



Official NAIC Annual Statement Blank

Life, Accident & Health

For the 2018 reporting year

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ANNUAL STATEMENT

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OF THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2018

LIFE AND ACCIDENT AND HEALTH

2018

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ANNUAL STATEMENT
For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

NAIC Group Code, NAIC Company Code, Employer's ID Number, Organized under the Laws of, State of Domicile or Port of Entry, Country of Domicile, Commenced Business, Statutory Home Office, Main Administrative Office, Mail Address, Primary Location of Books and Records, Internet Web Site Address, Statutory Statement Contact.

Table with 4 columns: Name, Title, Name, Title. Section header: OFFICERS.

Section header: DIRECTORS OR TRUSTEES. Includes multiple blank lines for entries.

State of
County of

The officers of this reporting entity being duly sworn, each depose and swear that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, and claim no liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions thereon for the period enclosed and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or (2) that state laws or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences) of the electronic filing of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature and Printed Name lines for three individuals.

Subscribed and sworn to before me this day of 2019. a. Is this an original filing? Yes [] No [] b. If no: 1. State the amendment number, 2. Date filed, 3. Number of pages attached.

ASSETS

| | Current Year | | | Prior Year |
|--|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | | | | |
| 2. Stocks (Schedule D): | | | | |
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| 5. Cash (\$....., Schedule E-Part 1), cash equivalents (\$....., Schedule E-Part 2) and short-term investments (\$....., Schedule DA) | | | | |
| 6. Contract loans (including \$..... premium notes) | | | | |
| 7. Derivatives (Schedule DB) | | | | |
| 8. Other invested assets (Schedule BA) | | | | |
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| 13. Title plants less \$..... charged off (for Title insurers only) | | | | |
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| 15. Premiums and considerations: | | | | |
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| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums) | | | | |
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| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$.....) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
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| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Aggregate reserve for life contracts \$..... (Exhibit 5, Line 9999999) less \$..... included in Line 6.3 (including \$..... Modco Reserve)..... | | |
| 2. Aggregate reserve for accident and health contracts (including \$..... Modco Reserve)..... | | |
| 3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$..... Modco Reserve)..... | | |
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SUMMARY OF OPERATIONS

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
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| 39. Change in net unrealized foreign exchange capital gain (loss)..... | | |
| 40. Change in net deferred income tax..... | | |
| 41. Change in nonadmitted assets..... | | |
| 42. Change in liability for reinsurance in unauthorized and certified companies..... | | |
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| 51.1 Paid in..... | | |
| 51.2 Transferred to capital (Stock Dividend)..... | | |
| 51.3 Transferred from capital..... | | |
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| 5303..... | | |
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| 5399 Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)..... | | |

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | | |
| 2. Net investment income..... | | |
| 3. Miscellaneous income..... | | |
| 4. Total (Lines 1 through 3)..... | | |
| 5. Benefit and loss related payments..... | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | | |
| 8. Dividends paid to policyholders..... | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)..... | | |
| 10. Total (Lines 5 through 9)..... | | |
| 11. Net cash from operations (Line 4 minus Line 10)..... | | |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | | |
| 12.2 Stocks..... | | |
| 12.3 Mortgage loans..... | | |
| 12.4 Real estate..... | | |
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| 13.2 Stocks..... | | |
| 13.3 Mortgage loans..... | | |
| 13.4 Real estate..... | | |
| 13.5 Other invested assets..... | | |
| 13.6 Miscellaneous applications..... | | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | | |
| 14. Net increase (decrease) in contract loans and premium notes..... | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)..... | | |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | | |
| 16.3 Borrowed funds..... | | |
| 16.4 Net deposits on deposit-type contracts and other insurance..... | | |
| 16.5 Dividends to stockholders..... | | |
| 16.6 Other cash provided (applied)..... | | |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | | |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | | |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | | |
| 19.2 End of year (Line 18 plus Line 19.1)..... | | |
| Note: Supplemental disclosures of cash flow information related to non-cash transactions: | | |
| 20.0001 | | |
| 20.0002 | | |
| 20.0003 | | |
| 20.9996 | | |

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

| | 1 | 2 | | | Ordinary | | | 6 | Group | |
|--|---|-------|-----------------|------------------|------------------------|---------------------------|------------------------------------|---|------------------|-------------|
| | | Total | Industrial Life | 3 Life Insurance | 4 Individual Annuities | 5 Supplementary Contracts | Credit Life (Group and Individual) | | 7 Life Insurance | 8 Annuities |
| Involving Life or Disability Benefits (Reserves) (Net of Reinsurance Ceded) | | | | | | | | | | |
| 1. Reserve December 31, prior year..... | | | | | | | | | | |
| 2. Tabular net premiums or contracts..... | | | | | | | | | | |
| 3. Present value of disability claims incurred..... | | | | | | | | | | |
| 4. Tabular interest..... | | | | | | | | | | |
| 5. Tabular less actual reserve released..... | | | | | | | | | | |
| 6. Increase in reserve on account of change in valuation basis..... | | | | | | | | | | |
| 6.1 Change in excess of VM-20 deterministic/stochastic reserve over premium reserve..... | | | | | | | | | | |
| 7. Other increases (net)..... | | | | | | | | | | |
| 8. Totals (Lines 1 to 7)..... | | | | | | | | | | |
| 9. Tabular cost..... | | | | | | | | | | |
| 10. Reserves released by death..... | | | | | | | | | | |
| 11. Reserves released by other terminations (net)..... | | | | | | | | | | |
| 12. Annuity, supplementary contract, and disability payments involving life contingencies..... | | | | | | | | | | |
| 13. Net transfers to or (from) Separate Accounts..... | | | | | | | | | | |
| 14. Total deductions (Lines 9 to 13)..... | | | | | | | | | | |
| 15. Reserve December 31, current year..... | | | | | | | | | | |

Not for Distribution

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. Government bonds..... | (a)..... | ..... |
| 1.1 Bonds exempt from U. S. tax..... | (a)..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | (a)..... | ..... |
| 1.3 Bonds of affiliates..... | (a)..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | (b)..... | ..... |
| 2.11 Preferred stocks of affiliates..... | (b)..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | (b)..... | ..... |
| 2.21 Common stocks of affiliates..... | (b)..... | ..... |
| 3. Mortgage loans..... | (c)..... | ..... |
| 4. Real estate..... | (d)..... | ..... |
| 5. Contract loans..... | (d)..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | (e)..... | ..... |
| 7. Derivative instruments..... | (f)..... | ..... |
| 8. Other invested assets..... | (f)..... | ..... |
| 9. Aggregate write-ins for investment income..... | ..... | ..... |
| 10. Total gross investment income..... | ..... | ..... |
| 11. Investment expenses..... | ..... | (g)..... |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | ..... | (g)..... |
| 13. Interest expense..... | ..... | (h)..... |
| 14. Depreciation on real estate and other invested assets..... | ..... | (i)..... |
| 15. Aggregate write-ins for deductions from investment income..... | ..... | ..... |
| 16. Total deductions (Lines 11 through 15)..... | ..... | ..... |
| 17. Net investment income (Line 10 minus Line 16)..... | ..... | ..... |
| DETAILS OF WRITE-INS | | |
| 0901. .... | ..... | ..... |
| 0902. .... | ..... | ..... |
| 0903. .... | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... | ..... | ..... |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)..... | ..... | ..... |
| 1501. .... | ..... | ..... |
| 1502. .... | ..... | ..... |
| 1503. .... | ..... | ..... |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... | ..... | ..... |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)..... | ..... | ..... |

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) On Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|---|---|---------------------------------------|---|---|---|
| 1. U.S. Government bonds..... | | | | | |
| 1.1 Bonds exempt from U. S. tax..... | | | | | |
| 1.2 Other bonds (unaffiliated)..... | | | | | |
| 1.3 Bonds of affiliates..... | | | | | |
| 2.1 Preferred stocks (unaffiliated)..... | | | | | |
| 2.11 Preferred stocks of affiliates..... | | | | | |
| 2.2 Common stocks (unaffiliated)..... | | | | | |
| 2.21 Common stocks of affiliates..... | | | | | |
| 3. Mortgage loans..... | | | | | |
| 4. Real estate..... | | | | | |
| 5. Contract loans..... | | | | | |
| 6. Cash, cash equivalents and short-term investments..... | | | | | |
| 7. Derivative instruments..... | | | | | |
| 8. Other invested assets..... | | | | | |
| 9. Aggregate write-ins for capital gains (losses)..... | | | | | |
| 10. Total capital gains (losses)..... | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... | | | | | |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)..... | | | | | |

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

| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | |
|---|-------|-----------------|----------------|----------|----------------------|------------------------------------|----------------|-------|-------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Total | Industrial Life | Life Insurance | Ordinary | Individual Annuities | Credit Life (Group and Individual) | Life Insurance | Group | Group | Life Insurance | Group | Group | Group | Group | Group | Group | Group | Group | Group | Group | Group | Group | Group |
| FIRST YEAR (Other than during) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Uncollected | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Deferred and accrued | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Deferred, accrued and uncollected | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4 Net (Line 1 + Line 2) | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Advance | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Line 3.4 - Line 4 | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Collected during year | | | | | | | | | | | | | | | | | | | | | | | |
| 6.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 6.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 6.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 6.4 Net | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Line 5 + Line 6.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Prior year (uncollected + deferred and accrued - advance) | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Prior year premiums and considerations: | | | | | | | | | | | | | | | | | | | | | | | |
| 9.1 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 9.2 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 9.3 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 9.4 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 9.5 Net (Line 7 - Line 8) | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Single premiums and considerations: | | | | | | | | | | | | | | | | | | | | | | | |
| 10.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 10.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 10.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 10.4 Net | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Uncollected | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Deferred and accrued | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Deferred, accrued and uncollected | | | | | | | | | | | | | | | | | | | | | | | |
| 13.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 13.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 13.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 13.4 Net (Line 11 + Line 12) | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Advance | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Line 13.4 - Line 14 | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Collected during year | | | | | | | | | | | | | | | | | | | | | | | |
| 16.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 16.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 16.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 16.4 Net | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Line 15 + Line 16.4 | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Prior year (uncollected + deferred and accrued - advance) | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Renewal premiums and considerations: | | | | | | | | | | | | | | | | | | | | | | | |
| 19.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 19.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 19.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 19.4 Net (Line 17 - Line 18) | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Total premiums and annuity considerations: | | | | | | | | | | | | | | | | | | | | | | | |
| 20.1 Direct | | | | | | | | | | | | | | | | | | | | | | | |
| 20.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | | | | | |
| 20.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | | | | | |
| 20.4 Net (Lines 9.4 + 10.4 + 19.4) | | | | | | | | | | | | | | | | | | | | | | | |

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

| | 1 Total | 2 Industrial Life | 3 Ordinary | | 5 Credit Life (Group and Individual) | 6 Group | | | 10 Accident and Health | | 11 Aggregate of All Other Lines of Business |
|--|------------|----------------------|---------------------|---------------------------|---|---------------------|----------------|------------|------------------------------------|-------------|--|
| | | | 3 Life Insurance | 4 Individual Annuities | | 6 Life Insurance | 7 Annuities | 8 Group | 9 Credit (Group and Individual) | 10 Other | |
| DIVIDENDS AND COUPONS APPLIED (included in Part 1) | | | | | | | | | | | |
| 21. To pay renewal premiums..... | | | | | | | | | | | |
| 22. All other..... | | | | | | | | | | | |
| REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED | | | | | | | | | | | |
| 23. First year (other than single): | | | | | | | | | | | |
| 23.1 Reinsurance ceded..... | | | | | | | | | | | |
| 23.2 Reinsurance assumed..... | | | | | | | | | | | |
| 23.3 Net ceded less assumed..... | | | | | | | | | | | |
| 24. Single: | | | | | | | | | | | |
| 24.1 Reinsurance ceded..... | | | | | | | | | | | |
| 24.2 Reinsurance assumed..... | | | | | | | | | | | |
| 24.3 Net ceded less assumed..... | | | | | | | | | | | |
| 25. Renewal: | | | | | | | | | | | |
| 25.1 Reinsurance ceded..... | | | | | | | | | | | |
| 25.2 Reinsurance assumed..... | | | | | | | | | | | |
| 25.3 Net ceded less assumed..... | | | | | | | | | | | |
| 26. Totals: | | | | | | | | | | | |
| 26.1 Reinsurance ceded (Page 6, Line 6)..... | | | | | | | | | | | |
| 26.2 Reinsurance assumed (Page 6, Line 22)..... | | | | | | | | | | | |
| 26.3 Net ceded less assumed..... | | | | | | | | | | | |
| COMMISSIONS INCURRED (direct business only) | | | | | | | | | | | |
| 27. First year (other than single): | | | | | | | | | | | |
| 28. Single..... | | | | | | | | | | | |
| 29. Renewal..... | | | | | | | | | | | |
| 30. Deposit-type contract funds..... | | | | | | | | | | | |
| 31. Totals (to agree with Page 6, Line 21)..... | | | | | | | | | | | |

Not for Distribution

EXHIBIT 2 – GENERAL EXPENSES

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

(a) Includes management fees of \$..... to affiliates and \$..... to non-affiliates.

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

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

EXHIBIT 4 – DIVIDENDS OR REFUNDS

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

EXHIBIT 5 – INTERROGATORIES

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

EXHIBIT 5A CHANGES IN BASES OF VALUATION DURING THE YEAR

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

EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

| | 1 Total | 2 Group Accident and Health | 3 Credit Accident and Health (Group and Individual) | 4 Collectively Renewable | Other Individual Contracts | | | 9 All Other |
|---|------------|--------------------------------------|---|--------------------------------|----------------------------|------------------------------|--|-------------------|
| | | | | | 5 Non- Cancellable | 6 Guaranteed Renewable | 7 Non-Renewable for Stated Reasons Only |  | 8 Other Accident Only |
| ACTIVE LIFE RESERVE | | | | | | | | |
| 1. Unearned premium reserves..... | | | | | | | | |
| 2. Additional contract reserves..... | | | | | | | | |
| 3. Additional actuarial reserves - Asset/Liability analysis..... | | | | | | | | |
| 4. Reserve for future contingent benefits..... | | | | | | | | |
| 5. Reserve for rate credits..... | | | | | | | | |
| 6. Aggregate write-ins for reserves..... | | | | | | | | |
| 7. Totals (Gross)..... | | | | | | | | |
| 8. Reinsurance ceded..... | | | | | | | | |
| 9. Totals (Net)..... | | | | | | | | |
| CLAIM RESERVE | | | | | | | | |
| 10. Present value of amounts not yet due on claims..... | | | | | | | | |
| 11. Additional actuarial reserves-Asset/Liability analysis..... | | | | | | | | |
| 12. Reserve for future contingent benefits..... | | | | | | | | |
| 13. Aggregate write-ins for reserves..... | | | | | | | | |
| 14. Totals (Gross)..... | | | | | | | | |
| 15. Reinsurance ceded..... | | | | | | | | |
| 16. Totals (Net)..... | | | | | | | | |
| 17. TOTAL (Net) | | | | | | | | |
| 18. TABULAR FUND INTEREST | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 0601. | | | | | | | | |
| 0602. | | | | | | | | |
| 0603. | | | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | | | | | | | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | | | | | | | | |
| 1301. | | | | | | | | |
| 1302. | | | | | | | | |
| 1303. | | | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page..... | | | | | | | | |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)..... | | | | | | | | |

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

Not for Distribution

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

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

Not for Distribution

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

| | 1 | 2 | | 6 | | | 7 | | | 8 | | 9 | | 10 | | 11 |
|-----------------------------|-------|-----------------|----------------|----------------------|-------------------------|------------------------------------|----------------|----------|-------|----------|-------|-------------------------------|-------|----|--|----|
| | Total | Industrial Life | Life Insurance | Individual Annuities | Supplementary Contracts | Credit Life (Group and Individual) | Life Insurance | Amuities | Group | Amuities | Group | Credit (Group and Individual) | Other | | | |
| 1. Due and unpaid: | | | | | | | | | | | | | | | | |
| 1.1 | | | | | | | | | | | | | | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | | | | | | | |
| 1.4 Net | | | | | | | | | | | | | | | | |
| 2. In course of settlement: | | | | | | | | | | | | | | | | |
| 2.1 Resisted: | | | | | | | | | | | | | | | | |
| 2.11 Direct | | | | | | | | | | | | | | | | |
| 2.12 Reinsurance assumed | | | | | | | | | | | | | | | | |
| 2.13 Reinsurance ceded | | | | | | | | | | | | | | | | |
| 2.14 Net | | | | | | | | | | | | | | | | |
| 2.2 Other: | | | | | | | | | | | | | | | | |
| 2.21 Direct | | | | | | | | | | | | | | | | |
| 2.22 Reinsurance assumed | | | | | | | | | | | | | | | | |
| 2.23 Reinsurance ceded | | | | | | | | | | | | | | | | |
| 2.24 Net | | | | | | | | | | | | | | | | |
| 3. Incurred but unreported: | | | | | | | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | | | | | | | |
| 4. TOTALS | | | | | | | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | | | | | | | |

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$..... in Column 2, \$..... in Column 3 and \$..... in Column 7.
 (b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance ceded and of reinsurance ceded) for unearned benefits for Ordinary Life Insurance \$..... Individual Annuities \$..... Credit Life (Group and Individual) \$..... and Group Life \$..... are included in Page 3, Line 1. (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$..... Credit Life (Group and Individual) \$..... and Group Life \$..... and Other Accident and Health \$..... are included in Page 3, Line 2. (See Exhibit 6, Claim Reserve).

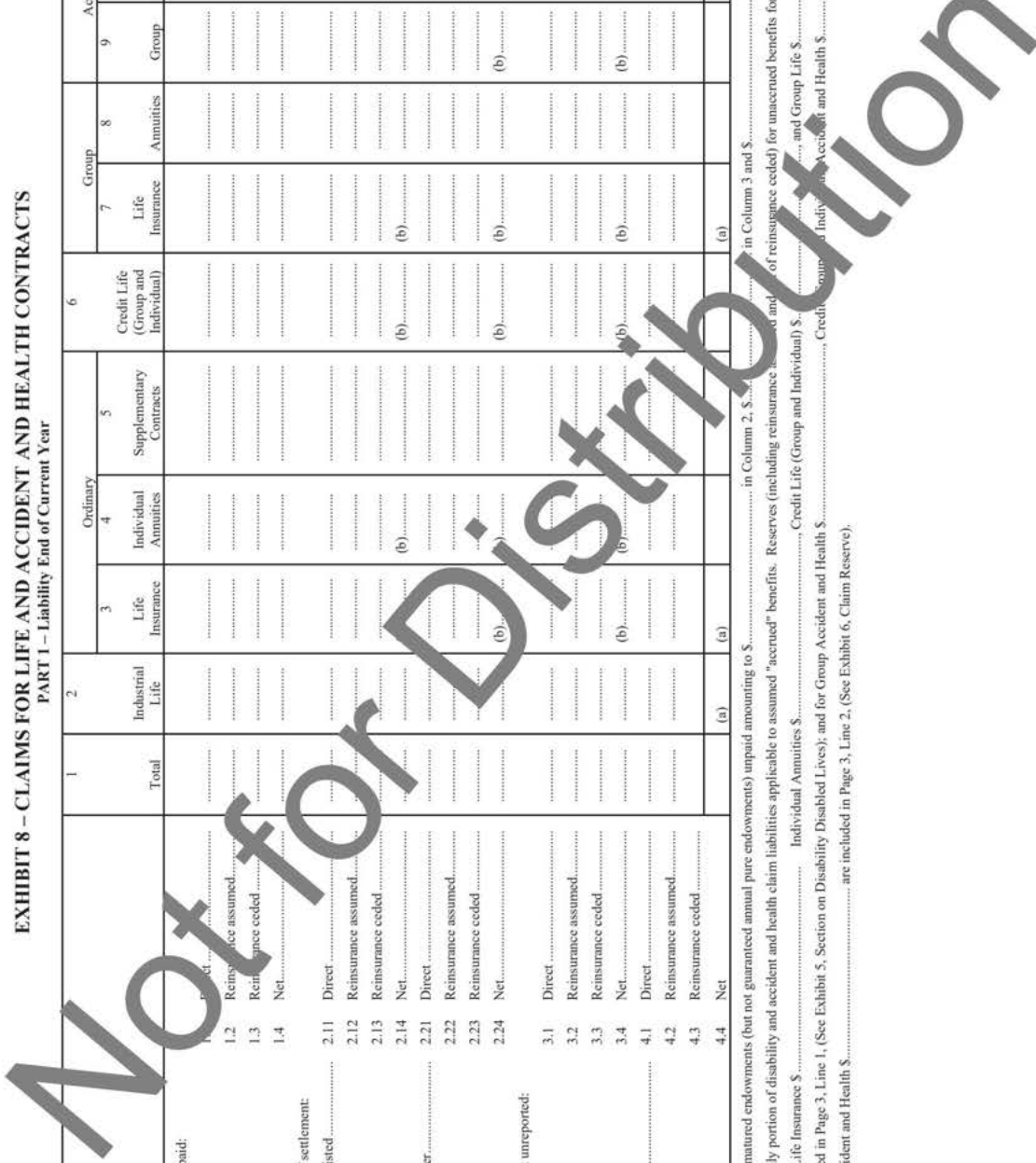


EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
PART 2 – Incurred During the Year

| | 1 | 2 | 3 | | | 4 | | 5 | 6 | 7 | | 8 | | 9 | | 10 | | 11 | |
|---|-------|---------------------|--------------------|-------------------------------|-------------------------|------------------------------------|--------------------|-----------------|-----------------|------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Total | Industrial Life (a) | Life Insurance (b) | Ordinary Individual Annuities | Supplementary Contracts | Credit Life (Group and Individual) | Life Insurance (c) | Group Annuities | Group Annuities | Credit Life (Group and Individual) | Group | Group | Group | Group | Group | Group | Group | Group | Other |
| 1. Settlements during the year: | | | | | | | | | | | | | | | | | | | |
| 1.1 Direct | | | | | | | | | | | | | | | | | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | |
| 1.4 Net | | | | | | | | | | | | | | | | | | | |
| 2. Liability December 31, current year from P: | | | | | | | | | | | | | | | | | | | |
| 2.1 Direct | | | | | | | | | | | | | | | | | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | |
| 2.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | |
| 2.4 Net | | | | | | | | | | | | | | | | | | | |
| 3. Amounts recoverable from reinsurers December 31, current year: | | | | | | | | | | | | | | | | | | | |
| 4. Liability December 31, prior year: | | | | | | | | | | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | | | | | | | | | | |
| 5. Amounts recoverable from reinsurers December 31, prior year: | | | | | | | | | | | | | | | | | | | |
| 6. Incurred benefits: | | | | | | | | | | | | | | | | | | | |
| 6.1 Direct | | | | | | | | | | | | | | | | | | | |
| 6.2 Reinsurance assumed | | | | | | | | | | | | | | | | | | | |
| 6.3 Reinsurance ceded | | | | | | | | | | | | | | | | | | | |
| 6.4 Net | | | | | | | | | | | | | | | | | | | |

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1-4, and \$..... in Line 6-4.
 (b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1-4, and \$..... in Line 6-4.
 (c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1-4, and \$..... in Line 6-4.
 (d) Includes \$..... premiums waived under total and permanent disability benefits.

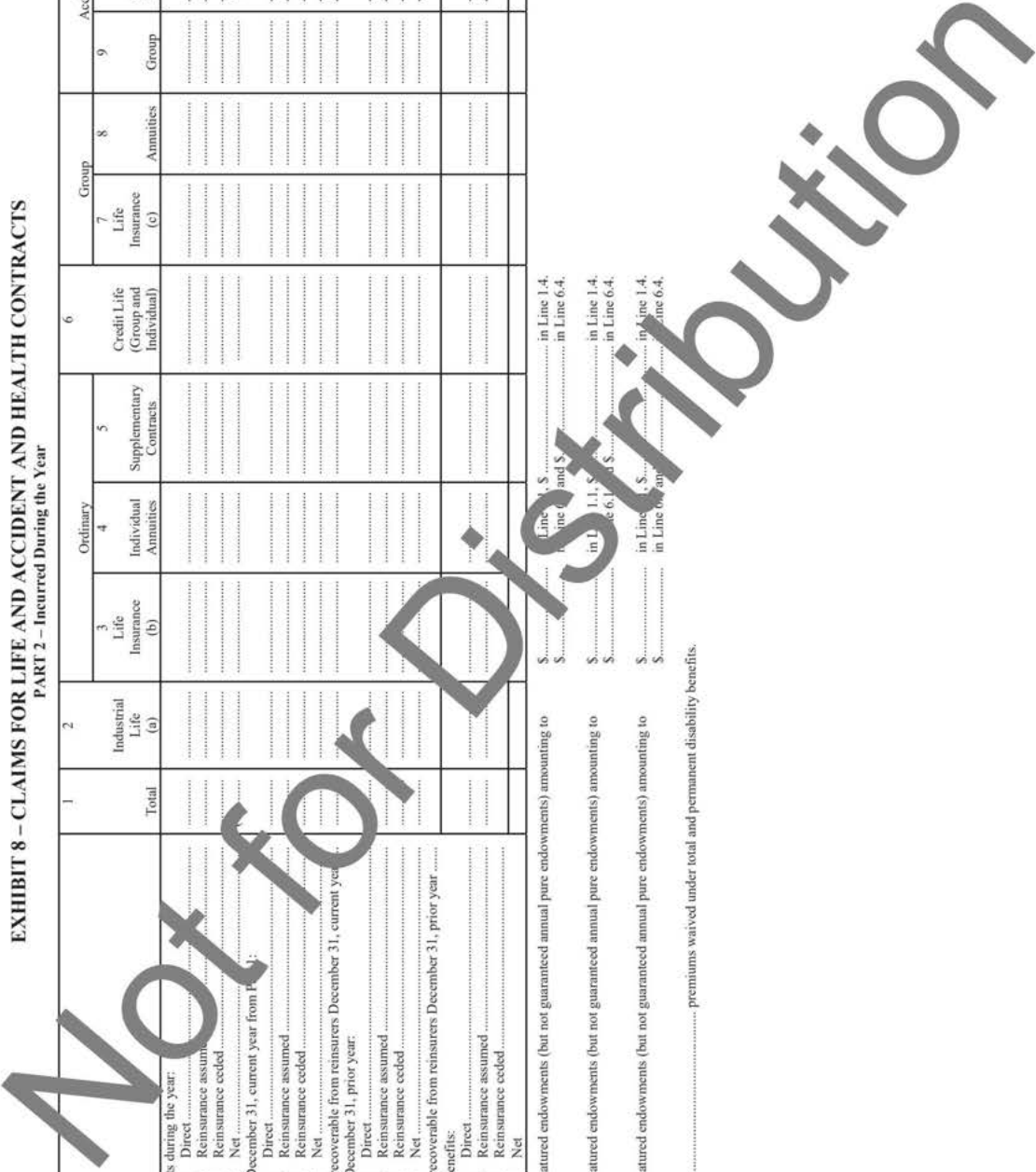


EXHIBIT OF NONADMITTED ASSETS

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

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standard and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State Regulating? _____
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made? _____
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____
- 3.4 By what department or departments? _____
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes No
- 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of a merger or consolidation.

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

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

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | SEC |
|------------------------|--------------------------------|----------|----------|-----------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes No
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes No
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes No N/A
- 10.6 If the response to 10.5 is no or n/a, please explain.
- 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certificate?.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
- 12.11 Name of real estate holding company _____
- 12.12 Number of parcels involved _____
- 12.13 Total book/adjusted carrying value \$ _____
- 12.2 If yes, provide explanation.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States laws or for the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted by the reporting entity through its United States Branch on risks wherever located? Yes No
- 13.3 Have there been any changes made to any of the indentures during the year? Yes No
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt and full reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability and adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes No
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.1.1 To directors or other officers \$ _____
 20.1.2 To stockholders not officers \$ _____
 20.1.3 Trustees, supreme or grand (Fraternal only) \$ _____
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.2.1 To directors or other officers \$ _____
 20.2.2 To stockholders not officers \$ _____
 20.2.3 Trustees, supreme or grand (Fraternal only) \$ _____
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No
- 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.2.1 Rented from others \$ _____
 21.2.2 Borrowed from others \$ _____
 21.2.3 Leased from others \$ _____
 21.2.4 Other \$ _____
- 22.1 Does this statement include payments for assessments described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes No
- 22.2 If answer is yes:
 22.2.1 Amount paid as losses or risk adjustment \$ _____
 22.2.2 Amount paid as expenses \$ _____
 22.2.3 Other amounts paid \$ _____
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes No
- 24.02 If answer is no, provide full and complete information, relating thereto.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided).....
- 24.04 Does the company's securities lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No N/A
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ _____
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ _____
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
- 24.103 Total payable for securities lending reported on the liability page \$ _____

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

- 25.21 Subject to repurchase agreements \$ _____
- 25.22 Subject to reverse repurchase agreements \$ _____
- 25.23 Subject to dollar repurchase agreements \$ _____
- 25.24 Subject to reverse dollar repurchase agreements \$ _____
- 25.25 Placed under option agreements \$ _____
- 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$ _____
- 25.27 FHLB Capital Stock \$ _____
- 25.28 On deposit with states \$ _____
- 25.29 On deposit with other regulatory bodies \$ _____
- 25.30 Pledged as collateral – excluding collateral pledged to FHLB \$ _____
- 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ _____
- 25.32 Other \$ _____

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |
| | | |
| | | |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the regulatory state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$ _____

28. Excluding items in Schedule E- Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|---------------------------|--------------------------|
| | |
| | |
| | |

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

28.04 If yes, provide full and complete information relating thereto:

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

GENERAL INTERROGATORIES

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| | |
| | |

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets? Yes No

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes No

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the following information for the table below.

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes No

29.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|--------------|--------------------------|-----------------------------------|
| | | |
| | | |
| 29.2999 | TOTAL | |

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

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

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

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|-----------------------|---------------------------------|-----------------|--|
| 30.1 Bonds | | | |
| 30.2 Preferred Stocks | | | |
| 30.3 Totals | | | |

30.4 Describe the methods utilized in determining the fair values:

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic) for all brokers or custodians used as a pricing source? Yes No

31.3 If the answer to 31.2 is no, describe the reporting entity’s process for determining a reliable pricing source for purposes of disclosure of fair value in Schedule D:

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating SGI securities, the reporting entity is certifying the following elements of each self-designated SGI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated SGI securities? Yes No

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes No

OTHER

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

GENERAL INTERROGATORIES

PART 2 – LIFE INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
 1.31 Reason for excluding: _____ \$ _____

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____

1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$ _____
 1.62 Total incurred claims \$ _____
 1.63 Number of covered lives _____
 All years prior to most current three years:
 1.64 Total premium earned \$ _____
 1.65 Total incurred claims \$ _____
 1.66 Number of covered lives _____

1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$ _____
 1.72 Total incurred claims \$ _____
 1.73 Number of covered lives _____
 All years prior to most current three years:
 1.74 Total premium earned \$ _____
 1.75 Total incurred claims \$ _____
 1.76 Number of covered lives _____

2. Health Test:

| | 2 | |
|-----------------------------|--------------|------------|
| | Current Year | Prior Year |
| 2.1 Premium Numerator | \$ _____ | \$ _____ |
| 2.2 Premium Denominator | \$ _____ | \$ _____ |
| 2.3 Premium Ratio (2.1/2.2) | _____ | _____ |
| 2.4 Reserve Numerator | \$ _____ | \$ _____ |
| 2.5 Reserve Denominator | \$ _____ | \$ _____ |
| 2.6 Reserve Ratio (2.4/2.5) | _____ | _____ |

3.1 Does this reporting entity have Separate Accounts? Yes No

3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes No N/A

3.3 What portion of capital and surplus funds of the reporting entity held by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$ _____

3.4 State the authority under which Separate Accounts are maintained: _____

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes No

3.6 Has the reporting entity assumed by reinsuring any Separate Accounts business as of December 31? Yes No

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense advances (included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" \$ _____

4.1 Are personnel or facilities of the reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes No

4.2 Net reimbursement of such expenses between reporting entities:
 4.21 Paid \$ _____
 4.22 Received \$ _____

5.1 Does the reporting entity write any guaranteed interest contracts? Yes No

5.2 If yes, what amount pertaining to these items is included in:
 5.21 Page 3, Line 1 \$ _____
 5.22 Page 4, Line 1 \$ _____

6. For stock reporting entities only:
 6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$ _____
 Total amount paid to stockholders since organization of the reporting entity:
 7.11 Cash \$ _____
 7.12 Stock \$ _____

GENERAL INTERROGATORIES

- 8.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance. Yes [] No []
- 8.2 If yes, has the reporting entity completed the *Workers' Compensation Carve-Out Supplement* to the Annual Statement? Yes [] No []
- 8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

| | 1 Reinsurance Assumed | 2 Reinsurance Ceded | 3 Net Retained |
|---|-----------------------------|---------------------------|----------------------|
| 8.31 Earned premium..... | | | |
| 8.32 Paid claims..... | | | |
| 8.33 Claim liability and reserve (beginning of year)..... | | | |
| 8.34 Claim liability and reserve (end of year)..... | | | |
| 8.35 Incurred claims | | | |

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

| | Attachment Point | 1 Earned Premium | 2 Claim Liability and Reserve |
|------|---------------------|------------------------|-------------------------------------|
| 8.41 | <\$25,000 | ..... | ..... |
| 8.42 | \$25,000 — 99,999 | ..... | ..... |
| 8.43 | \$100,000 — 249,999 | ..... | ..... |
| 8.44 | \$250,000 — 999,999 | ..... | ..... |
| 8.45 | \$1,000,000 or more | ..... | ..... |

9. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity:
- 9.1 Amount of loss reserves established by these annuities during the current year: \$ _____
- 9.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities. \$ _____

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

- 10.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 10.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 10.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 10.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____

GENERAL INTERROGATORIES

- 11.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes No NA
- 11.2 If the answer to 11.1 is yes, please provide the following:

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

12. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 12.1 Direct Premium Written _____
- 12.2 Total Incurred Claims _____ \$
- 12.3 Number of Covered Lives _____

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

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

FIVE-YEAR HISTORICAL DATA

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

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|---|-----------|-----------|-----------|-----------|-----------|
| Life Insurance in Force | | | | | |
| (Exhibit of Life Insurance) | | | | | |
| 1. Ordinary-whole life and endowment (Line 34, Col. 4)..... | | | | | |
| 2. Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4)..... | | | | | |
| 3. Credit life (Line 21, Col. 6)..... | | | | | |
| 4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)..... | | | | | |
| 5. Industrial (Line 21, Col. 2)..... | | | | | |
| 6. FEGLI/SGLI (Lines 43 & 44, Col. 4)..... | | | | | |
| 7. Total (Line 21, Col. 10)..... | | | | | |
| 7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated | | | XXX | XXX | XXX |
| New Business Issued | | | | | |
| (Exhibit of Life Insurance) | | | | | |
| 8. Ordinary-whole life and endowment (Line 34, Col. 2)..... | | | | | |
| 9. Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2)..... | | | | | |
| 10. Credit life (Line 2, Col. 6)..... | | | | | |
| 11. Group (Line 2, Col. 9)..... | | | | | |
| 12. Industrial (Line 2, Col. 2)..... | | | | | |
| 13. Total (Line 2, Col. 10)..... | | | | | |
| Premium Income-Lines of Business | | | | | |
| (Exhibit 1 - Part 1) | | | | | |
| 14. Industrial life (Line 20.4, Col. 2)..... | | | | | |
| 15.1 Ordinary life insurance (Line 20.4, Col. 3)..... | | | | | |
| 15.2 Ordinary individual annuities (Line 20.4, Col. 4)..... | | | | | |
| 16. Credit life, (group and individual) (Line 20.4, Col. 5)..... | | | | | |
| 17.1 Group life insurance (Line 20.4, Col. 6)..... | | | | | |
| 17.2 Group annuities (Line 20.4, Col. 7)..... | | | | | |
| 18.1 A & H-group (Line 20.4, Col. 8)..... | | | | | |
| 18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)..... | | | | | |
| 18.3 A & H-other (Line 20.4, Col. 10)..... | | | | | |
| 19. Aggregate of all other lines of business (Line 20.4, Col. 11)..... | | | | | |
| 20. Total | | | | | |
| Balance Sheet | | | | | |
| (Pages 2 and 3) | | | | | |
| 21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)..... | | | | | |
| 22. Total liabilities excluding Separate Accounts business (Page 2, Line 26)..... | | | | | |
| 23. Aggregate life reserves (Page 3, Line 1)..... | | | | | |
| 23.1 Excess VM-20 deterministic/stochastic reserve over NPR related (Line 7.1)..... | | | XXX | XXX | XXX |
| 24. Aggregate A & H reserves (Page 3, Line 2)..... | | | | | |
| 25. Deposit-type contract funds (Page 3, Line 3)..... | | | | | |
| 26. Asset valuation reserve (Page 3, Line 24.01)..... | | | | | |
| 27. Capital (Page 3, Lines 29 & 30)..... | | | | | |
| 28. Surplus (Page 3, Line 37)..... | | | | | |
| Cash Flow (Page 5) | | | | | |
| 29. Net cash from operations (Line 11)..... | | | | | |
| Risk-Based Capital Analysis | | | | | |
| 30. Total adjusted capital..... | | | | | |
| 31. Authorized control level risk-based capital..... | | | | | |
| Percentage Distribution of Cash, Cash Equivalents and Invested Assets | | | | | |
| (Page 2, Col. 3) (Line No./Page 2, Line 12, Col. 3) x 100 | | | | | |
| 32. Bonds (Line 1)..... | | | | | |
| 33. Stocks (Lines 2.1 and 2.2)..... | | | | | |
| 34. Mortgage loans on real estate (Lines 3.1 and 3.2)..... | | | | | |
| 35. Real estate (Lines 3.2 and 3.3)..... | | | | | |
| 36. Cash, cash equivalents and short-term investments (Line 5)..... | | | | | |
| 37. Contract loans (Line 6)..... | | | | | |
| 38. Derivatives (Line 7)..... | | | | | |
| 39. Other invested assets (Lines 8 and 9)..... | | | | | |
| 40. Receivables for securities (Line 9)..... | | | | | |
| 41. Securities lending reinvested collateral assets (Line 10)..... | | | | | |
| 42. Other assets for invested assets (Line 11)..... | | | | | |
| 43. Cash, cash equivalents and invested assets (Line 12)..... | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

FIVE-YEAR HISTORICAL DATA
(Continued)

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|---|-----------|-----------|-----------|-----------|-----------|
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)..... | | | | | |
| 45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)..... | | | | | |
| 46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)..... | | | | | |
| 47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)..... | | | | | |
| 48. Affiliated mortgage loans on real estate..... | | | | | |
| 49. All other affiliated..... | | | | | |
| 50. Total of above Lines 44 to 49..... | | | | | |
| 51. Total investment in parent included in Lines 44 to 49 above..... | | | | | |
| Total Nonadmitted and Admitted Assets | | | | | |
| 52. Total nonadmitted assets (Page 2, Line 28, Col. 2)..... | | | | | |
| 53. Total admitted assets (Page 2, Line 28, Col. 3)..... | | | | | |
| Investment Data | | | | | |
| 54. Net investment income (Exhibit of Net Investment Income)..... | | | | | |
| 55. Realized capital gains (losses) (Page 4, Line 34, Column 1)..... | | | | | |
| 56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)..... | | | | | |
| 57. Total of above Lines 54, 55 and 56..... | | | | | |
| Benefits and Reserve Increase (Page 6) | | | | | |
| 58. Total contract benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 and 11)..... | | | | | |
| 59. Total contract benefits-A & H (Lines 13 & 14, Cols. 9, 10 & 11)..... | | | | | |
| 60. Increase in life reserves-other than group and annuities (Line 19, Cols. 2 & 3)..... | | | | | |
| 61. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11)..... | | | | | |
| 62. Dividends to policyholders (Line 30, Col. 1)..... | | | | | |
| Operating Percentages | | | | | |
| 63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00..... | | | | | |
| 64. Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14 & 15] / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21) x 100.00..... | | | | | |
| 65. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)..... | | | | | |
| 66. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)..... | | | | | |
| 67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)..... | | | | | |
| A & H Claim Reserve Adequacy | | | | | |
| 68. Incurred losses on prior years' claims-group health (Sch. H, Part 1, Line 3.1, Col. 2)..... | | | | | |
| 69. Prior years' claim liability and reserve-group health (Sch. H, Part 1, Line 3.2, Col. 2)..... | | | | | |
| 70. Incurred losses on prior years' claims-health other than group (Sch. H, Part 1, Line 3.1, Col. 1 less Col. 2)..... | | | | | |
| 71. Prior years' claim liability and reserve-health other than group (Sch. H, Part 1, Line 3.2, Col. 1 less Col. 2)..... | | | | | |
| Net Gains From Operations After Federal Income | | | | | |
| Taxes by Lines of Business | | | | | |
| (Page 6, Line 33) | | | | | |
| 72. Industrial life (Col. 2)..... | | | | | |
| 73. Ordinary-life (Col. 3)..... | | | | | |
| 74. Ordinary-individual annuities (Col. 4)..... | | | | | |
| 75. Ordinary-supplementary contracts (Col. 5)..... | | | | | |
| 76. Credit life (Col. 6)..... | | | | | |
| 77. Group life (Col. 7)..... | | | | | |
| 78. Group annuities (Col. 8)..... | | | | | |
| 79. A & H-group (Col. 9)..... | | | | | |
| 80. A & H-credit (Col. 10)..... | | | | | |
| 81. A & H-other (Col. 11)..... | | | | | |
| 82. Aggregate of all other lines of business (Col. 12)..... | | | | | |
| 83. Total (Col. 1)..... | | | | | |

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

Yes [] No []

Affix Bar Code Above

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code

LIFE INSURANCE

NAIC Company Code

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | | 2 | | 3 | | 4 | | 5 | |
|--|----------|--------|------------------------------------|--------|-----------------|--------|------------|--------|-------|--------|
| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
| 1. Life insurance | | | | | | | | | | |
| 2. Annuity considerations | | | | | | | | | | |
| 3. Deposit-type contract funds | | | XXX | | | | XXX | | | |
| 4. Other considerations | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| Annuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 + 7.4) | | | | | | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | | | | | | | | | |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits | | | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident and health | | | | | | | | | | |
| 15. Totals | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | |
| 1302. | | | | | | | | | | |
| 1303. | | | | | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | | | | | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 | | 3 | | 5 | | 7 | | 9 | |
| | Ordinary | | (Group and Individual) | | Group | | Industrial | | Total | |
| | No. | Amount | No. of In-Force Policies | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year: | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | | | (a) | | No. of Policies | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business only indicate: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

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

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



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

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

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

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

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

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

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

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

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

ADDITIONAL ACCIDENTAL DEATH BENEFITS

| | |
|--|--|
| 46. Amount of additional accidental death benefits in force end of year under ordinary policies..... | |
|--|--|

BASES OF CALCULATION OF ORDINARY TERM INSURANCE

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

POLICIES WITH DISABILITY PROVISIONS

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

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

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

SUPPLEMENTARY CONTRACTS

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

ANNUITIES

| | Ordinary | | Group | |
|--------------------------------|----------------|---------------|----------------|-------------------|
| | 1 Immediate | 2 Deferred | 3 Contracts | 4 Certificates |
| 1. In force end of prior year | | | | |
| 2. Issued during year | | | | |
| 3. Reinsurance assumed | | | | |
| 4. Increased during year (net) | | | | |
| 5. Total (Lines 1 to 4) | | | | |
| Deductions during year: | | | | |
| 6. Decreased (net) | | | | |
| 7. Reinsurance ceded | | | | |
| 8. Totals (Lines 6 and 7) | | | | |
| 9. In force end of year | | | | |
| 10. Amount of income payable | (a) | XXX | XXX | (a) |
| 11. Account balance | XXX | (a) | XXX | (a) |
| 12. Account balance | XXX | (a) | XXX | (a) |

ACCIDENT AND HEALTH INSURANCE

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

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

| | 1 | 2 |
|--------------------------------|----------------------------|-------------------------------------|
| | Deposit Funds Contracts | Dividend Accumulations Contracts |
| 1. In force end of prior year | | |
| 2. Issued during year | | |
| 3. Reinsurance assumed | | |
| 4. Increased during year (net) | | |
| 5. Total (Lines 1 to 4) | | |
| Deductions during year: | | |
| 6. Decreased (net) | | |
| 7. Reinsurance ceded | | |
| 8. Total (Lines 6 and 7) | | |
| 9. In force end of year | (a) | (a) |

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE
Interest Maintenance Reserve

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

Amortization

| Year of Amortization | 1 Reserve as of December 31, Prior Year | 2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes | 3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve | 4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3) |
|---------------------------|--|---|---|---|
| 1. 2018 | | | | |
| 2. 2019 | | | | |
| 3. 2020 | | | | |
| 4. 2021 | | | | |
| 5. 2022 | | | | |
| 6. 2023 | | | | |
| 7. 2024 | | | | |
| 8. 2025 | | | | |
| 9. 2026 | | | | |
| 10. 2027 | | | | |
| 11. 2028 | | | | |
| 12. 2029 | | | | |
| 13. 2030 | | | | |
| 14. 2031 | | | | |
| 15. 2032 | | | | |
| 16. 2033 | | | | |
| 17. 2034 | | | | |
| 18. 2035 | | | | |
| 19. 2036 | | | | |
| 20. 2037 | | | | |
| 21. 2038 | | | | |
| 22. 2039 | | | | |
| 23. 2040 | | | | |
| 24. 2041 | | | | |
| 25. 2042 | | | | |
| 26. 2043 | | | | |
| 27. 2044 | | | | |
| 28. 2045 | | | | |
| 29. 2046 | | | | |
| 30. 2047 | | | | |
| 31. 2048 and Later | | | | |
| 32. Total (Lines 1 to 31) | | | | |

ASSET VALUATION RESERVE

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

Not for Distribution

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

| Line Number | NAIC Designation | Description | 1 Book/ Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 Basic Contribution | | 6 Reserve Objective | | 7 Maximum Reserve | |
|-------------------------------|------------------|---|---|--|---|--|-------------------------|-----------------------|------------------------|-----------------------|----------------------|-----------------------|
| | | | | | | | Factor | Amount (Cols. 4x5) | Factor | Amount (Cols. 4x7) | Factor | Amount (Cols. 4x9) |
| LONG-TERM BONDS | | | | | | | | | | | | |
| 1 | | Exempt Obligations | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0000 | ..... | 0.0000 | ..... |
| 2 | 1 | Highest Quality | ..... | XXX | XXX | ..... | 0.0004 | ..... | 0.0023 | ..... | 0.0030 | ..... |
| 3 | 2 | High Quality | ..... | XXX | XXX | ..... | 0.0019 | ..... | 0.0058 | ..... | 0.0090 | ..... |
| 4 | 3 | Medium Quality | ..... | XXX | XXX | ..... | 0.0093 | ..... | 0.0230 | ..... | 0.0340 | ..... |
| 5 | 4 | Low Quality | ..... | XXX | XXX | ..... | 0.0213 | ..... | 0.0530 | ..... | 0.0750 | ..... |
| 6 | 5 | Lower Quality | ..... | XXX | XXX | ..... | 0.0432 | ..... | 0.1100 | ..... | 0.1700 | ..... |
| 7 | 6 | In or Near Default | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.2000 | ..... | 0.2000 | ..... |
| 8 | | Total Unrated Multi-Class Securities Acquired by Conversion | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| 9 | | Total Long-Term Bonds (Sum of Lines 1 through 8) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| PREFERRED STOCKS | | | | | | | | | | | | |
| 10 | 1 | Highest Quality | ..... | XXX | XXX | ..... | 0.0004 | ..... | 0.0023 | ..... | 0.0030 | ..... |
| 11 | 2 | High Quality | ..... | XXX | XXX | ..... | 0.0019 | ..... | 0.0058 | ..... | 0.0090 | ..... |
| 12 | 3 | Medium Quality | ..... | XXX | XXX | ..... | 0.0093 | ..... | 0.0230 | ..... | 0.0340 | ..... |
| 13 | 4 | Low Quality | ..... | XXX | XXX | ..... | 0.0213 | ..... | 0.0530 | ..... | 0.0750 | ..... |
| 14 | 5 | Lower Quality | ..... | XXX | XXX | ..... | 0.0432 | ..... | 0.1100 | ..... | 0.1700 | ..... |
| 15 | 6 | In or Near Default | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.2000 | ..... | 0.2000 | ..... |
| 16 | | Affiliated Life with AVR | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0000 | ..... | 0.0000 | ..... |
| 17 | | Total Preferred Stocks (Sum of Lines 10 through 16) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt Obligations | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0000 | ..... | 0.0000 | ..... |
| 19 | 1 | Highest Quality | ..... | XXX | XXX | ..... | 0.0004 | ..... | 0.0023 | ..... | 0.0030 | ..... |
| 20 | 2 | High Quality | ..... | XXX | XXX | ..... | 0.0019 | ..... | 0.0058 | ..... | 0.0090 | ..... |
| 21 | 3 | Medium Quality | ..... | XXX | XXX | ..... | 0.0093 | ..... | 0.0230 | ..... | 0.0340 | ..... |
| 22 | 4 | Low Quality | ..... | XXX | XXX | ..... | 0.0213 | ..... | 0.0530 | ..... | 0.0750 | ..... |
| 23 | 5 | Lower Quality | ..... | XXX | XXX | ..... | 0.0432 | ..... | 0.1100 | ..... | 0.1700 | ..... |
| 24 | 6 | In or Near Default | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.2000 | ..... | 0.2000 | ..... |
| 25 | | Total Short-Term Bonds (Sum of Lines 18 through 24) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | |
| 26 | | Exchange Traded | ..... | XXX | XXX | ..... | 0.0004 | ..... | 0.0023 | ..... | 0.0030 | ..... |
| 27 | 1 | Highest Quality | ..... | XXX | XXX | ..... | 0.0004 | ..... | 0.0023 | ..... | 0.0030 | ..... |
| 28 | 2 | High Quality | ..... | XXX | XXX | ..... | 0.0019 | ..... | 0.0058 | ..... | 0.0090 | ..... |
| 29 | 3 | Medium Quality | ..... | XXX | XXX | ..... | 0.0093 | ..... | 0.0230 | ..... | 0.0340 | ..... |
| 30 | 4 | Low Quality | ..... | XXX | XXX | ..... | 0.0213 | ..... | 0.0530 | ..... | 0.0750 | ..... |
| 31 | 5 | Lower Quality | ..... | XXX | XXX | ..... | 0.0432 | ..... | 0.1100 | ..... | 0.1700 | ..... |
| 32 | 6 | In or Near Default | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.2000 | ..... | 0.2000 | ..... |
| 33 | | Total Derivative Instruments | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| 34 | | Total (Lines 9+ 17+ 25+ 33) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |

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

| Line Number | NAIC Designation | Description | 1 Book/ Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 Basic Contribution (Cols. 4x5) | | 7 Reserve Objective (Cols. 4x7) | | 8 Maximum Reserve Amount (Cols. 4x9) | |
|-------------|------------------|---|---|--|---|--|--|--------|---------------------------------------|--------|---|--------|
| | | | | | | | Factor | Amount | Factor | Amount | Factor | Amount |
| | | REAL ESTATE LOANS | | | | | | | | | | |
| | | In Good Standing | | | | | | | | | | |
| 35 | | Farm Mortgages - CM1 - Highest Quality | | | XXX | | 0.0010 | 0.0050 | 0.0065 | | | |
| 36 | | Farm Mortgages - CM2 - High Quality | | | XXX | | 0.0035 | 0.0100 | 0.0130 | | | |
| 37 | | Farm Mortgages - CM3 - Medium Quality | | | XXX | | 0.0060 | 0.0175 | 0.0225 | | | |
| 38 | | Farm Mortgages - CM4 - Low Medium Quality | | | XXX | | 0.0105 | 0.0300 | 0.0375 | | | |
| 39 | | Farm Mortgages - CM5 - Low Quality | | | XXX | | 0.0160 | 0.0425 | 0.0550 | | | |
| 40 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | 0.0003 | 0.0006 | 0.0010 | | | |
| 41 | | Residential Mortgages - All Other | | | XXX | | 0.0013 | 0.0030 | 0.0040 | | | |
| 42 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0003 | 0.0006 | 0.0010 | | | |
| 43 | | Commercial Mortgages - All Other - CM1 - Highest Quality | | | XXX | | 0.0010 | 0.0050 | 0.0065 | | | |
| 44 | | Commercial Mortgages - All Other - CM2 - High Quality | | | XXX | | 0.0035 | 0.0100 | 0.0130 | | | |
| 45 | | Commercial Mortgages - All Other - CM3 - Medium Quality | | | XXX | | 0.0060 | 0.0175 | 0.0225 | | | |
| 46 | | Commercial Mortgages - All Other - CM4 - Low Medium Quality | | | XXX | | 0.0105 | 0.0300 | 0.0375 | | | |
| 47 | | Commercial Mortgages - All Other - CM5 - Low Quality | | | XXX | | 0.0160 | 0.0425 | 0.0550 | | | |
| | | Overdue, Not in Process: | | | | | | | | | | |
| 48 | | Farm Mortgages | | | XXX | | 0.0420 | 0.0760 | 0.1200 | | | |
| 49 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | 0.0005 | 0.0012 | 0.0020 | | | |
| 50 | | Residential Mortgages - All Other | | | XXX | | 0.0025 | 0.0058 | 0.0090 | | | |
| 51 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0005 | 0.0012 | 0.0020 | | | |
| 52 | | Commercial Mortgages - All Other | | | XXX | | 0.0420 | 0.0760 | 0.1200 | | | |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 53 | | Farm Mortgages | | | XXX | | 0.0000 | 0.1700 | 0.1700 | | | |
| 54 | | Residential Mortgages - Insured or Guaranteed | | | XXX | | 0.0000 | 0.0040 | 0.0040 | | | |
| 55 | | Residential Mortgages - All Other | | | XXX | | 0.0000 | 0.0130 | 0.0130 | | | |
| 56 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0000 | 0.0040 | 0.0040 | | | |
| 57 | | Commercial Mortgages - All Other | | | XXX | | 0.0000 | 0.1700 | 0.1700 | | | |
| 58 | | Total Schedule B Mortgages (Sum of Lines 35 through 57) | | | XXX | | XXX | XXX | XXX | | | |
| 59 | | Schedule DA Mortgages | | | XXX | | 0.0030 | 0.0100 | 0.0130 | | | |
| 60 | | Total Mortgage Loans on Real Estate (Lines 58 + 59) | | | XXX | | XXX | XXX | XXX | | | |

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

| Line Number | NAIC Designation | Description | 1 Book/ Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1-2+3) | 5 Basic Contribution Amount (Cols. 4X5) | | 7 Reserve Objective Amount (Cols. 4X7) | | 9 Maximum Reserve Amount (Cols. 4X9) | |
|---|------------------|--|---|--|---|--|--|--------|---|--------|---|--------|
| | | | | | | | Factor | Amount | Factor | Amount | Factor | Amount |
| COMMON STOCK | | | | | | | | | | | | |
| 1 | | Unaffiliated Public..... | | | | | 0.0000 | | 0.1300 (a) | | 0.1300 (a) | |
| 2 | | Unaffiliated Private..... | XXX | XXX | XXX | | 0.0000 | | 0.1600 | | 0.1600 | |
| 3 | | Federal Home Loan Bank..... | XXX | XXX | XXX | | 0.0000 | | 0.0050 | | 0.0080 | |
| 4 | | Affiliated Life with AVR..... | XXX | XXX | XXX | | 0.0000 | | 0.0000 | | 0.0000 | |
| Affiliated Investment Subsidiary: | | | | | | | | | | | | |
| 5 | | Fixed Income Exempt Obligations..... | | | | | XXX | | XXX | | XXX | |
| 6 | | Fixed Income High Quality..... | | | | | XXX | | XXX | | XXX | |
| 7 | | Fixed Income Medium Quality..... | | | | | XXX | | XXX | | XXX | |
| 8 | | Fixed Income Low Quality..... | | | | | XXX | | XXX | | XXX | |
| 9 | | Fixed Income Lower Quality..... | | | | | XXX | | XXX | | XXX | |
| 10 | | Fixed Income In or Near Default..... | | | | | XXX | | XXX | | XXX | |
| 11 | | Unaffiliated Common Stock Public..... | | | | | 0.0000 | | 0.1300 (a) | | 0.1300 (a) | |
| 12 | | Unaffiliated Common Stock Private..... | | | | | 0.0000 | | 0.1600 | | 0.1600 | |
| 13 | | Real Estate..... | | | | | (b) | | (b) | | (b) | |
| 14 | | Affiliated-Certain Other (See SVO Purposes & Procedures Manual)..... | XXX | XXX | XXX | | 0.0000 | | 0.1300 | | 0.1300 | |
| 15 | | Affiliated - All Other..... | XXX | XXX | XXX | | 0.0000 | | 0.1600 | | 0.1600 | |
| 16 | | Total Common Stock (Sum of Lines 1 through 16) | | | | | XXX | | XXX | | XXX | |
| REAL ESTATE | | | | | | | | | | | | |
| 18 | | Home Office Property (General Account only)..... | | | | | 0.0000 | | 0.0750 | | 0.0750 | |
| 19 | | Investment Properties..... | | | | | 0.0000 | | 0.0750 | | 0.0750 | |
| 20 | | Properties Acquired in Satisfaction of Debt..... | | | | | 0.0000 | | 0.1100 | | 0.1100 | |
| 21 | | Total Real Estate (Sum of Lines 18 through 20) | | | | | XXX | | XXX | | XXX | |
| OTHER INVESTED ASSETS | | | | | | | | | | | | |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | | | |
| 22 | | Exempt Obligations..... | | | | | 0.0000 | | 0.0000 | | 0.0000 | |
| 23 | 1 | Highest Quality..... | XXX | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 24 | 2 | High Quality..... | XXX | XXX | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 25 | 3 | Medium Quality..... | XXX | XXX | XXX | | 0.0093 | | 0.0230 | | 0.0340 | |
| 26 | 4 | Low Quality..... | XXX | XXX | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 27 | 5 | Lower Quality..... | XXX | XXX | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 28 | 6 | In or Near Default..... | XXX | XXX | XXX | | 0.0000 | | 0.0000 | | 0.2000 | |
| 29 | | Total with Bond Characteristics (Sum of Lines 22 through 28) | XXX | XXX | XXX | | XXX | | XXX | | XXX | |

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

| Line Number | NAIC Designation | Description of Underlying Assets | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1+2+3) | 5 Basic Contribution (Cols. 4x5) | | 7 Reserve Objective Amount (Cols. 4x7) | | 9 Maximum Reserve Amount (Cols. 4x9) | |
|---|------------------|---|-----------------------------------|--|-----------------------------------|---|-------------------------------------|--------|---|--------|---|--------|
| | | | | | | | Factor | Amount | Factor | Amount | Factor | Amount |
| INVESTMENTS WITH PREFERRED STOCKS | | | | | | | | | | | | |
| CHARACTERISTICS OF UNDERLYING INVESTMENTS: | | | | | | | | | | | | |
| 30 | 1 | Highest Quality | ..... | XXX | XXX | ..... | 0.0004 | ..... | 0.0023 | ..... | 0.0030 | ..... |
| 31 | 2 | High Quality | ..... | XXX | XXX | ..... | 0.0019 | ..... | 0.0058 | ..... | 0.0090 | ..... |
| 32 | 3 | Medium Quality | ..... | XXX | XXX | ..... | 0.0093 | ..... | 0.0230 | ..... | 0.0340 | ..... |
| 33 | 4 | Low Quality | ..... | XXX | XXX | ..... | 0.0213 | ..... | 0.0530 | ..... | 0.0750 | ..... |
| 34 | 5 | Lower Quality | ..... | XXX | XXX | ..... | 0.0432 | ..... | 0.1100 | ..... | 0.1700 | ..... |
| 35 | 6 | In or Near Default | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.2000 | ..... | 0.2000 | ..... |
| 36 | | Affiliated Life with AVR | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0000 | ..... | 0.0000 | ..... |
| 37 | | Total with Preferred Stock Characteristics (Sum of Lines 30 through 36) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS | | | | | | | | | | | | |
| In Good Standing/Affiliated: | | | | | | | | | | | | |
| 38 | | Mortgages - CM1 - Highest Quality | ..... | XXX | XXX | ..... | 0.0010 | ..... | 0.0050 | ..... | 0.0065 | ..... |
| 39 | | Mortgages - CM2 - High Quality | ..... | XXX | XXX | ..... | 0.0035 | ..... | 0.0100 | ..... | 0.0130 | ..... |
| 40 | | Mortgages - CM3 - Medium Quality | ..... | XXX | XXX | ..... | 0.0060 | ..... | 0.0175 | ..... | 0.0225 | ..... |
| 41 | | Mortgages - CM4 - Low Medium Quality | ..... | XXX | XXX | ..... | 0.0105 | ..... | 0.0300 | ..... | 0.0375 | ..... |
| 42 | | Mortgages - CM5 - Low Quality | ..... | XXX | XXX | ..... | 0.0160 | ..... | 0.0425 | ..... | 0.0550 | ..... |
| 43 | | Residential Mortgages - Insured or Guaranteed | ..... | XXX | XXX | ..... | 0.0003 | ..... | 0.0006 | ..... | 0.0010 | ..... |
| 44 | | Residential Mortgages - All Other | ..... | XXX | XXX | ..... | 0.0013 | ..... | 0.0030 | ..... | 0.0040 | ..... |
| 45 | | Commercial Mortgages - Insured or Guaranteed | ..... | XXX | XXX | ..... | 0.0003 | ..... | 0.0006 | ..... | 0.0010 | ..... |
| 46 | | Overdue, Not in Process/Affiliated: | ..... |  |  | ..... |  | ..... |  | ..... |  | ..... |
| 47 | | Farm Mortgages | ..... | XXX | XXX | ..... | 0.0420 | ..... | 0.0760 | ..... | 0.1200 | ..... |
| 48 | | Residential Mortgages - Insured or Guaranteed | ..... | XXX | XXX | ..... | 0.0005 | ..... | 0.0012 | ..... | 0.0020 | ..... |
| 49 | | Residential Mortgages - All Other | ..... | XXX | XXX | ..... | 0.0025 | ..... | 0.0058 | ..... | 0.0090 | ..... |
| 50 | | Commercial Mortgages - Insured or Guaranteed | ..... | XXX | XXX | ..... | 0.0005 | ..... | 0.0012 | ..... | 0.0020 | ..... |
| 51 | | Commercial Mortgages - All Other | ..... | XXX | XXX | ..... | 0.0420 | ..... | 0.0760 | ..... | 0.1200 | ..... |
| 52 | | In Process of Foreclosure/Affiliated: | ..... |  |  | ..... |  | ..... |  | ..... |  | ..... |
| 53 | | Farm Mortgages | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.1700 | ..... | 0.1700 | ..... |
| 54 | | Residential Mortgages - Insured or Guaranteed | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0040 | ..... | 0.0040 | ..... |
| 55 | | Residential Mortgages - All Other | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0130 | ..... | 0.0130 | ..... |
| 56 | | Commercial Mortgages - Insured or Guaranteed | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.0040 | ..... | 0.0040 | ..... |
| 57 | | Commercial Mortgages - All Other | ..... | XXX | XXX | ..... | 0.0000 | ..... | 0.1700 | ..... | 0.1700 | ..... |
| 58 | | Total Affiliated (Sum of Lines 38 through 55) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| 59 | | Unaffiliated - In Good Standing With Covenants | ..... | XXX | XXX | ..... | (c) | ..... | (c) | ..... | (c) | ..... |
| 60 | | Unaffiliated - In Good Standing With Government Securities | ..... | XXX | XXX | ..... | 0.0010 | ..... | 0.0065 | ..... | 0.0065 | ..... |
| 61 | | Unaffiliated - In Good Standing Primarily Senior | ..... | XXX | XXX | ..... | 0.0035 | ..... | 0.0100 | ..... | 0.0130 | ..... |
| 62 | | Unaffiliated - In Good Standing All Other | ..... | XXX | XXX | ..... | 0.0060 | ..... | 0.0175 | ..... | 0.0225 | ..... |
| 63 | | Unaffiliated - Overdue, Not in Process | ..... | XXX | XXX | ..... | 0.0420 | ..... | 0.0760 | ..... | 0.1200 | ..... |
| 64 | | Total Unaffiliated (Sum of Lines 57 through 62) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |
| | | Total with Mortgage Loan Characteristics (Lines 56 + 63) | ..... | XXX | XXX | ..... | XXX | ..... | XXX | ..... | XXX | ..... |

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

| Line Number | NAIC Designation | Description | 1 Book/ Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Col. 1+2+3) | 5 Basic Contribution (Cols. 4&5) | | 7 Reserve Objective (Cols. 4&7) | | 10 Maximum Reserve (Cols. 4&9) | |
|-------------|------------------|---|---|--|---|---|--|-----------|---------------------------------------|--------|--------------------------------------|--------|
| | | | | | | | Factor | Amount | Factor | Amount | Factor | Amount |
| 65 | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK | | | | | | | | | | |
| 66 | | Unaffiliated Public..... | | XXX | XXX | | 0.0000 | 0.1300(a) | 0.1300(a) | | 0.1300(a) | |
| 67 | | Unaffiliated Private..... | | XXX | XXX | | 0.0000 | 0.1600 | 0.1600 | | 0.1600 | |
| 68 | | Affiliated Life with AVR..... | | XXX | XXX | | 0.0000 | 0.0000 | 0.0000 | | 0.0000 | |
| 69 | | Affiliated Certain Other (See SVO Purposes & Procedures Manual)..... | | XXX | XXX | | 0.0000 | 0.1300 | 0.1300 | | 0.1300 | |
| 70 | | Affiliated Other - All Other..... | | XXX | XXX | | 0.0000 | 0.1600 | 0.1600 | | 0.1600 | |
| | | Total with Common Stock Characteristics (Sum of Lines 65 through 69) | | XXX | XXX | | XXX | XXX | XXX | | XXX | |
| 71 | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | |
| 72 | | Home Office Property (General Account only)..... | | | | | 0.0000 | 0.0750 | 0.0750 | | 0.0750 | |
| 73 | | Investment Properties..... | | | | | 0.0000 | 0.0750 | 0.0750 | | 0.0750 | |
| 74 | | Properties Acquired in Satisfaction of Debt..... | | | | | 0.0000 | 0.1100 | 0.1100 | | 0.1100 | |
| | | Total with Real Estate Characteristics (Sum of Lines 71 through 73) | | | | | XXX | XXX | XXX | | XXX | |
| 75 | | LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | |
| 76 | | Guaranteed Federal Low Income Housing Tax Credit..... | | | | | 0.0003 | 0.0006 | 0.0006 | | 0.0010 | |
| 77 | | Non-guaranteed Federal Low Income Housing Tax Credit..... | | | | | 0.0063 | 0.0120 | 0.0120 | | 0.0190 | |
| 78 | | Guaranteed State Low Income Housing Tax Credit..... | | | | | 0.0003 | 0.0006 | 0.0006 | | 0.0010 | |
| 79 | | Non-guaranteed State Low Income Housing Tax Credit..... | | | | | 0.0063 | 0.0120 | 0.0120 | | 0.0190 | |
| 80 | | All Other Low Income Housing Tax Credit..... | | | | | 0.0273 | 0.0600 | 0.0600 | | 0.0975 | |
| | | Total LIHTC (Sum of Lines 75 through 79) | | | | | XXX | XXX | XXX | | XXX | |
| 81 | | ALL OTHER INVESTMENTS | | | | | | | | | | |
| 82 | | NAIC 1 Working Capital Finance Investments..... | | XXX | XXX | | 0.0000 | 0.0037 | 0.0037 | | 0.0037 | |
| 83 | | NAIC 2 Working Capital Finance Investments..... | | XXX | XXX | | 0.0000 | 0.0120 | 0.0120 | | 0.0120 | |
| 84 | | Other Invested Assets - Schedule BA..... | | XXX | XXX | | 0.0000 | 0.1300 | 0.1300 | | 0.1300 | |
| 85 | | Other Short-Term Invested Assets - Schedule DA..... | | XXX | XXX | | 0.0000 | 0.1300 | 0.1300 | | 0.1300 | |
| 86 | | Total All Other (Sum of Lines 81 - 82, 83 and 84)..... | | XXX | XXX | | XXX | XXX | XXX | | XXX | |
| | | Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85) | | | | | XXX | XXX | XXX | | XXX | |

(a) Times the company's weighted average portfolio beta (Minimum - 10, Maximum 20).
 (b) Determined using same factors and breakdowns used for directly owned real estate.
 (c) This will be the factor associated with the risk category determined in the company generated worksheet.

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident And Health | | Credit Accident and Health (Group and Individual) | | Collectively Renewable | | Non-Cancelable | | Guaranteed Renewable | | Other Individual Contracts | | All Other | | |
|--|--------|---|---------------------------|---|---|---|------------------------|---|----------------|----|----------------------|----|----------------------------|----|-----------|----|-----|
| | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | |
| | 3 | 2 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | |
| 1. Premiums written..... | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 2. Premiums earned..... | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 3. Incurred claims..... | | | | | | | | | | | | | | | | | |
| 4. Cost containment expenses..... | | | | | | | | | | | | | | | | | |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4)..... | | | | | | | | | | | | | | | | | |
| 6. Increase in contract reserves..... | | | | | | | | | | | | | | | | | |
| 7. Commissions (a)..... | | | | | | | | | | | | | | | | | |
| 8. Other general insurance expenses..... | | | | | | | | | | | | | | | | | |
| 9. Taxes, licenses and fees..... | | | | | | | | | | | | | | | | | |
| 10. Total other expenses incurred..... | | | | | | | | | | | | | | | | | |
| 11. Aggregate write-ins for deductions..... | | | | | | | | | | | | | | | | | |
| 12. Gain from underwriting before dividends or refunds..... | | | | | | | | | | | | | | | | | |
| 13. Dividends or refunds..... | | | | | | | | | | | | | | | | | |
| 14. Gain from underwriting after dividends or refunds..... | | | | | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | |
| 1101..... | | | | | | | | | | | | | | | | | |
| 1102..... | | | | | | | | | | | | | | | | | |
| 1103..... | | | | | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | | | | | | | | | | | | | | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | | | | | | | | | | | | | | |

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

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SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

| | 1 | 2 | 3 | 4 | Other Individual Contracts | | | | |
|--|---|---|---|---|----------------------------|---|---|---|---|
| | | | | | 5 | 6 | 7 | 8 | 9 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | | | | | | | | |
| PART 2 – RESERVES AND LIABILITIES | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums..... | | | | | | | | | |
| 2. Advance premiums..... | | | | | | | | | |
| 3. Reserve for rate credits..... | | | | | | | | | |
| 4. Total premium reserves, current year..... | | | | | | | | | |
| 5. Total premium reserves, prior year..... | | | | | | | | | |
| 6. Increase in total premium reserves..... | | | | | | | | | |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a)..... | | | | | | | | | |
| 2. Reserve for future contingent benefits..... | | | | | | | | | |
| 3. Total contract reserves, current year..... | | | | | | | | | |
| 4. Total contract reserves, prior year..... | | | | | | | | | |
| 5. Increase in contract reserves..... | | | | | | | | | |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year..... | | | | | | | | | |
| 2. Total prior year..... | | | | | | | | | |
| 3. Increase..... | | | | | | | | | |
| PART 3 – TEST OF PRIOR YEARS CLAIM RESERVES AND LIABILITIES | | | | | | | | | |
| 1. Claims paid during the year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year..... | | | | | | | | | |
| 1.2 On claims incurred during current year..... | | | | | | | | | |
| 2. Claim reserves and liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year..... | | | | | | | | | |
| 2.2 On claims incurred during current year..... | | | | | | | | | |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1..... | | | | | | | | | |
| 3.2 Claim reserves and liabilities, December 31 prior year..... | | | | | | | | | |
| 3.3 Line 3.1 minus Line 3.2..... | | | | | | | | | |
| PART 4 – REINSURANCE | | | | | | | | | |
| A. Reinsurance Assumed: | | | | | | | | | |
| 1. Premiums written..... | | | | | | | | | |
| 2. Premiums earned..... | | | | | | | | | |
| 3. Incurred claims..... | | | | | | | | | |
| 4. Commissions..... | | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written..... | | | | | | | | | |
| 2. Premiums earned..... | | | | | | | | | |
| 3. Incurred claims..... | | | | | | | | | |
| 4. Commissions..... | | | | | | | | | |
| (a) Includes \$..... premium deficiency reserve. | | | | | | | | | |

SCHEDULE H – PART 5 – HEALTH CLAIMS

| | 1 Medical | 2 Dental | 3 Other | 4 Total |
|--|--------------|-------------|------------|------------|
| A. Direct: | | | | |
| 1. Incurred Claims | | | | |
| 2. Beginning Claim Reserves and Liabilities..... | | | | |
| 3. Ending Claim Reserves and Liabilities..... | | | | |
| 4. Claims Paid..... | | | | |
| B. Assumed Reinsurance: | | | | |
| 5. Incurred Claims | | | | |
| 6. Beginning Claim Reserves and Liabilities..... | | | | |
| 7. Ending Claim Reserves and Liabilities..... | | | | |
| 8. Claims Paid..... | | | | |
| C. Ceded Reinsurance: | | | | |
| 9. Incurred Claims | | | | |
| 10. Beginning Claim Reserves and Liabilities..... | | | | |
| 11. Ending Claim Reserves and Liabilities..... | | | | |
| 12. Claims Paid..... | | | | |
| D. Net: | | | | |
| 13. Incurred Claims | | | | |
| 14. Beginning Claim Reserves and Liabilities..... | | | | |
| 15. Ending Claim Reserves and Liabilities..... | | | | |
| 16. Claims Paid..... | | | | |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred Claims and Cost Containment Expenses..... | | | | |
| 18. Beginning Reserves and Liabilities | | | | |
| 19. Ending Reserves and Liabilities | | | | |
| 20. Paid Claims and Cost Containment Expenses..... | | | | |

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SCHEDULE S – PART 1 – SECTION 1
 Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
 Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-----------|----------------|-------------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|---------|----------|---|-----------------------------|---------------------------------|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsured | Domiciliary Jurisdiction | Type of Reinsurance Assumed | Type of Business Assumed | Amount of In Force at End of Year | Reserve | Premiums | Reinsurance Payable on Paid and Unpaid Losses | Modified Consurance Reserve | Funds Withheld Under Consurance |
| 9999999 | Totals | | | | | | | | | | | |

SCHEDULE S – PART 1 – SECTION 2
 Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-----------|----------------|-------------------|--------------------------|-----------------------------|--------------------------|----------|-------------------|--|---|------------------------------|----------------------------------|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsurer | Domiciliary Jurisdiction | Type of Reinsurance Assumed | Type of Business Assumed | Premiums | Unearned Premiums | Reserve Liability Other Than For Unearned Premiums | Reinsurance Payable on Paid and Unpaid Losses | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| 99999999 | Totals | | | | | | | | | | | |

Not for Distribution

SCHEDULE S – PART 3 – SECTION 1
 Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
 Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

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

Not for Distribution

SCHEDULE S – PART 3 – SECTION 2
 Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 12 | 13 | 14 |
|-------------------|-----------|----------------|--------------|--------------------------|---------------------------|------------------------|----------|-------------------------------|---|--------------|------------|------------------------------|-------------------------------|----|
| NAIC Company Code | ID Number | Effective Date | Company Name | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Premiums | Unearned Premiums (Estimated) | Reserve Credit Taken Other than for Unearned Premiums | Current Year | Prior Year | Modified Reinsurance Reserve | Funds Withheld Under Contract | |
| 99999999 | Totals | | | | | | | | | | | | | |

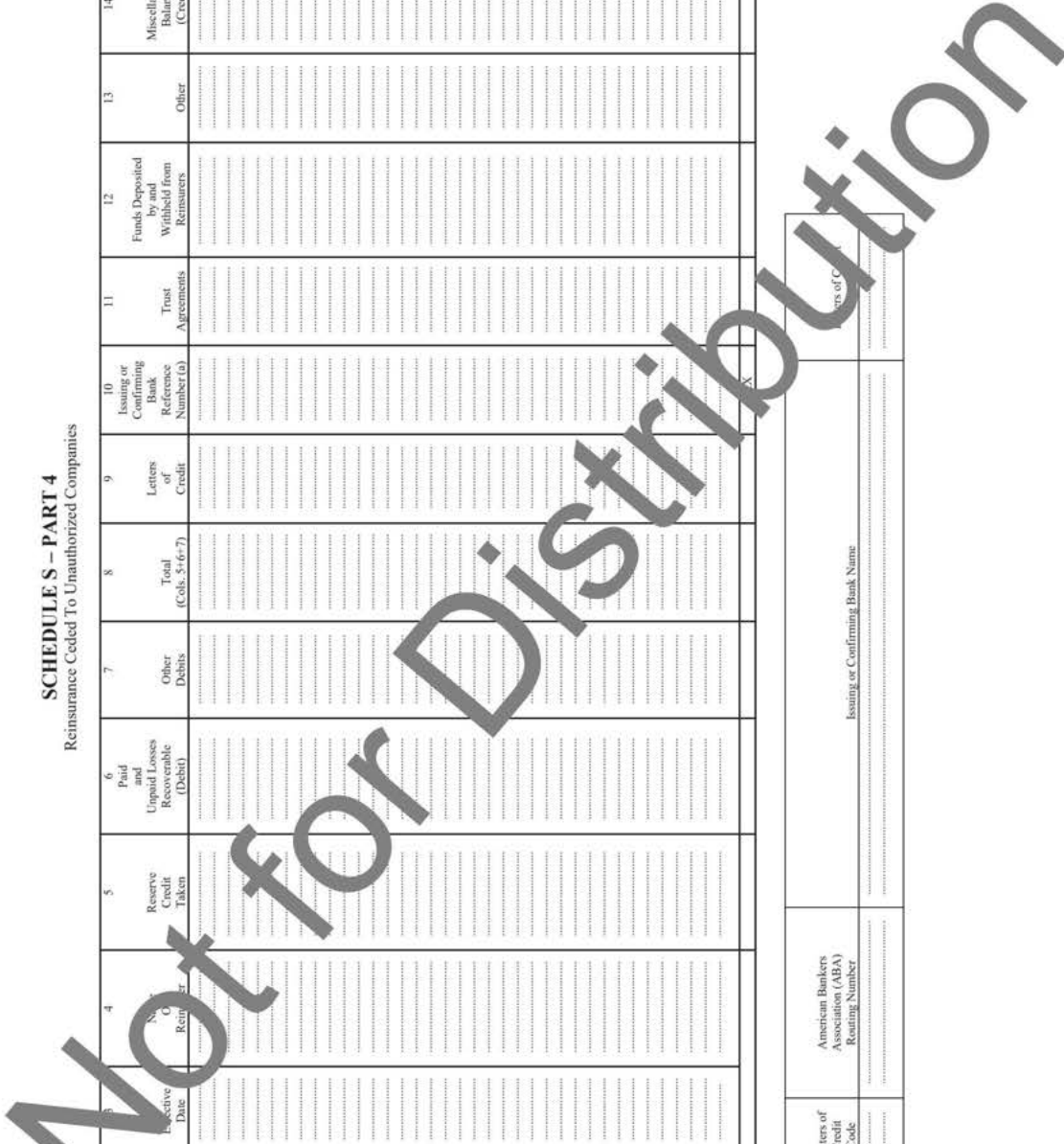
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SCHEDULE S – PART 4
 Reinsurance Ceded To Unauthorized Companies

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------------------|-----------|----------------|-----------|----------------------|--|--------------|---------------------|-------------------|---|------------------|---|-------|---------------------------------|---|
| NAIC Company Code | ID Number | Effective Date | Reinsurer | Reserve Credit Taken | Paid and Unpaid Losses Recoverable (Debit) | Other Debits | Total (Cols. 5+6+7) | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Trust Agreements | Funds Deposited by and Withheld from Reinsurers | Other | Miscellaneous Balances (Credit) | Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8 |
| 99999999 Totals | | | | | | | | | | | | | | |

(b)

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



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

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts | | | | | |
| 2. Commissions and reinsurance expense allowances | | | | | |
| 3. Contract claims | | | | | |
| 4. Surrender benefits and withdrawals for life contracts | | | | | |
| 5. Dividends to policyholders..... | | | | | |
| 6. Reserve adjustments on reinsurance ceded..... | | | | | |
| 7. Increase in aggregate reserves for life and accident and health contracts..... | | | | | |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected..... | | | | | |
| 9. Aggregate reserves for life and accident and health contracts..... | | | | | |
| 10. Liability for deposit-type contracts | | | | | |
| 11. Contract claims unpaid | | | | | |
| 12. Amounts recoverable on reinsurance | | | | | |
| 13. Experience rating refunds due or unpaid..... | | | | | |
| 14. Policyholders' dividends (not included in Line 10)..... | | | | | |
| 15. Commissions and reinsurance expense allowances due | | | | | |
| 16. Unauthorized reinsurance offset..... | | | | | |
| 17. Offset for reinsurance with Certified Reinsurers | | | | | |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 18. Funds deposited by and withheld from (F) | | | | | |
| 19. Letters of credit (L)..... | | | | | |
| 20. Trust agreements (T) | | | | | |
| 21. Other (O)..... | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 22. Multiple Beneficiary Trust | | | | | |
| 23. Funds deposited by and withheld from (F) | | | | | |
| 24. Letters of credit (L)..... | | | | | |
| 25. Trust agreements (T) | | | | | |
| 26. Other (O)..... | | | | | |

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

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

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

| States, Etc. | 1 Active Status (a) | Direct Business Only | | | | | |
|---|---------------------------|------------------------------------|--------------------------------|---|------------------------------|---|---------------------------------|
| | | Life Contracts | | 4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | 5 Other Considerations | 6 Total Columns 2 through 5 | 7 Deposit -Type Contracts |
| | | 2 Life Insurance Premiums | 3 Annuity Considerations | | | | |
| 1. Alabama.....AL | | | | | | | |
| 2. Alaska.....AK | | | | | | | |
| 3. Arizona.....AZ | | | | | | | |
| 4. Arkansas.....AR | | | | | | | |
| 5. California.....CA | | | | | | | |
| 6. Colorado.....CO | | | | | | | |
| 7. Connecticut.....CT | | | | | | | |
| 8. Delaware.....DE | | | | | | | |
| 9. District of Columbia.....DC | | | | | | | |
| 10. Florida.....FL | | | | | | | |
| 11. Georgia.....GA | | | | | | | |
| 12. Hawaii.....HI | | | | | | | |
| 13. Idaho.....ID | | | | | | | |
| 14. Illinois.....IL | | | | | | | |
| 15. Indiana.....IN | | | | | | | |
| 16. Iowa.....IA | | | | | | | |
| 17. Kansas.....KS | | | | | | | |
| 18. Kentucky.....KY | | | | | | | |
| 19. Louisiana.....LA | | | | | | | |
| 20. Maine.....ME | | | | | | | |
| 21. Maryland.....MD | | | | | | | |
| 22. Massachusetts.....MA | | | | | | | |
| 23. Michigan.....MI | | | | | | | |
| 24. Minnesota.....MN | | | | | | | |
| 25. Mississippi.....MS | | | | | | | |
| 26. Missouri.....MO | | | | | | | |
| 27. Montana.....MT | | | | | | | |
| 28. Nebraska.....NE | | | | | | | |
| 29. Nevada.....NV | | | | | | | |
| 30. New Hampshire.....NH | | | | | | | |
| 31. New Jersey.....NJ | | | | | | | |
| 32. New Mexico.....NM | | | | | | | |
| 33. New York.....NY | | | | | | | |
| 34. North Carolina.....NC | | | | | | | |
| 35. North Dakota.....ND | | | | | | | |
| 36. Ohio.....OH | | | | | | | |
| 37. Oklahoma.....OK | | | | | | | |
| 38. Oregon.....OR | | | | | | | |
| 39. Pennsylvania.....PA | | | | | | | |
| 40. Rhode Island.....RI | | | | | | | |
| 41. South Carolina.....SC | | | | | | | |
| 42. South Dakota.....SD | | | | | | | |
| 43. Tennessee.....TN | | | | | | | |
| 44. Texas.....TX | | | | | | | |
| 45. Utah.....UT | | | | | | | |
| 46. Vermont.....VT | | | | | | | |
| 47. Virginia.....VA | | | | | | | |
| 48. Washington.....WA | | | | | | | |
| 49. West Virginia.....WV | | | | | | | |
| 50. Wisconsin.....WI | | | | | | | |
| 51. Wyoming.....WY | | | | | | | |
| 52. American Samoa.....AS | | | | | | | |
| 53. Guam.....GU | | | | | | | |
| 54. Puerto Rico.....PR | | | | | | | |
| 55. US Virgin Islands.....VI | | | | | | | |
| 56. Northern Mariana Islands.....MP | | | | | | | |
| 57. Canada.....AN | | | | | | | |
| 58. Aggregate Other Alien.....XX | | | | | | | |
| 59. Subtotal.....XXX | | | | | | | |
| 90. Reporting entity contributions for employee benefit plans.....XXX | | | | | | | |
| 91. Dividends or refunds applied to purchase paid-up annuities and annuities.....XXX | | | | | | | |
| 92. Dividends or refunds applied to ten endowment or premium paying period.....XXX | | | | | | | |
| 93. Premium or annuity consideration received under disability or other contract provisions.....XXX | | | | | | | |
| 94. Aggregate other amount allocable.....XXX | | | | | | | |
| 95. Totals (Direct Business).....XXX | | | | | | | |
| 96. Plus reinsurance assumed.....XXX | | | | | | | |
| 97. Totals (All Business).....XXX | | | | | | | |
| 98. Less Reinsurance Ceded.....XXX | | | | | | | |
| 99. Totals (All Business) Reinsurance Ceded.....XXX | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | |
| 58001.....XXX | | | | | | | |
| 58002.....XXX | | | | | | | |
| 58003.....XXX | | | | | | | |
| 58998 Summary of remaining write-ins for Line 58 from overflow page.....XXX | | | | | | | |
| 58999 Total (Lines 58001 through 58003 + 58998) (Line 58 above).....XXX | | | | | | | |
| 9401.....XXX | | | | | | | |
| 9402.....XXX | | | | | | | |
| 9403.....XXX | | | | | | | |
| 9498 Summary of remaining write-ins for Line 94 from overflow page.....XXX | | | | | | | |
| 9499 Total (Lines 9401 through 9403 + 9498) (Line 94 above).....XXX | | | | | | | |

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

(a) Active Status Counts:

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part I, Column 1, Line 1 indicate which:

SCHEDULE T – PART 2

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE

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

Not for Distribution

PART 1 – ORGANIZATIONAL CHART

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|----------------|---|----------|-----------------------|--|--|---|---|-----|--|--------|---|
| NAIC Company Code | ID Number | Names of Insurer and Parent, Subsidiaries or Affiliates | Holdings | Capital Contributions | Purchases, Sales, Exchanges of Securities, Real Estate, Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 9999999 | Control Totals | | | | | | | | XXX | | | |

Not for Distribution

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

MARCH FILING

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

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
7. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be required to be filed with the state of domicile and the NAIC by April 1?
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

JUNE FILING

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

AUGUST FILING

- 11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Not in Public be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

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

MARCH FILING

- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the actuarial opinion on non-participating policies as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?
19. Will the actuarial opinion on Separate Accounts Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?
25. Will the C-3 RBC Certifications required under C-3 Phase 1 be filed with the state of domicile and electronically with the NAIC by March 1?

**SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES**

- 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?
- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?
- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
- 34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
- 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
- 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
- 37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
- 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
- 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirement for Audit Committees be filed electronically with the NAIC by March 1?
- 40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

- 41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAIS) required by the Valuation Manual be filed with the state of domicile by April 1?
- 42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
- 43. Will the Interest-Sensitive Life Insurance Products Reporting Forms be filed with the state of domicile and the NAIC by April 1?
- 44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
- 45. Will the Accident and Health Policy Experience Report be filed with the state of domicile and the NAIC by April 1?
- 46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?
- 47. Will the Analysis of Increase in Policy Reserves During the Year be filed with the state of domicile and the NAIC by April 1?
- 48. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
- 49. Will the regulatory (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?
- 50. Will the confidential Confidential Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
- 51. Will the Supplemental Form and Annual Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
- 52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

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

Explanation:

Bar code:

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

Not for Distribution

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SUMMARY INVESTMENT SCHEDULE

| Investment Categories | Gross Investment Holdings | | Admitted Assets as Reported in the Annual Statement | | | |
|---|---------------------------|-----------------|---|--|----------------------------|-----------------|
| | 1 Amount | 2 Percentage | 3 Amount | 4 Securities Lending Reinvested Collateral Amount | 5 Total (3+4) Amount | 6 Percentage |
| 1. Bonds: | | | | | | |
| 1.1 U.S. treasury securities | | | | | | |
| 1.2 U.S. government agency obligations (excluding mortgage-backed securities): | | | | | | |
| 1.21 Issued by U.S. government agencies | | | | | | |
| 1.22 Issued by U.S. government sponsored agencies | | | | | | |
| 1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities) | | | | | | |
| 1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.: | | | | | | |
| 1.41 States, territories and possessions general obligations | | | | | | |
| 1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations | | | | | | |
| 1.43 Revenue and assessment obligations | | | | | | |
| 1.44 Industrial development and similar obligations | | | | | | |
| 1.5 Mortgage-backed securities (includes residential and commercial MBS): | | | | | | |
| 1.51 Pass-through securities: | | | | | | |
| 1.511 Issued or guaranteed by GNMA | | | | | | |
| 1.512 Issued or guaranteed by FNMA and FHLMC | | | | | | |
| 1.513 All other | | | | | | |
| 1.52 CMOs and REMICs: | | | | | | |
| 1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA | | | | | | |
| 1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 | | | | | | |
| 1.523 All other | | | | | | |
| 2. Other debt and other fixed income securities (excluding short term): | | | | | | |
| 2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) | | | | | | |
| 2.2 Unaffiliated non-U.S. securities (including Canada) | | | | | | |
| 2.3 Affiliated securities | | | | | | |
| 3. Equity interests: | | | | | | |
| 3.1 Investments in mutual funds | | | | | | |
| 3.2 Preferred stocks: | | | | | | |
| 3.21 Affiliated | | | | | | |
| 3.22 Unaffiliated | | | | | | |
| 3.3 Publicly traded equity securities (excluding preferred stocks): | | | | | | |
| 3.31 Affiliated | | | | | | |
| 3.32 Unaffiliated | | | | | | |
| 3.4 Other equity securities: | | | | | | |
| 3.41 Affiliated | | | | | | |
| 3.42 Unaffiliated | | | | | | |
| 3.5 Other equity interests including tangible personal property under lease: | | | | | | |
| 3.51 Affiliated | | | | | | |
| 3.52 Unaffiliated | | | | | | |
| 4. Mortgage loans: | | | | | | |
| 4.1 Construction and land development | | | | | | |
| 4.2 Agricultural | | | | | | |
| 4.3 Single family residential properties | | | | | | |
| 4.4 Multifamily residential properties | | | | | | |
| 4.5 Commercial loans | | | | | | |
| 4.6 Mezzanine real estate loans | | | | | | |
| 5. Real estate investment: | | | | | | |
| 5.1 Property occupied by company | | | | | | |
| 5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt) | | | | | | |
| 5.3 Property held for sale (including \$ property acquired in satisfaction of debt) | | | | | | |
| 6. Contract loans | | | | | | |
| 7. Derivatives | | | | | | |
| 8. Receivables for securities | | | | | | |
| 9. Securities Lending (Line 10, Asset Page reinvested collateral) | | | | XXX | XXX | XXX |
| 10. Cash equivalents and short-term investments | | | | | | |
| 11. Other invested assets | | | | | | |
| 12. Total invested assets | | | | | | |

SCHEDULE A – VERIFICATION BETWEEN YEARS
Real Estate

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

SCHEDULE B – VERIFICATION BETWEEN YEARS
Mortgage Loans

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

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

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

SCHEDULE D – VERIFICATION BETWEEN YEARS
Bonds and Stocks

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

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

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

Not for Distribution

SCHEDULE D – PART IA – SECTION 1
 Qualified Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| NAIC Designation | 1 Year or Less | 2 Over 1 Year Through 5 Years | 3 Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | 5 Over 20 Years | 6 No Maturity Date | 7 Total Current Year | 8 Col. 7 as a % of Line 11.7 | 9 Total from Col. 7 Prior Year | 10 % From Col. 8 Prior Year | 11 Total Publicly Traded | 12 Total Privately Placed (a) |
|---|----------------------|--|--|--|-----------------------|--------------------------|----------------------------|---------------------------------------|---|--------------------------------------|-----------------------------------|---|
| 1. U.S. Governments | | | | | | | | | | | | |
| 1.1 NAIC 1 | | | | | | XXX | | | | | | |
| 1.2 NAIC 2 | | | | | | XXX | | | | | | |
| 1.3 NAIC 3 | | | | | | XXX | | | | | | |
| 1.4 NAIC 4 | | | | | | XXX | | | | | | |
| 1.5 NAIC 5 | | | | | | XXX | | | | | | |
| 1.6 NAIC 6 | | | | | | XXX | | | | | | |
| 1.7 Totals | | | | | | XXX | | | | | | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 NAIC 1 | | | | | | XXX | | | | | | |
| 2.2 NAIC 2 | | | | | | XXX | | | | | | |
| 2.3 NAIC 3 | | | | | | XXX | | | | | | |
| 2.4 NAIC 4 | | | | | | XXX | | | | | | |
| 2.5 NAIC 5 | | | | | | XXX | | | | | | |
| 2.6 NAIC 6 | | | | | | XXX | | | | | | |
| 2.7 Totals | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions, etc., Guaranteed | | | | | | | | | | | | |
| 3.1 NAIC 1 | | | | | | XXX | | | | | | |
| 3.2 NAIC 2 | | | | | | XXX | | | | | | |
| 3.3 NAIC 3 | | | | | | XXX | | | | | | |
| 3.4 NAIC 4 | | | | | | XXX | | | | | | |
| 3.5 NAIC 5 | | | | | | XXX | | | | | | |
| 3.6 NAIC 6 | | | | | | XXX | | | | | | |
| 3.7 Totals | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 NAIC 1 | | | | | | XXX | | | | | | |
| 4.2 NAIC 2 | | | | | | XXX | | | | | | |
| 4.3 NAIC 3 | | | | | | XXX | | | | | | |
| 4.4 NAIC 4 | | | | | | XXX | | | | | | |
| 4.5 NAIC 5 | | | | | | XXX | | | | | | |
| 4.6 NAIC 6 | | | | | | XXX | | | | | | |
| 4.7 Totals | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 NAIC 1 | | | | | | XXX | | | | | | |
| 5.2 NAIC 2 | | | | | | XXX | | | | | | |
| 5.3 NAIC 3 | | | | | | XXX | | | | | | |
| 5.4 NAIC 4 | | | | | | XXX | | | | | | |
| 5.5 NAIC 5 | | | | | | XXX | | | | | | |
| 5.6 NAIC 6 | | | | | | XXX | | | | | | |
| 5.7 Totals | | | | | | XXX | | | | | | |

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

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

Not for Distribution

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

| NAIC Designation | 1 Year | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|----------------------------|------------------------------|--------------------------|-----------------------|----------------------------|-------|
| | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 11.7 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed (a) | |
| 11. Total Bonds Current Year | | | | | | | | | | | | |
| 11.1 NAIC 1 | | | | | | | | XXX | XXX | XXX | ..... | ..... |
| 11.2 NAIC 2 | | | | | | | | | | | | |
| 11.3 NAIC 3 | | | | | | | | | | | | |
| 11.4 NAIC 4 | | | | | | | | | | | | |
| 11.5 NAIC 5 | | | | | | | | | | | | |
| 11.6 NAIC 6 | | | | | | | | | | | | |
| 11.7 Totals | | | | | | | | XXX | XXX | XXX | ..... | ..... |
| 11.8 Line 11.7 as a % of Col. 7 | | | | | | | | | | | | |
| 12. Total Bonds Prior Year | | | | | | | | | | | | |
| 12.1 NAIC 1 | | | | | | | | | | | | |
| 12.2 NAIC 2 | | | | | | | | | | | | |
| 12.3 NAIC 3 | | | | | | | | | | | | |
| 12.4 NAIC 4 | | | | | | | | | | | | |
| 12.5 NAIC 5 | | | | | | | | | | | | |
| 12.6 NAIC 6 | | | | | | | | | | | | |
| 12.7 Totals | | | | | | | | | | | | |
| 12.8 Line 12.7 as a % of Col. 9 | | | | | | | | | | | | |
| 13. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 13.1 NAIC 1 | | | | | | | | | | | | |
| 13.2 NAIC 2 | | | | | | | | | | | | |
| 13.3 NAIC 3 | | | | | | | | | | | | |
| 13.4 NAIC 4 | | | | | | | | | | | | |
| 13.5 NAIC 5 | | | | | | | | | | | | |
| 13.6 NAIC 6 | | | | | | | | | | | | |
| 13.7 Totals | | | | | | | | | | | | |
| 13.8 Line 13.7 as a % of Col. 7 | | | | | | | | | | | | |
| 13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11 | | | | | | | | | | | | |
| 14. Total Privately Placed Bonds | | | | | | | | | | | | |
| 14.1 NAIC 1 | | | | | | | | | | | | |
| 14.2 NAIC 2 | | | | | | | | | | | | |
| 14.3 NAIC 3 | | | | | | | | | | | | |
| 14.4 NAIC 4 | | | | | | | | | | | | |
| 14.5 NAIC 5 | | | | | | | | | | | | |
| 14.6 NAIC 6 | | | | | | | | | | | | |
| 14.7 Totals | | | | | | | | | | | | |
| 14.8 Line 14.7 as a % of Col. 7 | | | | | | | | | | | | |
| 14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11 | | | | | | | | | | | | |

(a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ _____ current year of bonds with Z designations. \$ _____ prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because of inadequate certification of the security class is under regulatory review.
 (c) Includes \$ _____ current year of bonds with 5G1 designations. \$ _____ prior year of bonds with 5* or 5G1 designations and \$ _____ current year of bonds with 6* designations. "5G1" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____.

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|----------------|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|---------------------------|------------------------------|--------------------------|-----------------------|------------------------|
| | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 117 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed |
| 1. U.S. Governments | | | | | | | | | | | | |
| 1.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 1.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 1.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 1.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 1.5 Totals..... | | | | | | XXX | | | | | | |
| 2. All Other Governments | | | | | | | | | | | | |
| 2.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 2.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 2.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 2.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 2.5 Totals..... | | | | | | XXX | | | | | | |
| 3. U.S. States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 3.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 3.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 3.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 3.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 3.5 Totals..... | | | | | | XXX | | | | | | |
| 4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 4.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 4.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 4.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 4.5 Totals..... | | | | | | XXX | | | | | | |
| 5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 5.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 5.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 5.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 5.5 Totals..... | | | | | | XXX | | | | | | |
| 6. Industrial and Miscellaneous | | | | | | | | | | | | |
| 6.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 6.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 6.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 6.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 6.5 Totals..... | | | | | | XXX | | | | | | |
| 7. Hybrid Securities | | | | | | | | | | | | |
| 7.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 7.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 7.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 7.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 7.5 Totals..... | | | | | | XXX | | | | | | |
| 8. Parent, Subsidiaries and Affiliates | | | | | | | | | | | | |
| 8.1 Issuer Obligations..... | | | | | | XXX | | | | | | |
| 8.2 Residential Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 8.3 Commercial Mortgage-Backed Securities..... | | | | | | XXX | | | | | | |
| 8.4 Other Loan-Backed and Structured Securities..... | | | | | | XXX | | | | | | |
| 8.5 Totals..... | | | | | | XXX | | | | | | |

Not for Distribution

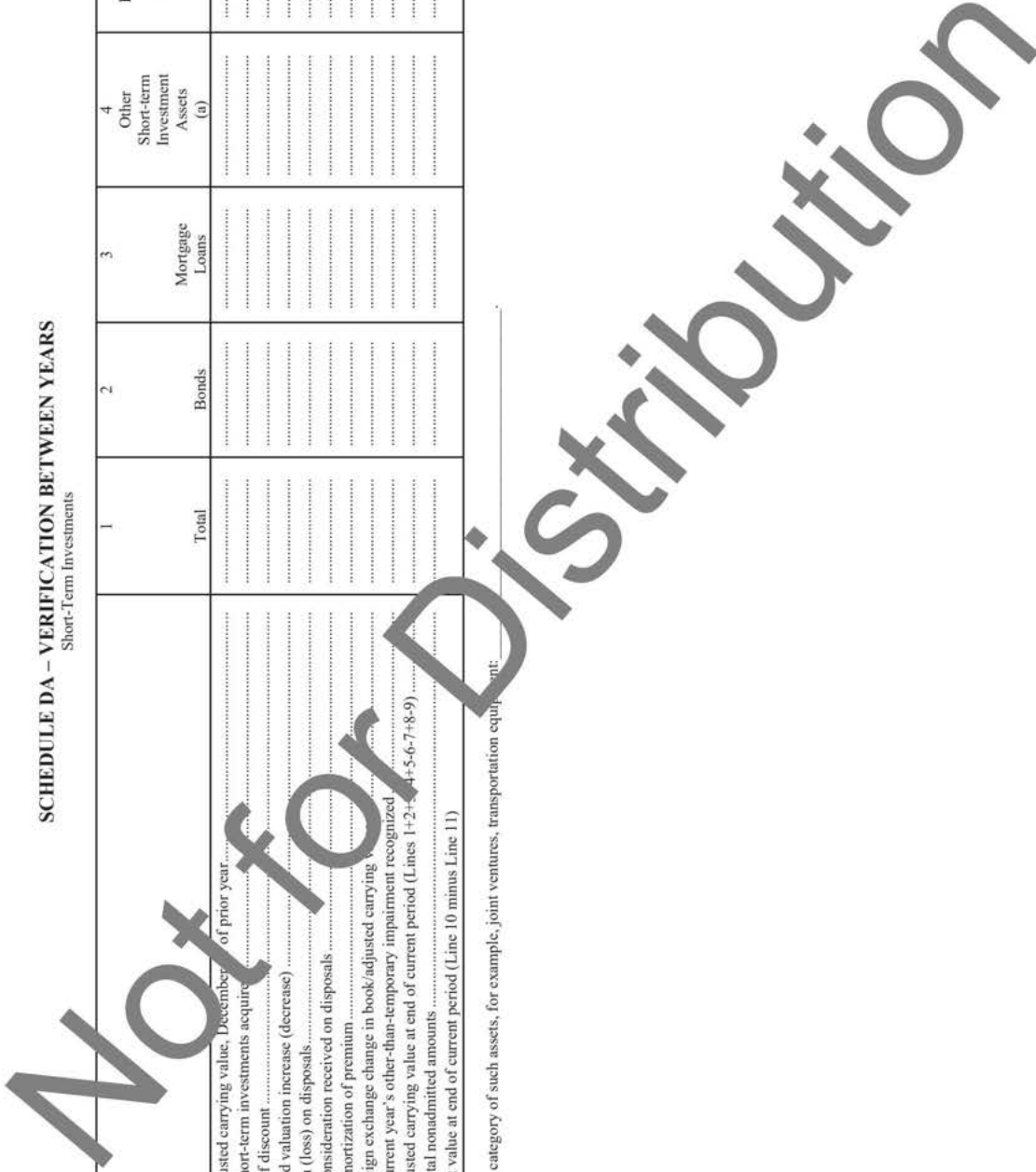
SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|----------------|-----------------------------|-------------------------------|--------------------------------|---------------|------------------|--------------------|---------------------------|------------------------------|--------------------------|-----------------------|------------------------|
| | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 117 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed |
| 9. SVO Identified Funds | | | | | | | | | | | | |
| 9.1 Exchange Traded Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.2 Bond Mutual Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.3 Totals | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 10. Bank Loans | | | | | | | | | | | | |
| 10.1 Bank Loans - Issued | | | | | | XXX | | | XXX | XXX | | |
| 10.2 Bank Loans - Acquired | | | | | | XXX | | | XXX | XXX | | |
| 10.3 Totals | | | | | | XXX | | | XXX | XXX | | |
| 11. Total Bonds Current Year | | | | | | | | | | | | |
| 11.1 Issuer Obligations | | | | | | XXX | | | XXX | XXX | | |
| 11.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 11.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 11.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 11.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 11.6 Bank Loans | | | | | | XXX | | | XXX | XXX | | |
| 11.7 Totals | | | | | | XXX | | | XXX | XXX | | |
| 11.8 Lines 117 as a % of Col. 7 | | | | | | | | XXX | XXX | XXX | | |
| 12. Total Bonds Prior Year | | | | | | | | | | | | |
| 12.1 Issuer Obligations | | | | | | XXX | | | XXX | XXX | | |
| 12.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 12.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 12.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 12.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 12.6 Bank Loans | | | | | | XXX | | | XXX | XXX | | |
| 12.7 Totals | | | | | | XXX | | | XXX | XXX | | |
| 12.8 Line 127 as a % of Col. 9 | | | | | | | | XXX | XXX | XXX | | XXX |
| 13. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 13.1 Issuer Obligations | | | | | | XXX | | | XXX | XXX | | |
| 13.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 13.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 13.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 13.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 13.6 Bank Loans | | | | | | XXX | | | XXX | XXX | | |
| 13.7 Totals | | | | | | XXX | | | XXX | XXX | | |
| 13.8 Line 137 as a % of Col. 7 | | | | | | | | XXX | XXX | XXX | | XXX |
| 13.9 Line 137 as a % of Line 117, Col. 7, Section 11 | | | | | | | | XXX | XXX | XXX | | XXX |
| 14. Total Privately Placed Bonds | | | | | | | | | | | | |
| 14.1 Issuer Obligations | | | | | | XXX | | | XXX | XXX | | |
| 14.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 14.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | XXX | XXX | | |
| 14.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | XXX | XXX | | |
| 14.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX | | |
| 14.6 Bank Loans | | | | | | XXX | | | XXX | XXX | | |
| 14.7 Totals | | | | | | XXX | | | XXX | XXX | | |
| 14.8 Line 147 as a % of Col. 7 | | | | | | | | XXX | XXX | XXX | | XXX |
| 14.9 Line 147 as a % of Line 117, Col. 7, Section 11 | | | | | | | | XXX | XXX | XXX | | XXX |

SCHEDULE DA – VERIFICATION BETWEEN YEARS
Short-Term Investments

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

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



SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS
Options, Caps, Floors, Collars, Swaps and Forwards

| | | |
|-----|--|-------|
| 1. | Book/adjusted carrying value, December 31, prior year (Line 9, prior year) | _____ |
| 2. | Cost paid/(consideration received) on additions: | |
| 2.1 | Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12 | _____ |
| 2.2 | Current year paid/(consideration received) at time of acquisition, terminated, Section 2, Column 14 | _____ |
| 3. | Unrealized valuation increase/(decrease): | |
| 3.1 | Section 1, Column 17 | _____ |
| 3.2 | Section 2, Column 19 | _____ |
| 4. | Total gain (loss) on termination recognized, Section 2, Column 22 | _____ |
| 5. | Considerations received/(paid) on terminations, Section 2, Column 15 | _____ |
| 6. | Amortization: | |
| 6.1 | Section 1, Column 19 | _____ |
| 6.2 | Section 2, Column 21 | _____ |
| 7. | Adjustment to the book/adjusted carrying value of hedged item: | |
| 7.1 | Section 1, Column 20 | _____ |
| 7.2 | Section 2, Column 23 | _____ |
| 8. | Total foreign exchange change in book/adjusted carrying value: | |
| 8.1 | Section 1, Column 18 | _____ |
| 8.2 | Section 2, Column 20 | _____ |
| 9. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6+7+8) | _____ |
| 10. | Deduct nonadmitted assets | _____ |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | _____ |

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
Futures Contracts

| | | |
|------|--|-------|
| 1. | Book/adjusted carrying value, December 31 of prior year (Line 6, prior year) | _____ |
| 2. | Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote and Relative Cash Change Column) | _____ |
| 3.1 | Add: | |
| | Change in variation margin on open contracts – High effective hedges: | |
| 3.11 | Section 1, Column 15, current year minus | _____ |
| 3.12 | Section 1, Column 15, prior year | _____ |
| | Change in the variation margin on open contracts – All other: | |
| 3.13 | Section 1, Column 18, current year minus | _____ |
| 3.14 | Section 1, Column 18, prior year | _____ |
| 3.2 | Add: | |
| | Change in adjustment to basis of hedged item: | |
| 3.21 | Section 1, Column 17, current year to date minus | _____ |
| 3.22 | Section 1, Column 17, prior year | _____ |
| | Change in amount recognized: | |
| 3.23 | Section 1, Column 19, current year to date minus | _____ |
| 3.24 | Section 1, Column 19, prior year | _____ |
| 3.3 | Subtotal (Line 3.1 plus Line 3.2) | _____ |
| 4.1 | Cumulative variation margin on terminated contracts during the year (Section 2, Column 15) | _____ |
| 4.2 | Less: | |
| 4.21 | Amount used to adjust basis of hedged item (Section 2, Column 17) | _____ |
| 4.22 | Amount recognized (Section 2, Column 16) | _____ |
| 4.3 | Subtotal (Line 4.1 minus Line 4.2) | _____ |
| 5. | Terminations (losses) on contracts terminated in prior year: | |
| 5.1 | Total gain (loss) recognized for terminations in prior year | _____ |
| 5.2 | Total gain (loss) adjusted into the hedged item(s) for terminations in prior year | _____ |
| 6. | Book/adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2) | _____ |
| 7. | Deduct total nonadmitted amounts | _____ |
| 8. | Statement value at end of current period (Line 6 minus Line 7) | _____ |

SCHEDULE DB – PART C – SECTION 1
 Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

| 1 Number | Replication (Synthetic Asset) Transactions | | | | Components of the Replication (Synthetic Asset) Transactions | | | | | | | | | | |
|-------------|--|--|----------------------|-----------------------------------|--|---------------------|--------------------|------------------|------------------------------------|------------------|-------------|-------------------|---|------------------------------------|------------------|
| | 2 Description | 3 NAIC Designation or Other Description | 4 Notional Amount | 5 Book/Adjusted Carrying Value | 6 Fair Value | 7 Effective Date | 8 Maturity Date | 9 Description | 10 Book/Adjusted Carrying Value | 11 Fair Value | 12 CUSIP | 13 Description | 14 NAIC Designation or Other Description | 15 Book/Adjusted Carrying Value | 16 Fair Value |
| 999999999 | Totals | | | | | XXX | | XXX | | | XXX | XXX | XXX | | |

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

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

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SCHEDULE DB – VERIFICATION

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

| | Book/Adjusted Carrying Value Check |
|---|------------------------------------|
| 1. Part A, Section 1, Column 14 | _____ |
| 2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance | _____ |
| 3. Total (Line 1 plus Line 2) | _____ |
| 4. Part D, Section 1, Column 5 | _____ |
| 5. Part D, Section 1, Column 6 | _____ |
| 6. Total (Line 3 minus Line 4 minus Line 5) | _____ |
| | |
| | Fair Value Check |
| 7. Part A, Section 1, Column 16 | _____ |
| 8. Part B, Section 1, Column 13 | _____ |
| 9. Total (Line 7 plus Line 8) | _____ |
| 10. Part D, Section 1, Column 8 | _____ |
| 11. Part D, Section 1, Column 9 | _____ |
| 12. Total (Line 9 minus Line 10 minus Line 11) | _____ |
| | |
| | Potential Exposure Check |
| 13. Part A, Section 1, Column 21 | _____ |
| 14. Part B, Section 1, Column 20 | _____ |
| 15. Part D, Section 1, Column 11 | _____ |
| 16. Total (Lines 13 plus Line 14 minus Line 15) | _____ |

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

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

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

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SCHEDULE A – PART 3
 Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|------|-------|--------------------------|--------------|---------------|--|---|-----------------------------|---|---------------------------------------|--|--|--|------------------------------|--|----------------------------------|-------------------------------|--|--------------------------------------|
| Description of Property | City | State | Deed or Other Instrument | Net Proceeds | Original Cost | Expended for Additions, Improvements and Changes in Encumbrances | Book/Adjusted Carrying Value Less Encumbrances Prior Year | Current Year's Depreciation | Current Year's Other Than Temporary Impairment Recognized | Current Year's Change in Encumbrances | Total Change in Book/Adjusted Carrying Value Less Encumbrances (11-9-10) | Total Foreign Exchange Change in B/A/C/V | Book/Adjusted Carrying Value Less Encumbrances on Disposal | Amounts Received During Year | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Gross Income Earned Less Interest Incurred on Encumbrances | Taxes, Repairs and Expenses Incurred |
| <p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%;">Not for Distribution</p> | | | | | | | | | | | | | | | | | | | |
| <p>0399999 Totals</p> | | | | | | | | | | | | | | | | | | | |

SCHEDULE B – PART 1
 Showing All Mortgage Loans Owned December 31 of Current Year

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

General Interrogatory:

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

SCHEDULE B — PART 2
 Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

| 1 Loan Number | 2 City | 3 State | 4 Loan Type | 5 Date Acquired | 6 Rate of Interest | 7 Actual Cost at Time of Acquisition | 8 Additional Investment Made After Acquisition | 9 Value of Land and Buildings |
|----------------------|-----------|------------|-------------------|--------------------|-----------------------|---|---|---|
| Not for Distribution | | | | | | | | |
| 3399999 Totals | | | | | | | | |

SCHEDULE B – PART 3
 Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

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

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SCHEDULE BA – PART 1
 Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|----------------------|---------------------|-------|---------|-------|-----------------------------------|---|--------------------------|-------------------|-------------|------------|--|--|--|---|---|---|-------------------|--------------------------------------|-------------------------|
| CUSIP Identification | Name or Description | Class | Country | State | Name of Vendor or General Partner | NAIC Description and Administrative Symbol/Market Indicator | Date Originally Acquired | Type and Strategy | Actual Cost | Fair Value | Book/Adjusted Carrying Value Less Encumbrances | Unrealized Valuation Increase (Decrease) | Current Year's (Depreciation) or (Amortization) or Accretion | Current Year's Capitalized Other Than-Temporary Impairment Recognized | Capitalized Deferred Interest and Other | Total Foreign Exchange Change in B./A./C.V. | Investment Income | Commitment for Additional Investment | Percentage of Ownership |
| 469999 | Totals | | | | | | | | | | | | | | | | | | XXX |

Not for Distribution

SCHEDULE BA – PART 2
 Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

| 1 | 2 | 3 Location | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|----------------------|--------|------------|-------|-----------------------------------|--------------------------|-------------------|------------------------------------|--|------------------------|-------------------------|-----|
| CUSIP Identification | Name | City | State | Name of Vendor or General Partner | Date Originally Acquired | Type and Strategy | Actual Cost at Time of Acquisition | Additional Investment Made After Acquisition | Amount of Encumbrances | Percentage of Ownership | |
| 469999 | Totals | | | | | | | | | | XXX |

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SCHEDULE BA – PART 3
 Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
|----------------------|---------------------|-----|-----------------------------|---------------------|--------------------------|---------------|---|--|--|---|---|---------------------------------------|--|--|---------------|----------------------------------|----------------------------------|-------------------------------|-------------------|--|
| CUSIP Identification | Name or Description | CSY | State of Issuance or Issuer | Face Value of Issue | Date Originally Acquired | Disposal Date | Book/Adjusted Value Last Reporting Period | Unaffiliated Value Increase (Decrease) | Current Year's (Depreciation) (Amortization) (Accretion) | Current Year's Other Than Impairment Recognized | Capitalized Deferred Interest and Other | Total Change in B.A.C.V. (9+10+11+12) | Total Book/Adjusted Change in B.A.C.V. | Book/Adjusted Carrying Value on Disposal | Consideration | Realized Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Investment Income | |
| 4699999 | Totals | | | | | | | | | | | | | | | | | | | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|----------------------|-------------|------|------------|-----------------------------|------------|--------------------------------|------------|-----------|--------------------------------|---|--|--|--|---------|-------------------|-----------|-------------------------------|-------------------------|----------|----------------------------------|----|
| CUSIP Identification | Description | Code | Book CUSIP | NAIC Designation and Agency | Actual Cmt | Rate Used To Obtain Fair Value | Fair Value | Par Value | Book / Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amortization)/ Accretion | Current Year's Temporary Impairment Recognized | Total Foreign Exchange Change in B./A.C.V. | Rate of | Effective Rate of | When Paid | Admitted Amount Due & Accrued | Amount Rec. During Year | Acquired | Stated Contractual Maturity Date | |
| 839999 | Total Bonds | | | | | | XXX | | | | | | | XX | XX | XXX | | | XXX | XXX | |

Not for Distribution

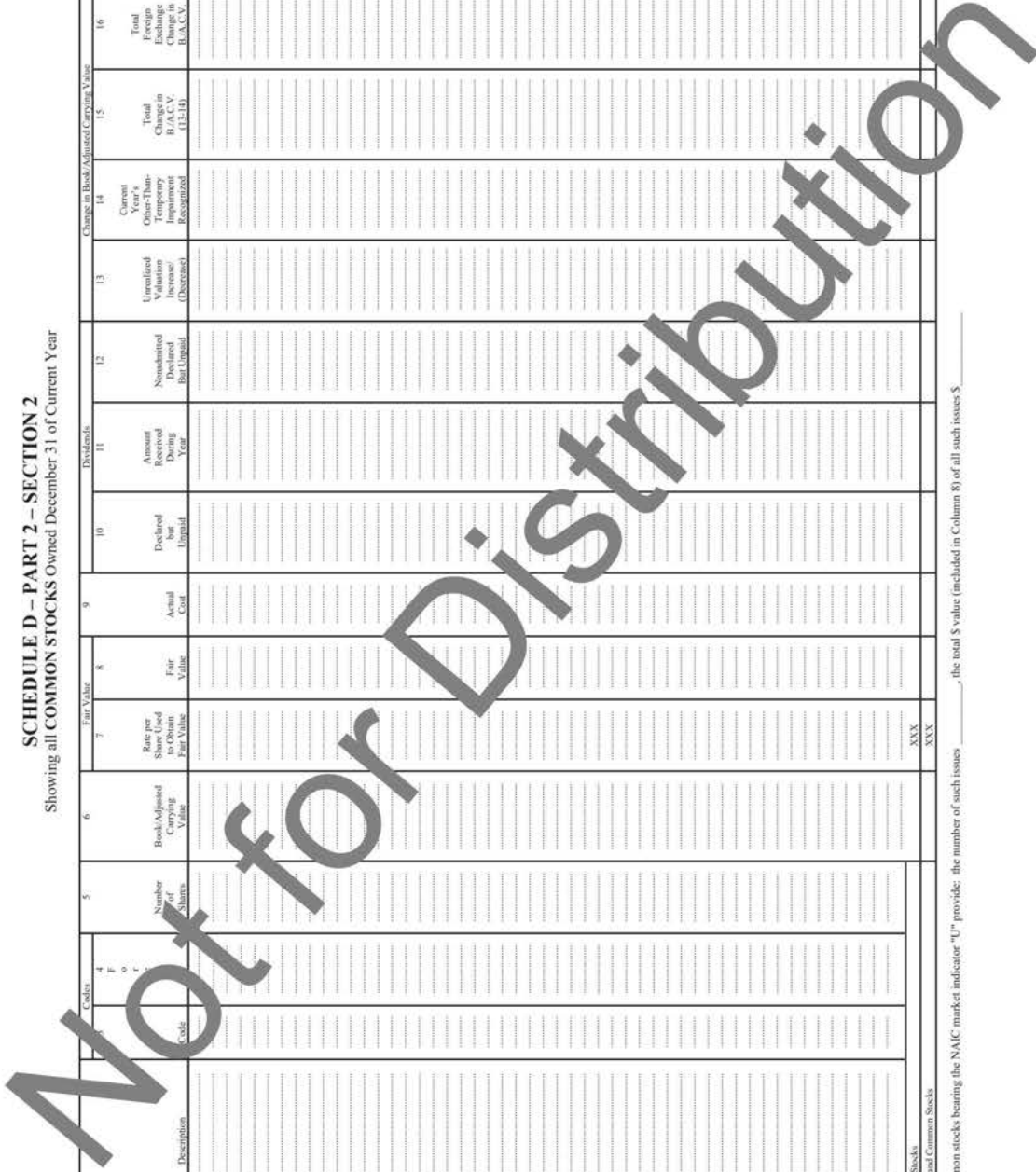
SCHEDULE D – PART 2 – SECTION 1
 Showing All PREFERRED STOCKS Owned December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|----------------------|------------------------|------|------------------|---------------------|----------------|---------------------|---|------------|------------|-------------|----------------------------------|-------------------------------------|--------------------------------|----------------------------------|---|----------------------------------|---|--|---------------|-----|
| CUSIP Identification | Description | Code | Number of Shares | Par Value Per Share | Rate Per Share | Book/Carrying Value | Rate per Share Used to Compute Fair Value | Fair Value | Fair Value | Actual Cost | Dividend Amount Paid During Year | Nonadmitted Dividend But Not Unpaid | Unaffiliated Increase/Decrease | Current (Amortization) Accretion | Current Year's Other-Than-Investment Recognized | Total Change R/A/C.V. (15+16-17) | Total Foreign Exchange Change in R/A/C.V. | NAIC Designation and Symbol/Market Indicator | Date Acquired | |
| 8999999 | Total Preferred Stocks | | | | | | | XXX | | | | | | | | | | | XXX | XXX |

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SCHEDULE D – PART 2 – SECTION 2
 Showing all COMMON STOCKS Owned December 31 of Current Year

| 1 CUSIP Identification | 2 Description | 3 Codes | | | 5 Number of Shares | 6 Book-Adjusted Carrying Value | 7 Rate per Share Used to Obtain Fair Value | 8 Fair Value | 9 Actual Cost | 10-14 Dividends | | | | 15-17 Change in Book-Adjusted Carrying Value | | | 18 Date Acquired | |
|------------------------------|-----------------------------------|------------|-----------|-----------|-----------------------------|---|--|-----------------|---------------------|---------------------------------|--|---|--|---|--|--|------------------------|--|
| | | 4 Code | 4 Code | 4 Code | | | | | | 10 Declared but Unpaid | 11 Amount Received During Year | 12 Nondeclared Declared But Unpaid | 13 Unrealized Valuation Increase/ Decrease | 14 Current Other-Than- Temporary Impairment Recognized | 15 Total Change in B./A.C.V. (13-14) | 16 Total Foreign Exchange Change in B./A.C.V. | | 17 NAIC Market Indicator (d) |
| 979999 | Total Common Stocks | | | | | | XXX | | | | | | | | | | XXX | XXX |
| 989999 | Total Preferred and Common Stocks | | | | | | XXX | | | | | | | | | | XXX | XXX |



(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues _____, the total \$ value (included in Column 8) of all such issues \$ _____

SCHEDULE D – PART 4
 Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise **DISPOSED OF** During Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
|-------------------------|-------------|-------------------|----------------------------------|--|----------------|--------------|---------------|----------------|--|--|--|---|--|--|---|---|--|---|---|--|---|-----|
| CUSIP Identification | Description | Total Quantity | Number of Shares Purchased | Price Year Book/ Adjusted Carrying Value | Actual Cost | Par Value | Consideration | Actual Cost | Price Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ Decrease | Current Year's (Amortization/ Accretion) | Current Other-Than- Temporary Impairment Recognized | Total Change in B./A.C.V. (1/1-12/31) | Total Foreign Exchange Change in B./A.C.V. | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Book/ Adjusted Carrying Value at Disposal Date | Interest/ Dividends Received During Year | Stated Contractual Maturity Date | |
| 999999 | Bonds | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | XXX |

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SCHEDULE D – PART 5
 Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|----------------------|-----------------|---------|----------|----------------|---------------|-------------------|--|-------------|---------------|---------------------------------|---|-----------------------------------|---|-------------------------------------|--|---|----------------------------------|----------------------------------|---|---|
| CUSIP Identification | Description | Foreign | Domestic | No. of Vendors | Disposal Date | Name of Purchaser | Par Value (Bonds) or No. of Shares (Stock) | Actual Cost | Consideration | Book/Adjusted Value at Disposal | Unrealized Gain (Increase) or Loss (Decrease) | Current (Amortization)/ Accretion | Current Year's Other-Than-Temporary Impairment Recognized | Total Change in B.A.C.V. (12-11-14) | Total Foreign Exchange Change B.A.C.V. | Foreign Exchange (Loss) or Gain on Disposal | Realized Gain (Loss) on Disposal | Total (Loss) or Gain on Disposal | Interest and Dividends Received During Year | Paid for Accrued Interest and Dividends |
| | BONDS | | | | | | | | | | | | | | | | | | | |
| 939998 | Subtotal Bonds | | | | | | | | | | | | | | | | | | | |
| | STOCKS | | | | | | | | | | | | | | | | | | | |
| 989999 | Subtotal Stocks | | | | | | | | | | | | | | | | | | | |
| 999999 | Total | | | | | | | | | | | | | | | | | | | |

SCHEDULE D – PART 6 – SECTION 1
Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

| 1 CUSIP Identification | 2 Description of Subsidiary, Controlled or Affiliated Company | 3 Foreign Company | 4 NAIC Company Code | 5 ID Number | 6 NAIC Valuation Method | 7 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock? | 8 Total Amount of Such Intangible Assets | 9 Book / Adjusted Carrying Value | 10 Nonadmitted Amount | 11 Stock of Such Company Owned by Insurer on Statement Date | |
|------------------------------|---|-------------------------|------------------------|----------------|-------------------------------|--|--|---|-----------------------------|--|---------------------|
| | | | | | | | | | | Number of Shares | % of Outstanding |
| 1999999 Totals | | | | | | | | | | | |
| | | | | | | | | | | XXX | XXX |

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted E... goodwill and non-ferred tax assets included therein: \$.....

2. Total amount of intangible assets nonadmitted \$.....

SCHEDULE D – PART 6 – SECTION 2

| 1 CUSIP Identification | 2 Name of Lower-Tier Company | 3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company | 4 Total Amount of Intangible Assets Included in Admitted Shown Column 8, Section 1 | 5 Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date | |
|------------------------------|------------------------------------|---|---|---|------------------|
| | | | | Number of Shares | % of Outstanding |
| 0399999 Total | | | | | |
| | | | | XXX | XXX |

SCHEDULE DA – PART I
 Showing all **SHORT-TERM INVESTMENTS** Owned December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
|-------------|-------|-----|---------------|----------------|----------|-------------------------------|---------------------------------------|--|--|--|-----------|-------------|--|--------------------------|------------------|-------------------|-----------|-----------------------------|---------------------------|--|
| Description | Code | CFI | Date Acquired | Name of Vendor | Maturity | Book/ Adjusted Carrying Value | Unrealized Gain/ Increase/ (Decrease) | Change in Book-Adjusted Carrying Value | Current Year's Other-Than- Impairment Recognized | Total Foreign Exchange Change in B./A.C.V. | Par Value | Actual Cost | Amount Due and Accrued Dec 31 of Current Year Not in Default | Non-Admitted and Accrued | Rate of Interest | Effective Rate of | When Paid | Amount Received During Year | Paid for Accrued Interest | |
| 919999 | Total | | | | | | | | | | XXV | | | | | | XXV | | | |

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SCHEDULE DB – PART A – SECTION I

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

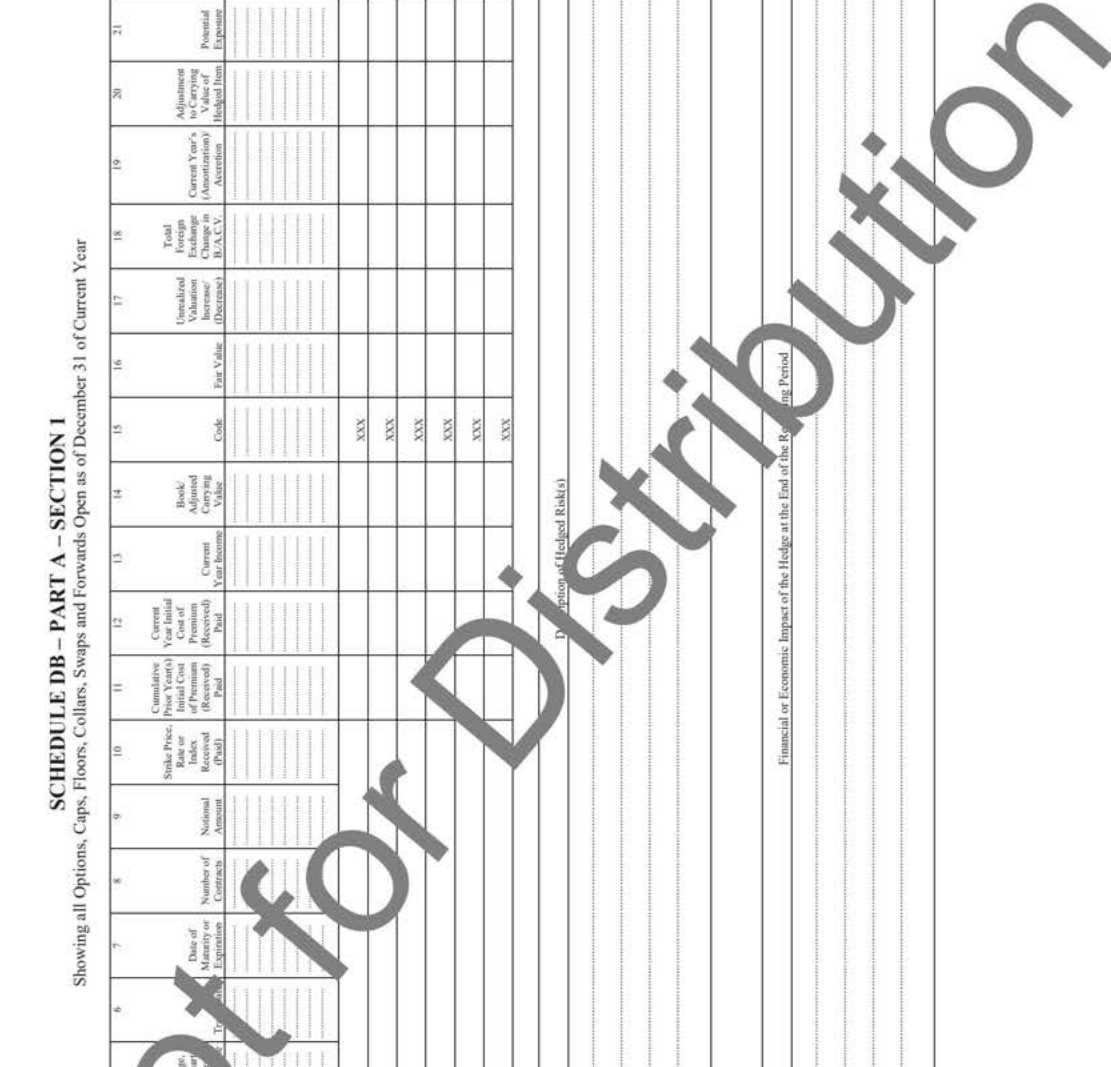
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|------------------------------|------------------|-------------------------------------|------------|------------------------|---------------------|-----------------|---------------------------------------|---|--|---------------------|-------------------------------|------|------------|---------------------------------|---|---|------------------------------------|--------------------|---------------------------------|----------------------------------|---------------------------------|
| Description of Hedged Instrument(s) Used for Income Recognition or Replicated | Schedule Identifier | Type of Risk (a) | Exchanges, Instruments or Contracts | Trade Date | Maturity or Expiration | Number of Contracts | Notional Amount | Strike Price, Rate or Received (Paid) | Cumulative Prior Year(s) Initial Cost (Received) (Paid) | Current Year Initial Cost of (Received) (Paid) | Current Year Income | Book/ Adjusted Carrying Value | Code | Fair Value | Unrealized Increase/ (Decrease) | Total Foreign Exchange Change in B.A.C.V. | Current Year's (Amortization) Accretion | Adjustment to Value of Hedged Item | Potential Exposure | Credit Default Reference Entity | Hedge Effectiveness At Inception | Hedge Effectiveness at Year-end |
| 139999999 | Subtotal - Hedging Effective | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |
| 140999999 | Subtotal - Hedging Other | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |
| 141999999 | Subtotal - Replication | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |
| 142999999 | Subtotal - Income Generation | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |
| 143999999 | Subtotal - Other | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |
| 144999999 | Totals | | | | | | | | | | | | XXX | | | | | | | | XXX | XXX |

(a)

| Code | Description of Hedged Risk(s) |
|-------|-------------------------------|
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| | |

(b)

| Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
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SCHEDULE DB – PART A – SECTION 2
 Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|------------------------------|----------------|------------|----------------------------------|---------------------|------------------|---|---------------------|-----------------|------------------------------|---|--|-----------------------------------|---------------------|-----------------------------|------|---|---|--|--|--|--|----------------------------------|-----------------|
| Description of Hedged Item(s) Used for Generation or Replicated | Schedule/ Exhibit Identifier | (A) of Risk(s) | Trade Date | Original or Central Counterparty | Date of Termination | Termination Date | Indicate Currency, Expiration, Maturity or Sale | Number of Contracts | Notional Amount | Strike Price Received (Paid) | Cumulative Prior Year's Cost of Hedge (Received) (Paid) | Current Year Initial Cost of Hedge (Received) (Paid) | Consideration Paid on Termination | Current Year Income | Hedge Added/ Carrying Value | Code | Unrealized Valuation Increase/ (Decrease) | Total Hedge Exchange Change in B./A./C.V. | Current Total (A)/Increase/ (Decrease) | Current Total (A)/Increase/ (Decrease) | Adjustment (Gain/Loss) on Termination - Deferred | Adjustment (Gain/Loss) on Termination - Deferred | Hedge Effectiveness at Inception | Termination (b) |
| 139999999 | Subtotal - Hedging Effective | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 149999999 | Subtotal - Hedging Other | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 141999999 | Subtotal - Replication | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 142999999 | Subtotal - Income Generation | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 143999999 | Subtotal - Other | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |
| 144999999 | Totals | | | | | | | | | | | | | | | XXX | | | | | | | | XXX |

(a)

| Code | Description of Hedged Risk(s) |
|-------|-------------------------------|
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| | |

(b)

| Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
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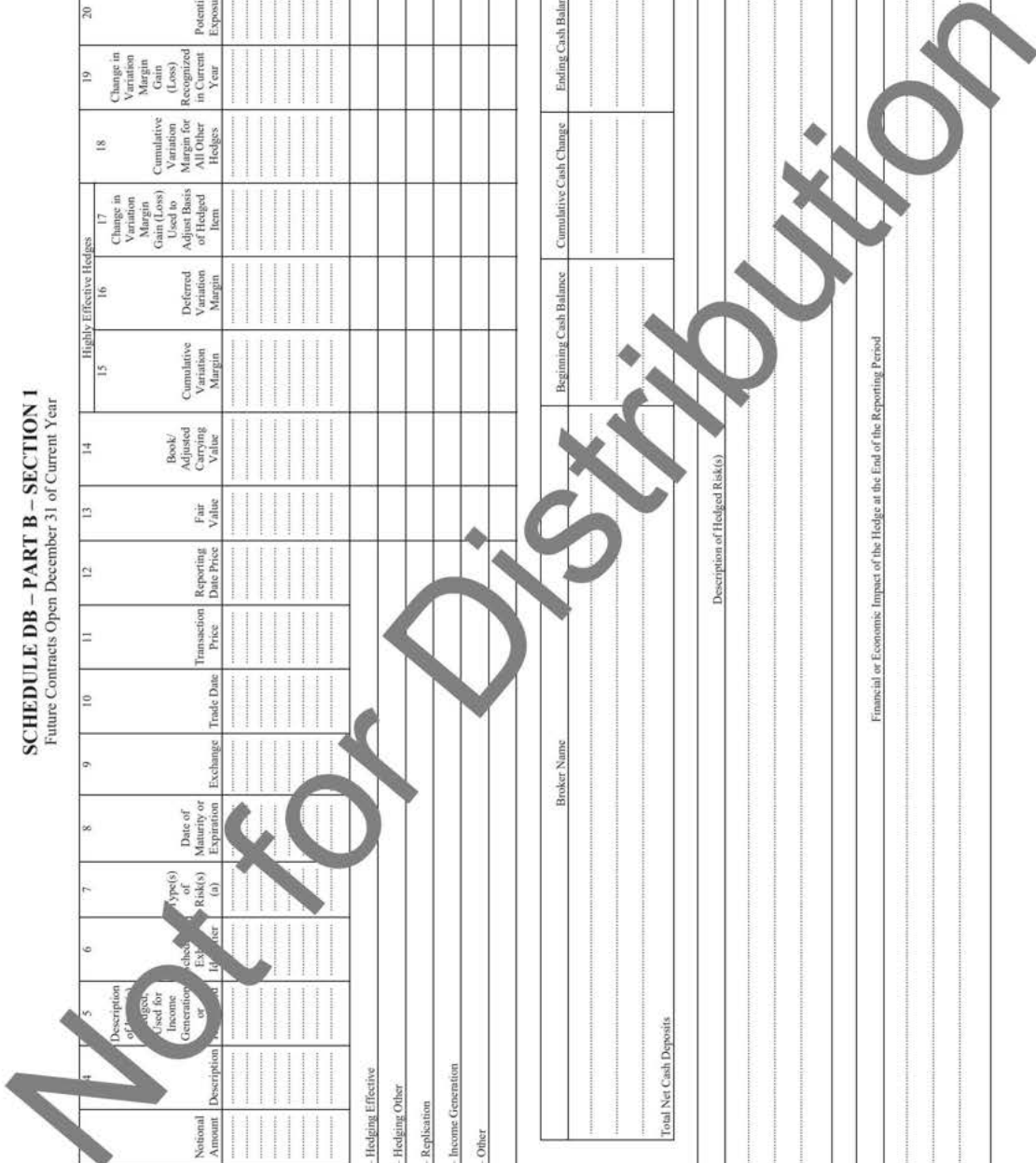
SCHEDULE DB – PART B – SECTION 1
 Future Contracts Open December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|----------------|---------------------|-----------------|------------------------------|--|---------------------|--------------------|--------------------------------|----------|------------|-------------------|----------------------|------------|------------------------------|-----------------------------|---------------------------|--|--|---|--------------------|--|------------------------|
| Tricker Symbol | Number of Contracts | Notional Amount | Description | Description of Hedge, Income Generation or Other Use | Exposure Identifier | Type(s) of Risk(s) | Date of Maturity or Expiration | Exchange | Trade Date | Transaction Price | Reporting Date Price | Fair Value | Book/Adjusted Carrying Value | Cumulative Variation Margin | Deferred Variation Margin | Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item | Cumulative Variation Margin for All Other Hedges | Change in Variation Margin Gain (Loss) Recognized in Current Year | Potential Exposure | Hedge Effectiveness at Inception and at Year-End (b) | Value of One (1) Point |
| 1399999999 | | | Subtotal – Hedging Effective | | | | | | | | | | | | | | | | | XXX | XXX |
| 1409999999 | | | Subtotal – Hedging Other | | | | | | | | | | | | | | | | | XXX | XXX |
| 1419999999 | | | Subtotal – Replication | | | | | | | | | | | | | | | | | XXX | XXX |
| 1429999999 | | | Subtotal – Income Generation | | | | | | | | | | | | | | | | | XXX | XXX |
| 1439999999 | | | Subtotal – Other | | | | | | | | | | | | | | | | | XXX | XXX |
| 1449999999 | | | Totals | | | | | | | | | | | | | | | | | XXX | XXX |

| Tricker Symbol | Broker Name | Beginning Cash Balance | Cumulative Cash Change | Ending Cash Balance |
|-------------------------|-------------|------------------------|------------------------|---------------------|
| Total Net Cash Deposits | | | | |

| (a) | Code | Description of Hedged Risk(s) |
|-----|------|-------------------------------|
| | | |

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



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

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

Not for Distribution

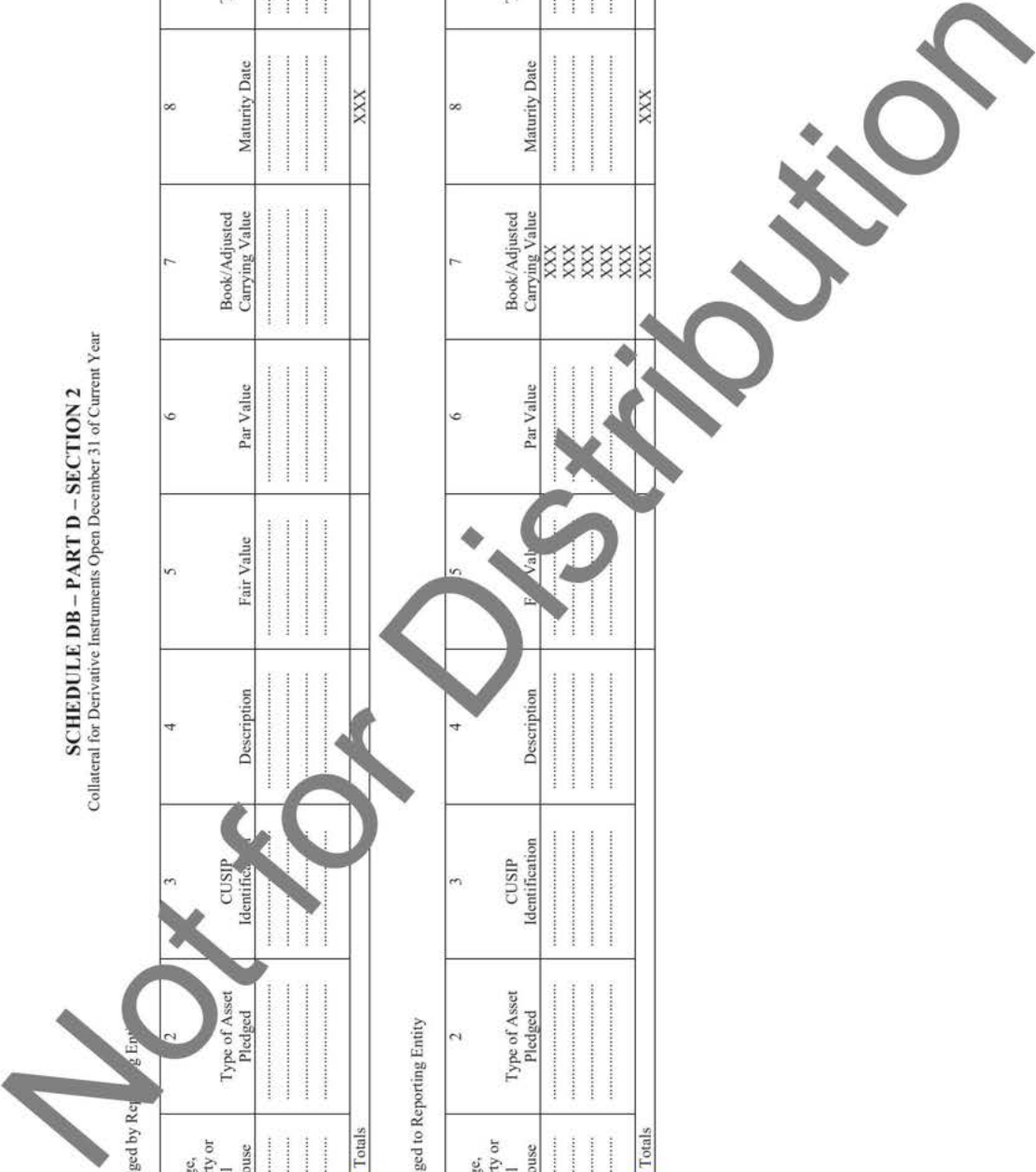
SCHEDULE DB – PART D – SECTION 2
 Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

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

Collateral Pledged to Reporting Entity

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



SCHEDULE E – PART 3 – SPECIAL DEPOSITS

| | 1 Type of Deposit | 2 Purpose of Deposit | Deposits For the Benefit of All Policyholders | | All Other Special Deposits | |
|--------------------------------------|----------------------|-------------------------|---|-----------------|-----------------------------------|-----------------|
| | | | 3 Book/Adjusted Carrying Value | 4 Fair Value | 5 Book/Adjusted Carrying Value | 6 Fair Value |
| States, etc. | | | | | | |
| 1. Alabama.....AL | | | | | | |
| 2. Alaska.....AK | | | | | | |
| 3. Arizona.....AZ | | | | | | |
| 4. Arkansas.....AR | | | | | | |
| 5. California.....CA | | | | | | |
| 6. Colorado.....CO | | | | | | |
| 7. Connecticut.....CT | | | | | | |
| 8. Delaware.....DE | | | | | | |
| 9. District of Columbia.....DC | | | | | | |
| 10. Florida.....FL | | | | | | |
| 11. Georgia.....GA | | | | | | |
| 12. Hawaii.....HI | | | | | | |
| 13. Idaho.....ID | | | | | | |
| 14. Illinois.....IL | | | | | | |
| 15. Indiana.....IN | | | | | | |
| 16. Iowa.....IA | | | | | | |
| 17. Kansas.....KS | | | | | | |
| 18. Kentucky.....KY | | | | | | |
| 19. Louisiana.....LA | | | | | | |
| 20. Maine.....ME | | | | | | |
| 21. Maryland.....MD | | | | | | |
| 22. Massachusetts.....MA | | | | | | |
| 23. Michigan.....MI | | | | | | |
| 24. Minnesota.....MN | | | | | | |
| 25. Mississippi.....MS | | | | | | |
| 26. Missouri.....MO | | | | | | |
| 27. Montana.....MT | | | | | | |
| 28. Nebraska.....NE | | | | | | |
| 29. Nevada.....NV | | | | | | |
| 30. New Hampshire.....NH | | | | | | |
| 31. New Jersey.....NJ | | | | | | |
| 32. New Mexico.....NM | | | | | | |
| 33. New York.....NY | | | | | | |
| 34. North Carolina.....NC | | | | | | |
| 35. North Dakota.....ND | | | | | | |
| 36. Ohio.....OH | | | | | | |
| 37. Oklahoma.....OK | | | | | | |
| 38. Oregon.....OR | | | | | | |
| 39. Pennsylvania.....PA | | | | | | |
| 40. Rhode Island.....RI | | | | | | |
| 41. South Carolina.....SC | | | | | | |
| 42. South Dakota.....SD | | | | | | |
| 43. Tennessee.....TN | | | | | | |
| 44. Texas.....TX | | | | | | |
| 45. Utah.....UT | | | | | | |
| 46. Vermont.....VT | | | | | | |
| 47. Virginia.....VA | | | | | | |
| 48. Washington.....WA | | | | | | |
| 49. West Virginia.....WV | | | | | | |
| 50. Wisconsin.....WI | | | | | | |
| 51. Wyoming.....WY | | | | | | |
| 52. American Samoa.....AS | | | | | | |
| 53. Guam.....GU | | | | | | |
| 54. Puerto Rico.....PR | | | | | | |
| 55. US Virgin Islands.....VI | | | | | | |
| 56. Northern Mariana Islands.....MP | | | | | | |
| 57. Canada.....CA | | | | | | |
| 58. Aggregate Alien and Other.....OI | XXX | XXX | | | | |
| 59. Total | XXX | XXX | | | | |
| DETAILS OF WRITINGS | | | | | | |
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SUPPLEMENTAL COMPENSATION EXHIBIT
 For the Year Ended December 31, 2018
 (To Be Filed by March 1)

PART 1 – INTERROGATORIES

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

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|----------------------|--------|-------|--------------|---------------|------------------|------------------|------------------------|--------|
| Name and Principal Position | Year | Salary | Bonus | Stock Awards | Option Awards | Sign-on Payments | Expense Payments | All Other Compensation | Totals |
| Current: 1. Principal Executive Officer | 2018 2017 2016 | | | | | | | | |
| Current: 2. Principal Financial Officer | 2018 2017 2016 | | | | | | | | |
| 3. | 2018 2017 2016 | | | | | | | | |
| 4. | 2018 2017 2016 | | | | | | | | |
| 5. | 2018 2017 2016 | | | | | | | | |
| 6. | 2018 2017 2016 | | | | | | | | |
| 7. | 2018 2017 2016 | | | | | | | | |
| 8. | 2018 2017 2016 | | | | | | | | |
| 9. | 2018 2017 2016 | | | | | | | | |
| 10. | 2018 2017 2016 | | | | | | | | |

PART 3 – DIRECTOR COMPENSATION

| 1 Name and Principal Position or Occupation and Company (if Outside Director) | Paid or Deferred for Services as Director | | | | 6 All Other Compensation Paid or Deferred | 7 Totals |
|--|---|-------------------|--------------------|------------|--|-------------|
| | 2 Direct Compensation | 3 Stock Awards | 4 Option Awards | 5 Other | | |
| | | | | | | |
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**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT
ASSESSMENT BASE RECONCILIATION EXHIBIT**

For Year Ended December 31, 2018
(To be Filed by April 1)

OF THE NAIC COMPANY CODE

Direct Business in the State of

| | 1 | 2 | 3 | 4 |
|--|-------------------------|------------------------|--------------------------------|--|
| | Life Insurance Premiums | Annuity Considerations | Accident and Sickness Premiums | Deposit-Type Contract Funds and Other Considerations |
| PREMIUMS, CONSIDERATIONS AND DEPOSITS | | | | |
| 1. Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses | | | | |
| 2. Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to liability account | | | | |
| 2.1 Contract fees for variable contracts with guarantees | | | | |
| 2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses | | | | |
| 3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 and 2 which are in the following categories: | | | | |
| 3.1 Transfers to guaranteed Separate Accounts | | | | |
| 3.2 Roll over of GICs or annuities into other companies | | | | |
| 3.3 Surrenders or other benefits paid out | | | | |
| 3.4 Excess interest credited to accounts | | | | |
| 3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2 | | | | |
| 3.99 Total (Lines 3.1 through 3.5) | | | | |
| 4. Transfers: | | | | |
| 4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2, and 3.99 | | | | |
| 4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2) | | | | |
| 4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2, and 3.99 that are unallocated | | | | |
| 4.99 Total (Lines 4.1 + 4.2 + 4.3) | | | | |
| 5. Total (Lines 1 + 2 + 3.99 + 4.99) | | | | |
| DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE | | | | |
| Do not include any amounts more than once in Lines 6 through 9 | | | | |
| 6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement) | | | | |
| 7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits: | | | | |
| 7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans | XXX | XXX | XXX | |
| 7.2 Unallocated funding obligations that fund any employee, union or association of natural persons benefits plans protected by the Federal Pension Benefit Guaranty Corporation | XXX | XXX | XXX | |
| 7.3 Unallocated funding obligations that fund government lotteries or employee, union, or association of natural persons benefit plans in excess of \$5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) covered by the Federal Pension Benefit Guaranty Corporation | XXX | XXX | XXX | |
| 7.4 Total (Lines 7.1 + 7.2 + 7.3) | XXX | XXX | XXX | |
| 8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts already deducted in determining Lines 1 and 2) | | | | |
| 9. Aggregate write-ins for Deductions | | | | |
| 10. Total (Lines 6 + 7.4 + 8 + 9) | | | | |
| MODEL ACT BASE (minus Line 10) | | | | |
| 11. Current Year | | | | |
| DETAILS OF WRITE-INS | | | | |
| 3.501 | | | | |
| 3.502 | | | | |
| 3.503 | | | | |
| 3.598 Summary of remaining write-ins for Line 3.5 from overflow page | | | | |
| 3.599 Total (Lines 3.501 through 3.503 plus 3.598) (Line 3.5 above) | | | | |
| 0601 | | | | |
| 0602 | | | | |
| 0603 | | | | |
| 0698 Summary of remaining write-ins for Line 6 from overflow page | | | | |
| 0699 Total (Lines 0601 through 0603 plus 0698) (Line 6 above) | | | | |
| 0901 | | | | |
| 0902 | | | | |
| 0903 | | | | |
| 0998 Summary of remaining write-ins for Line 9 from overflow page | | | | |
| 0999 Total (Lines 0901 through 0903 plus 0998) (Line 9 above) | | | | |

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

**ADJUSTMENTS TO THE
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT
ASSESSMENT BASE RECONCILIATION EXHIBIT**

For The Year Ended December 31, 2018
(To Be Filed by April 1)

OF THE NAIC COMPANY CODE.....

Direct Business in the State of

| | 1 | 2 | 3 | 4 |
|--|------------------------|--|---------------------------|---|
| | Life Insurance Premium | Allocated Annuity and Other Associated Fund Deposits | Accident & Health Premium | Unallocated Annuity & Other Unallocated Fund Deposits |
| 1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit) | | | | |
| AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE | | | | |
| 2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above..... | XXX | | XXX | |
| 3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans: | | | | |
| 3.1 Amounts NOT in excess of \$1 million per contract..... | XXX | XXX | XXX | |
| 3.2 All amounts..... | XXX | XXX | XXX | |
| 4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(a) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation: | | | | |
| 4.1 Amounts NOT in excess of \$1 million per contract..... | XXX | XXX | XXX | |
| 4.2 Amounts in excess of \$1 million but NOT in excess of \$5 million per contract..... | XXX | XXX | XXX | |
| 4.3 Amounts in excess of \$5 million per contract..... | XXX | XXX | XXX | |
| 4.4 Total (Lines 4.1 + 4.2 + 4.3)..... | XXX | XXX | XXX | |
| 4.5 Amounts up to \$7.5 million per contract (Minnesota only)..... | XXX | XXX | XXX | |
| 5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code: | | | | |
| 5.1 Amounts in excess of \$1 million per contract..... | XXX | XXX | XXX | |
| 5.2 All amounts..... | XXX | XXX | XXX | |
| 5.3 Amounts in excess of \$2 million per contract. (New Jersey Only)..... | XXX | XXX | XXX | |
| 5.4 Amounts not in excess of \$7.5 million per contract (Minnesota only)..... | XXX | XXX | XXX | |
| 6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code: | | | | |
| 6.1 Amounts NOT in excess of \$1 million per contract..... | XXX | XXX | XXX | |
| 6.2 Amounts in excess of \$1 million per contract..... | XXX | XXX | XXX | |
| 6.3 Total (Lines 6.1 + 6.2)..... | XXX | XXX | XXX | |
| 6.4 Amounts in excess of \$2 million per contract (New Jersey Only)..... | XXX | XXX | XXX | |
| 6.5 Amounts not in excess of \$5 million per contract (Minnesota only)..... | XXX | XXX | XXX | |
| 7. Unallocated funding obligations issued to fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation: | | | | |
| 7.1 Amounts NOT in excess of \$1 million per contract..... | XXX | XXX | XXX | |
| 7.2 All amounts..... | XXX | XXX | XXX | |
| 7.3 Amounts NOT in excess of \$2 million per contract (New Jersey only)..... | XXX | XXX | XXX | |
| 8. Unallocated funding obligations issued to fund government lotteries NOT in excess of \$5 million per contractholder (New Jersey Only)..... | XXX | XXX | XXX | |
| 9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of \$2 million but NOT in excess of \$5 million per contract (New Jersey Only)..... | XXX | XXX | XXX | |
| 10. Aggregate write-ins for other deductions | | | | |
| Current Year (20) | | | | |
| DETAILS OF WRITE-INS | | | | |
| 1001. | | | | |
| 1002. | | | | |
| 1003. | | | | |
| 1098. Summary of remaining write-ins for Line 10 from overflow page..... | | | | |
| 1099. Totals (Lines 1001 through 1003 plus 1098) (Line 10 above) | | | | |

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

Affix Bar Code Above

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2018
(To Be Filed by April 1)

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

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

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

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

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

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

| Bonds | | 1 | 2 | Preferred Stocks | | 3 | 4 |
|-------|--------|----------|--------|------------------|--------|----------|--------|
| 3.01 | NAIC 1 | \$ |% | 3.07 | P/RP-1 | \$ |% |
| 3.02 | NAIC 2 | \$ |% | 3.08 | P/RP-2 | \$ |% |
| 3.03 | NAIC 3 | \$ |% | 3.09 | P/RP-3 | \$ |% |
| 3.04 | NAIC 4 | \$ |% | 3.10 | P/RP-4 | \$ |% |
| 3.05 | NAIC 5 | \$ |% | 3.11 | P/RP-5 | \$ |% |
| 3.06 | NAIC 6 | \$ |% | 3.12 | P/RP-6 | \$ |% |

4. Assets held in foreign investments:

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

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

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

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

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

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

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

7. Aggregate unhedged foreign currency exposure \$.....¹² %

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

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

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

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

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

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

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

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

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

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

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

12.01 Are assets held in investments with contractual sales restrictions less than 5% of the reporting entity's total admitted assets? Yes [] No []

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

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

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

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

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

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

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

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

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

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

Largest three investments held in nonaffiliated, privately placed equities:

14.03%
 14.04%
 14.05%

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

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

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

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

Largest three investments in general partnership interests:

15.03%
 15.04%
 15.05%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | <u>1</u> | <u>2</u> | <u>3</u> |
|--|----------|---|----------|
| | 19.02 | Aggregate statement value of investments held in mezzanine real estate loans: | \$ |

Largest three investments held in mezzanine real estate loans:

| | | | |
|-------|-------|----------|--------|
| 19.03 | ..... | \$ ..... | .....% |
| 19.04 | ..... | \$ ..... | .....% |
| 19.05 | ..... | \$ ..... | .....% |

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

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

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

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

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

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

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

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

.....
Affix Bar Code Above

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

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

TO ANNUAL STATEMENT OF THE

COMPANY

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?
 Answer.....
 If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.
 2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?
 Answer.....
 If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.
 3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to the company's compliance with the solicitation of proxies in respect to the Annual Meeting?
 Answer.....
 If the answer is "No" explain in detail below. Attach separate sheet if necessary.
- (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

To be answered by Life and A & H Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds
- b. Summary of Operations
- c. Surplus Account

To be answered by Property and Casualty Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds
- b. Statement of Income
- c. Capital and Surplus Account

To be answered by Title Insurance Companies:

- a. Statement of Assets, Liabilities, Surplus and Other Funds
- b. Statement of Income -- Operations and Investment Exhibit
- c. Capital and Surplus Account

To be answered by Health Insurance Companies:

- a. Statement of Assets, Liabilities, Capital and Surplus
- b. Statement of Revenue and Expenses
- c. Capital and Surplus Account

| Column A | | Column B | |
|----------|----|----------|----|
| Yes | No | Yes | No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
 For the Year Ended December 31, 2018
 (To Be Filled by March 1)
 FOR THE STATE OF

Affix Bar Code Above

NAIC Group Code _____ NAIC Company Code _____
 Address (City, State and Zip Code) _____
 Person Completing This Exhibit _____
 Title _____ Telephone Number _____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | Policies Issued in 2016, 2017, 2018 | | | 18 | |
|---|--------------------|---|-----------------|-------------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|--------|----------------------------|-------------------------------------|-----------------|--------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | 16 | | 17 | Number of Covered Lives |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Pricing Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| 019999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | | | | | | | | |
| 029999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

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

Not for Distribution

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.....
Affix Bar Code Above

TRUSTED SURPLUS STATEMENT

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE C

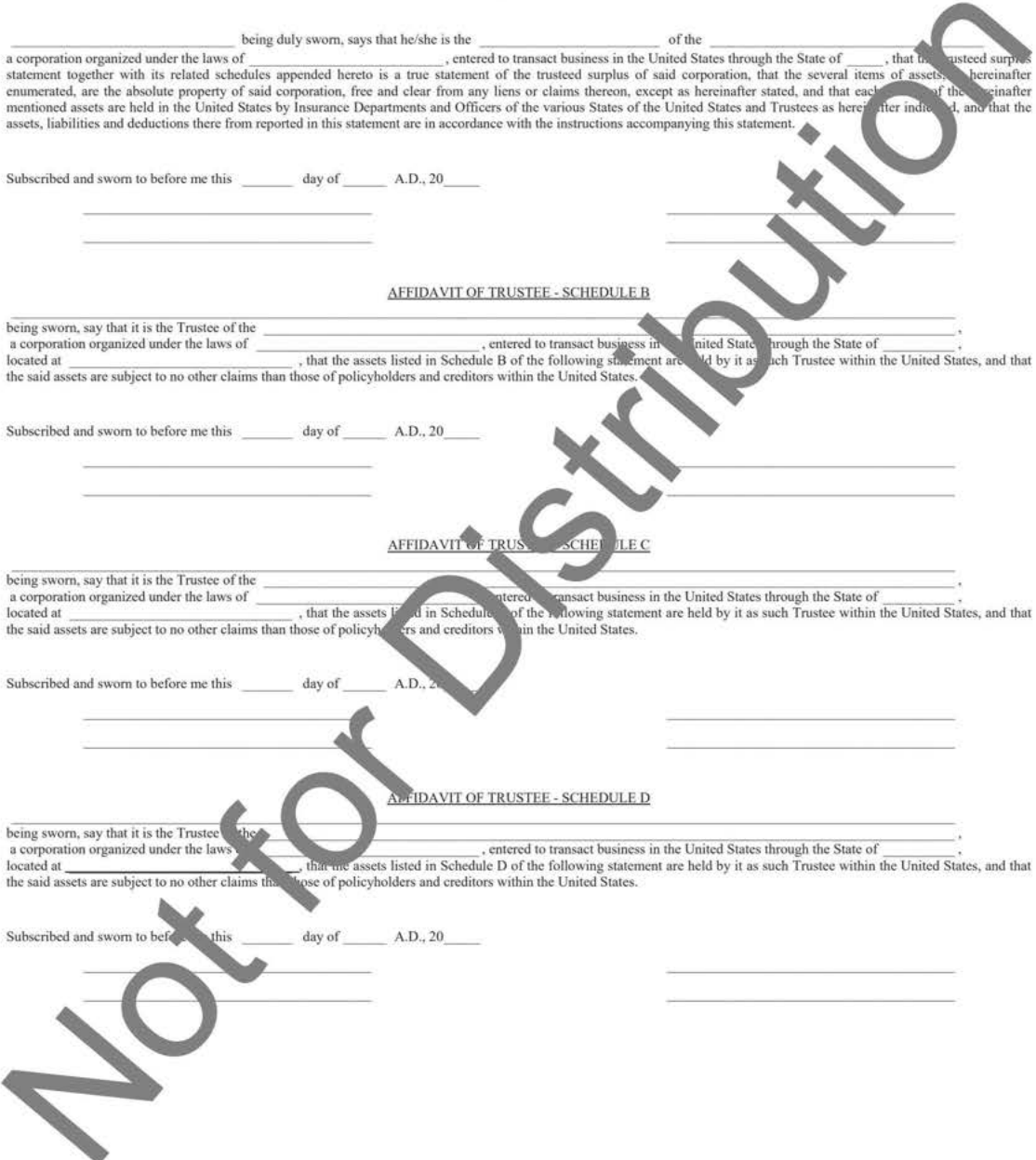
_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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



**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT
 For The Year Ended December 31, 2018
 (To Be Filled by March 1)

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS EARNED

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

PART 2 – PREMIUMS WRITTEN

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

PART 3 – LOSSES PAID OR INCURRED

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

PART 4 – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

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

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE F – PART 1

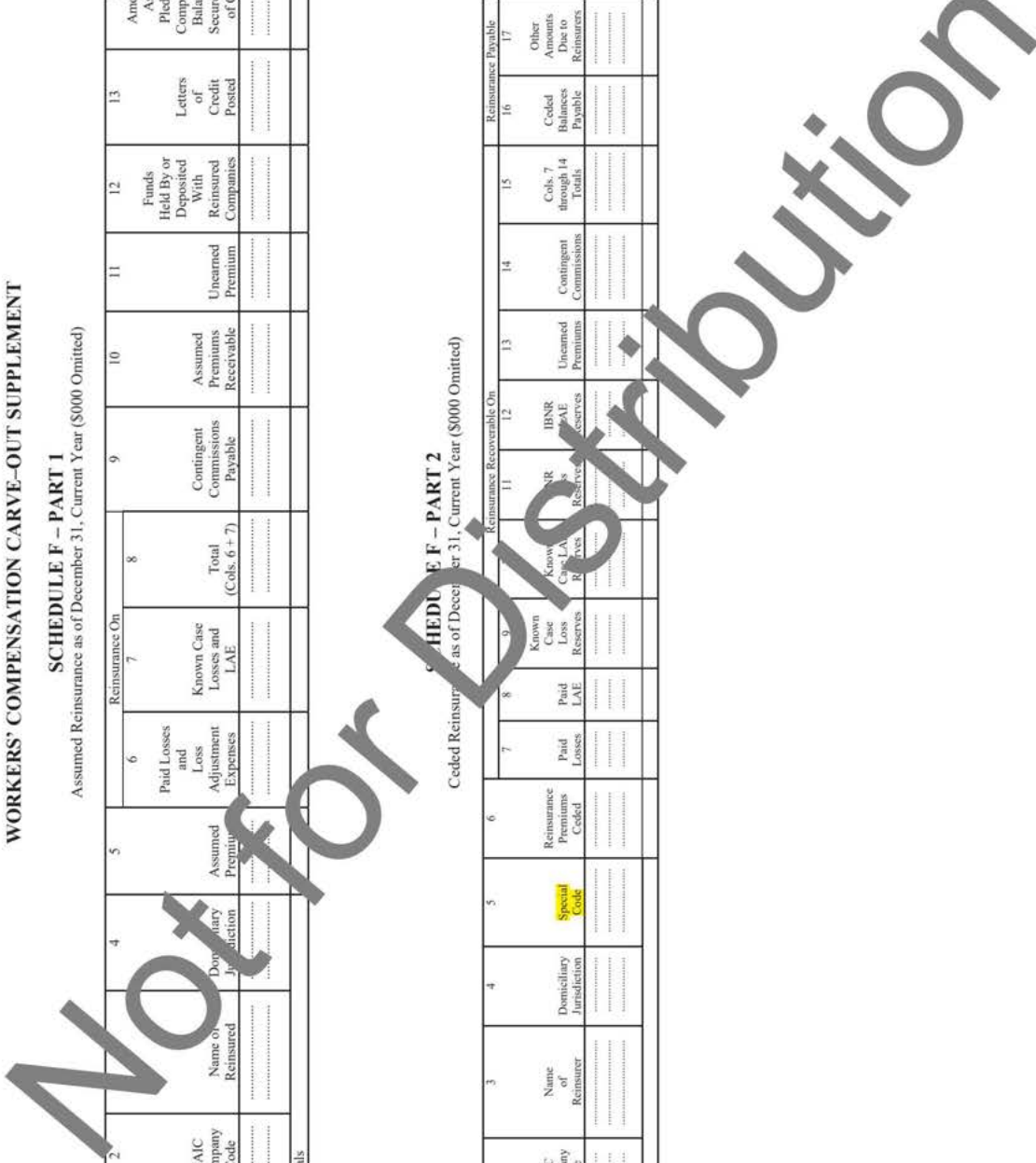
Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

| 1 | 2 | 3 | 4 | 5 | | | 6 | | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---------|--------|---|---|-------------------|-------------------|--------------------------|------------------|--|---------------------------|---|---|----|----|----|----|----|----|
| | | | | NAIC Company Code | Name of Reinsured | Domiciliary Jurisdiction | Assumed Premiums | Paid Losses and Loss Adjustment Expenses | Known Case Losses and LAE | | | | | | | | |
| 9999999 | Totals | | | | | | | | | | | | | | | | |

SCHEDULE F – PART 2

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 9 | | | 12 | 13 | 14 | | 17 | 18 | 19 | |
|---------|--------|---|---|---|---|---|----------------------------|-------------|----------|--------------------------|--------------------------|---------------|----|----|-------------------|------------------------|----|----|----|---------------------------|
| | | | | | | | Reinsurance Premiums Ceded | Paid Losses | Paid LAE | Known Case Loss Reserves | Known Case Loss Reserves | IBNR Reserves | | | Unearned Premiums | Contingent Commissions | | | | Cols. 7 through 14 Totals |
| 9999999 | Totals | | | | | | | | | | | | | | | | | | | |



WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 1

(\$000 Omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Subrogation Received | 11 Total Net (Cols. 4-9) - 7 + 8 | 12 Number of Claims Reported Assumed |
|--|-----------------|------------|----------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|----------------------------|--|---|
| | 1 Assumed | 2 Ceded | 3 Net (Cols. 1-2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Assumed | 5 Ceded | 6 Assumed | 7 Ceded | 8 Assumed | 9 Ceded | | | |
| 1. Prior | XXX | XXX | XXX | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | | |
| 3. 2010 | | | | | | | | | | | | |
| 4. 2011 | | | | | | | | | | | | |
| 5. 2012 | | | | | | | | | | | | |
| 6. 2013 | | | | | | | | | | | | |
| 7. 2014 | | | | | | | | | | | | |
| 8. 2015 | | | | | | | | | | | | |
| 9. 2016 | | | | | | | | | | | | |
| 10. 2017 | | | | | | | | | | | | |
| 11. 2018 | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | | | XXX | |

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

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

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 2

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | 11 One-Year | 12 Two-Year |
| 1. Prior | | | | | | | | | | | | |
| 2. 2009 | XXX | | | | | | | | | | | |
| 3. 2010 | XXX | XXX | | | | | | | | | | |
| 4. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| | | | | | | | | | | 12. Total | | |

SCHEDULE P – PART 3

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | | |
| 1. Prior | 000 | | | | | | | | | | | |
| 2. 2009 | XXX | | | | | | | | | | | |
| 3. 2010 | XXX | XXX | | | | | | | | | | |
| 4. 2011 | XXX | XXX | XXX | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | XXX | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 4

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P – PART 5

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH NET LOSS PAYMENT ASSUMED AT YEAR END | | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END | | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END | | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 |
| 1. Prior | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

SCHEDULE P – PART 6

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (See P-Pt 1) | | | | | | | | | | | XXX |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------------------|
| | 1 2009 | 2 2010 | 3 2011 | 4 2012 | 5 2013 | 6 2014 | 7 2015 | 8 2016 | 9 2017 | 10 2018 | |
| 1. Prior | | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | |
| 3. 2010 | XXX | | | | | | | | | | |
| 4. 2011 | XXX | XXX | | | | | | | | | |
| 5. 2012 | XXX | XXX | XXX | | | | | | | | |
| 6. 2013 | XXX | XXX | XXX | XXX | | | | | | | |
| 7. 2014 | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 8. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 9. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 10. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 11. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 12. Total | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (See P-Pt 1) | | | | | | | | | | | XXX |

SCHEDULE O SUPPLEMENT
 For The Year Ended December 31, 2018
 (To Be Filed By March 1)

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

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

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|------------------------------------|---|-----------|-----------|-----------|--------------|
| | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018(a) |
| 1. Prior | | | | | |
| 2. 2014 | | | | | |
| 3. 2015 | XXX | | | | |
| 4. 2016 | XXX | XXX | | | |
| 5. 2017 | XXX | XXX | XXX | | |
| 6. 2018 | XXX | XXX | XXX | XXX | |

Section B—Other Accident and Health

| | | | | | |
|----------------|-----|-----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2014 | | | | | |
| 3. 2015 | XXX | | | | |
| 4. 2016 | XXX | XXX | | | |
| 5. 2017 | XXX | XXX | XXX | | |
| 6. 2018 | XXX | XXX | XXX | XXX | |

Section C—Credit Accident and Health

| | | | | | |
|----------------|-----|-----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2014 | | | | | |
| 3. 2015 | XXX | | | | |
| 4. 2016 | XXX | XXX | | | |
| 5. 2017 | XXX | XXX | XXX | | |
| 6. 2018 | XXX | XXX | XXX | XXX | |

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

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 2
Development of Incurred Losses
(\$000 Omitted)
Section A—Group Accident and Health

| Year in Which Losses Were Incurred | Net Amounts Paid for Cost Containment Expenses | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. Prior | | | | | |
| 2. 2014 | | | | | |
| 3. 2015 | XXX | | | | |
| 4. 2016 | XXX | XXX | | | |
| 5. 2017 | XXX | XXX | XXX | | |
| 6. 2018 | XXX | XXX | XXX | XXX | |

Section B—Other Accident and Health

| | | | | | |
|----------------|-----|-----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2014 | | | | | |
| 3. 2015 | XXX | | | | |
| 4. 2016 | XXX | XXX | | | |
| 5. 2017 | XXX | XXX | XXX | | |
| 6. 2018 | XXX | XXX | XXX | XXX | |

Section C—Credit Accident and Health

| | | | | | |
|----------------|-----|-----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2014 | | | | | |
| 3. 2015 | XXX | | | | |
| 4. 2016 | XXX | XXX | | | |
| 5. 2017 | XXX | XXX | XXX | | |
| 6. 2018 | XXX | XXX | XXX | XXX | |

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A – Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. 2014 | | | | XXX | XXX |
| 2. 2015 | XXX | | | | XXX |
| 3. 2016 | XXX | XXX | | | |
| 4. 2017 | XXX | XXX | XXX | | |
| 5. 2018 | XXX | XXX | XXX | XXX | |

Section B – Other Accident and Health

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2014 | | | | XXX | XXX |
| 2. 2015 | XXX | | | | XXX |
| 3. 2016 | XXX | XXX | | | |
| 4. 2017 | XXX | XXX | XXX | | |
| 5. 2018 | XXX | XXX | XXX | XXX | |

Section C – Credit Accident and Health

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2014 | | | | XXX | XXX |
| 2. 2015 | XXX | | | | XXX |
| 3. 2016 | XXX | XXX | | | |
| 4. 2017 | XXX | XXX | XXX | | |
| 5. 2018 | XXX | XXX | XXX | XXX | |

SCHEDULE O SUPPLEMENT

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

Section A – Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|------------------------------------|---|-----------|-----------|-----------|-----------|
| | 1 2014 | 2 2015 | 3 2016 | 4 2017 | 5 2018 |
| 1. 2014 | | | | | |
| 2. 2015 | XXX | | | | |
| 3. 2016 | XXX | XXX | | | |
| 4. 2017 | XXX | XXX | XXX | | |
| 5. 2018 | XXX | XXX | XXX | XXX | |

Section B – Other Accident and Health

| | | | | | |
|---------|-----|-----|-----|-----|--|
| 1. 2014 | | | | | |
| 2. 2015 | XXX | | | | |
| 3. 2016 | XXX | XXX | | | |
| 4. 2017 | XXX | XXX | XXX | | |
| 5. 2018 | XXX | XXX | XXX | XXX | |

Section C – Credit Accident and Health

| | | | | | |
|---------|-----|-----|-----|-----|--|
| 1. 2014 | | | | | |
| 2. 2015 | XXX | | | | |
| 3. 2016 | XXX | XXX | | | |
| 4. 2017 | XXX | XXX | XXX | | |
| 5. 2018 | XXX | XXX | XXX | XXX | |

SUPPLEMENTAL SCHEDULE O – PART 5
(\$000 Omitted)

Reserve and Liability Methodology - Exhibits 6 and 8

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

MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)
 (To Be Filed By March 1)

Affix Bar Code Above

NAIC Group Code.....

NAIC Company Code.....

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

Not for Distribution

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

NAIC Group Code _____ NAIC Company Code _____

| | Current Year | | | | | | | | | | | | | | |
|---|------------------|-----------------|------------------------|---------------------|-----------------------|--------------------|--------------------|-------------|---------------------|-----------------------|--------------------|-------------|---------------------|--------------------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | Reported Reserve | Revised Reserve | Deferred Premium Asset | Net Premium Reserve | Deterministic Reserve | Stochastic Reserve | Number of Policies | Face Amount | Net Premium Reserve | Deterministic Reserve | Number of Policies | Face Amount | Net Premium Reserve | Number of Policies | Face Amount |
| 1. Post-Reinsurance-Ceded Reserve | | | | | | | | | | | | | | | |
| 1.1. Term Life Insurance | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.2. Universal Life With Secondary Guarantee | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.3. Non-Participating Whole Life | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.4. Participating Whole Life | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.5. Universal Life Without Secondary Guarantee | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.6. Variable Universal Life | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.7. Variable Life | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.8. Indexed Life | | | | | | | XXX | XXX | | | XXX | XXX | XXX | XXX | XXX |
| 1.9. Aggregate Write-Ins for Other Products | | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9) | | | | XXX | XXX | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. Pre-Reinsurance-Ceded Reserve | | | | | | | | | | | | | | | |
| 3.1. Term Life Insurance | | | | | | | | | | | | | | | |
| 3.2. Universal Life With Secondary Guarantee | | | | | | | | | | | | | | | |
| 3.3. Non-Participating Whole Life | | | | | | | | | | | | | | | |
| 3.4. Participating Whole Life | | | | | | | | | | | | | | | |
| 3.5. Universal Life Without Secondary Guarantee | | | | | | | | | | | | | | | |
| 3.6. Variable Universal Life | | | | | | | | | | | | | | | |
| 3.7. Variable Life | | | | | | | | | | | | | | | |
| 3.8. Indexed Life | | | | | | | | | | | | | | | |
| 3.9. Aggregate Write-Ins for Other Products | | | | | | | | | | | | | | | |
| 4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9) | | | | XXX | XXX | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. Total Reserves Ceded (Line 4 minus Line 2) | | | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | |
| 1.901. Summary of remaining write-ins for Line 1.9 | | | | | | | | | | | | | | | |
| 1.902. from overflow page | | | | | | | | | | | | | | | |
| 1.903. Summary of remaining write-ins for Line 1.9 | | | | | | | | | | | | | | | |
| 1.998. from overflow page | | | | | | | | | | | | | | | |
| 1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above) | | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3.901. Summary of remaining write-ins for Line 3.9 | | | | | | | | | | | | | | | |
| 3.902. from overflow page | | | | | | | | | | | | | | | |
| 3.903. Summary of remaining write-ins for Line 3.9 | | | | | | | | | | | | | | | |
| 3.998. from overflow page | | | | | | | | | | | | | | | |
| 3.999. Totals (Lines 3.901 through 3.903 plus 3.998) (Line 3.9 above) | | | | | | | | | | | | | | | |

VM-20 RESERVES SUPPLEMENT – PART 2
 Reserves for Policies Not Based on VM-20 as a
 Result of the Three-Year Transition Period
 For The Year Ended December 31, 20__
 (To Be Filed by March 1)
 (\$000 Omitted Except for Number of Policies)

| | Three-Year Transition Period | | | | Current Year | |
|--|------------------------------|------------------|--------------------|------------------|-------------------------|------------------|
| | Prior Year | | 3 Gross Reserve | 4 Net Reserve | 5 Number of Policies | 6 Face Amount |
| | 1 Gross Reserve | 2 Net Reserve | | | | |
| 1. Life Insurance Reserves | | | | | | |
| 1.1. Term Life..... | | | | | | |
| 1.2. Universal Life With Secondary Guarantee..... | | | | | | |
| 1.3. Non-Participating Whole Life..... | | | | | | |
| 1.4. Participating Whole Life..... | | | | | | |
| 1.5. Universal Life Without Secondary Guarantee..... | | | | | | |
| 1.6. Variable Universal Life..... | | | | | | |
| 1.7. Variable Life..... | | | | | | |
| 1.8. Indexed Life..... | | | | | | |
| 1.9. Aggregate Write-Ins for Other Products..... | | | | | | |
| 2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9) | | | | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 1.901..... | | | | | | |
| 1.902..... | | | | | | |
| 1.903..... | | | | | | |
| 1.998. Summary of remaining write-ins for Line 1.9 from overflow page..... | | | | | | |
| 1.999. Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above). | | | | | | |

VM-20 RESERVES SUPPLEMENT – PART 3
Life PBR Exemption
 For The Year Ended December 31, 20__
 (To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company filed and been granted a **Life PBR Exemption** from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes: [] No: []

2. If the response to Question 1 is "Yes", then check the source of the granted "**Life PBR Exemption**" definition? (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM []

2.2 State Statute (SVL) [] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes: [] No: []

b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the **Life PBR Exemption** (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

.....

.....

.....

2.3 State Regulation [] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes: [] No: []

b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the **Life PBR Exemption** (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

.....

.....

.....

NEW PAGE

VM-20 RESERVES SUPPLEMENT – PART 4

Other Exclusions from Life PBR

For The Year Ended December 31, 20__

(To Be Filed by March 1)

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

Not for Distribution

Not for Distribution

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Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY
REPORTING YEAR 20
 (To Be Filed By April 1)

| NAIC Group Code | | NAIC Company Code | | | | | | | |
|------------------------------------|--|-------------------|---------------------------------------|---------------------------------------|---------------------|--------------------|-------------------------------|--|--------------------------------------|
| | | 1. Paid Premiums | 2. Valuation Expected Incurred Claims | 3. Actual to Expected Incurred Claims | 4. Open Claim Count | 5. New Claim Count | 6. Lives In Force End of Year | 7. Expected Lives In Force End of Year | 8. Actual to Expected Lives In Force |
| A. Individual Comprehensive | | | | | | | | | |
| 1. Prior | | | | | | | | | |
| 2. 2nd Prior | | | | | | | | | |
| 3. 3rd Prior | | | | | | | | | |
| 4. 4th Prior | | | | | | | | | |
| 5. 5th Prior | | | | | | | | | |
| 6. Form Inception-to-Date | | | | | | | | | |
| 7. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| Institutional Only: | | | | | | | | | |
| 9. Current | | | | | | | | | |
| 11. 2nd Prior | | | | | | | | | |
| 12. 3rd Prior | | | | | | | | | |
| 13. 4th Prior | | | | | | | | | |
| 14. 5th Prior | | | | | | | | | |
| 15. Form Inception-to-Date | | | | | | | | | |
| 16. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| Non-Institutional Only: | | | | | | | | | |
| 17. Current | | | | | | | | | |
| 18. 2nd Prior | | | | | | | | | |
| 19. 3rd Prior | | | | | | | | | |
| 20. 4th Prior | | | | | | | | | |
| 21. 5th Prior | | | | | | | | | |
| 22. Form Inception-to-Date | | | | | | | | | |
| 23. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| B. Group | | | | | | | | | |
| 1. Current | | | | | | | | | |
| 2. 2nd Prior | | | | | | | | | |
| 3. 3rd Prior | | | | | | | | | |
| 4. 4th Prior | | | | | | | | | |
| 5. 5th Prior | | | | | | | | | |
| 6. Form Inception-to-Date | | | | | | | | | |
| 7. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| Institutional Only: | | | | | | | | | |
| 9. Current | | | | | | | | | |
| 10. 2nd Prior | | | | | | | | | |
| 11. 3rd Prior | | | | | | | | | |
| 12. 4th Prior | | | | | | | | | |
| 13. 5th Prior | | | | | | | | | |
| 14. Form Inception-to-Date | | | | | | | | | |
| 15. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| Non-Institutional Only: | | | | | | | | | |
| 17. Current | | | | | | | | | |
| 18. 2nd Prior | | | | | | | | | |
| 19. 3rd Prior | | | | | | | | | |
| 20. 4th Prior | | | | | | | | | |
| 21. 5th Prior | | | | | | | | | |
| 22. Form Inception-to-Date | | | | | | | | | |
| 23. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| C. Subgroup | | | | | | | | | |
| 1. Form Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. Total Inception-to-Date | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR
 REPORTING YEAR 20____
 (To Be Filed By April 1)

| NAIC Group Code _____ | | NAIC Company Code _____ | | | | | | | | | | | | | |
|-------------------------------|-------------|-------------------------|---------------------------|-----------------|------------|----------------------------------|---------------------------|----------------------------------|-------------------------|----------------------------|------------------|----------------------------|--------------------------|---------------------------|-------|
| Reporting Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | Policy Form | Last Year Issue | Last Year Issued Premiums | Incurred Claims | Loss Ratio | Annual Net/Annual Gross Premiums | Current Year Net Premiums | In Force Count Beginning of Year | New Issues Current Year | In Force Count End of Year | Persistence Rate | Experience Policy Reserves | Reported Policy Reserves | Experience/Reported Ratio | |
| A. Individual | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | |
| B. Group | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | |
| 1. Current | | | | | | | | | | | | | | | |
| 2. Prior | | | | | | | | | | | | | | | |
| 3. 2nd Prior | | | | | | | | | | | | | | | |
| C. SUMMARY | | | | | | | | | | | | | | | |
| 1. Total Current-Individual | | | | | | | | | | | | | | | |
| 2. Total Prior-Individual | | | | | | | | | | | | | | | |
| 3. Total 2nd Prior-Individual | | | | | | | | | | | | | | | |
| 4. Total Current-Group | | | | | | | | | | | | | | | |
| 5. Total Prior-Group | | | | | | | | | | | | | | | |
| 6. Total 2nd Prior-Group | | | | | | | | | | | | | | | |
| 7. Current Year Total | | | | | | | | | | | | | | | |



LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT (\$000 OMITTED)
REPORTING YEAR 20____
(To Be Filed By April 1)

| NAIC Group Code _____ | | NAIC Company Code _____ | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|-------|-------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Incurred Year | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | | | |
| A. Individual | | | | | | | | | | | |
| PART 1 – Total (Direct and Transferred) Amount Paid Policyholders | | | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2011 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | 2012 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | 2013 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | 2014 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | 2015 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. | 2016 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | 2017 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | 2018 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2011 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | 2012 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | 2013 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | 2014 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | 2015 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. | 2016 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | 2017 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | 2018 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| PART 3 – Transferred Reserves | | | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2011 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | 2012 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | 2013 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | 2014 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | 2015 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. | 2016 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | 2017 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | 2018 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| PART 4 – Present Value of Incurred Claims | | | | | | | | | | | |
| 1. | Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. | 2011 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 3. | 2012 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 4. | 2013 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 5. | 2014 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 6. | 2015 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 7. | 2016 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 8. | 2017 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 9. | 2018 | XXX | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

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

| Incurred Year | | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|-------|------|------|------|------|------|------|------|------|
| B. | Group | | | | | | | | |
| PART 1 – Total (Direct and Transferred) Amount Paid Policyholders | | | | | | | | | |
| 1. | Prior | | | | | | | | |
| 2. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. | 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. | 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 2 – Sum of Prior Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | | |
| 1. | Prior | | | | | | | | |
| 2. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. | 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. | 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 3 – Transferred Reserves | | | | | | | | | |
| 1. | Prior | | | | | | | | |
| 2. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. | 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. | 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 4 – Present Value of Incurred Claims | | | | | | | | | |
| 1. | Prior | | | | | | | | |
| 2. | 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. | 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. | 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. | 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. | 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. | 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. | 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. | 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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

| Incurred Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|-------|-------|-------|-------|-------|-------|-------|-------|
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| C. Summary | | | | | | | | |
| PART 1 – Total (Direct and Transferred) Amount Paid Policyholders | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 2 – Sum of Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 3 – Transferred Reserves | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| PART 4 – Present Value of Incurred Claims | | | | | | | | |
| 1. Prior | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2011 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. 2012 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4. 2013 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 6. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9. 2018 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

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**LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS**

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

NAIC Group Code _____

NAIC Company Code _____

| Incurring Year | 1 Number of Policies In Force | 2 Number of Certificates | 3 Death Claims | 4 LTC Accelerated Claims | 5 Total Reserves |
|----------------------------|-------------------------------------|--------------------------------|-------------------|--------------------------------|---------------------|
| A. Individual | | | | | |
| 1. Current | | | | | |
| 2. Prior..... | | | | | |
| 3. 2nd Prior | | | | | |
| B. Group | | | | | |
| 1. Current | | | | | |
| 2. Prior..... | | | | | |
| 3. 2nd Prior | | | | | |
| C. Summary | | | | | |
| 1. Total Inception-to-Date | | | | | |

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
Incurred claims are only the policies that claims have been triggered due to acceleration.

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Affix Bar Code Above

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF _____
 REPORTING YEAR 20_____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

| | 1 Earned Premiums | 2 Incurred Claims | 3 In Force Count End of Year | 4 Policies In Force End of Year |
|---|-------------------------|-------------------------|------------------------------------|---------------------------------------|
| 1. Individual..... | | | | |
| 2. Group..... | | | | |
| 3. Total..... | | | | |
| 4. Actual total reported experience through prior year..... | | | xxx | xxx |
| 5. Actual total reported experience through statement year..... | | | xxx | xxx |

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**INTEREST SENSITIVE LIFE INSURANCE
PRODUCTS REPORT**

For The Year Ended December 31, 2018
(To Be Filed by April 1)

Of The Insurance Company

Address (City, State and Zip Code)

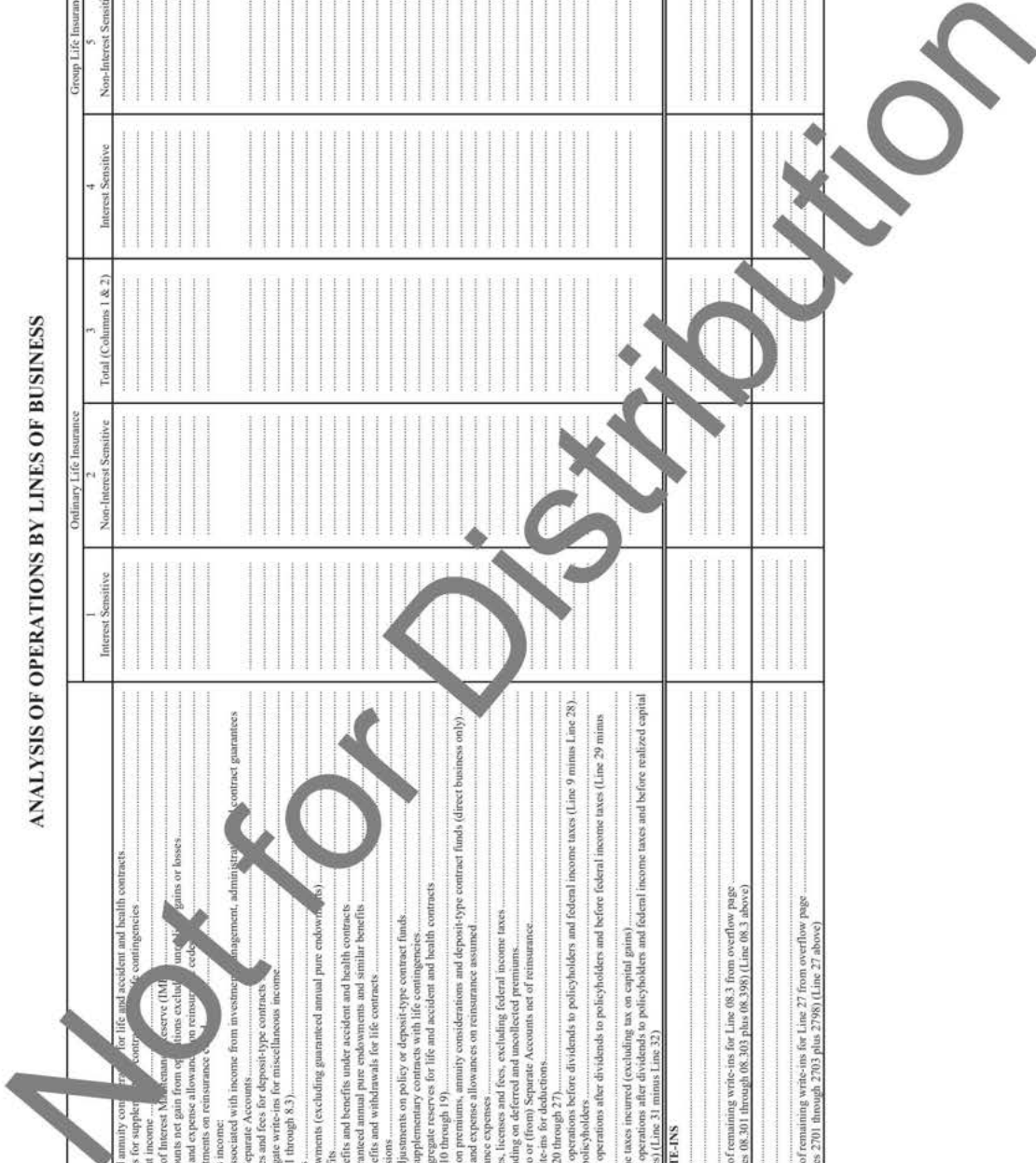
.....

NAIC Group Code . NAIC Company Code employer's I.D. Number.....

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | Ordinary Life Insurance | | Group Life Insurance | | 6 Total (Columns 4 & 5) |
|---|-------------------------|-----------------------------|----------------------------|-------------------------|----------------------------|
| | 1 Interest Sensitive | 2 Non-Interest Sensitive | 3 Total (Columns 1 & 2) | 4 Interest Sensitive | |
| 1. Premiums and annuity contracts for life and accident and health contracts | | | | | |
| 2. Considerations for policy loans, surrenders, and contingencies | | | | | |
| 3. Net investment income | | | | | |
| 4. Amortization of Interest Miscellaneous Reserve (IMR) | | | | | |
| 5. Separate Accounts net gain from operations excluding 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, administrative 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 through 8.3) | | | | | |
| 10. Matured endowments (excluding guaranteed annual pure endowments) | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Disability benefits and benefits under accident and health contracts | | | | | |
| 13. Corporate, guaranteed annual pure endowments and similar benefits | | | | | |
| 14. Surrenders and withdrawals for life contracts | | | | | |
| 15. Group conversions | | | | | |
| 16. Interest on supplementary contracts with life contingencies | | | | | |
| 17. Payments on policy or deposit-type contracts | | | | | |
| 18. Increase in aggregate reserves for life and accident and health contracts | | | | | |
| 19. Totals (Lines 10 through 18) | | | | | |
| 20. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) | | | | | |
| 21. Commissions and expense allowances on reinsurance assumed | | | | | |
| 22. General insurance expenses | | | | | |
| 23. Insurance taxes, licenses and fees, excluding federal income taxes | | | | | |
| 24. Increase in loading on deferred and uncollected premiums | | | | | |
| 25. Net transfers to or (from) Separate Accounts net of reinsurance | | | | | |
| 26. Aggregate write-ins for deductions | | | | | |
| 27. Totals (Lines 20 through 26) | | | | | |
| 28. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) | | | | | |
| 29. Dividends to policyholders | | | | | |
| 30. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 29) | | | | | |
| 31. Federal income taxes incurred (excluding tax on capital gain) | | | | | |
| 32. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or losses (Line 31 minus Line 32) | | | | | |
| 33. Net gain from operations after dividends to policyholders and before federal income taxes and before realized capital gains or losses (Line 31 minus Line 32) | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 08.301 | | | | | |
| 08.302 | | | | | |
| 08.303 | | | | | |
| 08.308 | | | | | |
| 08.399 | | | | | |
| 08.399 | | | | | |
| 08.399 | | | | | |
| 2701 | | | | | |
| 2702 | | | | | |
| 2703 | | | | | |
| 2798 | | | | | |
| 2799 | | | | | |



ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

| | Ordinary Life Insurance | | | Group Life Insurance | | |
|---|----------------------------|--------------------------------|-------------------------------|----------------------------|--------------------------------|-------------------------------|
| | 1 Interest Sensitive | 2 Non-Interest Sensitive | 3 Total (Columns 1 & 2) | 4 Interest Sensitive | 5 Non-Interest Sensitive | 6 Total (Columns 4 & 5) |
| Involving Life or Disability Contingencies (Reserves) | | | | | | |
| 1. Reserve December 31, prior year | | | | | | |
| 2. Tabular net premiums or considerations | | | | | | |
| 3. Present value of disability elimination benefits | | | | | | |
| 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 net premium reserve | | | | | | |
| 7. Other increases (Net) | | | | | | |
| 8. Totals (Lines 1 through 7) | | | | | | |
| 9. Tabular cost | | | | | | |
| 10. Reserves released by death | | | | | | |
| 11. Reserves released by other terminations (net) | | | | | | |
| 12. Annuity, supplementary contract, and disability payments involving life contingencies | | | | | | |
| 13. Net transfers to or (from) Separate Accounts | | | | | | |
| 14. Total deductions (Lines 9 through 13) | | | | | | |
| 15. Reserve December 31, current year | | | | | | |

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OVERFLOW PAGE FOR WRITE-INS

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Affix Bar Code Above

CREDIT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2018
(To Be Filed By April 1)

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

Direct Business in the State of

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

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

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

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

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PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE
 Single Premium – Closed-End

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

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

PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE
 Monthly Outstanding Balance – Closed-End

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

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

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PART 2D – CREDIT ACCIDENT AND HEALTH INSURANCE

PART 2C – CREDIT ACCIDENT AND HEALTH INSURANCE
Monthly Outstanding Balance – Open-End

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

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

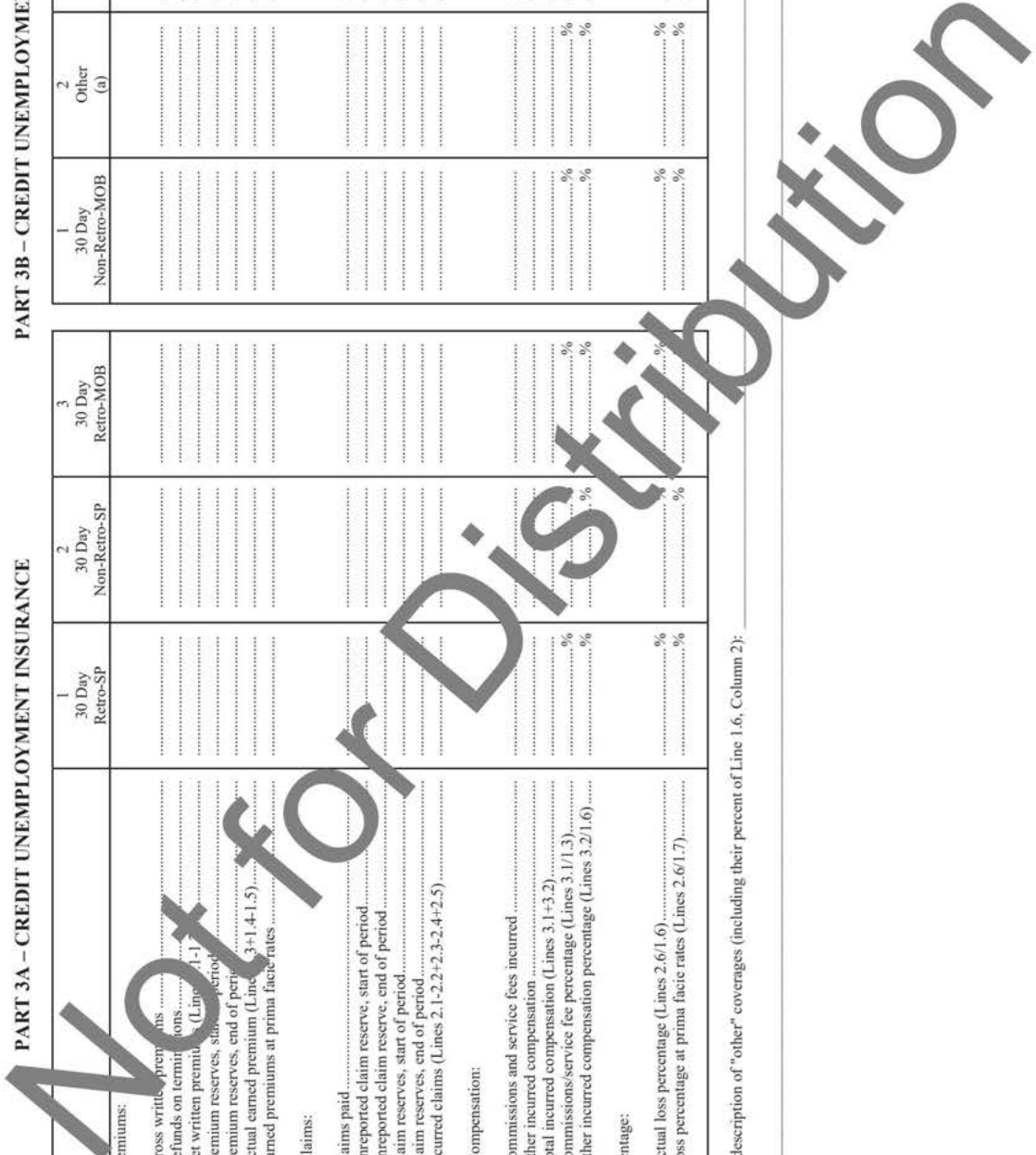
(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 3A – CREDIT UNEMPLOYMENT INSURANCE

PART 3B – CREDIT UNEMPLOYMENT INSURANCE

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

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



PART 4 – CREDIT PROPERTY INSURANCE

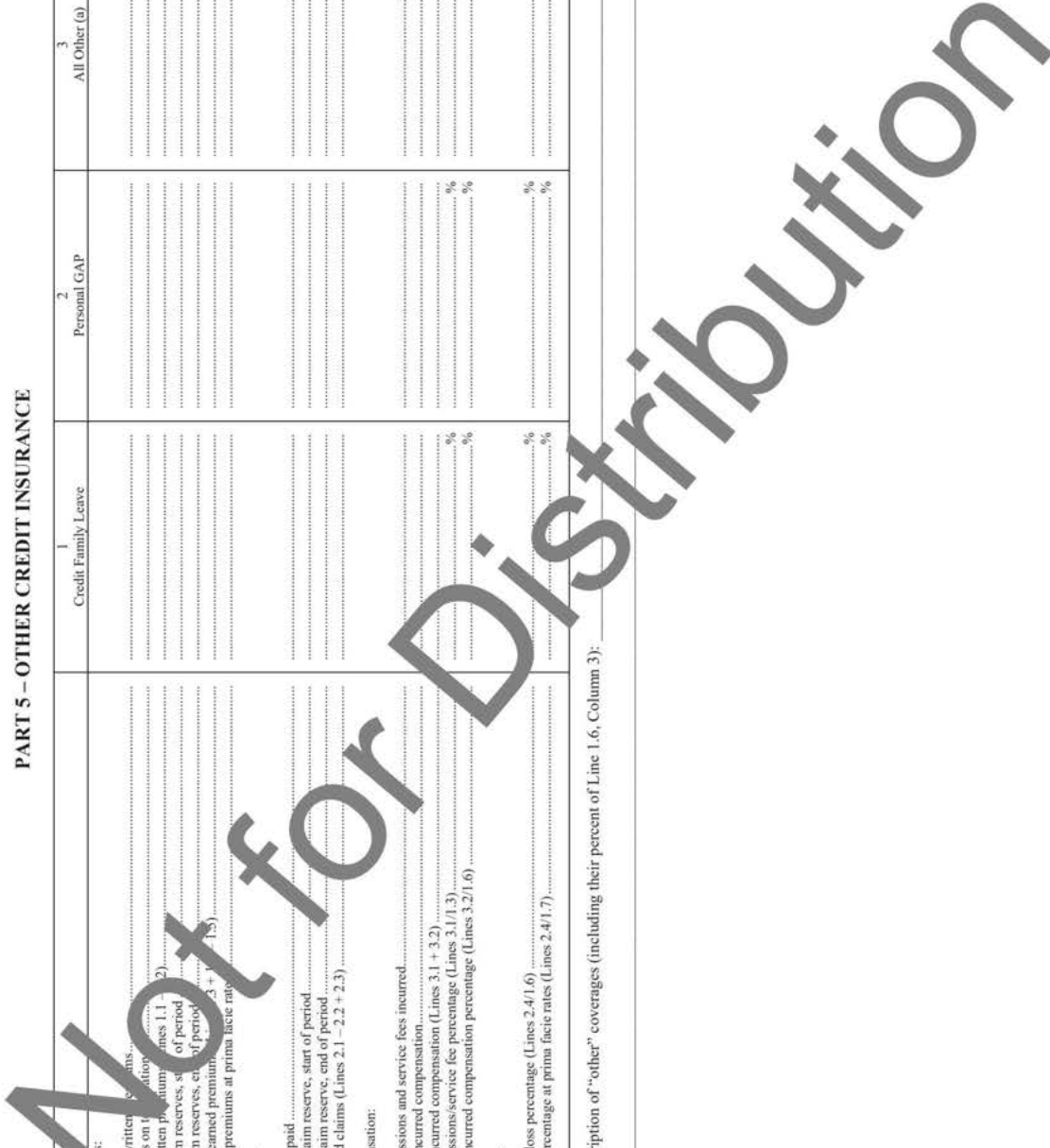
| | 1 Creditor Placed Home-Single Interest | 2 Creditor Placed Home-Dual Interest | 3 Creditor Placed Auto-Single Interest | 4 Creditor Placed Auto- Dual Interest | 5 Personal Property-Single Interest | 6 Personal Property-Dual Interest | 7 Other (a) |
|--|---|---|---|--|--|--|-------------------|
|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

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 5 – OTHER CREDIT INSURANCE

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

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



PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

| | 1 Creditor Placed Home | 2 Creditor Placed Auto | 3 Personal Property | 4 Other (a) |
|---|------------------------------|------------------------------|---------------------------|-------------------|
| 1. Premiums: | | | | |
| 1.1 Direct writing premium | | | | |
| 1.2 Direct earned premium | | | | |
| 2. Underwriting expenses incurred: | | | | |
| 2.1 Commissions and broker expenses incurred | | | | |
| 2.2 Taxes, licenses and fees incurred | | | | |
| 2.3 Other acquisitions, fire, supervision and condition expenses incurred | | | | |
| 2.4 General expenses incurred | | | | |

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

Not for Distribution

Not for Distribution

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Form Direct Business Only
For The Year Ended December 31, 2018
(To Be Filed by April 1)

| NAIC Group Code | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2+3)/1 | 5 Number of Policies or Certificates as of Dec. 31 | 6 Number of Covered Lives as of Dec. 31 | 7 Member Months |
|---|---------------------------|--------------------------------|-------------------------------------|----------------------------|---|--|-----------------------|
| A. INDIVIDUAL BUSINESS | | | | | | | |
| 1. Comprehensive Major Medical | | | | | | | |
| 1.1 | With Contract Reserves | | | | | | |
| 1.2 | Without Contract Reserves | | | | | | |
| 1.3 | Subtotal | | | | | | |
| 2. Short-Term Medical | | | | | | | |
| 2.1 | With Contract Reserves | | | | | | |
| 2.2 | Without Contract Reserves | | | | | | |
| 2.3 | Subtotal | | | | | | |
| 3. Other Medical (Non-Comprehensive) | | | | | | | |
| 3.1 | With Contract Reserves | | | | | | |
| 3.2 | Without Contract Reserves | | | | | | |
| 3.3 | Subtotal | | | | | | |
| 4. Specified/Named Disease | | | | | | | |
| 4.1 | With Contract Reserves | | | | | | |
| 4.2 | Without Contract Reserves | | | | | | |
| 4.3 | Subtotal | | | | | | |
| 5. Limited Benefit | | | | | | | |
| 5.1 | With Contract Reserves | | | | | | |
| 5.2 | Without Contract Reserves | | | | | | |
| 5.3 | Subtotal | | | | | | |
| 6. Student | | | | | | | |
| 6.1 | With Contract Reserves | | | | | | |
| 6.2 | Without Contract Reserves | | | | | | |
| 6.3 | Subtotal | | | | | | |
| 7. Accident Only or AD&D | | | | | | | |
| 7.1 | With Contract Reserves | | | | | | |
| 7.2 | Without Contract Reserves | | | | | | |
| 7.3 | Subtotal | | | | | | |
| 8. Disability Income – Short-Term | | | | | | | |
| 8.1 | With Contract Reserves | | | | | | |
| 8.2 | Without Contract Reserves | | | | | | |
| 8.3 | Subtotal | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-----------------|------------------------|-----------------------------|--------------------|--|---------------------------------------|---------------|
| | Premiums Earned | Incurred Claims Amount | Change in Contract Reserves | Loss Ratio (2+3)/1 | Number of Policies or Certificates as of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months |
| A. INDIVIDUAL BUSINESS (continued) | | | | | | | |
| 9. Disability Income - Long-Term | | | | | | | |
| 9.1 With Contract Reserves..... | | | | | | | |
| 9.2 Without Contract Reserves..... | | | | | | | |
| 9.3 Subtotal | | | | | | | |
| 10. Long-Term Care | | | | | | | |
| 10.1 With Contract Reserves..... | | | | | | | |
| 10.2 Without Contract Reserves..... | | | | | | | |
| 10.3 Subtotal | | | | | | | |
| 11. Medicare Supplement (Medigap) | | | | | | | |
| 11.1 With Contract Reserves..... | | | | | | | |
| 11.2 Without Contract Reserves..... | | | | | | | |
| 11.3 Subtotal | | | | | | | |
| 12. Dental | | | | | | | |
| 12.1 With Contract Reserves..... | | | | | | | |
| 12.2 Without Contract Reserves..... | | | | | | | |
| 12.3 Subtotal | | | | | | | |
| 13. State Children's Health Insurance Program | | | | | | | |
| 13.1 With Contract Reserves..... | | | | | | | |
| 13.2 Without Contract Reserves..... | | | | | | | |
| 13.3 Subtotal | | | | | | | |
| 14. Medicare | | | | | | | |
| 14.1 With Contract Reserves..... | | | | | | | |
| 14.2 Without Contract Reserves..... | | | | | | | |
| 14.3 Subtotal | | | | | | | |
| 15. Medicaid | | | | | | | |
| 15.1 With Contract Reserves..... | | | | | | | |
| 15.2 Without Contract Reserves..... | | | | | | | |
| 15.3 Subtotal | | | | | | | |
| 16. Medicare Part D - Stand-Alone | | | | | | | |
| 16.1 With Contract Reserves..... | | | | | | | |
| 16.2 Without Contract Reserves..... | | | | | | | |
| 16.3 Subtotal | | | | | | | |
| 17. Other Individual Business | | | | | | | |
| 17.1 With Contract Reserves..... | | | | | | | |
| 17.2 Without Contract Reserves..... | | | | | | | |
| 17.3 Subtotal | | | | | | | |
| 18. Total Individual Business | | | | | | | |
| 18.1 With Contract Reserves..... | | | | | | | |
| 18.2 Without Contract Reserves..... | | | | | | | |
| 19. Grand Total Individual | | | | | | | |

Not for Distribution

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR
PART 1 – INDIVIDUAL POLICIES
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2+3)/1 |
|--------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

PART 2 – GROUP POLICIES
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2+3)/1 |
|--------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2+3)/1 |
|--------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

| Description | 1 Premiums Earned | 2 Incurred Claims Amount | 3 Change in Contract Reserves | 4 Loss Ratio (2+3)/1 |
|--------------------------------|----------------------|-----------------------------|----------------------------------|----------------------------|
| 1. U.S. Forms Direct Business | | | | |
| 2. Other Forms Direct Business | | | | |
| 3. Total Direct Business | | | | |
| 4. Reinsurance Assumed | | | | |
| 5. Less Reinsurance Ceded | | | | |
| 6. Total | | | | |

Not for Distribution

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS
 For the Year Ended December 31, 2018
 (To Be Filed by April 1)

| | Group | | | | | | | | | | |
|--|-----------------|-----------------|-------------------|------------------------------------|-------------------------------------|-----------------|-----------------|-------------------|------------------------------------|-------------------------------------|-----------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | Total Annuities | Fixed Annuities | Indexed Annuities | Variable Annuities General Account | Variable Annuities Separate Account | Other Annuities | Fixed Annuities | Indexed Annuities | Variable Annuities General Account | Variable Annuities Separate Account | Other Annuities |
| 1. Premiums and annuity considerations for life and accident and health contracts | | | | | | | | | | | |
| 2. Considerations for supplementary contracts with 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. Miscellaneous income | | | | | | | | | | | |
| 8. Miscellaneous income | | | | | | | | | | | |
| 8.1 Fees associated with income from investment management, administration and contract interest 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 funds | | | | | | | | | | | |
| 18. Payments on supplementary contracts with life contingencies | | | | | | | | | | | |
| 19. Increase in aggregate reserves for life and accident and health contracts | | | | | | | | | | | |
| 20. Totals (Lines 10 to 19) | | | | | | | | | | | |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) | | | | | | | | | | | |
| 22. Commissions and expense allowances on reinsurance assumed | | | | | | | | | | | |
| 23. General insurance expenses | | | | | | | | | | | |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes | | | | | | | | | | | |
| 25. Increase in loading on deferred and uncollected premiums | | | | | | | | | | | |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance | | | | | | | | | | | |
| 27. Aggregate write-ins for deductions | | | | | | | | | | | |
| 28. Totals (Lines 20 to 27) | | | | | | | | | | | |
| 29. Net gain from operations before dividends to policyholders 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) (0) | | | | | | | | | | | |
| 34. Policy certificates in force end of year | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 08.301 | | | | | | | | | | | |
| 08.302 | | | | | | | | | | | |
| 08.303 | | | | | | | | | | | |
| 08.399 | | | | | | | | | | | |
| Total (Lines 08.301 through 08.305 plus 08.398) (Line 8.3 above) | | | | | | | | | | | |
| 2701 | | | | | | | | | | | |
| 2702 | | | | | | | | | | | |
| 2703 | | | | | | | | | | | |
| 2798 | | | | | | | | | | | |
| 2799 | | | | | | | | | | | |
| Total (Lines 2701 through 2703 plus 2798) (Line 27 above) | | | | | | | | | | | |

(a) Premiums and annuity considerations for life and accident and health contracts includes \$_____ for individual variable annuities not associated with guarantees, \$_____ for individual variable annuities associated with guarantees, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.

(b) Net gain from operations after dividends to policyholders and before 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, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.

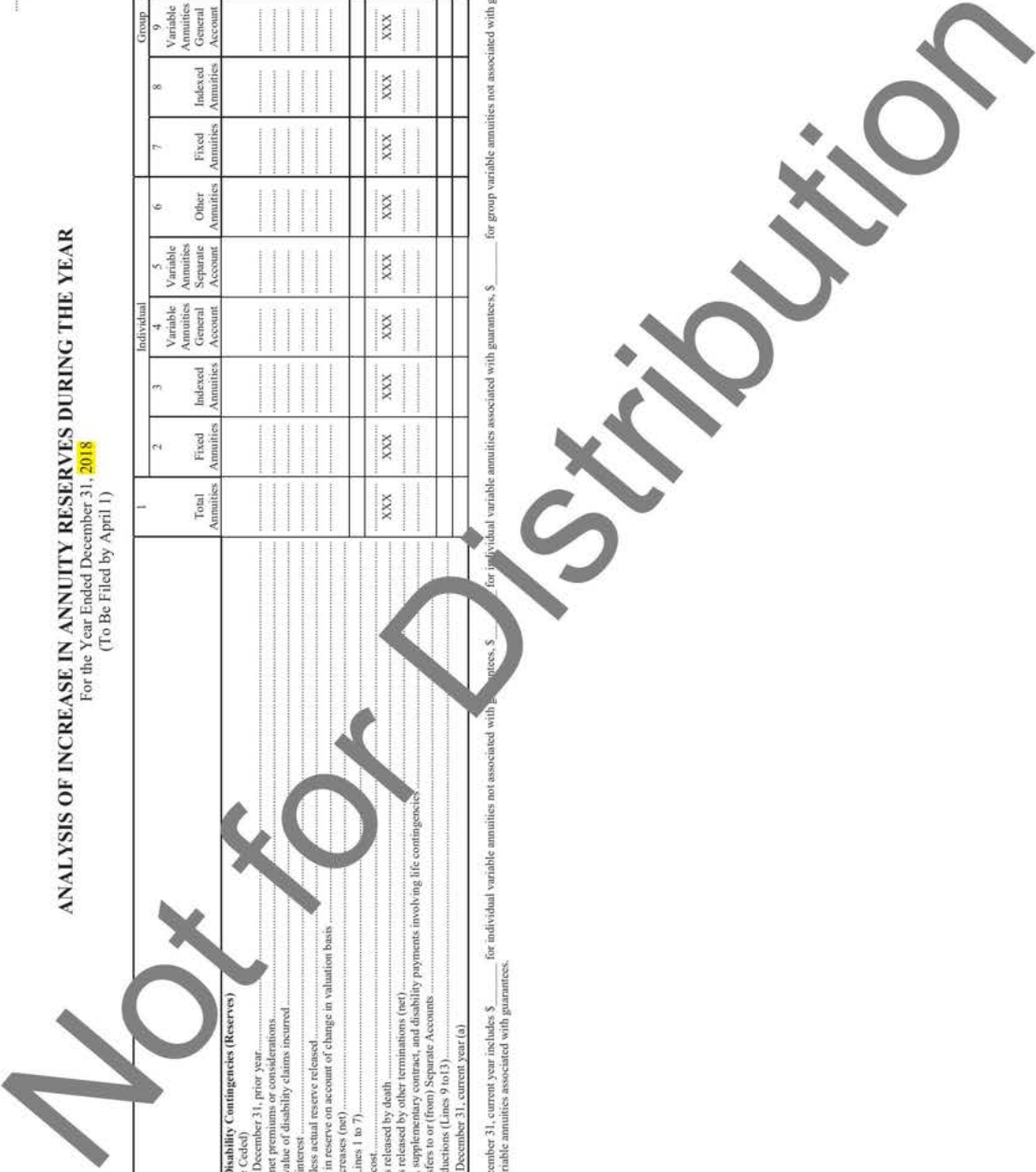
OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR
 For the Year Ended December 31, 2018
 (To Be Filed by April 1)

| | Individual | | | | | | | | | | |
|---|-----------------|-----------------|-------------------|------------------------------------|-------------------------------------|-----------------|-----------------|-------------------|------------------------------------|-------------------------------------|-----------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | Total Annuities | Fixed Annuities | Indexed Annuities | Variable Annuities General Account | Variable Annuities Separate Account | Other Annuities | Fixed Annuities | Indexed Annuities | Variable Annuities General Account | Variable Annuities Separate Account | Other Annuities |
| Involving Life or Disability Contingencies (Reserves) | | | | | | | | | | | |
| (Net of Reserves Credits) | | | | | | | | | | | |
| 1. Reserve December 31, prior year | | | | | | | | | | | |
| 2. Tabular net premiums or considerations | | | | | | | | | | | |
| 3. Present value of disability claims incurred | | | | | | | | | | | |
| 4. Tabular interest | | | | | | | | | | | |
| 5. Tabular less actual reserve released | | | | | | | | | | | |
| 6. Increase in reserve on account of change in valuation basis | | | | | | | | | | | |
| 7. Other increases (net) | | | | | | | | | | | |
| 8. Totals (Lines 1 to 7) | | | | | | | | | | | |
| 9. Tabular cost | | | | | | | | | | | |
| 10. Reserves released by death | | | | | | | | | | | |
| 11. Reserves released by other terminations (net) | | | | | | | | | | | |
| 12. Annuity, supplementary contract, and disability payments involving life contingencies | | | | | | | | | | | |
| 13. Net transfers to or (from) Separate Accounts | | | | | | | | | | | |
| 14. Total deductions (Lines 9 to 13) | | | | | | | | | | | |
| 15. Reserve December 31, current year (a) | | | | | | | | | | | |

(a) Reserve December 31, current year includes \$ _____ for individual variable annuities not associated with guarantees, \$ _____ for individual variable annuities associated with guarantees, \$ _____ for group variable annuities not associated with guarantees, and \$ _____ for group variable annuities associated with guarantees.



Not for Distribution

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SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1
 (To be Filed By Applicant – Not for Rebate Purposes – See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_slhee_cautionary_statement.pdf)

REPORT FOR THE CORPORATION

2.

(LOCATION)

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

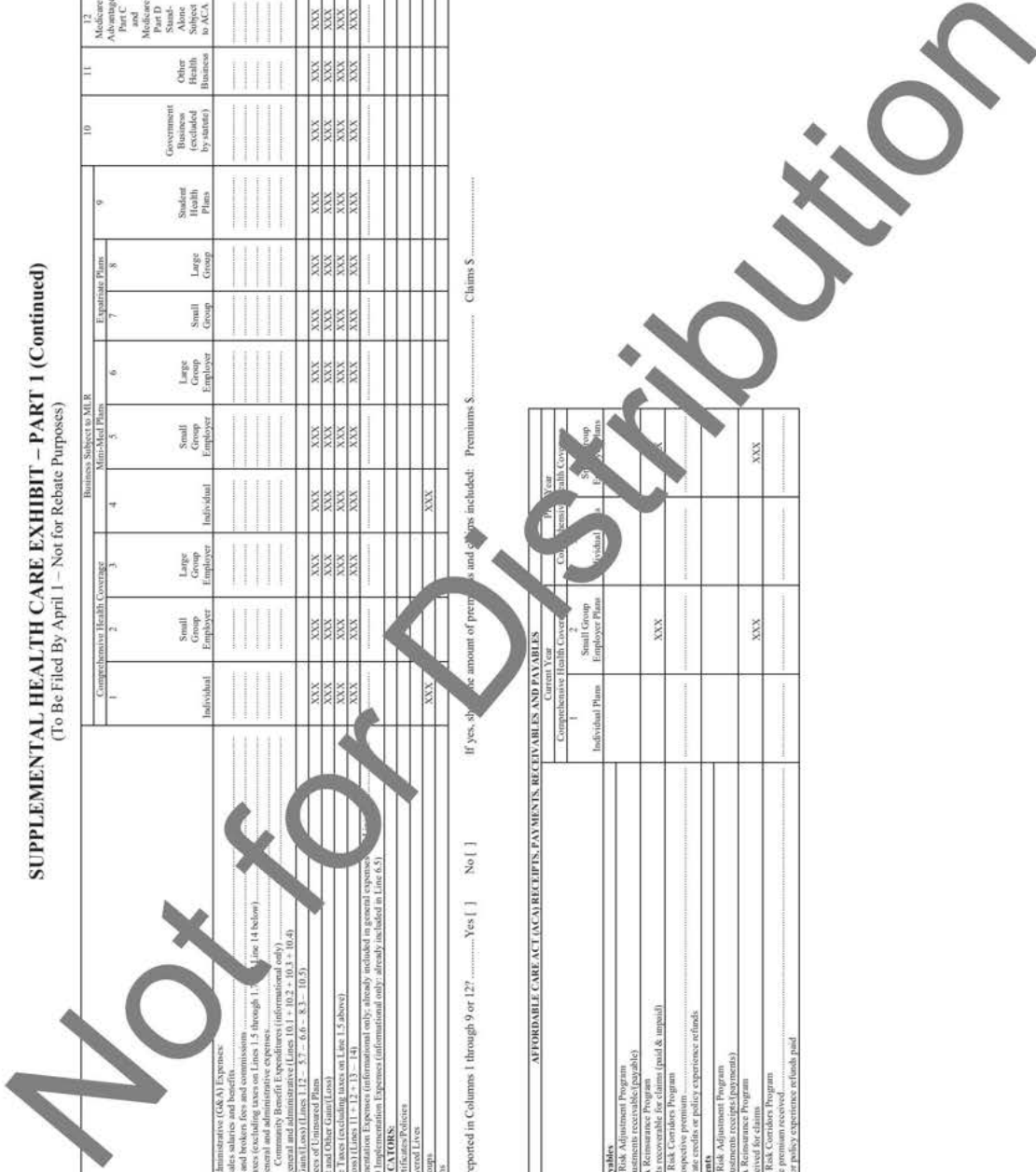
| 1. | Comprehensive Health Coverage | | Business Subject to MLR | | | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | |
|----|---|---|-------------------------|---|----------------|---|---|----|----|----|----|----|----|---|-----------------------|--|---------------------|-----------------|-----------------------|
| | Individual | | Mini-Major Plans | | Separate Plans | | | | | | | | | Government Business (excludes self-insured) | Other Health Benefits | Medicare Advantage Part C and Part D Stand-Alone Plans for ACA | Subtotal (lines 12) | Uninsured Plans | Total (lines 13 + 14) |
| | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  | 7 | 8 |
| 1. | Premiums: 1.1 Health premiums earned (from Part 2, Line 1.11) 1.2 Federal high risk pools 1.3 State high risk pools, including state and federal high risk programs (Lines 1.1 + 1.2) 1.4 Federal taxes and federal assessments 1.5 State insurance, premium and other taxes (Similar local taxes of \$) 1.6 Community Benefit Expenditures (informational only) 1.7 Regulatory authority licenses and fees (Lines 1.5 – 1.6 – 1.7) 1.8 Not assumed less coded reinsurance premiums earned 1.9 Other adjustments due to MLR calculations – Premiums 1.10 Risk revenue 1.11 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11) | | | | | | | | | | | | | | | | | | |
| 2. | Claims: 2.1 Insured claims excluding prescription drug 2.2 Prescription drug 2.3 Pharmaceutical rebates 2.4 Net of medical loss reinsurance and claim credits based assessments (informational only) | | | | | | | | | | | | | | | | | | |
| 3. | Insured medical loss reinsurance and claim credits based assessments (informational only) | | | | | | | | | | | | | | | | | | |
| 4. | Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only) | | | | | | | | | | | | | | | | | | |
| 5. | 5.0 Total incurred claims (Lines 2.1 + 2.2 + 2.3 + 3) (from Part 2, Line 2.15) 5.1 Not assumed less coded reinsurance claims incurred 5.2 Other adjustments due to MLR calculations – Claims 5.3 Estimated rebates unpaid prior year 5.4 Estimated rebates unpaid current year 5.5 Estimated rebates unpaid prior year 5.6 Fee for service and co-pay revenue 5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6) | | | | | | | | | | | | | | | | | | |
| 6. | 6.0 Improvements in Health Outcomes 6.1 Improve Health Outcomes 6.2 Activities to prevent hospital readmissions 6.3 Improve patient safety and reduce medical errors 6.4 Health and health promotion activities 6.5 Health and health promotion activities related to health improvement 6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 + 6.3 + 6.4 + 6.5) | | | | | | | | | | | | | | | | | | |
| 7. | Preliminary Medical Loss Ratio MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8 | | | | | | | | | | | | | | | | | | |
| 8. | Claims Adjustment Expenses: 8.1 Case containment expenses not included in quality of care expenses in Line 6.6 8.2 Total claims adjustment expenses (Lines 8.1 + 8.2) 8.3 Total claims adjustment expenses (Lines 8.1 + 8.2) | | | | | | | | | | | | | | | | | | |
| 9. | Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8) | | | | | | | | | | | | | | | | | | |

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

| | Business Subject to MLR | | | | | | | | | | | | | | |
|---|-------------------------------|---------------------------|---------------------------|-----------------|---------------------|---------------------|------------------|------------------|---------------------------|--|-----------------------------|--|--------------------------------|-----------------------|---------------------|
| | Comprehensive Health Coverage | | Mini-Med. Plans | | Essentials Plans | | | | 9 Student Health Plans | 10 Government (excluded by statute) | 11 Other Health Business | 12 Medicare Advantage Part C Medicare Part D Status-Subjects to ACA | 13 Subpart (Cols 1 thru 12) | 14 Uninsured Plans | 15 Total 13 + 14 |
| | 1 Individual | 2 Small Group Employer | 3 Large Group Employer | 4 Individual | 5 Small Employer | 6 Large Employer | 7 Small Group | 8 Large Group | | | | | | | |
| 10. General and Administrative (G&A) Expenses | | | | | | | | | | | | | | | |
| 10.1 Direct sales-salaries and benefits | | | | | | | | | | | | | | | |
| 10.2 Agents and brokers fees and commissions | | | | | | | | | | | | | | | |
| 10.3 Other general and administrative expenses | | | | | | | | | | | | | | | |
| 10.4 Other general and administrative expenses | | | | | | | | | | | | | | | |
| 10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4) | | | | | | | | | | | | | | | |
| 11. Underwriting Gain (Loss) (Lines 1.12 - 3.1 - 6.6 - 8.3 - 10.5) | | | | | | | | | | | | | | | |
| 12. Net Investment and Other Gains (Loss) | | | | | | | | | | | | | | | |
| 13. Federal Income Taxes (excluding taxes on Line 1.5 above) | | | | | | | | | | | | | | | |
| 14. Net Gain or (Loss) (Lines 11 + 12 + 13 - 14) | | | | | | | | | | | | | | | |
| 15. RCD-10 Implementation Expense (informational only; already included in general expense) | | | | | | | | | | | | | | | |
| 16. RCD-10 Implementation Expense (informational only; already included in Line 6.5) | | | | | | | | | | | | | | | |
| 17. OTHER PUBLIC INFORMATION | | | | | | | | | | | | | | | |
| 1. Number of Covered Lives | | | | | | | | | | | | | | | |
| 2. Number of Groups | | | | | | | | | | | | | | | |
| 3. Member Months | | | | | | | | | | | | | | | |

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

| | AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES | | | |
|---|--|---------------------------------|---------------------------------|--------------------------|
| | Current Year | | Prior Year | |
| | 1 Individual Plans | 2 Small Group Employer Plans | 3 Large Group Employer Plans | 4 Special Group Plans |
| ACA Receivables and Payables | | | | |
| 1. Payment ACA Risk Adjustment Program | | | | |
| 1.0 Premium adjustment receivable (payable) | | | | |
| 2. Transitional ACA Reinsurance Program | | | | |
| 2.0 Premium adjustment receivable (payable) | | | | |
| 3. Temporary ACA Risk Corridors Program (paid & unpaid) | | | | |
| 3.1 Accrued retrospective premium | | | | |
| 3.2 Reserve for rate credits or policy experience refunds | | | | |
| ACA Receipts and Payments | | | | |
| 4. Payment ACA Risk Adjustment Program | | | | |
| 4.0 Premium adjustment receivable (payable) | | | | |
| 5. Transitional ACA Reinsurance Program | | | | |
| 5.0 Amounts received for claims | | | | |
| 6. Temporary ACA Risk Corridors Program | | | | |
| 6.1 Retrospective premium received | | | | |
| 6.2 Rate credits or policy experience refunds paid | | | | |



SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2
(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR 1. CORPORATION

2.

(LOCATION)

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

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

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

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3
(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR 1. CORPORATION

2.

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

| | 1 All Expenses | 2 Health Outcomes | 3 Activities to Prevent Hospital Readmissions | 4 Improve Patient Safety and Reduce Medical Errors | 5 Wellness & Health Promotion Activities | 6 IHT Expenses | 7 Total (1 to 5) | 8 Claims Adjustment Expenses | 9 Other Claims Adjustment Expenses | 10 General Administrative Expenses | 11 Total Expenses (6 to 9) |
|--|-------------------|-------------------------|---|--|--|-------------------|------------------------|---------------------------------|---|---|-------------------------------------|
| 1. Individual Comprehensive Coverage Expenses: | | | | | | | | | | | |
| 1.1 Salaries (including \$ for affiliated services) | | | | | | | | | | | |
| 1.2 Outsourced services | | | | | | | | | | | |
| 1.3 EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | | |
| 1.4 Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | | | |
| 1.5 Accreditation and certification (incl \$ for affiliated services) | | | | | | | | | | | |
| 1.6 Other expenses (incl \$ for affiliated services) | | | | | | | | | | | |
| 1.7 Subtotal before reimbursements and taxes (1.1 to 1.6) | | | | | | | | | | | |
| 1.8 Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | | | |
| 1.9 Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | | |
| 1.10 Total (1.7 to 1.9) | | | | | | | | | | | |
| 1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | | |
| 2. Small Group Comprehensive Coverage Expenses: | | | | | | | | | | | |
| 2.1 Salaries (including \$ for affiliated services) | | | | | | | | | | | |
| 2.2 Outsourced Services | | | | | | | | | | | |
| 2.3 EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | | |
| 2.4 Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | | | |
| 2.5 Accreditation and certification (incl \$ for affiliated services) | | | | | | | | | | | |
| 2.6 Other expenses (incl \$ for affiliated services) | | | | | | | | | | | |
| 2.7 Subtotal before reimbursements and taxes (2.1 to 2.6) | | | | | | | | | | | |
| 2.8 Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | | | |
| 2.9 Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | | |
| 2.10 Total (2.7 to 2.9) | | | | | | | | | | | |
| 2.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | | |
| 3. Large Group Comprehensive Coverage Expenses: | | | | | | | | | | | |
| 3.1 Salaries (including \$ for affiliated services) | | | | | | | | | | | |
| 3.2 Outsourced services | | | | | | | | | | | |
| 3.3 EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | | |
| 3.4 Other equipment (excl. EDP) (incl \$ for affiliated services) | | | | | | | | | | | |
| 3.5 Accreditation and certification (incl \$ for affiliated services) | | | | | | | | | | | |
| 3.6 Other expenses (incl \$ for affiliated services) | | | | | | | | | | | |
| 3.7 Subtotal before reimbursements and taxes (3.1 to 3.6) | | | | | | | | | | | |
| 3.8 Reimbursements by uninsured plans and fiscal intermediaries | | | | | | | | | | | |
| 3.9 Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | | |
| 3.10 Total (3.7 to 3.9) | | | | | | | | | | | |
| 3.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | | |

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 3 (Continued)
 (To Be Filed By April 1 – Not for Rebate Purposes)

| 7. | All Expenses | Improving Health Care Quality Expenses | | | | | Claims Adjustment Expenses | | | 9 | 10 | |
|------|---|--|--|---|---|-------------------|----------------------------|--------------------------------|---------------------------------------|---|----|--|
| | | 1 Improve Health Outcomes | 2 Activities to Prevent Hospital Readmissions | 3 Improve Patient Safety and Reduce Medical Errors | 4 Wellness & Health Promotion Activities | 5 HIT Expenses | 6 Total (1 to 5) | 7 Cost Containment Expenses | 8 Other Claims Adjustment Expenses | | | |
| 7.1 | Salaries (including \$ for affiliated services) | | | | | | | | | | | |
| 7.2 | Outsourced services | | | | | | | | | | | |
| 7.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | | |
| 7.4 | Other equipment (excl EDP) (incl \$ for affiliated services) | | | | | | | | | | | |
| 7.5 | Accreditation and certification (incl \$ for affiliated services) | XXX | | | XXX | | | | | | | |
| 7.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | | | |
| 7.7 | Subtotal before reimbursements and taxes (7.1 to 7.6) | | | | | | | | | | | |
| 7.8 | Reimbursements by uninsured plans and fiscal intermediaries | XXX | | | XXX | | | | | | | |
| 7.9 | Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | | |
| 7.10 | Total (7.1 to 7.9) | | | | | | | | | | | |
| 7.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | | |
| 8. | Large Group Expatiate Plans Expenses | | | | | | | | | | | |
| 8.1 | Salaries (including \$ for affiliated services) | | | | | | | | | | | |
| 8.2 | Outsourced services | | | | | | | | | | | |
| 8.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | | |
| 8.4 | Other equipment (excl EDP) (incl \$ for affiliated services) | | | | | | | | | | | |
| 8.5 | Accreditation and certification (incl \$ for affiliated services) | XXX | | | XXX | | | | | | | |
| 8.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | | | |
| 8.7 | Subtotal before reimbursements and taxes (8.1 to 8.6) | | | | | | | | | | | |
| 8.8 | Reimbursements by uninsured plans and fiscal intermediaries | XXX | | | XXX | | | | | | | |
| 8.9 | Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | | |
| 8.10 | Total (8.7 to 8.9) | | | | | | | | | | | |
| 8.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | | |
| 9. | Student Health Plans Expenses | | | | | | | | | | | |
| 9.1 | Salaries (including \$ for affiliated services) | | | | | | | | | | | |
| 9.2 | Outsourced services | | | | | | | | | | | |
| 9.3 | EDP equipment and software (incl \$ for affiliated services) | | | | | | | | | | | |
| 9.4 | Other equipment (excl EDP) (incl \$ for affiliated services) | | | | | | | | | | | |
| 9.5 | Accreditation and certification (incl \$ for affiliated services) | XXX | | | XXX | | | | | | | |
| 9.6 | Other expenses (incl \$ for affiliated services) | | | | | | | | | | | |
| 9.7 | Subtotal before reimbursements and taxes (9.1 to 9.6) | | | | | | | | | | | |
| 9.8 | Reimbursements by uninsured plans and fiscal intermediaries | XXX | | | XXX | | | | | | | |
| 9.9 | Taxes, licenses and fees (in total, for tying purposes) | | | | | | | | | | | |
| 9.10 | Total (9.7 to 9.9) | | | | | | | | | | | |
| 9.11 | Total fraud and abuse detection/recovery expenses included in Column 7 (informational only) | | | | | | | | | | | |

Not for Distribution

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT
(To Be Filed by April 1)

NAIC Group Code: _____

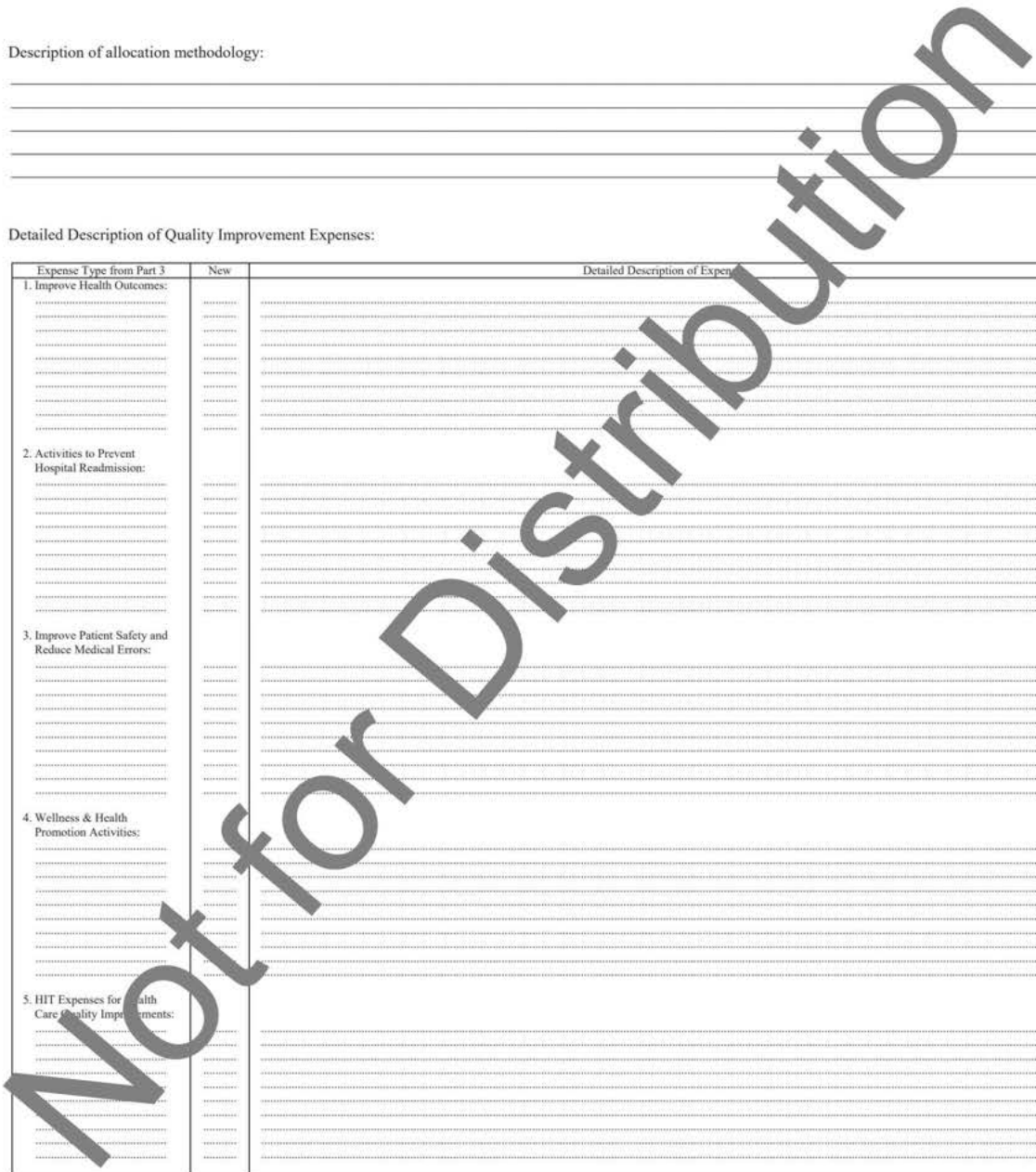
NAIC Company Code: _____

Description of allocation methodology:

.....
.....
.....
.....

Detailed Description of Quality Improvement Expenses:

| Expense Type from Part 3 | New | Detailed Description of Expense |
|---|-----|---------------------------------|
| 1. Improve Health Outcomes: | | |
| 2. Activities to Prevent Hospital Readmission: | | |
| 3. Improve Patient Safety and Reduce Medical Errors: | | |
| 4. Wellness & Health Promotion Activities: | | |
| 5. HIT Expenses for Health Care Quality Improvements: | | |



Not for Distribution

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SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT
 (For the Year Ended December 31, 20__)
 (To Be Filed by April 1)

OF THE _____ NAIC Company Code _____

PART 1 - REVISIONS OF TERM AND UNIVERSAL LIFE INSURANCE WITH SECONDARY GUARANTEES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------------------|-----------|-----------------|---|--|------------------------------|---|--|--|--------------------|----------------|-------------------|---|---|--|
| NAIC Company Code | ID Number | Name of Company | Reinsurer that is Licensed, Accredited or Domiciled in Another State and that Meets Certain Additional Statutory Accounting and RBC Requirements (YES/NO) | Reinsurer that is Licensed, Accredited or Domiciled in Another State and that Meets Certain Additional Statutory Accounting, Licensing and RBC Requirements (YES/NO) | Certified Reinsurer (YES/NO) | Protecting Certain Size and Licensing Requirements (YES/NO) | Reinsurer Maintaining Trust and (YES/NO) | Special Exemption by Domestic Regulator (YES/NO) | Affiliate (YES/NO) | Effective Date | Statutory Reserve | Statutory Reserve Credit Taken (Col. 14+15) | Term Life Statutory Policy Reserve Credit Taken | Universal Life Statutory Policy Reserve Credit Taken |
| 9999999 | Totals | | | | | | | | | | | | | |

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

Part 2 Cession ID _____

Name of Company _____

NAIC Company Code _____

ID Number _____

Effective Date or Prior Year Annual Statement Date: _____

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

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

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

Part 2 Cession ID _____

Name of Company _____

NAIC Company Code _____

ID Number _____

Effective Date or Prior Year Annual Statement Date: _____

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

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

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

PART 3 – INTERROGATORIES

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

PART 4 – INTERROGATORIES

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

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