in the area and provision of health services to the member. A claim would be one encounter.

Hospital Encounter:

An encounter administered in a hospital environment. Includes emergency room services.

Non-hospital Encounter:

An encounter administered outside a hospital environment, such as in the health care provider office.

Physician:

A licensed doctor of medicine or osteopathy licensed to practice medicine under the laws of the state or jurisdiction where the services are provided.

Non-physician:

Anyone other than a physician who is licensed, where required, to render covered services. Non-physician providers can include:

a. Chiropractor

b. Clinical Psychologist

c. Dentist

d. Optometrist

e. Physical Therapist

f. Physician Assistant

g. Nurse Practitioner

h. Social Worker

Inpatient:

A member who is treated as a registered bed patient in a hospital and for whom a room and board charge is made.

Outpatient:

A member not officially admitted as an inpatient, but who receives hospital care without occupying a hospital bed or receiving a room and board charge.

Admission:

Hospital inpatient care for any medical condition.

Hospital Day:

A day for which contractual coverage is provided to a member while receiving inpatient care. A stay up to and including midnight of the date of admission shall be considered one day, and an additional day will be counted at each midnight census after the first day that the member is still a patient.

Individual:

Health insurance where the policy is issued to an individual covering the individual and/or their dependents in the individual market. This includes conversions from group policies

Group:

The health organization contracts with an entity to provide health care services to a group of subscribers.

Member:

A person who has enrolled as a subscriber or an eligible dependent of a subscriber and for whom the health organization has accepted the responsibility for the provision of health services as may be contracted for.

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New Appendix:

INSTRUCTIONS FOR ALLOCATION OF RECEIPTS AND EXPENSES RELATED TO ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

SECTION A – PURPOSE

For the purpose of making a suitable and equitable allocation of receipts and expenses as between: (1) lines of business, (2) investment expense and insurance expense, and (3) affiliated or associated companies, reporting entities shall observe the standards and rules hereinafter prescribed.

The primary objective of these instructions is to establish principles (i.e., standards) for allocation of receipts and expenses by reporting entities. It is recognized that the choice of methods employed by any reporting entity of necessity will be dictated by condition peculiar to its size, mode of operation, and the classes of business that it writes. Recognition also is given to the existence of systems of cost analysis that have been developed by reporting entities as a part of overall programs for control of expenses and for other collateral purposes, including the allocation of receipts and expenses by lines of business.

SECTION B – DEFINITIONS

Wherever used in these instructions, the following terms shall have the respective meaning hereinafter set forth or indicated, unless the context otherwise requires:

LINE OF BUSINESS

Has the meaning assigned to it by Definitions of Lines of Business Appendix.

DEPARTMENT

Means any administrative unit, such as a division, bureau, section, team or branch office used in departmental cost analysis or under a cost center concept.

OPERATING DEPARTMENT

Means an organizational unit directly engaged in production or servicing of contracts, or investment activities, e.g., policy issue, policy loan, selection, premium collection, etc., as distinguished from a "service department" which performs work for other departments, such as mail, supply, personnel, etc.

SERVICE DEPARTMENT

Has the meaning assigned to it in the definition of operating department.

ACTIVITY

Means the work, or one of several lines of work, carried on within any unit or organizational subdivision of the company.

COST

Means all expenditures incurred in terms of salaries, wages, and other expenses and includes taxes, licenses, and fees.

TIME RATIOS

Means the proportion of total clerical working time devoted to each subdivision of work in an organizational unit.

SALARY RATIOS

Means ratios obtained by weighting the time ratios of individual clerks by the amount of their salary.

SECTION C – INVESTMENT EXPENSE

Distribution of expenses to investment activities shall be made on the same principles as used for subdivision of insurance expense by major line of business. Investment expense (Exhibit 2, Column 5 and Exhibit 3, Column 4) shall include all amounts reported as Real Estate Expense (Exhibit 2, Line 9.1), Investment Expenses Not Included Elsewhere (Exhibit 2, Line 9.2), Real Estate Taxes (Exhibit 3, Line 1) and all other costs incurred in connection with the investing of funds, servicing of investments and the obtaining of investment income, or chargeable against investment income.

SECTION D – STANDARDS AND RULES FOR ALLOCATION OF RECEIPTS AND EXPENSES

1. General Instructions

It is the responsibility of each reporting entity to use only such methods that will produce a suitable and equitable distribution of receipts and expenses by lines of business. The methods of allocation and the application thereof shall be subject to review on examination.

Each reporting entity shall maintain records with sufficient detail to show fully:

(1) The system used for allocation of receipts and expenses;

(2) The actual bases of allocation;

(3) The actual monetary distribution of the respective items of receipts, salaries, wages, expenses, and taxes to:

- (a) Units of activity or functions, if any such distribution is made,
- (b) Lines of business,
- (c) Companies, and
- (d) A recapitulation and reconciliation of items (a), (b) and (c) with the company's books of account and annual statement.

Such records shall be classified and indexed in such form as to permit ready identification between the item allocated and the basis upon which it was allocated, and shall be maintained in such a manner as to be readily accessible for examination. These records shall bear a date and shall identify the person responsible for the preparation thereof.

Bases of allocation shall be reviewed periodically to ascertain their suitability for continued use.

2. Premium Receipts

Premiums or considerations shall be allocated directly, either through the books of account or by memorandum records, to major lines. In the case of insurance on the debit basis, the total premiums may be distributed among the several lines of business on the basis of the relative proportions of premiums in force, properly weighted to reflect premium collection frequency.

Premiums on secondary lines of business which are not allocated directly to such lines of business may be distributed on the basis of: (1) the premiums in force, or (2) actual analyses of premium receipts covering test periods of sufficient length of time to assure the reliability of the sample. When the distribution is made on the basis of premiums in force:

(1) The in force records shall segregate first-year, single, and renewal premiums,

(2) The distribution shall be made separately for the first-year and renewal premiums, and

(3) Adequate controls shall be maintained to assure the accuracy of the in force records.

3. Net Investment Income

The cost of granting and servicing premium notes and policy loans and liens shall be allocated to investment expense. The resulting net income on premium notes and policy loans and liens may be distributed to those lines of business that produced such income. In making such distribution, due consideration shall be given to the variation in the interest rate and incidence of expense on such notes, loans and liens.

Net investment income, after adjustment, if any, as permitted by the preceding paragraph shall be distributed to major lines and may be distributed to secondary lines of business in proportion to the mean contract reserves and liabilities or the mean funds of each line of business, after suitable adjustment, if any, on account of policy loans, except that any miscellaneous interest income arising from policy or annuity transactions may be allocated directly to the line of business producing such income.

In lieu of the methods referred to above, a reporting entity may distribute net investment income by an investment year method that recognizes periodic variations in the yield on new investments, and the varying contributions of the various lines to the funds invested. If a year of investment method is used to allocate net investment income by line of business, complete Note 7 of the Notes to Financial Statements.

4. Other Receipts

Reserves and reserve adjustments received from reinsurers shall be allocated directly to the appropriate line of business. All other sundry receipts and adjustments shall be allocated to the appropriate line of business consistent with the nature of the transaction.

5. Commissions

Commissions on premiums and considerations shall be allocated directly to major lines of business. In the case of debit business, the total commissions paid may be distributed among the several lines of business on the basis of the relative proportions of such premiums in force, properly weighted to reflect the commission rates payable.

To the extent practicable, commissions on secondary lines of business shall be allocated directly. Where not practicable, the distribution to such lines of business may be made separately for first-year and renewal commissions in proportion to the respective first-year and renewal premiums for each such line of business.

6. General Expenses, Taxes, Licenses and Fees

In distributing costs to lines of business, each company shall employ those principles and methods that will reasonably reflect the actual incidence of cost by line of business. The relative time spent, the extent of usage and the varying volume of work performed for each line of business shall be considered in distributing cost to major lines of business and, to the extent practicable, to secondary lines. The costs of any unit of activity in performing work for one line of business and only incidentally for other lines may be allocated entirely to the single line of business.

In the application of the principles stated herein, special consideration may be given to a new line of business with respect to the costs of service departments and of executive departments responsible for the general administration of the company to the extent that such costs have not been increased by the addition of such new line of business and to the extent justifiable; special treatment also may be given to combined operations in connection with group business. Operational costs incurred for entering a new line of business, such as calculation of premium rates, preparation and printing of policy forms and rate books, etc., should be allocated directly to the new line of business whether incurred before or after beginning the new line.

In the distribution of a specific category of cost to lines of business, an appropriate index of the activity or activities giving rise to such cost shall be used. Such index should fluctuate with the specific category of cost and be capable of measurement. For example, as illustrations of principles only and not of required procedures:

(1) Clerical salaries of operating departments may be distributed to lines of business on the basis of time or salary ratios, the former used where approximately the same average rate of compensation is paid to clerks whose salaries are being distributed.

(2) The cost of service departments may be distributed to other departments in proportion to the value of the services rendered each department, e.g., the cost of a personnel department may be distributed to other departments on some general basis such as number of clerks; a photostat section on a unit cost basis; or, in the case of a central tabulating unit, on an hourly rate reflecting the cost for each type of machine used.

(3) Supervisory costs may be distributed to lines of business in the same proportions as the distribution of the salaries of the persons supervised.

(4) The cost of executive departments responsible for general administration of the company, including the salaries of the executive officer or officers, may be distributed to lines of business in the same proportions as the salaries of all other officers and employees.

(5) Social Security taxes may be distributed to lines of business in proportion to the corresponding distribution of taxable salaries.

(6) Departmental rent charges may be made in proportion to the amount of floor space occupied and distributed to lines of business on some appropriate basis, such as salaries.

(7) Costs, such as meals for employees, telephone, telegraph, postage, office forms, stationery and supplies may be distributed first to departments on the basis of usage or on an appropriate general basis, and then distributed to lines of business on some appropriate basis, such as salaries.

(8) In using number of transactions as a basis for distributing cost to lines of business, each type of transaction within an organizational unit may be weighted to reflect its relative cost. The average clerical time or average clerical cost per transaction may be used as a weight or, in special situations such as the approval of death and disability claims, the relative weights may be determined by case studies.

Estimates of time spent on activities may be used in the distribution of costs to lines of business, only where such activities by their nature are not susceptible of objective measurement, or where the cost of making time studies is disproportionate to the expenses being distributed, or where estimates of time are otherwise clearly appropriate. Where such estimates are made, they shall be made by a person or persons familiar with the nature of the activity and shall be reviewed by an executive responsible for expense allocations. General indices such as premium volume, number of policies, and insurance in force shall not be used as bases for distributing costs among major lines of business, except where the incidence of cost is closely related to such general indices, or except where there is no more appropriate basis for measurement. Such general indices may not be used in distributing claim costs to secondary lines of business.

The ratio of investment income to total receipts, the ratio of direct investment expense to total expenses, and any similar formula shall not be used in distributing costs between insurance and investment expense, except where there is no more appropriate basis for distribution.

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DIRECT BUSINESS IN THE STATE OF DURING THE YEAR

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

LIFE INSURANCE – INDIVIDUAL

(Ordinary)

DIRECT PREMIUMS	1 Total	2 Industrial Life	3 Whole Life Insurance	4 Term Life Insurance	5 Indexed Life	6 Universal Life Insurance	7 Universal Life Insurance With Secondary Benefits	8 Variable Life Insurance	9 Universal Variable Life Insurance	10 Supplementary Contracts	11 Credit Life N/A Fraternal	12 Other Individual Life Insurance
1. Life insurance premiums												
2. Other considerations												
3. Totals (Sum of Lines 1 to 2)												
DIRECT DIVIDENDS/REFUNDS TO POLICYHOLDERS/MEMBERS												
4.1 Paid in cash or left on deposit												
4.2 Applied to pay renewal premiums												
4.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period												
4.4 Other												
4.5 Totals (Sum of Lines 4.1 to 4.4)												
DIRECT CLAIMS AND BENEFITS PAID												
5. Death benefits												
6. Matured endowments												
7. Surrender values and withdrawals for life contracts												
8. Aggregate write-ins for miscellaneous direct claims and benefits paid												
9. All other benefits, except accident and health												
10. Totals												
DETAILS OF WRITE-INS												
0801.												
0802.												
0803.												
0898. Summary of remaining write-ins for Line 8 from overflow page												
0899. Total (Lines 0801 through 0803 + 0898) (Line 8 above)												

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Total		Industrial Life		Whole Life Insurance		Term Life Insurance		Indexed Life		Universal Life Insurance		Universal Life Insurance With Secondary Benefits		Variable Life Insurance		Universal Variable Life Insurance		Supplementary Contracts		Credit Life		Other Individual Life Insurance	
	1 No.	2 Amount	3 No	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount	11 No.	12 Amount	13 No.	14 Amount	15 No.	16 Amount	17 No.	18 Amount	19 No.	20 Amount	21 No.	22 Amount	23 No.	24 Amount
11. Unpaid December 31, prior year																								
12. Incurred during current year																								
Settled during current year:																								
13.1 By payment in full																								
13.2 By payment on compromised claims																								
13.3 Totals paid																								
13.4 Reduction by compromise																								
13.5 Amount rejected																								
13.6 Total settlements																								
14. Unpaid Dec. 31, current year (Lines 11 + 12- 13.6)																								
POLICY EXHIBIT																								
15. In force December 31, prior year																						(a)		
16. Issued during year																								
17. Other changes to in force (Net)																								
18. In force December 31 of current year (b)																						(a)		
19. Cash Surrender Value	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	

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

(b)..Corporate Owned Life Insurance/BOLI: 1) Number of policies:_____2) covering number of lives:_____3) face amount:_____

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DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE - GROUP

(N/A to Fraternal)

NAIC Company Code.....

DIRECT PREMIUMS	1 Total	2 Whole Life Insurance	3 Term Life Insurance	4 Variable Life Insurance	5 Flexible Premium Adjustable Life	6 Credit Life N/A Fraternal	7 Other Group Life Insurance
20. Life insurance premiums							
21. Other considerations							
22. Totals (Sum of Lines 20 to 21)							
DIRECT DIVIDENDS/REFUNDS TO POLICYHOLDERS/MEMBERS							
Life insurance:							
23.1 Paid in cash or left on deposit							
23.2 Applied to pay renewal premiums							
23.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period							
23.4 Other							
23.5 Totals (Sum of Lines 23.1 to 23.4)							
DIRECT CLAIMS AND BENEFITS PAID							
24. Death benefits							
25. Matured endowments							
26. Surrender values and withdrawals for life contracts							
27. Aggregate write-ins for miscellaneous direct claims and benefits paid							
28. All other benefits, except accident and health							
29. Totals							
2701.							
2702.							
2703.							
2798. Summary of remaining write-ins for Line 27 from overflow page							
2799. Total (Lines 2701 through 2703 + 2798) (Line 27 above)							

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Total		Whole Life Insurance		Term Life Insurance		Variable Life Insurance		Flexible Premium Adjustable Life		Credit Life N/A Fraternal		Other Group Life Insurance	
	1 No.	2 Amount	3 No	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount	11 No. of Cert.	12 Amount	13 No.	14 Amount
30. Unpaid December 31, prior year														
31. Incurred during current year														
Settled during current year:														
32.1 By payment in full														
32.2 By payment on compromised claims														
32.3 Totals paid														
32.4 Reduction by compromise														
32.5 Amount rejected														
32.6 Total settlements														
33. Unpaid Dec. 31, current year (Lines 12 + 13- 14.6)														
POLICY EXHIBIT											No. of Policies			
34. In force December 31, prior year												(a)		
35. Issued during year														
36. Other changes to in force (Net)												(a)		
37. In force December 31 of current year														
38. Cash Surrender Value	XXX		XXX		XXX		XXX		XXX		XXX		XXX	

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

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DIRECT BUSINESS IN THE STATE OF DURING THE YEAR

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

ANNUITIES AND DEPOSIT-TYPE CONTRACTS – INDIVIDUAL

DIRECT ANNUITY AND DEPOSIT-TYPE CONTRACT CONSIDERATIONS	1 Total	Deferred				Payout (Immediate and Annuitizations)		
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities	5 Guaranteed Investment Contracts	6 Certain Period Only	7 Life Contingent	8 All Other
39. Annuity considerations								
40. Deposit-type contract considerations								
41. Total (Sum of Lines 39 to 40)								
DIRECT DIVIDENDS TO POLICYHOLDERS								
42.1 Paid in cash or left on deposit								
42.2 Applied to provide paid-up annuities								
42.3 Other								
42.4 Totals (Sum of Lines 421.1 to 42.3)								
DIRECT CLAIMS AND BENEFITS PAID								
43. Death benefits								
44. Matured endowments (excluding guaranteed annual pure endowments)								
45. Full surrender payments								
46. Partial withdrawal payments								
47. Coupons, guaranteed annual pure endowments and similar benefits								
48. Group conversions								
49. Interest and adjustments on contract or deposit-type contract funds								
50. Totals (Sum of Lines 43 to 49)								

			Deferred								Payout (Immediate and Annuitizations)					
	Total		Fixed Annuities		Indexed Annuities		Variable Annuities		Guaranteed Investment Contracts		Certain Period Only		Life Contingent		All Other	
POLICY EXHIBIT	1 No.	2 Amount	3 No.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount	11 No.	12 Amount	13 No.	14 Amount	15 No.	16 Amount
51. In force December 31, prior year												(a)				
52. Issued during year																
53. Other changes to in force (Net)																
54. In force December 31 of current year												(a)				
55. Cash Surrender Value	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	

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DIRECT BUSINESS IN THE STATE OF DURING THE YEAR

NAIC Group Code..... **ANNUITIES AND DEPOSIT-TYPE CONTRACTS – GROUP** .....NAIC Company Code.....

DIRECT ANNUITY AND DEPOSIT-TYPE CONTRACT CONSIDERATIONS	1 Total	Deferred				Payout (Immediate and Annuitizations)		
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities	5 Guaranteed Investment Contracts	6 Certain Period Only	7 Life Contingent	8 All Other
55. Annuity considerations (a)								
56. Deposit-type contract considerations								
57. Total								
DIRECT DIVIDENDS TO POLICYHOLDERS								
58.1 Paid in cash or left on deposit								
58.2 Applied to provide paid-up annuities								
58.3 Other								
58.4 Totals (Sum of Lines 57.1 to 57.3)								
DIRECT CLAIMS AND BENEFITS PAID								
59. Death benefits								
60. Matured endowments (excluding guaranteed annual pure endowments)								
61. Full surrender payments								
62. Partial withdrawal payments								
63. Coupons, guaranteed annual pure endowments and similar benefits								
64. Group conversions								
65. Interest and adjustments on contract or deposit-type contract funds								
66. Totals (Lines 58 to 64)								

			Deferred								Payout (Immediate and Annuitizations)					
	Total		Fixed Annuities		Indexed Annuities		Variable Annuities		Guaranteed Investment Contracts		Certain Period Only		Life Contingent		All Other	
POLICY EXHIBIT	1 No.	2 Amount	3 No.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount	11 No.	12 Amount	13 No.	14 Amount	15 No.	16 Amount
67. In force December 31, prior year												(a)				
68. Issued during year																
69. Other changes to in force (Net)																
70. In force December 31 of current year												(a)				
71. Cash Surrender Value	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	

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DIRECT BUSINESS IN THE STATE OF DURING THE YEAR

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

ACCIDENT AND HEALTH INSURANCE [a]

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11
	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	Other
Total Members at end of:											
71. Prior Year											
72. First Quarter											
73. Second Quarter											
74. Third Quarter											
75. Current Year											
76. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
77. Physician											
78. Non-Physician											
79. Total											
80. Hospital Patient Days Incurred											
81. Number of Inpatient Admissions											
82. Health Premiums Written (b)											
83. Health Premiums Earned											
84. Amount Paid for Provision of Health Care Services											
85. Amount Incurred for Provision of Health Care Services											
86. Direct Losses Paid											
87. Direct Losses Incurred											

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

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

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DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

SUMMARY OF ALL DIRECT PREMIUMS

NAIC Company Code.....

DIRECT PREMIUMS	1 Totals
88. Total Direct Life Insurance Premiums Written	.....
89. Total Annuity Considerations	.....
90. Total Accident and Health Insurance	.....
91. Total Other Considerations	.....
92. Subtotal Before Deposit-Type Contracts (Sum of Lines 88 thru 91)	.....
93. Total Deposit-Type Contracts	.....
94. Total (Sum of Lines 92 and 93)	

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – INDIVIDUAL LIFE INSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Industrial Life	Whole Life Insurance	Term Life Insurance	Indexed Life Insurance	Universal Life Insurance	Universal Life Insurance with Secondary Benefits	Variable Life Insurance	Universal Variable Life Insurance	Supplementary Contracts	Credit Life N/A Fraternal	Other Individual Life Insurance	Aggregate of All Other Lines of Business
1. Premiums for life contracts													
2. Considerations for supplementary contracts with life contingencies		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
3. Net investment income													
4. Amortization of Interest Maintenance Reserve (IMR)													
5. Separate Accounts net gain from operations excluding unrealized gains or losses													
6. Commissions and expense allowances on reinsurance ceded													
7. Reserve adjustments on reinsurance ceded													
8. Miscellaneous Income:													
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts													
8.2 Aggregate write-ins for miscellaneous income													
9. Totals (Lines 1 to 8.2)													
10. Death benefits													
11. Matured endowments (excluding guaranteed annual pure endowments)													
12. Disability benefits and benefits under accident and health contracts													
13. Coupons, guaranteed annual pure endowments and similar benefits													
14. Surrender benefits and withdrawals for life contracts													
15. Group conversions													
16. Payments on supplementary contracts with life contingencies		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
17. Increase in aggregate reserves													
18. Totals (Lines 10 to 17)													
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)													
20. Commissions and expense allowances on reinsurance assumed													
21. General insurance expenses													
22. Insurance taxes, licenses and fees, excluding federal income taxes													
23. Increase in loading on deferred and uncollected premiums													
24. Net transfers to or (from) Separate Accounts net of reinsurance													
25. Aggregate write-ins for deductions													
26. Totals (Lines 18 to 25)													
27. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 26)													
28. Dividends to policyholders													
29. Net gain from operations after dividends to policyholders and before federal income taxes (Line 27 minus Line 28)													
30. Federal income taxes incurred (excluding tax on capital gains)													
31. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 29 minus Line 30)													
DETAILS OF WRITE-INS													
08.201.													
08.202.													
08.203.													
08.298. Summary of remaining write-ins for Line 8.2 from overflow page													
08.299. Total (Lines 08.201 through 08.203 plus 08.298) (Line 8.2 above)													
2501.													
2502.													
2503.													
2598. Summary of remaining write-ins for Line 25 from overflow page													
2599. Total (Lines 2501 through 2503 plus 2598) (Line 25 above)													

(a) Includes the following amounts for FEGLI/SGLI: Line 1 ..... Line 10 ..... Line 16 ..... Line 23 ..... Line 24 .....

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – GROUP LIFE INSURANCE
(N/A Fraternal)

	1 Total	2 Whole Life	3 Term Life Insurance	4 Variable Life	5 Flexible Premium Adjustable Life	6 Credit Life	7 Other Group Life Insurance (a)
1. Premiums for life 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 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts							
8.2 Aggregate write-ins for miscellaneous income							
9. Totals (Lines 1 to 8.2)							
10. Death benefits							
11. Matured endowments (excluding guaranteed annual pure endowments)							
12. Disability benefits and benefits under accident and health contracts							
13. Coupons, guaranteed annual pure endowments and similar benefits							
14. Surrender benefits and withdrawals for life contracts							
15. Group conversions							
16. Payments on supplementary contracts with life contingencies							
17. Increase in aggregate reserves							
18. Totals (Lines 10 to 17)							
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)							
20. Commissions and expense allowances on reinsurance assumed							
21. General insurance expenses							
22. Insurance taxes, licenses and fees, excluding federal income taxes							
23. Increase in loading on deferred and uncollected premiums							
24. Net transfers to or (from) Separate Accounts net of reinsurance							
25. Aggregate write-ins for deductions							
26. Totals (Lines 18 to 25)							
27. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 26)							
28. Dividends to policyholders							
29. Net gain from operations after dividends to policyholders and before federal income taxes (Line 27 minus Line 28)							
30. Federal income taxes incurred (excluding tax on capital gains)							
31. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 29 minus Line 30)							
DETAILS OF WRITE-INS							
08.201							
08.202							
08.203							
08.298. Summary of remaining write-ins for Line 8.2 from overflow page							
08.299. Total (Lines 08.201 through 08.203 plus 08.298) (Line 8.2 above)							
2501.							
2502.							
2503.							
2598. Summary of remaining write-ins for Line 25 from overflow page							
2599. Total (Lines 2501 through 2503 plus 2598) (Line 25 above)							

(a) Includes the following amounts for FEGLI/SGLI: Line 1 ..... Line 10 ..... Line 16 ..... Line 23 ..... Line 24 .....

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – INDIVIDUAL ANNUITIES

			Deferred				Payout (Immediate and Annuitizations)		
		1 Total	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities	5 Guaranteed Investment Contracts	6 Certain Period Only	7 Life Contingent	8 Other
1.	Annuity considerations for individual life 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 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts								
	8.2 Charges and fees for deposit-type contracts								
	8.3 Aggregate write-ins for miscellaneous income								
9.	Totals (Lines 1 to 8.3)								
10.	Death benefits								
11.	Matured endowments (excluding guaranteed annual pure endowments)								
12.	Annuity benefits								
13.	Disability benefits and benefits under accident and health contracts								
14.	Coupons, guaranteed annual pure endowments and similar benefits								
15.	Surrender benefits and withdrawals for life contracts								
16.	Group conversions								
17.	Interest and adjustments on contract or deposit-type contract funds								
18.	Payments on supplementary contracts with life contingencies								
19.	Increase in aggregate reserves								
20.	Totals (Lines 10 to 19)								
21.	Commissions on annuity considerations and deposit-type contract funds (direct business only)								
22.	Commissions and expense allowances on reinsurance assumed								
23.	General insurance expenses								
24.	Insurance taxes, licenses and fees, excluding federal income taxes								
25.	Increase in loading on deferred and uncollected premiums								
26.	Net transfers to or (from) Separate Accounts net of reinsurance								
27.	Aggregate write-ins for deductions								
28.	Totals (Lines 20 to 27)								
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)								
30.	Dividends to policyholders								
31.	Net gain from operations after dividends to policyholders 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 and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)								
34.	Policies/certificates in force end of year								
DETAILS OF WRITE-INS									
08.301.									
08.302.									
08.303.									
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page								
08.399.	Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)								
2701.									
2702.									
2703.									
2798.	Summary of remaining write-ins for Line 27 from overflow page								
2799.	Total (Lines 2701 through 2703 plus 2798) (Line 27 above)								

(a) Premiums and annuity considerations includes $_____ for individual variable annuities not associated with guarantees, $_____ for individual variable annuities associated with guarantees.

(b) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes $_____ for individual variable annuities not associated with guarantees, $_____ for individual variable annuities associated with guarantees.

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – GROUP ANNUITIES

			Deferred				Payout (Immediate and Annuitizations)		
		1 Total	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities	5 Guaranteed Investment Contracts	6 Certain Period Only	7 Life Contingent	8 Other
1.	Annuity considerations for group life 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 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts								
	8.2 Charges and fees for deposit-type contracts								
	8.3 Aggregate write-ins for miscellaneous income								
9.	Totals (Lines 1 to 8.3)								
10.	Death benefits								
11.	Matured endowments (excluding guaranteed annual pure endowments)								
12.	Annuity benefits								
13.	Disability benefits and benefits under accident and health contracts								
14.	Coupons, guaranteed annual pure endowments and similar benefits								
15.	Surrender benefits and withdrawals for life contracts								
16.	Group conversions								
17.	Interest and adjustments on contract or deposit-type contract funds								
18.	Payments on supplementary contracts with life contingencies								
19.	Increase in aggregate reserves								
20.	Totals (Lines 10 to 19)								
21.	Commissions on annuity considerations and deposit-type contract funds (direct business only)								
22.	Commissions and expense allowances on reinsurance assumed								
23.	General insurance expenses								
24.	Insurance taxes, licenses and fees, excluding federal income taxes								
25.	Increase in loading on deferred and uncollected premiums								
26.	Net transfers to or (from) Separate Accounts net of reinsurance								
27.	Aggregate write-ins for deductions								
28.	Totals (Lines 20 to 27)								
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)								
30.	Dividends to policyholders								
31.	Net gain from operations after dividends to policyholders 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 and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)								
34.	Policies/certificates in force end of year								
DETAILS OF WRITE-INS									
08.301									
08.302									
08.303									
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page								
08.399.	Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)								
2701.									
2702.									
2703.									
2798.	Summary of remaining write-ins for Line 27 from overflow page								
2799.	Total (Lines 2701 through 2703 plus 2798) (Line 27 above)								

(a) Premiums and annuity considerations includes $_____ for group variable annuities not associated with guarantees, and $_____ for group variable annuities associated with guarantees.

(c) Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) includes $_____ for group variable annuities not associated with guarantees, and $_____ for group variable annuities associated with guarantees.

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS – ACCIDENT AND HEALTH

	1	Comprehensive		4	5	6	7	8	9	10	11
	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	Other Health
1. Net premium income											
2. Change in unearned premium reserves and reserve for rate credit											
3. Fee-for-service (net of $..... medical expenses)											
4. Risk revenue											
5. Aggregate write-ins for other health care related revenues											
6. Total revenues (Lines 1 to 5)											
7. Hospital/medical benefits											
8. Other professional services											
9. Outside referrals											
10. Emergency room and out-of-area											
11. Prescription drugs											
12. Aggregate write-ins for other hospital and medical											
13. Incentive pool, withhold adjustments and bonus amounts											
14. Subtotal (Lines 7 to 13)											
15. Net reinsurance recoveries											
16. Total hospital and medical (Lines 14 minus 15)											
17. Claims adjustment expenses including $……. cost containment expenses											
18. General administrative expenses											
19. Increase in reserves for accident and health contracts											
20. Total underwriting deductions (Lines 16 to 19)											
21. Net underwriting gain or (loss) (Line 6 minus Line 20)											
DETAILS OF WRITE-INS											
0501.											
0502.											
0503.											
0598. Summary of remaining write-ins for Line 5 from overflow page											
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)											
1201.											
1202.											
1203.											
1298. Summary of remaining write-ins for Line 12 from overflow page											
1299. Total (Lines 1201 through 1203 plus 1298) (Line 12 above)											

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

	1 Total	2 Industrial Life	3 Whole Life Insurance	4 Term Life Insurance	5 Indexed Life	6 Universal Life	7 Universal Life Insurance With Secondary Benefits	8 Variable Life Insurance	9 Universal Variable Life Insurance	10 Supplementary Contracts	11 Credit Life N/A Fraternal	12 Other Individual Life Insurance
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)												
1. Reserve December 31, prior year												
2. Tabular net premiums or considerations												
3. Present value of disability claims incurred					XXX							
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	XXX	XXX	XXX	XXX	XXX		XXX	XXX
7. Other increases (net)												
8. Totals (Lines 1 to 7)												
9. Tabular cost					XXX							
10. Reserves released by death				XXX	XXX			XXX	XXX		XXX	XXX
11. Reserves released by other terminations (net)												
12. Supplementary contract, and disability payments involving life contingencies												
13. Net transfers to or (from) Separate Accounts												
14. Total deductions (Lines 9 to 13)												
15. Reserve December 31, current year												
Cash Surrender Value and Other Amounts Available for Withdrawal												
16. CSV Ending balance December 31, prior year												
17. CSV Increases in value during year												
18. CSV Decreases in value during year												
19. CSV Ending balance December 31, current year												
20. Policy Loan and Other Contractual Withdrawal Amounts Available												

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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP LIFE INSURANCE

	1	2	3	4	5	6	7
	Total	Whole Life Insurance	Term Life Insurance	Variable Life Insurance	Flexible Premium Adjustable Life	Credit Life N/A Fraternal	Other Group Life Insurance
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)							
1. Reserve December 31, prior year	.....	.....	.....	.....	.....	.....	.....
2. Tabular net premiums or considerations	.....	.....	.....	.....	.....	.....	.....
3. Present value of disability claims incurred	.....	.....	.....	.....	XXX	.....	.....
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	XXX	XXX	XXX
7. Other increases (net)							
8. Totals (Lines 1 to 7)							
9. Tabular cost	.....	.....	.....	.....	XXX	.....	.....
10. Reserves released by death	.....	.....	.....	XXX	XXX	.....	.....
11. Reserves released by other terminations (net)	.....	.....	.....	.....	.....	.....	.....
12. Supplementary contract, and disability payments involving life contingencies	.....	.....	.....	.....	.....	.....	.....
13. Net transfers to or (from) Separate Accounts							
14. Total deductions (Lines 9 to 13)							
15. Reserve December 31, current year							
Cash Surrender Value and Other Amounts Available for Withdrawal							
16. CSV Ending balance December 31, prior year							
17. CSV Increases in value during year							
18. CSV Decreases in value during year							
19. CSV Ending balance December 31, current year							
20. Policy Loan and Other Contractual Withdrawal Amounts Available							

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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL ANNUITIES

		Deferred				Payout (Immediate and Annuitizations)		
	1 Total	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities	5 Guaranteed Investment Contracts	6 Certain Period Only	7 Life Contingent	8 Other
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)								
1. Reserve December 31, prior year								
2. Tabular net premiums or considerations								
3. Present value of disability claims incurred					XXX			
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	XXX	XXX	XXX	XXX
7. Other increases (net)								
8. Totals (Lines 1 to 7)								
9. Tabular cost					XXX			
10. Reserves released by death				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, current year								
Cash Surrender Value								
16. Ending balance December 31, prior year								
17. Increases in value during year								
18. Decreases in value during year								
19. Ending balance December 31, current year								
20. Policy Loan and Other Contractual Withdrawal Amounts Available								

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP ANNUITIES

		Deferred				Payout (Immediate and Annuitizations)		
	1 Total	2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities	5 Guaranteed Investment Contracts	6 Certain Period Only	7 Life Contingent	8 Other
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)								
1. Reserve December 31, prior year								
2. Tabular net premiums or considerations								
3. Present value of disability claims incurred					XXX			
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	XXX	XXX	XXX	XXX
7. Other increases (net)								
8. Totals (Lines 1 to 7)								
9. Tabular cost					XXX			
10. Reserves released by death				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, current year								
Cash Surrender Value								
16. Ending balance December 31, prior year								
17. Increases in value during year								
18. Decreases in value during year								

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19. Ending balance December 31, current year								
20. Policy Loan and Other Contractual Withdrawal Amounts Available								

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