

PR023 - Long-Term Care

The long-term care morbidity risk is calculated in part based on the current year's earned premium. The premium is separated into a total not to exceed \$50,000,000 to which a larger factor is applied and amounts in excess of \$50,000,000 to which a lower factor is applied. This is done in Lines (1) to (3) of PR023 Long-Term Care.

Another portion of the morbidity risk is applied to incurred claims. This is done in Lines (4.1) through (6). To reduce the volatility of claims, the current and prior year's results are averaged using loss ratios. This is done in lines (4.1) to (4.3). The average loss ratio is applied to current year's earned premium to get Adjusted LTC Claims for RBC in Line (5). To allow for those situations where either there is no positive earned premium or one of the loss ratios is negative, the RBC formula uses the actual incurred claims for the current year. The claims-based RBC is separated into amounts up to \$35,000,000 to which a higher factor is applied in Line (5.1) and amounts in excess of \$35,000,000 in Line (5.2). In addition, if Line (1), Column (1) is not positive, a larger factor is applied to actual incurred claims (if positive) to reflect the fact that there is no premium-based RBC.

PR024 - Health Claim Reserves

Additional risk-based capital of 5 percent of claim reserves for individual and group and credit is required to recognize the risk of the level of recoveries and other claim terminations falling below that assumed in the claim reserves.

PR025 - Premium Stabilization Reserves

Basis of Factors

Premium stabilization reserves are funds held by the company in order to stabilize the premium a group policyholder must pay from year to year. Usually experience rating refunds are accumulated in such a reserve so that they can be drawn upon in the event of poor future experience. This reduces the insurer's risk.

For group health insurance, 50 percent of premium stabilization reserves held in the Annual Statement as a liability (not as appropriated surplus) are permitted as an offset up to the amount of risk-based capital. The 50 percent factor was chosen to approximate the portion of premium stabilization reserves that would be an appropriate offset if the formula were applied on a contract-by-contract basis, and the reserve offset was limited to the amount of risk-based capital required for each contract.

Specific Instructions for Application of the Formula

There is some variance for reporting liabilities that are appropriately considered premium stabilization reserves. The data source should come from company records.

The sum of these various types of premium stabilization reserves equals the preliminary premium stabilization reserve credit. The final premium stabilization reserve credit is limited to the risk-based capital previously calculated.

PR026 - Federal ACA Risk Adjustment Sensitivity Test

The Federal ACA Risk Adjustment Sensitivity Test should be completed by those companies that write 5 percent or more of its premiums in A&H lines in the last three consecutive years. Those companies that write less than 5 percent are exempt. The federal ACA Risk Adjustment Sensitivity Test is used to adjust TAC for the risk adjustment receivable or payable. The sensitivity test identifies the potential impact to an insurer's RBC ratio due to the risk of **misestimation** of the ACA risk adjustment by the insurer. The sensitivity test looks at both the risk of overestimation and underestimation by the insurer for both receivables and payables. Lines (1) through (8) look at the risk of overestimation while Lines (9) through (16) look at the risk of underestimation by decreasing and increasing the amount reported in the Notes to Financial Statement by 25 percent. The sensitivity test provides a "what if" scenario that has no effect on the risk-based capital amounts reported in the annual statement. The Health Risk-Based Capital (E) Working Group determined that a 25 percent change in the annual statement amount and a 50 percent factor should be used to calculate the effect of the **misestimation** of the risk adjustment receivable and payable on the RBC ratio. The company can provide an explanation in the Footnote if the company believes the factors are not appropriate, with an explanation as to why the factors are inappropriate.

Line (1) and Line (9) – Premium Adjustments Receivable Due to ACA Risk Adjustment. This is the amount reported in the annual statement Notes to Financial Statement 24F2a1. Column (2) would equal Column (1) multiplied by the sensitivity amount.

Line (2) and Line (10) – Premium Adjustments Payable Due to ACA Risk Adjustment Operations. This is the amount reported in the annual statement Notes to Financial Statement 24F2a3. Column (2) would equal Column (1) multiplied by the sensitivity amount.

Line (3) and Line (11) – Total ACA Risk Adjustments Receivable and Payable. Line (3) would be equal to Line (2) minus Line (1) and Line (11) would be equal to Line (10) minus Line (9).

Line (4) and Line (12) – Total Risk Adjustment. The absolute value of Line (4), Column (3) is equal to Line (3). The absolute value of Line (12), Column (3) is equal to Line (12).

Line (5) and Line (13) – Page PR030, Total Adjusted Capital, Post Deferred Tax, Line (14)

Line (6) and Line (14) – Total Adjusted Capital Stressed for Risk Adjustments. Line (6) is equal to Line (5) minus Line (4) and Line (14) is equal to Line (13) minus Line (12).

Line (7) and Line (15) – Authorized Control Level RBC. Page PR033 – Calculation of Total Adjusted Capital to Risk-Based Capital Line (73)

Line (8) and Line (16) – ACA Risk Adjusted ACL RBC Ratio. Line (8) is equal to Line (6) divided by Line (7) and Line (16) is equal to Line (14) divided by Line (15).

Not for Distribution

CALCULATION OF CATASTROPHE RISK CHARGE RCAT PR027

The catastrophe risk charge for earthquake (PR027A) and hurricane (PR027B) risks is calculated by multiplying the RBC factors by the corresponding modeled losses and reinsurance recoverables. The risk applies on a net basis with a corresponding contingent credit risk charge for certain categories of reinsurers. Data must be provided for the worst year in 50, 100, 250, and 500; however, only the worst year in 100 will be used in the calculation of the catastrophe risk charge. While projected losses modeled on an Aggregate Exceedance Probability basis is preferred, companies are permitted to report on an Occurrence Exceedance Probability basis if that is consistent with the company's internal risk management process.

The contingent credit risk charge should be calculated in a manner consistent with the way the company internally evaluates and manages its modeled net catastrophe risk.

Note that no tax effect offsets or reinstatement premiums should be included in the modeled losses. Further note that the catastrophe risk charge is for earthquake and hurricane risks only.

As per the footnote on this page, modeled losses to be entered PR027A and PR027B in Lines (1) through (4) are to be calculated using one of the approved commercially available catastrophe models – AIR, EQECAT, RMS, ARA HurLoss (hurricane only); or the Florida Public Model (hurricane only); and using the insurance company's own insured property exposure information as inputs to the model. The insurance company may elect to use the modeled results from any one of the models, or any combination of results of two or more of the models. Each insurer will not be required to utilize any prescribed set of modeling assumptions, but will be expected to use the same exposure data, modeling, and assumptions that the insurer uses in its own internal catastrophe risk management process. Any exceptions must be explained in the required *Attestation Re: Catastrophe Modeling Used in RBC Catastrophe Risk Charges* within this RBC Report.

The Grand Total (PR027) page includes an interrogatory to support an exemption from filing the catastrophe risk charge. **Any company qualifying for exemption from the earthquake risk charge must identify the particular criteria from among (1), (1a), (2), and (3) that provides its qualification for exemption, and may leave the other three items from this group of four possible qualifications for exemption blank; except identification of criteria (3) as the basis for the exemption requires a further answer to (3a) and (3b). Any company qualifying for exemption from the hurricane risk charge must identify the particular criteria from among (4a), (4b), (5) and (6) that provides its qualification for exemption, and may leave the other three items from this second group of four possible qualifications for exemption blank. If the company qualifies for exemption from the earthquake risk charge, page PR027A and line (1) on this page may be left blank. If the company qualifies for exemption from the hurricane risk charge, page PR027B and line (2) on this page may be left blank.**

In general, **the following conditions will qualify a company for exemption:** **if it** uses an intercompany pooling arrangement or quota share arrangement with U.S. affiliates covering 100% of its earthquake and hurricane risks such that there is no exposure for these risks; **if it has** a ratio of Insured Value – Property to surplus as regards policyholders of less than 50%; **or if it writes** Insured Value – Property that includes hurricane and/or earthquake coverage in catastrophe-prone areas representing less than 10% of its surplus as regards policyholders.

“Insured Value – Property” includes aggregate policy limits for structures and contents for policies written and assumed in the following annual statement lines – Fire, Allied Lines, Earthquake, Farmowners, Homeowners, and Commercial Multiple Peril.

“Catastrophe-Prone Areas **in the U.S.**” include:

- i. For hurricane risks, Hawaii, District of Columbia and states and commonwealths bordering on the Atlantic Ocean and/or the Gulf of Mexico including Puerto Rico.
- ii. For earthquake risk or for fire following earthquake, any of the following commonwealth or states: Alaska, Hawaii, Washington, Oregon, California, Idaho, Nevada, Utah, Arizona, Montana, Wyoming, Colorado, New Mexico, Puerto Rico, and geographic areas in the following states that are in the New Madrid Seismic Zone - Missouri, Arkansas, Mississippi, Tennessee, Illinois and Kentucky.

Specific Instructions for Application of the Formula

Column (1) – Direct and Assumed Modeled Losses

These are the direct and assumed modeled losses per the first footnote. Include losses only; no loss adjustment expenses. For companies that are part of an inter-company pooling arrangement, the losses in this column should be consistent with those reported in Schedule P, i.e. losses reported in this column should be the gross losses for the pool multiplied by the company's share of the pool.

Column (2) – Net Modeled Losses

These are the net modeled losses per the footnote. Include losses only; no loss adjustment expenses.

Column (3) - Ceded Amounts Recoverable

These are the modeled losses ceded under any reinsurance contract. Include losses only, no loss adjustment expenses, and should be associated with the Net Modeled Losses.

Column (4) - Ceded Amounts with Zero Credit Risk Charge

Per the footnote, modeled catastrophe losses that would be ceded to the categories of reinsurers that are not subject to the RBC credit risk charge (i.e., U.S. affiliates and mandatory pools, whether authorized, unauthorized, or certified).

Column (6) – Amount

These are automatically calculated based on the previous columns.

Column (7) - RBC Requirement

A factor of 1.000 is applied to the reported modeled catastrophe losses calculated on both AEP and OEP basis, and a factor of 0.048 is applied to the reinsurance recoverables. The RBC Requirement is based on either AEP reported results or OEP reported results (not both) consistent with the way the company internally evaluates and manages its modeled net catastrophe risk.

Column (5) – Y/N

Please indicate “Y” for OEP basis and “N” for AEP basis. This column should not be blank.

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TOTAL ADJUSTED CAPITAL AND COMPARISON TO RISK-BASED CAPITAL PR028 – PR034

PR028 - Capital Notes Before Limitation

The laws of certain states allow insurers to issue a form of capital instrument called a “capital note.” A credit is allowed to Total Adjusted Capital for a capital note that satisfies all of the following conditions:

1. In a liquidation, the capital note ranks with surplus notes and is subordinate to the claims of policyholders, claimants and general creditors.
2. The form and content of the capital note was approved by the commissioner of the insurer’s state of domicile.
3. At the time of issuance of the capital note, the aggregate principal amount did not exceed 25 percent of the Total Adjusted Capital (including the aggregate principal amount of outstanding capital and surplus notes) as of the end of the immediately preceding calendar year less the aggregate principal amount of outstanding capital and surplus notes.
4. The term of the capital note is not less than five years.
5. At the time of issuance of the capital note:
 - a) The total principal amount of capital notes maturing in any one year did not exceed 5 percent of Total Adjusted Capital (measured at the time of issuance); and
 - b) The total principal amount of capital notes maturing in any three-year period did not exceed 12 percent of Total Adjusted Capital (measured at the time of issuance).
6. Payment of interest, dividend or principal of the capital note is deferred if it would have caused the insurer’s Total Adjusted Capital to drop below its Company Action Level Risk-Based Capital. However, upon request by the insurer, the commissioner of the insurer’s state of domicile may approve such payment if in the commissioner’s judgment the financial condition of the insurer warrants it.
7. The commissioner of the insurer’s state of domicile may halt all payments on the capital note if the insurer’s Total Adjusted Capital drops below three times the principal amount of the capital and surplus notes that the insurer has outstanding.
8. The capital note is treated as a liability and consequently does not increase statutory surplus.
9. The insurer issuing the capital note is obligated to supply to the commissioner of the insurer’s state of domicile an informational filing in a manner approved by the Commissioner at the same time the insurer files its Annual Statement, and at such other times as the commissioner determines necessary. The filing shall include and be based on the following guidelines:
 - a) The filing shall display the financial results of the criteria used to determine whether payments on the insurer’s capital notes need to be approved by the commissioner or may be halted by the commissioner. Further, it shall specifically identify those results that either necessitate commissioner approval of the payment or give the commissioner the option to halt payment.
 - b) The insurer shall notify the commissioner for informational purposes of each forthcoming payment under a capital note not less than 10 business days prior to the date of payment, nor more than 30 business days prior to the date of payment.
 - c) Whenever an insurer declares its intention to exercise the option to call or redeem a capital note prior to the scheduled maturity, the Commissioner shall be notified within five business days following the declaration, and not less than 10 business days prior to the declared redemption date. The 10 day period should be measured from the date of the commissioner’s receipt of the notice.

The credit for a capital note is reduced as the note approaches maturity (as calculated on PR029 Capital Notes Before Limitation). The aggregate credit for capital notes is limited so that the total amount of capital and surplus notes included in Total Adjusted Capital is not more than one-third of Total Adjusted Capital.

PR029 - Calculation of Total Adjusted Capital

This is computed by subtracting the full value of the non-tabular discount found in Schedule P, Part 1 – Summary, L12 C32 and C33 plus any discount on medical reserves included in C24 for the company and its affiliates from net capital and surplus from P3 C1 L37, and then adding back the AVR and half of any dividend liability of any of the company’s life insurance affiliates. The portion of the AVR that can be counted as capital is limited to the amount not utilized in asset adequacy testing in support of the Actuarial Opinion for

reserves. All the affiliate amounts should be adjusted by percentage of ownership before entering. All U.S. life, property & casualty and investment affiliates should be included. If a company has no affiliates, then Total Adjusted Capital is equal to its capital and surplus adjusted for non-tabular discounts.

Lines (13.1) through (13.4)

These lines calculate the credit to Total Adjusted Capital for the insurer's qualifying capital notes. The calculation on Line (13.2) limits the credit for capital notes so the total amount of capital and surplus notes included in Total Adjusted Capital is not more than one-half of Total Adjusted Capital from other sources. This is equivalent to a limit of one-third of Total Adjusted Capital from all sources including the capital and surplus notes themselves.

The TAC is reported in the annual statement's Five-Year Historical Exhibit on Line 28, Total Adjusted Capital.

The Sensitivity test provides a "what if" scenario eliminating deferred tax assets and deferred tax liabilities from the calculation of Total Adjusted Capital. The sensitivity test has no effect on the risk-based capital amounts reported in the annual statement.

Include only the admitted portion of the deferred tax asset for Line (15). Line (16) should include only the admitted portion of insurance subsidiaries' deferred tax assets.

Lines (22) through (25) are used for the ACA sensitivity test. The ACA sensitivity test provides a "what if" scenario eliminating the ACA fee from the Calculation of Total Adjusted Capital. The ACA fee included on Line (22) is the estimated data year amount that is to be paid in the fee year. The ACA fee sensitivity test has no effect on the risk-based capital amounts reported in the annual statement. Column (2), Line (22) should equal the annual statement Notes to Financial Statement, Note 22B, Column 1.

PR030 - PR032 - Computation of Total Risk-Based Capital After Covariance

The components of R0, R1, R2, R3, R4, R5 and Rcat are shown on the following pages of the booklet. The covariance adjustment is used to discount the Total RBC Before Covariance because the RBC amounts for the individual R components, when simply added together, overstate the true risk. It is assumed that not all of the events for which RBC is required would occur simultaneously.

The components of the Total RBC After Covariance formula are:

- R0 – Affiliated Insurance Company Assets RBC
- R1 – Fixed Income Assets RBC
- R2 – Equity Assets RBC
- R3 – Credit-Related Assets RBC
- R4 – Underwriting Risk – Reserves RBC
- R5 – Underwriting Risk – Net Written Premiums
- Rcat – Catastrophe Risk

If loss reserve RBC is greater than the sum of other credit RBC and one half of reinsurance recoverable RBC, then half of reinsurance recoverable is allocated to the R4 component and half is allocated to R3. If loss reserve RBC is less than or equal to the sum of other credit RBC plus one half of reinsurance recoverable RBC, then the entire amount of reinsurance RBC is allocated to the R3 component.

To compute the Total RBC After Covariance Before Basic Operational Risk on Line (68), the following formula is used:

$$R0 + \text{SQRT}(R1^2 + R2^2 + R3^2 + R4^2 + R5^2 + Rcat^2) = \text{Total RBC After Covariance Before Basic Operational Risk}$$

Operational Risk:

Operational risk is defined as the risk of financial loss resulting from operational events, such as the inadequacy or failure of internal systems, personnel, procedures or controls, as well as external events. Operational risk includes legal risk but excludes reputational risk and risk arising from strategic decisions. Operational risk has been identified as a risk that should be explicitly addressed in the RBC formulas. The Operational Risk charge shall account for operational risks that are not determined to be already reflected in existing risk categories.

An operational risk charge will be reported on Page PR032 in Lines (69) using an percentage of RBC or “add-on” approach that will apply a risk factor of 3.000% to Line (68) - RBC after Covariance Before Basic Operational Risk. **A further reduction to the operational risk charge equal to the sum of C-4a offset amounts reported by direct Life RBC filing insurance subsidiaries on their Page LR031, Lines (63) + (69), adjusted for the percentage of ownership of the direct life insurance subsidiary, will be reported in Line 70, and the net Basic Operational Risk charge will be reported on Page PR032 in Line (71), but not produce a charge that is less than zero.**

Total RBC After Covariance including Basic Operational Risk will be reported in Line (72) as the sum of Lines (68) and (71).

The Authorized Control Level RBC, which is reported in the Five-Year Historical Exhibit on Line 29 along with Total Adjusted Capital, is one-half of the Total RBC After Covariance including Operational Risk.

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PR034 - Comparison of Total Adjusted Capital and Authorized Control Level Risk-Based Capital

This section of the risk-based capital report compares amounts previously developed and determines which level of regulatory attention, if any, is applicable to the company.

Lines (1) through (5) will be calculated automatically by the diskette. One of the following action levels will appear on L(6):

Company Action Level
Regulatory Action Level
Authorized Control Level
Mandatory Control Level
None

Company Action Level requires the company to prepare and submit an RBC Plan to the commissioner of their state of domicile. The RBC Plan is to be submitted within 45 days. After review, the commissioner will notify the company if the plan is satisfactory.

Regulatory Action Level requires the insurer to submit an RBC Plan, or if applicable, a Revised RBC Plan within 45 days to the commissioner of their state of domicile. After examination or analysis, the commissioner will issue an order specifying corrective actions (Corrective Order) to be taken.

Authorized Control Level authorizes the commissioner to take whatever regulatory actions considered necessary to protect the best interest of the policyholders and creditors of the insurer, which may include the actions necessary to cause the insurer to be placed under regulatory control (i.e., rehabilitation or liquidation).

Mandatory Control Level authorizes the commissioner to take actions necessary to place the company under regulatory control (i.e., rehabilitation or liquidation).

When "None" shows, the company's total adjusted capital exceeds the minimum RBC amount and the company is not subject to regulatory attention under the Risk Based Capital (RBC) for Insurers Model Act. NOTE: 98.5 percent of insurers usually fit into this category.

APPENDIX 1 – COMMONLY USED HEALTH INSURANCE TERMS

The definitions in this section are frequently duplicated from the main body of the text. If there are any inconsistencies between the definition in this section and the definitions in the main body of the instructions, the main body definition should be used.

Administrative Expenses - Costs associated with the overall management and operations of the insurer that are not directly related to, or in direct support of providing medical services. Expenses to administer ASC, ASO business and related revenue must be identified separately from underwritten business. Commission payments and premium taxes are excluded for RBC calculation purposes.

Administrative Services Contract (ASC) - A contract where the insurer agrees to provide administrative services, such as claims processing, for a third party that is at risk, and accordingly, the administrator has not issued an insurance policy, regardless of whether an identification card is issued. The administrator may arrange for provision of medical services through a contracted or employed provider network. The plan (whether insured by another reporting entity or self-insured) bears all of the insurance risk, and there is not possibility of loss or liability to the administrator caused by claims incurred related to the plan. Claims are paid from the reporting entity's own bank accounts, and only subsequently receives reimbursement from the uninsured plan sponsor.

ASC Reimbursements - Funds received by the company under an ASC contract as reimbursement for claims payments and for expenses associated with administering the contract.

Administrative Services Only (ASO) - A contract where the insurer agrees to provide administrative services, such as claims processing, for a third party that is at risk, and accordingly, the administrator has not issued an insurance policy, regardless of whether an identification card is issued. The administrator may arrange for provision of medical services through a contracted or employed provider network. The plan (whether insured by another reporting entity or self-insured) bears all of the insurance risk, and there is not possibility of loss or liability to the administrator caused by claims incurred related to the plan. Claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the reporting entity, but only after the reporting entity has received funds from the uninsured plan sponsor that are adequate to fully cover the claim payments.

ASO Reimbursements - Funds received by the company under an ASO contract as a fee for expenses associated with administering the contract.

Aggregate Cost Payments - The aggregate cost method of reimbursement means where a health plan has a reimbursement plan with a corporate entity that directly provides care, where (1) the health plan is contractually required to pay the total operating costs of the corporate entity, less any income to the entity from other users of services; and (2) there are mutual unlimited guarantees of solvency between the entity and the health plan, that put their respective capital and surplus at risk in guaranteeing each other.

Intermediary - An intermediary is a person, corporation or other business entity (not licensed as a medical provider) that arranges, by contracts with physicians and other licensed medical providers, to deliver health services for an insurer and its enrollees via a separate contract between the intermediary and the insurer.

Health Insurance Company (Health) - Any person, corporation or other entity (other than an insurer) that enters into arrangements or agreements with licensed medical providers or intermediaries for the purpose of providing or offering to provide a plan of health benefits directly to individuals or employer groups in consideration for an advance periodic charge (premium) per member covered.

Maximum Retained Risk - The maximum level of potential claim exposure (capped at \$750,000 for medical coverage and \$25,000 for all other coverage) resulting from coverage on a single member of an insurer. Maximum retained risk for companies providing "professional component" (non-hospital) coverage will be capped at \$375,000. Where specific stop-loss reinsurance protection is in place, this is equal to the highest attachment point on such stop-loss reinsurance, subject to the following:

Where coverage under the stop-loss protection (plus retention) with the highest attachment point is capped at less than \$750,000 per member (\$375,000 for companies providing “professional component” coverage only), the maximum retained loss will be equal to such attachment point plus the difference between the coverage (plus retention) and \$750,000.

Where the stop-loss layer is subject to participation by the insurer, the maximum retained risk as calculated above will be increased by the insurer’s participation in the stop-loss layer (up to \$750,000 less retention).

Professional Services - Health care services provided by a physician or other health care practitioner licensed, accredited or certified to perform specified health services consistent with state law.

Provider Stop-loss - Coverage afforded to a provider via the risk-sharing mechanisms within the contract with such provider in exchange for a reduced payment to the provider. Also includes insurance (not reinsurance) purchased by the provider (or an intermediary) directly from a licensed insurer.

Regulated Intermediary - An intermediary (affiliated or not) subject to state regulation and required to file the health insurance RBC formula with the state. (See also Intermediary)

Risk Revenue - Amounts charged by the reporting insurer as a provider or intermediary for specified medical services provided to the policyholders or members of another insurer or health insurance company. Unlike premiums, which are collected from an employer group or individual member, risk revenue is the prepaid (usually on a capitated basis) payments, made by another insurer or health insurance company to the reporting company in exchange for services to be provided or offered by such organization. Payments to providers under risk revenue arrangements are included in the RBC calculation at the same factor as premiums and are subject to the same managed care credit categories. *NOTE: RISK REVENUE IS VERY SIMILAR TO REINSURANCE ASSUMED.*

Specified Disease Coverage - Coverage that provides primarily pre-determined benefits for expense in the care of cancer and/or other specified diseases.

Stop-Loss Coverage - Coverage for a self-insured group plan, a provider/provider group or non-proportional reinsurance of a medical insurance product. Coverage may apply on a specific basis, an aggregate basis or both. Specific coverage means that the stop loss carriers risk begins after a minimum of at least \$5,000 of claims for any one covered life has been covered by the group plan, provider/provider group or direct writer. Aggregate coverage means that the stop loss carriers risk begins after the group plan, provider/provider group or direct writer has retained at least 90 percent of expected claims or the economic equivalent.

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APPENDIX 2 – COMMONLY USED TERMS FOR MEDICARE PART D COVERAGE

The **U.S.** Centers for Medicare and Medicaid Services (CMS) oversees the Medicare Part D prescription drug coverage, including both coverage provided through a stand-alone Prescription Drug Plan (PDP) and coverage provided as part of a Medicare Advantage plan. **The terms are defined in INT 05-05: Accounting for Revenue under Medicare Part D Coverage.**

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COMPANY INFORMATION PAGE (JURAT)
Property Risk-Based Capital
For the Year Ending December 31, 2018

Affix Bar Code

(A)	Company Name	<u>Company Name</u>				
(B)	NAIC Group Code	<u>0000</u>	(C) NAIC Company Code	<u>00000</u>	(D) Employer's Number	<u>00-0000000</u>
(E)	Organized under the Laws of the State of	<u></u>				
	Contact Person for Risk-Based Capital:					
(F)	First Name	<u></u>	(G) Middle	<u></u>	(H) Last Name	<u></u>
(I)	Mail Address of Contact Person	<u></u>				
		(Street and Number or P.O. Box)				
(J)	City	<u></u>	(K) State	<u></u>	(L) Zip	<u></u>
(M)	Phone Number of RBC Contact Person	<u></u>	Extension	<u></u>	Email	<u></u>
(N)	Date Prepared	<u></u>				
(O)	Preparer (if different than Contact)	<u></u>				
		First Name	Middle Name	Last Name		
(P)	Is this filing an Original, Amended or Refiling ? (O,A,R)	<u></u>				
(P1)	If Amended, Amended Number	<u></u>				
(Q)	Were any items that come directly from the annual statement entered manually to prepare this filing ? (Y/N)	<u></u>				
	Officer Name:	<u></u>	<u></u>	<u></u>		
	Officer Title:	<u></u>	<u></u>	<u></u>		

Each says that they are the above described officers of the said insurer, and that this risk-based capital filing is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions according to the best of their information, knowledge and belief, respectively.

<u></u>	<u></u>	<u></u>
Signature	Signature	Signature

Denotes items that must be manually entered on the filing software.

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ATTESTATION RE: CATASTROPHE MODELING USED IN RBC CATASTROPHE RISK CHARGES PR002

(1) [Redacted Company Name] hereby certifies that the modeled catastrophe losses for earthquake risk and hurricane risk entered on lines 1 through 3 of Schedule PR027 of this Risk-Based Capital Report were determined by applying the same catastrophe models or combination of models to the same underlying exposure data, and using the same modeling assumptions, as the company uses in its own internal risk management process, with the following exceptions:

(1a) [Redacted]

These exceptions, if any, are made for the following reasons:

(1b) [Redacted]

The following describes the company's application of catastrophe modeling to the determination of the Reat risk charges: (Include which models are used in what combinations for each of the Reat charges; what key modeling assumptions are used, including but not limited to time dependency, secondary uncertainty, storm surge, demand surge, and fire following earthquake; and the rationale for treatment of each issue or item): (provide attachments if necessary):

(2) [Redacted]

The company further certifies that the underlying exposure data used in the catastrophe modeling process is accurate and complete to the best of our knowledge and belief, with the following limitations:

(3) [Redacted]

The following describes the extent to which the exposure location data is accurate to GPS coordinates; to zip code; and to a level less accurate than zip code (provide attachments if necessary):

(4) [Redacted]

The following describes the steps taken to validate, to the best of the Company's knowledge and belief, the accuracy and completeness of the exposure data used in the modeling process to determine the Reat catastrophe risk charges (provide attachments if necessary):

(5) [Redacted]

Provide an explanation of the methodology used to derive the amounts in columns 3 and 4 of page PR027A and PR027B.

(6) [Redacted]

(7) Completed on behalf of: [Redacted] (7) Completed By: [Redacted] Last [Redacted] First [Redacted] Middle [Redacted] Title [Redacted]

(7) Email: [Redacted] (7) Phone: [Redacted] Date: [Redacted]

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DETAILS FOR AFFILIATED STOCKS PR003

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Name of Affiliat	Affil Type	NAIC Company Code or Alien ID Number	Affiliate's RBC After Covariance before Basic Operational Risk* LR031 L67 + L71 XR025 L37	Book/Adjusted Carrying Value (statement value) of Affiliate's Common Stock**	Valuation Basis of Column (5) E - Equity Method with zero/no unamortized goodwill A - All Other	Total Value of Affiliate's Outstanding Common Stock	Statutory Surplus of Affiliate Subject to RBC (Adjusted for % Owned)	Percent Owned	Book/Adjusted Carrying Value (statement value) of Affiliate's Preferred Stock	Total Value of Affiliate's Outstanding Preferred Stock	Percent Owned	RBC Required	Fair Value Excess Component Affiliate Common Stock RBC Required (R2 Component)
0000001								0.000%			0.000%	0	0
0000002								0.000%			0.000%	0	0
0000003								0.000%			0.000%	0	0
0000004								0.000%			0.000%	0	0
0000005								0.000%			0.000%	0	0
0000006								0.000%			0.000%	0	0
0000007								0.000%			0.000%	0	0
0000008								0.000%			0.000%	0	0
0000009								0.000%			0.000%	0	0
0000010								0.000%			0.000%	0	0
0000011								0.000%			0.000%	0	0
0000012								0.000%			0.000%	0	0
0000013								0.000%			0.000%	0	0
0000014								0.000%			0.000%	0	0
0000015								0.000%			0.000%	0	0
0000016								0.000%			0.000%	0	0
0000017								0.000%			0.000%	0	0
0000018								0.000%			0.000%	0	0
0000019								0.000%			0.000%	0	0
0000020								0.000%			0.000%	0	0
0000021								0.000%			0.000%	0	0
0000022								0.000%			0.000%	0	0
0000023								0.000%			0.000%	0	0
0000024								0.000%			0.000%	0	0
0000025								0.000%			0.000%	0	0
0000026								0.000%			0.000%	0	0
0000027								0.000%			0.000%	0	0
0000028								0.000%			0.000%	0	0
0000029								0.000%			0.000%	0	0
0000030								0.000%			0.000%	0	0
0000031								0.000%			0.000%	0	0
0000032								0.000%			0.000%	0	0
0000033								0.000%			0.000%	0	0
0000034								0.000%			0.000%	0	0
0000035								0.000%			0.000%	0	0
0000036								0.000%			0.000%	0	0
0000037								0.000%			0.000%	0	0
0000038								0.000%			0.000%	0	0
0000039								0.000%			0.000%	0	0
0000040								0.000%			0.000%	0	0
0000041								0.000%			0.000%	0	0
0000042								0.000%			0.000%	0	0
0000043								0.000%			0.000%	0	0
0000044								0.000%			0.000%	0	0
0000045								0.000%			0.000%	0	0
0000046								0.000%			0.000%	0	0
0000047								0.000%			0.000%	0	0
0000048								0.000%			0.000%	0	0
0000049								0.000%			0.000%	0	0
0000050								0.000%			0.000%	0	0
(9999999) Total	XXX	XXX	0	0	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0

* Enter carrying value of underlying insurers for Holding Company (Affiliate Code 10) in Column (4).
 ** Enter Book/Adjusted Carrying Value in excess of the carrying value for Holding Company (Affiliate Code 10) in Column (5).
 Denotes items that must be manually entered on the filing software.

SUBSIDIARY, CONTROLLED AND AFFILIATED INVESTMENTS PR004

				(1)	(2)	(3)	(4)
				<u>Number of</u>	<u>RBC Required for</u>	<u>RBC Required for</u>	<u>Total RBC Required</u>
				<u>Companies</u>	<u>Affiliated Com Stock</u>	<u>Affiliated Pref'd Stock</u>	
Affiliate Types	Affil Code	RBC Basis					
(1) Directly Owned P&C Insurance Affiliates	1	Sub's RBC After Covariance		0	0	0	0
(2) Directly Owned Life Insurance Affiliates	2	Sub's RBC After Covariance		0	0	0	0
(3) Directly Owned Health Insurance Affiliates	3	Sub's RBC After Covariance		0	0	0	0
(4) Indirectly Owned P&C Insurance Affiliates	4	Sub's RBC After Covariance		0	0	0	0
(5) Indirectly Owned Life Insurance Affiliates	5	Sub's RBC After Covariance		0	0	0	0
(6) Indirectly Owned Health Insurance Affiliates	6	Sub's RBC After Covariance		0	0	0	0
(7) Investment Subsidiary	7	0.225		0	0	0	0
(8) Directly Owned Alien Insurance Affiliates	8	0.5		0	0	0	0
(9) Indirectly Owned Alien Insurance Affiliates	9	0.5		0	0	0	0
(10) Holding Company in Excess of Indirect Subs	10	0.225		0	0	0	0
(11) Investment in Parent	11	0.225		0	0	0	0
(12) Other Affiliate - P&C Ins Not Subj to RBC	12	0.225		0	0	0	0
(13) Other Affiliate - Life Ins Not Subj to RBC	13	0.225		0	0	0	0
(14) Other Affiliate - Health Insurer Not Subj to RBC	14	0.225		0	0	0	0
(15) Other Affiliate - Non-insurer	15	0.225		0	0	0	0
(16) Total				0	0	0	0

Not for Distribution

SUMMARY FOR SUBSIDIARY, CONTROLLED AND AFFILIATED INVESTMENTS FOR CROSS-CHECKING STATEMENT VALUES PR005

Affiliated Preferred Stock		(1)	(2)	(3)
Schedule D Part 6 Section 1 C9	Annual Statement Line Number	<u>Annual Statement Total</u> <u>Preferred Stock</u>	<u>Total From RBC Report</u>	<u>Difference</u>
(1) Parent	0199999	0	0	0
(2) U.S. P&C Insurer	0299999	0	0	0
(3) U.S. Life Insurer	0399999	0	0	0
(4) U.S. Health Insurer	0499999	0	0	0
(5) Alien Insurer	0599999	0	0	0
(6) Non-Insurer Which Controls Insurer	0699999	0	0	0
(7) Investment Subsidiary	0799999	0	0	0
(8) Other Affiliates	0899999	0	0	0
(9) Subtotal	0999999	0	0	0

Affiliated Common Stock		(1)	(2)	(3)
Schedule D Part 6 Section 1 C9	Annual Statement Line Number	<u>Annual Statement Total</u> <u>Common Stock</u>	<u>Total From RBC Report</u>	<u>Difference</u>
(10) Parent	1099999	0	0	0
(11) U.S. P&C Insurer	1199999	0	0	0
(12) U.S. Life Insurer	1299999	0	0	0
(13) U.S. Health Insurer	1399999	0	0	0
(14) Alien Insurer	1499999	0	0	0
(15) Non-Insurer Which Controls Insurer	1599999	0	0	0
(16) Investment Subsidiary	1699999	0	0	0
(17) Other Affiliates	1799999	0	0	0
(18) Subtotal	1899999	0	0	0

Not for Distribution

BONDS PR006

	(1)		(2)
	Book/Adjusted Carrying Value	Factor	RBC Requirement
(1) NAIC 01 - U.S. Government - Direct and Guaranteed	C7L1.1	0	0
(2) NAIC 01 - U.S. Government Agency NOT BACKED BY FULL FAITH AND CREDIT OF THE US GOVERNMENT	Incl in C7 L11.1 - L8.1	0	0
(3) Total NAIC 01 Bonds	C7 L11.1-L7.1	0	0
(4) Total Other NAIC 01 Bonds	L(3)-L(1)-L(2)	0	0
(5) Total NAIC 02 Bonds	C7L11.2-L7.2	0	0
(6) Total NAIC 03 Bonds	C7 L11.3-L7.3	0	0
(7) Total NAIC 04 Bonds	C7 L11.4-L7.4	0	0
(8) Total NAIC 05 Bonds	C7 L11.5-L7.5	0	0
(9) Total NAIC 06 Bonds	C7 L11.6-L7.6	0	0
(10) Subtotal - Bonds Subject to Bond Size Factor =Sum of Ls (4) through (9)		0	0
(11) Number of Issuers		0	
(12) Bond Size Factor			1.500
(13) Bond Size Factor RBC=L(10) x L(12)			0
(14) Total Bonds RBC=L(1)+L(2)+L(10)+L(13)		0	0

■ Denotes items that must be manually entered on the filing software.

Not for Distribution

UNAFFILIATED PREFERRED, COMMON STOCK AND HYBRID SECURITIES PR007

		(1) Book/Adjusted Carrying Value	Factor	(2) RBC Requirement
Unaffiliated Preferred Stock				
(1) NAIC 01 Preferred Stock	Sch D Pt 2 Sn 1	0	0.003	0
(2) NAIC 02 Preferred Stock	Sch D Pt 2 Sn 1	0	0.010	0
(3) NAIC 03 Preferred Stock	Sch D Pt 2 Sn 1	0	0.020	0
(4) NAIC 04 Preferred Stock	Sch D Pt 2 Sn 1	0	0.045	0
(5) NAIC 05 Preferred Stock	Sch D Pt 2 Sn 1	0	0.100	0
(6) NAIC 06 Preferred Stock	Sch D Pt 2 Sn 1	0	0.300	0
(7) SUBTOTAL - UNAFFILIATED PREFERRED STOCK (should equal P2 L2.1 C3 less Sch D-Sum C1 L18)	Sum of Ls (1) through (6)	0		0
Hybrid Securities				
(8) NAIC 01 Hybrid Securities	Sch D Pt 1A Sn 1 C(7) L (7.1)	0	0.003	0
(9) NAIC 02 Hybrid Securities	Sch D Pt 1A Sn 1 C(7) L (7.2)	0	0.010	0
(10) NAIC 03 Hybrid Securities	Sch D Pt 1A Sn 1 C(7) L (7.3)	0	0.020	0
(11) NAIC 04 Hybrid Securities	Sch D Pt 1A Sn 1 C(7) L (7.4)	0	0.045	0
(12) NAIC 05 Hybrid Securities	Sch D Pt 1A Sn 1 C(7) L (7.5)	0	0.100	0
(13) NAIC 06 Hybrid Securities	Sch D Pt 1A Sn 1 C(7) L (7.6)	0	0.300	0
(14) SUBTOTAL - HYBRID SECURITIES	Sum of Ls (8) through (13)	0		0
(15) Total Unaffiliated Preferred Stock and Hybrid Securities	Line (7) + Line (14)	0		0
Unaffiliated Common Stock				
(16) Total Common Stock	Sch D - Summary C1 L25	0		
(17) Affiliated Common Stock	Sch D - Summary C1 L24	0		
(18) Non-Admitted Unaffiliated Common Stock	P2 C2 L2.2 - Sch D Pt6 Sn1 C10 L1899999	0		
(19) Admitted Unaffiliated Common Stock	L(16) - L(17) - L(18)	0	0.150	0
(20) Fair Value Excess Affiliated Common Stock	PR003 C1 L(14) L(9999999)	0		0
(21) Total Unaffiliated Common Stock	L(19) - L(20)	0		0

Denotes items that must be manually entered on the filing software.

Not for Distribution

OTHER LONG-TERM ASSETS PR008

	Annual Statement Source	(1) <u>Book/Trust</u> <u>Carrying Value</u>	<u>Factor</u>	(2) <u>RBC Requirement</u>
(1) Company Occupied Real Estate	P2 L4.1 C3	0	0.100	0
(2) Encumbrances	P2 L4.1, inside item	0	0.100	0
(3) Property Held For the Production of Income	P2 L4.2 C3	0	0.100	0
(4) Property Held For Sale	P2 L4.3 C3	0	0.100	0
(5) Encumbrances (Property Held For the Production of Income)	P2 L4.2, inside item	0	0.100	0
(6) Encumbrances (Property Held For Sale)	P2 L4.3, inside item	0	0.100	0
(7) Total Real Estate	L(1)+L(2)+L(3)+L(4)+L(5)+L(6)	0		0
(8) Mortgage Loans - First Liens	P2 L3.1 C3	0	0.050	0
(9) Mortgage Loans - Other Than First Liens	P2 L3.2 C3	0	0.050	0
(10) Total Mortgage Loans	L(8) + L(9)	0		0
(11) Schedule BA Assets - Total	PR009 L(13)	0		0
(12) Less: Collateral Loans				
(13) Federal Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, C12 L3199999 +L3299999	0	0.0014	0
(14) Federal Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, C12 L3399999 +L3499999	0	0.0260	0
(15) State Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, C12 L3599999 +L3699999	0	0.0014	0
(16) State Non-Guaranteed Low Income Housing Tax Credits	Schedule BA Part 1, C12 L3799999 +L3899999	0	0.0260	0
(17) All Other Low Income Housing Tax Credits	Schedule BA Part 1, C12 L3999999 +L4099999	0	0.1500	0
(18) Working Capital Finance Investments	L(20)+L(21)	0		0
(19) Schedule BA Assets Excluding Collateral Loans, LIHTC & WCFI	L(11)-L(12)-L(13)-L(14)-L(15) -L(16)-L(17)-L(18)	0	0.2000	0
(20) NAIC 01 Working Capital Finance Investments	Notes to Financial Statement Item L5M(01a) C3	0	0.0038	0
(21) NAIC 02 Working Capital Finance Investments	Notes to Financial Statement Item L5M(01b) C3	0	0.0125	0
(22) Total Other Long-Term Assets	L(7)+L(10)+L(13)+L(14)+L(15) +L(16)+L(17)+L(19)+L(20)+L(21)	0		0

Not for Distribution

MISCELLANEOUS ASSETS PR009

	Annual Statement Source	(1) Book/Adjusted Carrying Value	Factor	(2) RBC Requirement
(1) Receivable for Securities	P2C3L9	0	0.025	0
(2) Aggregate W/I for Invest Assets	P2C3 L11	0	0.050	0
(3) Cash	P2 L5, inside amt 1	0	0.003	0
(4) Cash Equivalents	P2 L5, inside amt 2	0		
(5) Less: Cash Equivalent, Bonds included in Schedule D, Part 1A	Sch E Pt 2 C7 L8399999 in part	0		
(6) Less: Exempt Money Market Mutual Funds	Sch E Pt 2 C7 L8599999	0		
(7) Net Cash Equivalents	L(4)-L(5)-L(6)	0	0.003	0
(8) Short-Term Investments	P2 L5, inside amt 3	0		
(9) Less Short-Term Bonds*	Sch DA Pt 1 C7 L8399999	0		
(10) Total Other Short-Term Investments	L(8)-L(9)	0	0.003	0
(11) Collateral Loans	Sch BA Pt1 C12 L2599999 L2 999999	0		
(12) Less: Non-Admitted Collateral Loans	P2 L8 C2 in part	0		
(13) Net Admitted Collateral Loans	L(11) - L(12)	0	0.050	0
(14) Derivatives	P2C3 L7	0	0.050	0
(15) Total Miscellaneous Assets	L(1)+L(2)+L(3)+L(4)+L(5)+L(6)+L(7)+L(8)+L(9)+L(10)+L(11)+L(12)+L(13)+L(14)	0		0

* These bonds appear in Schedule D Part 1A Section 1 and are already recognized in the Bonds portion of the formula.

Denotes items that must be manually entered on the filing software.

Not for Distribution

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORY CONVERTIBLE SECURITIES PR010

	(1) RSAT Number	(2) Type	(3) CUSIP	(4) Description of Assets	(5) NAIC Designation or Other Description of Asset	(6) Value of Asset	(7) RBC Requirement
0000001						0	0
0000002						0	0
0000003						0	0
0000004						0	0
0000005						0	0
0000006						0	0
0000007						0	0
0000008						0	0
0000009						0	0
0000010						0	0
0000011						0	0
0000012						0	0
0000013						0	0
0000014						0	0
0000015						0	0
0000016						0	0
0000017						0	0
0000018						0	0
0000019						0	0
0000020						0	0
0000021						0	0
0000022						0	0
0000023						0	0
0000024						0	0
0000025						0	0
0000026						0	0
0000027						0	0
0000028						0	0
0000029						0	0
0000030						0	0
0000031						0	0
0000032						0	0
0000033						0	0
0000034						0	0
0000035						0	0
0000036						0	0
0000037						0	0
0000038						0	0
0000039						0	0
0000040						0	0
(9999999)	xxxxx	xxxxx	xxxxx	Total	xxxxx	0	0

Denotes items that must be manually entered on the filing software.

Not for Distribution

ASSET CONCENTRATION PR011

	(1)	(2)	(3)	
	ISSUER #1	Book/Adjusted Carrying Value	Factor	
			Additional RBC	
(1) NAIC 02 Bonds		0	0.0100	0
(2) NAIC 03 Bonds		0	0.0200	0
(3) NAIC 04 Bonds		0	0.0450	0
(4) NAIC 05 Bonds		0	0.1000	0
(5) Collateral Loans		0	0.0500	0
(6) Mortgage Loans		0	0.0500	0
(7) NAIC 02 Working Capital Finance Investments		0	0.0125	0
(8) Federal Guaranteed Low Income Housing Tax Credits		0	0.0014	0
(9) Federal Non-Guaranteed Low Income Housing Tax Credits		0	0.0260	0
(10) State Guaranteed Low Income Housing Tax Credits		0	0.0014	0
(11) State Non-Guaranteed Low Income Housing Tax Credits		0	0.0260	0
(12) All Other Low Income Housing Tax Credits		0	0.1500	0
(13) SUBTOTAL - FIXED INCOME		0		0
(14) NAIC 02 Preferred Stock		0	0.0100	0
(15) NAIC 03 Preferred Stock		0	0.0200	0
(16) NAIC 04 Preferred Stock		0	0.0450	0
(17) NAIC 05 Preferred Stock		0	0.1000	0
(18) NAIC 02 Hybrid Securities		0	0.0100	0
(19) NAIC 03 Hybrid Securities		0	0.0200	0
(20) NAIC 04 Hybrid Securities		0	0.0450	0
(21) NAIC 05 Hybrid Securities		0	0.1000	0
(22) Property Held For Production of Income or For Sale Excluding Home Office		0	0.1000	0
(23) Property Held For Production of Income or For Sale Encumbrances Excluding Home Office		0	0.1000	0
(24) Schedule BA Assets		0	0.1000	0
(25) Receivable for Securities		0	0.0250	0
(26) Aggregate Write-Ins for Invested Assets		0	0.0500	0
(27) Derivatives		0	0.0500	0
(28) Unaffiliated Common Stock		0	0.1500	0
(29) SUBTOTAL - EQUITY		0		0
(30) TOTAL - ISSUER #1 (L13+L29)		0		0

NOTE: Ten issuer sections and a grand total page will be available on the filing software. The grand total page is calculated as the sum of issuers 1-10 by asset type

Denotes items that must be manually entered on the filing software

Not for Distribution

CREDIT RISK FOR RECEIVABLES PR012

	Annual Statement Source	(1) Statement Value	Factor	(2) RBC Requirement
(1) Total RBC Requirement for Collateralized Reinsurance Recoverables *	Sch F Pt3, C35, L9999999	0	1.000	0
(2) Total RBC Requirement for Uncollateralized Reinsurance Recoverables *	Sch F Pt3, C36, L9999999	0	1.000	0
(3) Guaranty Funds Receivable or on Deposit	P2 C3 L19	0	0.050	0
(4) Investment Income Due & Accrued	P2 C3 L14	0	0.010	0
(5) Recov from Parent, Subs, Affils	P2 C3 L23	0	0.050	0
(6) Amts Receive relating to Uninsured A&H Plans	P2 C3 L17	0	0.050	0
(7) Aggregate W/I for Other Than Invest Assets	P2 C3 L25	0	0.050	0
(8) Total Credit RBC = L(1)+L(2)+L(3)+L(4)+L(5)+L(6)+L(7)		0		0

* Schedule F data should be brought to full dollar amount by multiplying 1000.

Not for Distribution

HEALTH CREDIT RISK PR013

	PRBC Data Source	(1) <u>Amount</u>	<u>Factor</u>	(2) <u>RBC Requirement</u>
Capitations to Intermediaries				
(1)	Total Capitations Paid Directly to Providers	PR021 Underwriting Risk Managed Care Credit Col (2) Line (5)		
		0		
(2)	Less Secured Capitations to Providers	Company Records		
		0 *		
(3)	Net Capitations to Providers Subject to Credit Risk Charge	L(1) - L(2)	0.020	0
(4)	Total Capitations to Intermediaries	PR021 Column (2) Lines (6) + (7)		
		0		
(5)	Less Secured Capitations to Intermediaries	Company Records		
		0 *		
(6)	Net Capitations to Intermediaries Subject to Credit Risk Charge	L(4) - L(5)	0.040	0
(7)	Capitation Credit Risk RBC	L(3) + L(6)		0
Health ASO/ASC Credit Risk				
(8)	ASC Claims Reported as Incurred Claims	Company Record	0.010	0
		0		
(9)	Other Medical Costs Paid through ASC Arrangements	Company Records	0.010	0
		0		
(10)	Fee-for Service Received from Health Insurer	Company Records	0.010	0
		0		
(11)	Total Health ASO/ASC Credit Risk	L(8) + L(9) + L(10)		0
(12)	Total Health Credit Risk	L(7) + L(11)		0

* Enter amounts of secured capitation in PRCPT. Click on the yellow cell to go to the worksheet.

Denotes items that must be manually entered on the filing software.

Not for Distribution

OFF-BALANCE SHEET ITEMS AND OTHER ITEMS PR014

	Annual Statement Source	(1) Statement Value	(2) Factor	(3) RBC Requirement	(4) Yes/No Response
<u>Non-Controlled Assets</u>					
(1) Conforming Securities Lending Programs	General Interrogatories Part 1 L24.05	0	0.002	0	
(2) Securities Lending Programs - Other	General Interrogatories Part 1 L24.06	0	0.010	0	
(3) Subject to Repurchase Agreements	General Interrogatories Part 1 L25.21	0	0.010	0	
(4) Subject to Reverse Repurchase Agreements	General Interrogatories Part 1 L25.22	0	0.010	0	
(5) Subject to Dollar Repurchase Agreements	General Interrogatories Part 1 L25.23	0	0.010	0	
(6) Subject to Reverse Dollar Repurchase Agreements	General Interrogatories Part 1 L25.24	0	0.010	0	
(7) Placed Under Option Agreements	General Interrogatories Part 1 L25.25	0	0.010	0	
(8) Letter Stock or Other Securities Restricted as to Sale - Excluding FHLB Capital Stock	General Interrogatories Part 1 L25.26	0	0.010	0	
(9) FHLB Capital Stock	General Interrogatories Part 1 L25.27	0	0.010	0	
(10) On Deposit with States	General Interrogatories Part 1 L25.28	0	0.010	0	
(11) On Deposit with Other Regulatory Bodies	General Interrogatories Part 1 L25.29	0	0.010	0	
(12) Pledged as Collateral - Excluding Collateral Pledged to an FHLB	General Interrogatories Part 1 L25.30	0	0.010	0	
(13) Pledged as Collateral to FHLB - Including Assets Backing Funding Agreements	General Interrogatories Part 1 L25.31	0	0.010	0	
(14) Other	General Interrogatories Part 1 L25.32	0	0.010	0	
(15) Total Non-Controlled Assets	Sum of L(1) through L(14)	0		0	
(16) Guarantees for Affiliates	Notes to Financial Statements Item 14A(05-1)	0	0.010	0	
(17) Contingent Liabilities	Notes to Financial Statements Item 14a1 + Item 27a Amounts Recorded Loss Contingencies	0	0.010	0	
(18) Is the entity responsible for filing the U.S. Federal income tax return for the reporting insurer a regulated insurance company?	"Yes", "No" or "N/A" in Column (4)				
(19) SSAP No. 101 Paragraph 11A Deferred Tax Assets	Notes to Financial Statements Item 9A2(a)	0	†	0	
(20) SSAP No. 101 Paragraph 11B Deferred Tax Assets	Notes to Financial Statements Item 9A2(b)	0	0.010	0	
(21) Total Miscellaneous Off Balance Sheet and Other Items=L(15)+L(16)+L(17)+L(19)+L(20)		0		0	

† If Line (18) Column (4) is "Yes", then the factor is 0.005. If Line (18) Column (4) is "No", then the factor is 0.010. If Line (18) Column (4) is "N/A", then the factor is 0.000.

Not for Distribution

OFF-BALANCE SHEET COLLATERAL AND SCHEDULE DL, PART 1 ASSETS PR015

Asset Category	Annual Statement Source	(1) Off-Balance Sheet Collateral Book/Adjusted Carrying Value	(2) Schedule DL, Part 1 Book/Adjusted Carrying Value	(3) Subtotal	Factor	(4) RBC Requirement
Fixed Income Assets						
Bonds						
(1) NAIC 01 - U.S. Government - Direct and Guaranteed	Company Records			0	0.000	0
(2) Other NAIC 01 Bonds	Company Records			0	0.003	0
(3) Total NAIC 01 Bonds	L(1)+L(2)	0	0	0		0
(4) Total NAIC 02 Bonds	Company Records			0	0.010	0
(5) Total NAIC 03 Bonds	Company Records			0	0.020	0
(6) Total NAIC 04 Bonds	Company Records			0	0.045	0
(7) Total NAIC 05 Bonds	Company Records			0	0.100	0
(8) Total NAIC 06 Bonds	Company Records			0	0.300	0
(9) Total Bonds	L(3)+L(4)+L(5)+L(6)+L(7)+L(8)	0	0	0		0
Equity Assets						
Preferred Stock - Unaffiliated						
(10) NAIC 01 Unaffiliated Preferred Stock	Company Records			0	0.003	0
(11) NAIC 02 Unaffiliated Preferred Stock	Company Records			0	0.010	0
(12) NAIC 03 Unaffiliated Preferred Stock	Company Records			0	0.020	0
(13) NAIC 04 Unaffiliated Preferred Stock	Company Records			0	0.045	0
(14) NAIC 05 Unaffiliated Preferred Stock	Company Records			0	0.100	0
(15) NAIC 06 Unaffiliated Preferred Stock	Company Records			0	0.300	0
(16) Total Unaffiliated Preferred Stock	L(10)+L(11)+L(12)+L(13)+L(14)+L(15)	0	0	0		0
(17) Common Stock	Company Records			0	0.150	0
(18) Real Estate and Schedule BA - Other Invested Assets	Company Records			0	0.200	0
(19) Other Invested Assets	Company Records			0	0.200	0
(20) Mortgage Loans on Real Estate	Company Records			0	0.050	0
(21) Cash, Cash Equivalents, non-government money market fund and Short-Term Investments (Not reported as Bonds above)	Company Records			0	0.003	0
(22) Total	L(9)+L(16)+L(17)+L(18)+L(19)+L(20)+L(21)	0	0	0		0

Denotes items that must be manually entered on the filing software.

EXCESSIVE PREMIUM GROWTH PR016

	(1) Company Gross Written Premiums*	(2) Company Adjustments	(3) Group Gross Written Premiums*	(4) Group Adjustments	(5) Selected Adjusted Gross Written Premium	(6) Statement Value	(7) Factor	(8) RBC Requirement
(1) 2018	0	0	0	0	0	xxx		xxx
(2) 2017	0	0	0	0	0	xxx		xxx
(3) 2016	0	0	0	0	0	xxx		xxx
(4) 2015	0	0	0	0	0	xxx		xxx
(5) 2018 Growth Rate=[L(1)-L(2)]/L(2)							0.000	
(6) 2017 Growth Rate=[L(2)-L(3)]/L(3)							0.000	
(7) 2016 Growth Rate=[L(3)-L(4)]/L(4)							0.000	
(8) Three Year Average Growth Rate							0.000	
(9) Two Year Average Growth Rate							0.000	
(10) One Year Average Growth Rate							0.000	
(11) Selected Average Growth Rate							0.000	
(12) RBC Average Growth Rate=L(11) - 10%, capped to fall between 0% and 30%							0.000	
(13) Excessive Growth Charge Applied to Loss/Expense Reserve from Schedule P Pt1 Summary §24 L35						0	0.000	0
(14) Excessive Growth Charge Applied to Net Written Premiums from U&I Exhibit Pt 1B C L35						0	0.000	0

*Enter Company and Group Gross Written Premiums in PR039. Click on the yellow cells to go to the worksheet.

Denotes items that must be manually entered on the filing software.

Footnote	Name of Involuntary Residual Market (For Servicing Carrier only)	Adjustment Amount
(0000001)		
(0000002)		
(0000003)		
(0000004)		
(9999999) Total		

UNDERWRITING RISK - RESERVES PR017

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
SCH. P LINE OF BUSINESS	H/F	PPA	CA	WC	CMP	MPL OCCURRENCE	MPL CLMS MADE	SL	PL	FIDELITY / SURETY
(1) INDUSTRY AVERAGE DEVELOPMENT	0.989	1.022	1.060	0.952	0.967	0.871	0.886	0.952	0.966	0.996
(2) COMPANY DEVELOPMENT	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(3) (2)/(1)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(4) INDUSTRY LOSS & EXPENSE RBC %	0.213	0.181	0.243	0.336	0.494	0.417	0.297	0.270	0.531	0.338
(5) COMPANY RBC % (4)*(3)*.5+(4)*.5	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(6) LOSS & LOSS ADJUSTMENT EXPENSE UNPAID SCH. P PART 1 (in 000s)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(7) OTHER DISCOUNT AMOUNT NOT INCLUDED IN LOSS & LOSS ADJUSTMENT EXPENSE UNPAID IN SCH. P PART 1 (in 000s)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(8) ADJUSTMENT FOR INVESTMENT INCOME	0.938	0.928	0.911	0.830	0.876	0.865	0.883	0.890	0.852	0.940
(9) BASE LOSS & LOSS ADJUSTMENT EXPENSE RESERVE RISK-BASED CAPITAL (000's) MAX {0,[(5)+1]*(8)-1}*[(6)+(7)]} zero if Line [(6)+(7)] is negative	0	0	0	0	0	0	0	0	0	0
(10) % DIRECT LOSS SENS	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
(11) % ASSUMED LOSS SENS	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
(12) LOSS SENSITIVE DISCOUNT (in 000s)	0	0	0	0	0	0	0	0	0	0
(13) LOSS & LOSS ADJUSTMENT EXPENSE RBC AFTER DSCT (in 000s) L(09) - L(12)	0	0	0	0	0	0	0	0	0	0
(14) LOSS CONCEN FACTOR										
(15) TOTAL NET RESERVE RBC x1000 (converted to whole dollars)										

This worksheet is to show the results of the calculation of Underwriting Risk - Reserves
Enter data in PR035 through PR039, PR100 through PR701 and PROTH

Not for Distribution

UNDERWRITING RISK - RESERVES PR017

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
SCH P LINE OF BUSINESS	SPECIAL PROPERTY	AUTO PHYSICAL DAMAGE	OTHER (INCLUDE CREDIT, A&H)	FINANCIAL / MORTGAGE GUARANTY	INTL	REIN. PROPERTY & FINANCIAL LINES	REIN. LIABILITY	PL	WAR. INTY	TOTAL
(1) INDUSTRY AVERAGE DEVELOPMENT	0.971	1.000	0.976	0.870	0.851	0.834	0.945	0.921	1.015	XXX
(2) COMPANY DEVELOPMENT	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(3) (2)/(1)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(4) INDUSTRY LOSS & EXPENSE RBC %	0.207	0.121	0.186	0.194	0.336	0.304	0.711	0.688	0.338	XXX
(5) COMPANY RBC % (4)*(3)*.5+(4)*.5	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(6) LOSS & LOSS ADJUSTMENT EXPENSE UNPAID SCH. P PART 1 (in 000s)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0
(7) OTHER DISCOUNT AMOUNT NOT INCLUDED IN LOSS & LOSS ADJUSTMENT EXPENSE UNPAID IN SCH. P PART 1 (in 000s)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0
(8) ADJUSTMENT FOR INVESTMENT INCOME	0.966	0.976	0.967	0.926	0.874	0.901	0.838	0.841	0.940	XXX
(9) BASE LOSS & LOSS ADJUSTMENT EXPENSE RESERVE RISK-BASED CAPITAL (000's) MAX {0,[(5)+1]*(8)-1}*[(6)+(7)] zero if Line [(6)+(7)] is negative	0	0	0	0	0	0	0	0	0	0
(10) % DIRECT LOSS SENS	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	XXX
(11) % ASSUMED LOSS SENS	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	XXX
(12) LOSS SENSITIVE DISCOUNT (in 000s)	0	0	0	0	0	0	0	0	0	0
(13) LOSS & LOSS ADJUSTMENT EXPENSE RBC AFTER DSCT (in 000s) L(09) - L(12)	0	0	0	0	0	0	0	0	0	0
(14) LOSS CONCEN FACTOR										1.000
(15) TOTAL NET RESERVE RBC x1000 (converted to whole dollars)										0

This worksheet is to show the results of the calculation of Underwriting Risk - Reserves
Enter data in PR035 through PR039, PR100 through PR701 and PROTH

Not for Distribution

UNDERWRITING RISK - NET WRITTEN PREMIUMS PR018

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
SCH P LINE OF BUSINESS	H/F	PPA	CA	WC	CMP	MPL OCCURRENCE	MPL CLMS MADE	SL		FIDELITY / SURETY
(1) INDUSTRY AVERAGE LOSS & LOSS ADJUSTMENT EXPENSE RATIO	0.687	0.806	0.724	0.744	0.664	0.780	0.747	0.807	0.633	0.417
(2) COMPANY AVERAGE LOSS & LOSS ADJUSTMENT EXPENSE RATIO	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(3) (2)/(1)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(4) INDUSTRY LOSSES & LOSS ADJUSTMENT EXPENSE RATIO	0.927	0.969	1.005	1.044	0.892	1.778	1.160	0.898	1.027	0.875
(5) COMPANY RBC LOSSES & LOSS ADJUSTMENT EXPENSE RATIO	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(6) COMPANY UNDERWRITING EXPENSE RATIO	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
(7) ADJUSTMENT FOR INVESTMENT INCOME	0.954	0.925	0.890	0.839	0.896	0.760	0.827	0.898	0.816	0.904
(8) C/Y NET WRITTEN PREMIUM (in 000s)	0	0	0	0	0	0	0	0	0	0
(9) BASE WRITTEN PREMIUM RISK-BASED CAPITAL (in 000s) MAX {0,(8)*[(5)*(7)+(6)-1]} zero if Line (8) is negative	0	0	0	0	0	0	0	0	0	0
(10) % DIRECT LOSS SENS WP	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
(11) % ASSUMED LOSS SENS WP	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
(12) LOSS SENSITIVE DSCT - WP (in 000s)	0	0	0	0	0	0	0	0	0	0
(13) NWP RBC AFTER DSCT (in 000s)	0	0	0	0	0	0	0	0	0	0
(14) PREMIUM CONCENTRATION FACTOR										
(15) NET WRITTEN PREMIUM RBC x 1000 (converted to whole dollars)										

This worksheet is to show the results of the calculation of Underwriting Risk - Net Written Premiums
Enter data in PR035 through PR039, PR100 through PR701 and PROTH

Not for Distribution

UNDERWRITING RISK - NET WRITTEN PREMIUMS PR018

	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
SCH P LINE OF BUSINESS	SPECIAL PROPERTY	AUTO PHYSICAL DAMAGE	OTHER (INCLUDE CREDIT, A&H)	FINANCIAL / MORTGAGE GUARANTY	INTL	REIN. PROPERTY & FINANCIAL LINES	REIN. LIABILITY	PL	WARRANTY	TOTAL
(1) INDUSTRY AVERAGE LOSS & LOSS ADJUSTMENT EXPENSE RATIO	0.563	0.732	0.709	1.099	0.584	0.486	0.666	0.971	0.732	XXX
(2) COMPANY AVERAGE LOSS & LOSS ADJUSTMENT EXPENSE RATIO	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(3) (2)/(1)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(4) INDUSTRY LOSSES & LOSS ADJUSTMENT EXPENSE RATIO	0.907	0.836	0.906	1.515	1.187	1.223	1.449	2.28	0.875	XXX
(5) COMPANY RBC LOSSES & LOSS ADJUSTMENT EXPENSE RATIO (3)*(4)*0.5+(4)*0.5	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(6) COMPANY UNDERWRITING EXPENSE RATIO	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX
(7) ADJUSTMENT FOR INVESTMENT INCOME	0.949	0.971	0.947	0.884	0.905	0.951	0.777	0.774	0.904	XXX
(8) C/Y NET WRITTEN PREMIUM (in 000s)	0	0	0	0	0	0	0	0	0	0
(9) BASE WRITTEN PREMIUM RISK-BASED CAPITAL (in 000s) MAX {0,(8)*[(5)*(7)+(6)-1]} zero if Line (8) is negative	0	0	0	0	0	0	0	0	0	0
(10) % DIRECT LOSS SENS WP	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	XXX
(11) % ASSUMED LOSS SENS WP	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	XXX
(12) LOSS SENSITIVE DSCT - WP (in 000s)	0	0	0	0	0	0	0	0	0	0
(13) NWP RBC AFTER DSCT (in 000s)	0	0	0	0	0	0	0	0	0	0
(14) PREMIUM CONCENTRATION FACTOR										1.000
(15) NET WRITTEN PREMIUM RBC x 1000 (converted to whole dollars)										0

This worksheet is to show the results of the calculation of Underwriting Risk - Net Written Premiums
Enter data in PR035 through PR039, PR100 through PR701 and PROTH

HEALTH PREMIUMS PR019

	Annual Statement Source	(1) Statement Value	Factor	(2) RBC Requirement
<u>Medical Insurance Premium - Individual Morbidity</u>				
(1)	Usual and Customary Major Medical and Hospital	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(2)	Medicare Supplement	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(3)	Dental & Vision	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(3.1)	Stand-Alone Medicare Part D Coverage	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(3.2)	Supplemental Benefits within Stand-Alone Part D Coverage (Claims Incurred)	Company Records	0 0.500	0
(3.3)	Medicaid Pass-Through Payments Reported as Premium	Company Records	0 0.020	0
(4)	Hospital Indemnity and Specified Disease	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.035 *	0
(5)	AD&D (Maximum Retained Risk Per Life) [0]	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(6)	Other Accident	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.050	0
<u>Medical Insurance Premium - Group and Credit Morbidity</u>				
(7)	Usual and Customary Major Medical, Hospital	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(8)	Dental & Vision	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(9)	Stop Loss and Minimum Premium	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ¥	0
(10)	Medicare Supplement	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(10.1)	Stand-Alone Medicare Part D Coverage (see instructions for limits)	Earned Premium (Schedule H Part 1 Line 2 in part)	0 †	XXX
(10.2)	Supplemental benefits within Stand-Alone Part D Coverage (Claims Incurred)	Company Records	0 0.500	0
(10.3)	Medicaid Pass-Through Payments Reported as Premium	Company Records	0 0.020	0
(11)	Hospital Indemnity and Specified Disease	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.035 *	0
(12)	AD&D (Maximum Retained Risk Per Life) [0]	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(13)	Other Accident	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.050	0
(14)	Federal Employee Health Benefit Plan	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.000	0
<u>Disability Income Premium</u>				
(15)	Noncancellable Disability Income - Individual Morbidity	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(16)	Other Disability Income - Individual Morbidity	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(17)	Disability Income - Credit Monthly Balance Plans	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(18)	Disability Income - Group Long-Term	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(19)	Disability Income - Credit Single Premium with Additional Reserve	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(20)	Disability Income - Credit Single Premium without Additional Reserve	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
(21)	Disability Income - Group Short-Term	Earned Premium (Schedule H Part 1 Line 2 in part)	0 ‡	0
<u>Long-Term Care</u>				
(22)	Noncancellable Long-Term Care Premium - Rate Risk**	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.100	0
(23)	Other Long-Term Care Premium ‡ ‡	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.000	0 ‡ ‡
<u>Health Premium with Limited Underwriting Risk</u>				
(24)	ASC Business with Premium Revenue	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.000	0
<u>Other Health</u>				
(25)	Other Health	Earned Premium (Schedule H Part 1 Line 2 in part)	0 0.120	0
(26)	Total Earned Premiums	Sum of Lines (1) through (25)	0	0
C(1), L(26) should equal Schedule H Part 1 Column 1 Line 2				
(27)	Additional Reserves for Credit Disability Plans	Company records	0 §	
(28)	Additional Reserves for Credit Disability Plans, prior year	Company records	0 §	

† The premium amounts in these lines are transferred to PR020 Underwriting Risk - Premium Risk for Comprehensive Medical, Medicare Supplement, Dental & Vision and Stand-Alone Medicare Part D Coverage Lines (1.1) and (1.2) for the calculation of risk-based capital. The premium amounts are included here to assist in the balancing of total health premium. If managed care arrangements have been entered into, the company may also complete PR021 Underwriting Risk - Managed Care Credit. In which case, the company will also need to complete PR012 Health Credit Risk in the formula. If there are amounts in any of lines (1), (2), (3), (7), (8) or (10) on page PR019 Health Premiums, the company will also be directed to complete the Health Administrative Expense portion of PR023.

‡ The two tiered calculation is illustrated in the risk-based capital instructions for PR019 Health Premiums.

‡ ‡ The balance of the RBC requirement for Underwriting Risk is calculated on Page PR023. The premium is shown to allow totals to check to Schedule H.

* If there is premium included on either or both of these lines, the RBC value in Column (2) will include 3.5% of such premium and \$50,000 (included in the line with the larger premium).

** The factor applies to all Noncancellable premium.

§ These amounts are used to adjust the premium base for single premium credit disability plans that carry additional tabular reserves.

¥ A factor of .350 will be applied to the first \$25,000,000 in Column (1), Line (9) and a factor of .250 will be applied to the remaining premium in excess of \$25,000,000.

[Red Box] Denotes items that must be manually entered on the filing software.

UNDERWRITING RISK - PREMIUM RISK FOR COMPREHENSIVE MEDICAL, MEDICARE SUPPLEMENT AND DENTAL & VISION PR020

(Experience Fluctuation Risk in Life RBC Formula)

	(1)	(2)	(3)	(4)	(5)
	Comprehensive Medical	Medicare Supplement	Dental & Vision	Stand-Alone Medicare Part D Coverage	TOTAL
(1.1) Premium – Individual	0	0	0	0	0
(1.2) Premium – Group	0	0	0	0	0
(1.3) Premium – Total = Line (1.1) + Line (1.2)	0	0	0	0	0
(2) Title XVIII-Medicare†	0	XXX	XXX	XXX	0
(3) Title XIX-Medicaid†	0	XXX	XXX	XXX	0
(4) Other Health Risk Revenue‡	0	XXX	0	0	0
(5) Underwriting Risk Revenue = Lines (1.3) + (2) + (3) + (4)	0	0	0	0	0
(6) Net Incurred Claims	0	0	0	0	0
(7) Fee-for-Service Offset‡	0	XXX	0	0	0
(8) Underwriting Risk Incurred Claims = Line (6) – Line (7)	0	0	0	0	0
(9) Underwriting Risk Claims Ratio = Line (8) / Line (5)	0.000	0.000	0.000	0.000	XXX
(10.1) Underwriting Risk Factor for Initial Amounts Of Premium‡	0.150	0.100	0.120	0.251	XXX
(10.2) Underwriting Risk Factor for Excess of Initial Amount‡	0.090	0.067	0.076	0.151	XXX
(10.3) Composite Underwriting Risk Factor	0.000	0.000	0.000	0.000	XXX
(11) Base Underwriting Risk RBC = Line (5) x Line (9) x Line (10.3)	0	0	0	0	0
(12) Managed Care Discount Factor = PR021 Line (12)	0.000	0.000	0.000	0.000	XXX
(13) Base RBC After Managed Care Discount = Line (11) x Line (12)	0	0	0	0	0
(14) RBC Adjustment For Individual = [Line(1.1) x 1.2 + Line (1.2)] / Line (1.3) x Line (13)§	0	0	0	0	0
(15) Maximum Per-Individual Risk After Reinsurance†	0	0	0	0	XXX
(16) Alternate Risk Charge*	0	0	0	0	0
(17) Net Alternate Risk Charge‡	0	0	0	0	0
(18) Net Underwriting Risk RBC (Maximum of Line (14) or Line (17))	0	0	0	0	0

† Source is company records unless already included in premiums.

‡ For Comprehensive Medical the Initial Premium Amount is \$25,000,000 or the amount in Line (1.3) if smaller. For Medicare Supplement and Dental & Vision the Initial Premium Amount is \$3,000,000 or the amount in Line (1.3) if smaller. For Stand-Alone Medicare Part D the Initial Premium Amount is \$25,000,000 or the amount in Line (1.3) if smaller.

§ Formula applies only to Column (1), for all other columns Line (14) should equal Line (13).

* The Line (16) Alternate Risk Charge is calculated as follows:

LESSER OF:	\$1,500,000	\$50,000	\$50,000	\$150,000	Maximum of Columns (1), (2) (3) and (4)
	or 2 x Maximum Individual Risk	or 2 x Maximum Individual Risk	or 2 x Maximum Individual Risk	or 6 x Maximum Individual Risk	

‡ Applicable only if Line (16) for a column equals Line (16) for Column (5), otherwise zero.

£ Denotes items that must be manually entered on the filing software.

UNDERWRITING RISK - MANAGED CARE CREDIT PR021

		(2)	(3)	(4)
		Claims	Weighted Claims†	Part D Weighted Claims††
		Factor		
Comprehensive Medical, Medicare Supplement and Dental & Vision Claim Payments				
(1)	Category 0 - Arrangements not Included in Other Categories	Company records	0	0.000
(2)	Category 1 - Payments Made According to Contractual Arrangements	Company records	0	0.150
(3)	Category 2a - Subject to Withholds or Bonuses – Otherwise Category 0*	Company records	0	*
(4)	Category 2b - Subject to Withholds or Bonuses – Otherwise Category 1**	Company records	0	**
(5)	Category 3a - Capitated Payments Directly to Providers	Company records	0	0.600
(6)	Category 3b - Capitated Payments to Regulated Intermediaries	Company records	0	0.600
(7)	Category 3c - Capitated Payments to Non-Regulated Intermediaries	Company records	0	0.600
(8)	Category 4 - Medical & Hospital Expense Paid as Salary to Providers	Company records	0	0.750
(9)	Sub-Total Paid Claims	Sum of Lines (1) through (8)	0	0
Stand-Alone Medicare Part D Coverage Claim Payments				
(10.1)	Category 0 - No Federal Reinsurance or Risk Corridor Protection	Company records	XXX	XXX
(10.2)	Category 1 - Federal Reinsurance but no Risk Corridor Protection	Company records	XXX	XXX
(10.3)	Category 2a - No Federal Reinsurance but Risk Corridor Protection	Company records	0	0.667
(10.4)	Category 3a - Federal Reinsurance and Risk Corridor Protection apply	Company records	0	0.767
(10.5)	Sub-Total Paid Claims	Sum of Lines (10.1) through (10.4)	0	0
(10.6)	Total Paid Claims	Sum of Lines (9) and (10.5)	0	
(11)	Weighted Average Managed Care Discount	Col (3) = Col (3) Line (9) / Col (2) Line (9)		0.000
(12)	Weighted Average Managed Care Risk Adjustment Factor	Col (4) = Col (4) Line (10.5) / Col (2) Line (10.5) Col (3) = 1.0 - Col (3) Line (11) Col (4) = 1.0 - Col (4) Line (11)		0.000
Calculation of Category 2 Managed Care Factor				
(13)	Withhold & bonus payments, prior year	Company Records	0	
(14)	Withhold & bonuses available, prior year	Company Records	0	
(15)	Managed Care Credit Multiplier – average withhold returned	Line (13) / Line (14)	0.000	
(16)	Withholds & bonuses available, prior year	Line (14)	0	
(17)	Claims payments subject to withhold, prior year	Company Records	0	
(18)	Average withhold rate, prior year	Line (16) / Line (17)	0.000	
(19)	Managed Care Credit Discount Factor, Category 2	Minimum of 0.25 or Line (15) x Line (18)	0.000	

* Category 2 Managed Care Factor calculated on Line (19)

**Category 2 Managed Care Factor calculated on Line (19) with a minimum factor of 15 percent.

† This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental managed care discount factor.

†† This column is for the Stand-Alone Medicare Part D managed care discount factor.

Denotes items that must be manually entered on the system software.

UNDERWRITING RISK - OTHER AND TOTAL NET HEALTH PREMIUM RBC PR022

	<u>Data Source</u>	(1) <u>Amount</u>	<u>Factor</u>	(2) <u>RBC Requirement</u>
Rate Guarantees & Federal Employees Health Benefits				
(1) Business with Rate Guarantees Between 15-36 Months	Company Records	0	0.024	0
(2) Business with Rate Guarantees Over 36 Months	Company Records	0	0.064	0
(3) Federal Employees Health Benefit Program (FEHBP) Claims Incurred	Company Records	0	0.020	0
(4) Total, Rate Guarantees & Federal Employees Health Benefits	L(1) + L(2) + L(3)	0		0
Administrative Expenses for Certain A&H Coverages				
(5) Total Accident and Health Premiums	PR019 Health Premiums Column (1) Line (26)	0		
(6) Accident and Health Premiums from Underwriting Risk	PR020 Underwriting Risk Column (5) Line (1.3)	0		
(7) Accident and Health Premiums Factor	L(6)/L(5)	0.000		
(8) Administrative Expenses for Health Insurance	Company Records	0		
(9) Less Administrative Expenses for Administrative Service Contracts (ASC) included in Line (8)	Company Records	0		
(10) Less Administrative Expenses for Administrative Services Only (ASO) Business included in Line (8)	Company Records	0		
(11) Less Administrative Expenses for Commissions and Premium Taxes	Company Records	0		
(12) Net Administrative Expenses	L(8) - L(9) - L(10) - L(11)	0		
(13) Composite Health Administrative Expense Risk Factor	(7% of L(6) up to \$25 million + 4% of excess)/L(6)	0.000		
(14) Administrative Expense Component for Health	L(12) x L(7) x L(13)			0
Health ASO/ASC				
(15) Administrative Expenses for ASC Business	Company Records*	0	0.020	0
(16) Administrative Expenses for ASO Business	Company Records*	0	0.020	0
(17) Total Health ASO/ASC	L(15) + L(16)	0		0
(18) Total Underwriting Risk - Other	L(4) + L(14) + L(17)			0
Total Net Health Premium RBC				
(19) Total Health Premium RBC	L(18) + PR019 C(2) L(26) + PR020 C(5) L(18)			
(20) Premium Concentration Factor	PR018 C(20) L(14)			1.000
(21) Total Net Health Premium RBC	L(19) x L(20)			0

* Line (15) should be greater than or equal to Line (9). Line (16) should be greater than or equal to Line (10).

Denotes items that must be manually entered on the filing software.

LONG-TERM CARE PR023


		(1)		(2)	
		<u>Amount</u>	<u>Factor</u>	<u>RBC Requirement</u>	
<u>Long-Term Care (LTC) Insurance Premium</u>					
(1)	All LTC Premium - Morbidity Risk (to \$50 million)	Line (4.1) Column (1) up to 50 million	0	0.100	
(2)	LTC Premium (Over \$50 million) - Morbidity Risk	Remainder of Line (4.1) Column (1) over 50 million	0	0.030	
(3)	Premium-Based RBC	Col (2), L(1) + L(2)		0	
		(1)	(2)	(3)	(4)
		<u>Premiums</u>	<u>Admitted Claims</u>	<u>Col. (2)/(1)</u>	<u>RBC Requirement</u>
				<u>Loss Ratio</u>	
<u>Historical Loss Ratio Experience</u>					
(4.1)	Current Year	Company Records	0	0.000	
(4.2)	Immediate Prior Year	Company Records	0	0.000	
(4.3)	Average Loss Ratio	If loss ratios are used, [Column (3), Line (4.1) + Line (4.2)]/2, otherwise zero		0.000	
(5)	Adjusted LTC Claims for RBC	If Column (3) Line (4.3) > 0, then [Column (1), Line (1) + Line (2)] X Column (3), Line (4.3), else Column (2) Line (4.1)	0		
(5.1)	Claims (to \$35 million) - Morbidity Risk	Lower of Col (2), Line (5) and \$35 million	0	0.370	†
(5.2)	Claims (over \$35 million) - Morbidity Risk	Excess of Col (2), Line (5) over \$35 million	0	0.120	‡
(6)	Claims-based RBC	L(5.1) + L(5.2)	0		0
(7)	LTC Morbidity Risk	Col (2), L(3) + Col (4), L(6)			0

† If Column (1), Line (4.1) is positive, then a factor of 0.250 is used. Otherwise, a higher factor of 0.370 is used.
 ‡ If Column (1), Line (4.1) is positive, then a factor of 0.080 is used. Otherwise, a higher factor of 0.120 is used.
 § If Column (1), Line (4.1) or (4.2) are less than or equal to zero or if Column (2), Line (4.1) or (4.2) are less than zero, the loss ratios are not used and Column (3), Line (4.3) is set to zero.

Not for Distribution

Health Claim Reserves PR024

		(1) <u>Statement Value</u>	<u>Factor</u>	(2) <u>RBC Requirement</u>
(1) Individual Claim Reserves	Company Records	0	0.050	0
(2) Group & Credit Claim Reserves	L(3) - L(1)	0	0.050	0
(3) Total Health Claims Reserve RBC	Sch H Pt 2, Sec C, Col 1, Line C1	0		0
(4) Loss Concentration Factor	PR017 C(20) L(14)			1.000
(5) Net Health Claims Reserves RBC	L(3) x L(4)			0

 Denotes items that must be manually entered on the filing software.

Not for Distribution

PREMIUM STABILIZATION RESERVES PR025

	<u>Data Source</u>	(1) <u>Statement Value</u>	<u>Factor</u>	(2) <u>RBC Requirement</u>
Group & Credit Health Premium Stabilization Reserves Reported				
(1) Stabilization Reserves and Experience Rating Refunds	Company Records	0	0.500	0
(2) Provision for Experience Rating Refunds	Company Records	0	0.500	0
(3) Reserve for Group Rate Credits	Company Records	0	0.500	0
(4) Reserve for Credit Rate Credits	Company Records	0	0.500	0
(5) Premium Stabilization Reserves	Company Records	0	0.500	0
(6) Total of Preliminary Premium Stabilization Reserve Credit	Sum of Lines (1) through (5)	0		0
Group & Credit Health Risk-Based Capital				
(7) Maximum Risk-Based Capital	PR024 Health Claim Reserves Column (7) Line (2) + PR019 Health Premiums Column (2) Lines (9), (11), (12), (13), (17), (18), (19), (20) and (21) + [PR020 Underwriting Risk- Premiums Reserve Column (5) Line (18) - Column (4) Line (18) x Line (1.2) / Line (1.3)]	0		
(8) Final Premium Stabilization Reserve Credit	Column (2) Line (6), but not more than Column (1) Line (7)	0	-1.000	0

 Denotes items that must be manually entered on the filing software.


Not for Distribution

FEDERAL ACA RISK ADJUSTMENT SENSITIVITY TEST PR026

		(1) Amount	Sensitivity %	(2) Subtotal	Factor	(3) RBC Result	(4) Adjusted Capital
<u>Overestimation of 25%</u>							
(1)	Premium Adjustments Receivable Due to ACA Risk Adjustment	Notes to Financial Statement 24F2a1	0	0.75	0	0.500	0
(2)	Premium Adjustments Payable Due to ACA Risk Adjustment	Notes to Financial Statement 24F2a3	0	0.75	0	0.500	0
(3)	Total ACA Risk Adjustments Payable less Receivable	Line (2) - Line (1)				0	
(4)	Total Risk Adjustment	Absolute Value of (Line (3))				0	
(5)	Total Adjusted Capital, Post-Deferred Tax	PR029, Column (2) Line (14)					0
(6)	Total Adjusted Capital Stressed for Risk Adjustments	Line (5) - Line (4)					0
(7)	Authorized Control Level RBC	PR032, Column (1) Line (73)					0
(8)	ACA Risk Adjusted ACL RBC Ratio	Line (6)/Line (7)					0.000%
<u>Underestimation of 25%</u>							
(9)	Premium Adjustments Receivable Due to ACA Risk Adjustment	Col. (1), Line (1)			0	0.500	0
(10)	Premium Adjustments Payable Due to ACA Risk Adjustment	Col. (1), Line (2)	0	1.25	0	0.500	0
(11)	Total ACA Risk Adjustments Payable less Receivable	Line (10) - Line (9)					0
(12)	Total Risk Adjustment	Absolute Value of (Line (11))					0
(13)	Total Adjusted Capital, Post-Deferred Tax	PR029, Column (2) Line (14)					0
(14)	Total Adjusted Capital Stressed for Risk Adjustments	Line (13) - Line (12)					0
(15)	Authorized Control Level RBC	PR032, Column (1) Line (73)					0
(16)	ACA Risk Adjusted ACL RBC Ratio	Line (14)/Line (15)					0.000%

Footnote: If it is the belief of the company that the factors are not appropriate, provide an explanation as to why the factors are inappropriate.



 Denotes items that must be manually entered on the filing software.

Not for Distribution

CALCULATION OF CATASTROPHE RISK CHARGE FOR EARTHQUAKE PR027A

Earthquake	Reference	Modeled Losses			
		(1) Direct and Assumed	(2) Net	(3)† Ceded Amounts Recoverable	(4)†† Ceded Amounts Recoverable with zero Credit Risk Charge
(1) Worst Year in 50	Company Records				
(2) Worst Year in 100	Company Records				
(3) Worst Year in 250	Company Records				
(4) Worst Year in 500	Company Records				
				(5) Y/N	
(5) Has the company reported above, its modeled earthquake losses using an occurrence exceedance probability (OEP) basis?					
	Reference	(6) Amount	Factor	(7) RBC Requirement (C(6) * Factor)	
(6) Net Earthquake Risk	L(2) C(2)	0	1.000	0	
(7) Contingent Credit Risk for Earthquake Risk	L(2) C(3) - C(4)	0	0.048	0	
(8) Total Earthquake Catastrophe Risk (AEP Basis)	If L(5) C(5) = "N", L(8) C(6) = L(6) C(7)+ L(7) C(7), otherwise "0"	0	1.000	0	
(9) Total Earthquake Catastrophe Risk (OEP Basis)	If L(5) C(5) = "Y", L(9) C(6) = L(6) C(7)+ L(7) C(7), otherwise "0"	0	1.000	0	
(10) Total Earthquake Catastrophe Risk	L(8) C(7) + L(9) C(7)			0	

Lines (1)-(4): Modeled losses to be entered on these lines are to be calculated using one of the approved commercially available catastrophe models - AIR, EQECAT, RMS; and using the insurance company's own insured property exposure information as inputs to the model. The insurance company may elect to use the modeled results from any one of the models, or any combination of the results of two or more of the models. Each insurer will not be required to utilize any prescribed set of modeling assumptions, but will be expected to use the same data, modeling, and assumptions that the insurer uses in its own internal catastrophe risk management process. An attestation to this effect and an explanation of the company's key assumptions may be required, and the company's catastrophe data and modeling may be subject to examination.

† Column (3) is modeled catastrophe losses that would be ceded under reinsurance contracts. This should be associated with the Net Modeled Losses shown in Column (2).

†† Column (4) is modeled catastrophe losses that would be ceded to the categories of reinsurers that are not subject to the RBC credit risk charge (i.e., U.S. affiliates and mandatory pools, whether authorized, unauthorized, or certified).

Denotes items that must be manually entered on the filing software.

CALCULATION OF CATASTROPHE RISK CHARGE FOR HURRICANE PR027B

Hurricane	Reference	Modeled Losses			
		(1) Direct and Assumed	(2) Net	3† Ceded Amount Recoverable	(4)†† Ceded Amounts Recoverable with zero Credit Risk Charge
(1) Worst Year in 50	Company Records				
(2) Worst Year in 100	Company Records				
(3) Worst Year in 250	Company Records				
(4) Worst Year in 500	Company Records				
				(5) Y/N	
(5) Has the company reported above, its modeled hurricane losses using an occurrence exceedance probability (OEP) basis?					
		Reference	(6) Amount	Factor	(7) RBC Requirement (C(6) * Factor)
(6) Net Hurricane Risk		L(2) C(2)	0	1.000	0
(7) Contingent Credit Risk for Hurricane Risk		L(2) C(3) - C(4)	0	0.048	0
(8) Total Hurricane Catastrophe Risk (AEP Basis)		If L(5) C(5) = "N", L(8) C(6) = L(6) C(7)+ L(7) C(7), otherwise "0"	0	1.000	0
(9) Total Hurricane Catastrophe Risk (OEP Basis)		If L(5) C(5) = "Y", L(9) C(6) = L(6) C(7)+ L(7) C(7), otherwise "0"	0	1.000	0
(10) Total Hurricane Catastrophe Risk		L(8) C(7) + L(9) C(7)			0

Lines (1)-(4): Modeled losses to be entered on these lines are to be calculated using one of the approved commercially available catastrophe models - AIR, EQECAT, RMS, ARA HurLoss (Hurricane only); or the Florida Public Model (hurricane only); and using the insurance company's own insured property exposure information as inputs to the model. The insurance company may elect to use the modeled results from any one of the models, or any combination of the results of two or more of the models. Each insurer will not be required to utilize any prescribed set of modeling assumptions, but will be expected to use the same data, modeling, and assumptions that the insurer uses in its own internal catastrophe risk management process. An attestation to this effect and an explanation of the company's key assumptions may be required, and the company's catastrophe data and modeling may be subject to examination.

† Column (3) is modeled catastrophe losses that would be ceded under reinsurance contracts. This should be associated with the Net Modeled Losses shown in Column (2).

††Column (4) is modeled catastrophe losses that would be ceded to the categories of reinsurers that are not subject to the RBC credit risk charge (i.e., U.S. affiliates and mandatory pools, whether authorized, unauthorized, or certified).

Denotes items that must be manually entered on the filing software.

Not for Distribution

CALCULATION OF CATASTROPHE RISK CHARGE PR027

	Reference	(1) RBC Amount
(1) Total Earthquake Catastrophe Risk	PR027A L(10) C(7)	0
(2) Total Hurricane Catastrophe Risk	PR027B L(10) C(7)	0
(3) Total Catastrophe Risk (Rcat)	$\text{SQRT}(L(1)^2 + L(2)^2)$	0

INTERROGATORY TO SUPPORT EXEMPTION FROM COMPLETING PR027 (To be completed by companies reporting no RBC charge in either Line 1 or Line 2)

Place an "X" in the appropriate cell for the criteria under which the company is claiming an exemption

A Earthquake Exemption (To be completed by companies reporting no RBC charge in Line 1) -

- (1) The company has not entered into a reinsurance agreement covering earthquake exposure with a non-affiliate or a non-US affiliate and, either
 - (1a) the company participates in an inter-company pooling arrangement with 0% participation, leaving no net exposure for earthquake risks; Or
 - (1b) the company cedes 100% of its earthquake exposures to its US affiliate(s), leaving no net exposure for earthquake risks
- (2) The Company's Ratio of Insured Value - Property to surplus as regards policyholders is less than 50%
- (3) The company has written Insured Value - Property that includes earthquake coverage in the Earthquake-Prone areas representing less than 10% of its surplus as regards policyholders

For any company qualifying for the exemption under 3 provide details about how the "geographic areas in the New Madrid Seismic Zone" were determined.

(3a) What resource was used to define the New Madrid Seismic Zone?

--

(3b) Was exposure determined based on zip codes or counties in the zone, was it based on all of the earthquake exposure in the identified states or was another methodology used? Describe any other methodology used.

B Hurricane Exemption (To be completed by companies reporting no RBC charge in Line 2) -

- (4) The company has not entered into a reinsurance agreement covering hurricane exposure with a non-affiliate or a non-US affiliate and, either
 - (4a) the company participates in an inter-company pooling arrangement with 0% participation, leaving no net exposure for hurricane risks; Or
 - (4b) the company cedes 100% of its hurricane exposures to its US affiliate(s), leaving no net exposure for hurricane risks
- (5) The Company's Ratio of Insured Value - Property to surplus as regards policyholders is less than 50%
- (6) The company has written Insured Value - Property that includes hurricane coverage in the Hurricane-Prone areas representing less than 10% of its surplus as regards policyholders

Note: "Earthquake-Prone areas" include any of the following states or commonwealths: Alaska, Hawaii, Washington, Oregon, California, Idaho, Nevada, Utah, Arizona, Montana, Wyoming, Colorado, New Mexico, Puerto Rico, and geographic areas in the following states that are in the New Madrid Seismic Zone - Missouri, Arkansas, Mississippi, Tennessee, Illinois and Kentucky.

"Hurricane-Prone areas" include Hawaii, District of Columbia and states and commonwealths bordering on the Atlantic Ocean, and/or Gulf of Mexico including Puerto Rico.

 Denotes items that must be manually entered on the filing software.

Not for Distribution

CAPITAL NOTES BEFORE LIMITATION PR028

	(1) Original Principal <u>Amount</u>	Limitation Factor	(2) Limitation on Principal Amount	(3) Current Principal <u>Amount</u>	(4) Credit to Total <u>Adjusted Capital*</u>
Years to Maturity at the Time of the Statement					
Capital Notes Maturing 15 Years or less from the Year of Issue					
(1) Greater than 0 and less than or equal to 1	0	0.00	0	0	0
(2) Greater than 1 and less than or equal to 2	0	0.20	0	0	0
(3) Greater than 2 and less than or equal to 3	0	0.40	0	0	0
(4) Greater than 3 and less than or equal to 4	0	0.60	0	0	0
(5) Greater than 4 and less than or equal to 5	0	0.80	0	0	0
(6) Greater than 5	0	1.00	0	0	0
Capital Notes Maturing more than 15 Years from the Year of Issue					
(7) Greater than 0 and less than or equal to 1	0	0.00	0	0	0
(8) Greater than 1 and less than or equal to 2	0	0.10	0	0	0
(9) Greater than 2 and less than or equal to 3	0	0.20	0	0	0
(10) Greater than 3 and less than or equal to 4	0	0.30	0	0	0
(11) Greater than 4 and less than or equal to 5	0	0.40	0	0	0
(12) Greater than 5 and less than or equal to 6	0	0.50	0	0	0
(13) Greater than 6 and less than or equal to 7	0	0.60	0	0	0
(14) Greater than 7 and less than or equal to 8	0	0.70	0	0	0
(15) Greater than 8 and less than or equal to 9	0	0.80	0	0	0
(16) Greater than 9 and less than or equal to 10	0	0.90	0	0	0
(17) Greater than 10	0	1.00	0	0	0
(18) Credit for Capital Notes Before Limitation (sum of lines (1) through (17))	0		0	0	0

* Column (4) is calculated as the lesser of Column (2) or Column (3).
 Denotes items that must be manually entered on the filing software.

Not for Distribution

CALCULATION OF TOTAL ADJUSTED CAPITAL PR029

	Annual Statement Reference	(1) Statement Value*	Factor	(2) Adjusted Capital
(1) Capital and Surplus	P3 C1 L37	0	1.000	0
(2) Non-Tabular Discount - Losses	Sch P P1-Sum C32 L12	0	1.000	0
(3) Non-Tabular Discount - Expense	Sch P P1-Sum C33 L12	0	1.000	0
(4) Discount on Medical Loss Reserves Reported as Tabular in Schedule P	Company Records	0	1.000	0
(5) Discount on Medical Expense Reserves Reported as Tabular in Schedule P	Company Records	0	1.000	0
(6) P&C Subs Non-Tabular Discount - Losses	Subs' Sch P P1-Sum C32 L12	0	1.000	0
(7) P&C Subs Non-Tabular Discount - Expense	Subs' Sch P P1-Sum C33 L12	0	1.000	0
(8) P&C Subs Discount on Medical Loss Reserves Reported as Tabular in Schedule P	Subs' Company Records	0	1.000	0
(9) P&C Subs Discount on Medical Expense Reserves Reported as Tabular in Schedule P	Subs' Company Records	0	1.000	0
(10) AVR - Life Subs §	Subs P3 C1 L24.01 §	0	1.000	0
(11) Dividend Liability - Life Subs	Subs P3 C1 L6.1 + L6.2	0	0.500	0
(12) Total Adjusted Capital Before Capital Notes	L(1)-L(2)-L(3)-L(4)-L(5)-L(6)-L(7)-L(8)-L(9)+L(10)+L(11)			0
Credit for Capital Notes				
(13.1) Surplus Notes	Page 3 Column 1 Line 33	0		
(13.2) Limitation on Capital Notes	0.5x[Line(12)-Line(13.1)]-Line 13.1, but not less than 0	0		
(13.3) Capital Notes Before Limitation	PR028 Column (4) Line (18)	0		
(13.4) Credit for Capital Notes	Lesser of Column (1) Line (13.3) and Line (13.2)			0
(14) Total Adjusted Capital (Post-Deferred Tax)	Line (12) + Line (13.4)			0
Sensitivity Test :				
(15) Deferred Tax Assets	Page 2, Column 3, Line 18.2	0	1.000	0
(15.1) Deferred Tax Liabilities	Page 3, Column 1, Line 1	0	1.000	0
(16) Deferred Tax Assets for Subsidiary	Company Record	0	1.000	0
(16.1) Deferred Tax Liabilities for Subsidiary	Company Record	0	1.000	0
(17) Total Adjusted Capital For Sensitivity Test	Line (14) - Line (15) - (15.1) - (16) + (16.1)			0
Ex DTA ACL RBC Ratio Sensitivity Test				
(18) Deferred Tax Asset	Page 2 Column 3 Line 18.2	0	1.000	0
(19) Total Adjusted Capital Less Deferred Tax Asset	Line (14) less Line (18)			0
(20) Authorized Control Level RBC	PR034 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			0
(21) Ex DTA ACL RBC Ratio	Line (19) / Line (20)			0.000%
ACA Fee RBC Ratio Sensitivity Test				
(22) ACA Fee (Data Year Amount to be Paid in the Fee Year)	Notes to Financial Statements Item 22B	0	1.000	0
(23) Total Adjusted Capital Less ACA Fee	Line (14) - Line (22)			0
(24) Authorized Control Level RBC	PR034 Comparison of Total Adjusted Capital to Risk-Based Capital Line (4)			0
(25) ACA Fee RBC Ratio	Line (23) / Line (24)			0.000%

* Report amounts in this column as whole dollars.

Denotes items that must be manually entered on this schedule.

§ The portion of the AVR that can be counted as capital is limited to the amount not utilized in asset adequacy testing in support of the Actuarial Opinion for reserves.

Calculation of Total Risk-Based Capital After Covariance PR030 R0-R1

(1)

R0 - Asset Risk - Subsidiary Insurance Companies		PRBC O&I Reference	RBC Amount
(1)	Affiliated US P&C Insurers - Directly Owned	PR004 L(1)C(4)	0
(2)	Affiliated US P&C Insurers - Indirectly Owned	PR004 L(4)C(4)	0
(3)	Affiliated US Life Insurers - Directly Owned	PR004 L(2)C(4)	0
(4)	Affiliated US Life Insurers - Indirectly Owned	PR004 L(5)C(4)	0
(5)	Affiliated US Health Insurer - Directly Owned	PR004 L(3)C(4)	0
(6)	Affiliated US Health Insurer - Indirectly Owned	PR004 L(6)C(4)	0
(7)	Affiliated Alien Insurers - Directly Owned	PR004 L(8)C(4)	0
(8)	Affiliated Alien Insurers - Indirectly Owned	PR004 L(9)C(4)	0
(9)	Misc Off-Balance Sheet - Non-controlled Assets	PR014 L(15) C(3)	0
(10)	Misc Off-Balance Sheet - Guarantees for Affiliates	PR014 L(16) C(3)	0
(11)	Misc Off-Balance Sheet - Contingent Liabilities	PR014 L(17) C(3)	0
(12)	Misc Off-Balance Sheet - SSAP No.101 Par. 11A DTA	PR014 L(19) C(3)	0
(13)	Misc Off-Balance Sheet - SSAP No.101 Par. 11B DTA	PR014 L(20) C(3)	0
(14)	Total R0	L(1)+L(2)+L(3)+L(4)+L(5)+L(6)+L(7)+L(8)+L(9)+L(10)+L(11)+L(12)+L(13)	0
R1 - Asset Risk - Fixed Income			
(15)	NAIC 01 U.S. Government Agency Bonds	PR006 L(2)C(2)	0
(16)	Bonds Subject to Size Factor	PR006 L(10)C(2)	0
(17)	Bond Size Factor RBC	PR006 L(11)C(2)	0
(18)	Off-balance Sheet Collateral & Sch DL, PT1 - Total Bonds	PR015 L(9)C(4)	0
(19)	Off-balance Sheet Collateral & Sch DL, PT1 - Cash, Cash Equi, non-govt MMF & S.T. Invest and Mort Loans on R	PR005 L(20)+ L(21)C(4)	0
(20)	Other Long-Term Assets - Mortgage Loans, LIHTC & WCFI	PR008 L(10)+L(13)+L(14)+L(15)+L(16)+L(17)+L(20)+L(21)C(2)	0
(21)	Misc Assets - Collateral Loans	PR009 L(13)C(2)	0
(22)	Misc Assets - Cash	PR009 L(3)C(2)	0
(23)	Misc Assets - Cash Equivalents	PR009 L(7)C(2)	0
(24)	Misc Assets - Other Short-Term Investments	PR009 L(10)C(2)	0
(25)	Replication - Synthetic Asset: One Half	PR010 L(9999999)C(7)	0
(26)	Asset Concentration RBC - Fixed Income	PR011 L(13)C(3) Grand Total Page	0
(27)	Total R1	L(15)+L(16)+L(17)+L(18)+L(19)+L(20)+L(21)+L(22)+L(23)+L(24)+L(25)+L(26)	0

Not for Distribution

Calculation of Total Risk-Based Capital After Covariance PR031 R2-R3

(1)

R2 - Asset Risk - Equity		PRBC O&I Reference	RBC Amount
(28)	Common - Affiliate Investment Subsidiary	PR004 L(7)C(2)	0
(29)	Common - Affiliate Hold. Company, in excess of Ins. Subs.	PR004 L(10)C(2)	0
(30)	Common - Investment in Parent	PR004 L(11)C(2)	0
(31)	Common - Aff'd US P&C Not Subj to RBC	PR004 L(12)C(2)	0
(32)	Common - Affil US Life Not Subj to RBC	PR004 L(13)C(2)	0
(33)	Common - Affil US Health Insurer Not Subj to RBC	PR004L(14)C(2)	0
(34)	Common - Aff'd Non-insurer	PR004 L(15)C(2)	0
(35)	Preferred - Aff'd Invest Sub	PR004 L(7)C(3)	0
(36)	Preferred - Aff'd Hold. Co. in excess of Ins. Subs.	PR004 L(10)C(3)	0
(37)	Preferred - Investment in Parent	PR004 L(11)C(3)	0
(38)	Preferred - Affil US P&C Not Subj to RBC	PR004 L(12)C(3)	0
(39)	Preferred - Affil US Life Not Subj to RBC	PR004 L(13)C(3)	0
(40)	Preferred - Affil US Health Insurer Not Subj to RBC	PR004 L(14)C(3)	0
(41)	Preferred - Affil Non-insurer	PR004 L(15)C(3)	0
(42)	Unaffiliated Preferred Stock and Hybrid Securities	PR007 L(15)C(2)+PR015 L(16)C(4)	0
(43)	Unaffiliated Common Stock	PR007 L(21)C(2)+PR015 L(17)C(4)	0
(44)	Other Long -Term Assets - Real Estate	PR008 L(7)C(2)	0
(45)	Other Long -Term Assets - Schedule BA Assets	PR008 L(19)C(2)+PR015 L(18)+L(19)C(4)	0
(46)	Misc Assets - Receivable for Securities	PR009 L(1)C(2)	0
(47)	Misc Assets - Aggregate Write-ins for Invested Assets	PR009 L(3)C(2)	0
(48)	Misc Assets - Derivatives	PR009 L(14)C(2)	0
(49)	Replication - Synthetic Asset: One Half	PR010 L(999999)C(7)	0
(50)	Asset Concentration RBC - Equity	PR011 L(29)C(3) Grand Total Page	0
(51)	Total R2	L(28)+L(29)+L(30)+L(31)+L(32)+L(33)+L(34) +L(35)+L(36)+L(37)+L(38)+L(39)+L(40)+L(41)+L(42) +L(43)+L(44)+L(45)+L(46)+L(47)+L(48)+L(49)+L(50)	0
R3 - Asset Risk - Credit			
(52)	Other Credit RBC	PR012 L(8)-L(1)-L(2)C(2)	0
(53)	One half of Rein Recoverables	0.5 x (PR012 L(1)+L(2)C(2))	0
(54)	Other half of Rein Recoverables	If R4 L(58)>(R3 L(52) + R3 L(53)), 0, otherwise, R3 L(53)	0
(55)	Health Credit Risk	PR013 L(12)C(2)	0
(56)	Total R3	L(52) + L(53) + L(54) + L(55)	0

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Calculation of Total Risk-Based Capital After Covariance PR032 R4-Rcat

			(1) RBC Amount
R4 - Underwriting Risk - Reserves			
(57)	One half of Reinsurance RBC	If R4 L(58)>(R3 L(52) + R3 L(53)), R3 L(53), otherwise, 0	0
(58)	Total Adjusted Unpaid Loss/Expense Reserve RBC	PR017 L(15)C(20)	0
(59)	Excessive Premium Growth - Loss/Expense Reserve	PR016 L(13) C(8)	0
(60)	A&H Claims Reserves Adjusted for LCF	PR024 L(5) C(2) + PR023 L(6) C(4)	0
(61)	Total R4	L(57)+L(58)+L(59)+L(60)	0
R5 - Underwriting Risk - Net Written Premium			
(62)	Total Adjusted NWP RBC	PR018 L(15)C(20)	0
(63)	Excessive Premium Growth - Written Premiums Charge	PR016 L(14)C(8)	0
(64)	Total Net Health Premium RBC	PR022 L(21)C(2)	0
(65)	Health Stabilization Reserves	PR025 L(8)C(2) + PR023 L(5) C(2)	0
(66)	Total R5	L(62)+L(63)+L(64)+L(65)	0
Rcat - Catastrophe Risk			
(67)	Total Rcat	PR027 L(3) C(1)	0
(68)	Total RBC After Covariance Before Basic Operational Risk = R0+SQRT(R1^2+R2^2+R3^2+R4^2+R5^2+Rcat^2)		0
(69)	BasicOperational Risk = 0.030 x L(68)		0
(70)	C-4a of U.S. Life Insurance Subsidiaries (from Company records)		0
(71)	Net Basic Operational Risk = Line (69) - Line (70) (Not less than zero)		0
(72)	Total RBC After Covariance including Basic Operational Risk = L(68)+ L(71)		0
(73)	Authorized Control Level RBC including Basic Operational Risk = .5 x L(72)		0

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TREND TEST PR033

	<u>Annual Statement Source</u>	(1) <u>Amount</u>	(2) <u>Result</u>
<u>Original RBC % Before Applying Trend Test</u>			
(1) Authorized Control Level Risk-Based Capital Including Basic Operational Risk	PR032, C(1) L(73)	0	
(2) Total Adjusted Capital	PR029, C(2) L(14)	0	
(3) RBC %	L(2)C(1) / L(1)C(1)	0.000%	
<u>Combined Ratio Data</u>			
(4) Premiums Earned	Pg 4, Col 1, L 1	0	
(5) Losses Incurred	Pg 4, Col 1, L 2	0	
(6) Loss Expenses Incurred	Pg 4, Col 1, L 3	0	
(7) Other Underwriting Expenses Incurred	Pg 4, Col 1, L 4	0	
(8) Aggregate Write-ins for Underwriting Deductions	Pg 4, Col 1, L 5	0	
(9) Dividends to Policyholders	Pg 4, Col 1, L 17	0	
(10) Net Written Premiums	Pg 8, Col 6, L 35	0	
<u>Combined Ratio Calculation</u>			
(11) Loss Ratio	[Pg 4, Col 1, L 2 + Pg 4, Col 1, L 3] / Pg 4, Col 1, L 1	0.000%	
(12) Dividend Ratio	Pg 4, Col 1, L 17 / Pg 4, Col 1, L 1	0.000%	
(13) Expenses Ratio	[Pg 4, Col 1, L 4 + Pg 4, Col 1, L 5] / Pg 8, Col 6, L 35	0.000%	
(14) Combined Ratio	(11) + L(1)C(1) / L(1)C(1)	0.000%	
(15) Trend Test Result †	If L(3) Between 200% & 300% & L(14) >120%, L(15), YES, Otherwise, NO		_____

†The Trend Test applies only if L(15) = YES

‡If result = YES, the company triggers regulatory attention at the Company Action Level based on the trend test.

NOTE: This page is for information only until the modifications made by Capital Adequacy Task Force to the *Risk-Based Capital (RBC) for Insurers Model Act* are implemented by states.

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COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL PR034

Excluding the Trend Test:

	<u>Abbreviation</u>	<u>(1) Amount</u>
(1) Total Adjusted Capital (Post-Deferred Tax: PR029 Line 14)		0
(2) Company Action Level=200% of Authorized Control Level	CAL	0
(3) Regulatory Action Level=150% of Authorized Control Level	RAL	0
(4) Authorized Control Level=100% of Authorized Control Level	ACL	0
(5) Mandatory Control Level=70% of Authorized Control Level	MCL	0
(6) Level of Action, if Any (excluding the trend test)		NONE

Including the Trend Test:

(7) Level of Action, if Any (including the trend test)		NONE
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THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY EXHIBIT ON THE INDICATED LINE

Total Adjusted Surplus to Policyholders	Five Yr Hist C1 L 28	L(1)C(1)	0
Authorized Control Level Risk-Based Capital	Five Yr Hist C1 L 9	L(4)C(1)	0

UNDERWRITING AND INVESTMENT EXHIBIT - PREMIUMS WRITTEN PR035

(1) Did your company write Accident and Health Insurance in **2017**?

If answer is yes, please complete Column 2, **2017** Net Premiums Written.

(2) Did your company write Accident and Health Insurance in **2016**?

If answer is yes, please complete Column 3, **2016** Net Premiums Written.

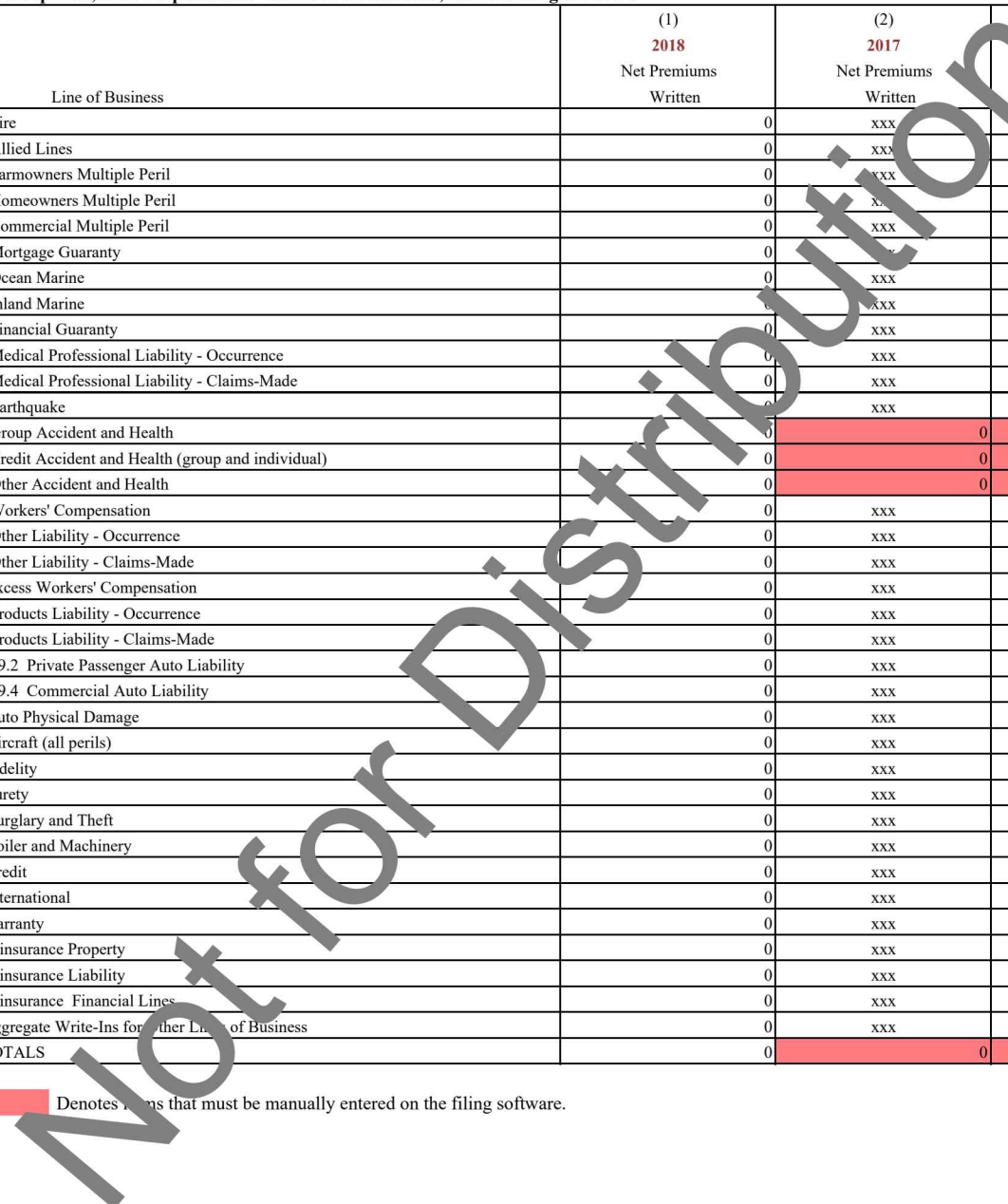
(3) Were the total net Premiums written zero in **2017**?

(4) Were the total net Premiums written zero in **2016**?

For all companies, enter net premiums written in all Columns, Line 1 through Line 34.

Line of Business	(1) 2018 Net Premiums Written	(2) 2017 Net Premiums Written	(3) 2016 Net Premiums Written
1. Fire	0	xxx	xxx
2. Allied Lines	0	xxx	xxx
3. Farmowners Multiple Peril	0	xxx	xxx
4. Homeowners Multiple Peril	0	xxx	xxx
5. Commercial Multiple Peril	0	xxx	xxx
6. Mortgage Guaranty	0	xxx	xxx
8. Ocean Marine	0	xxx	xxx
9. Inland Marine	0	xxx	xxx
10. Financial Guaranty	0	xxx	xxx
11.1 Medical Professional Liability - Occurrence	0	xxx	xxx
11.2 Medical Professional Liability - Claims-Made	0	xxx	xxx
12. Earthquake	0	xxx	xxx
13. Group Accident and Health	0	0	0
14. Credit Accident and Health (group and individual)	0	0	0
15. Other Accident and Health	0	0	0
16. Workers' Compensation	0	xxx	xxx
17.1 Other Liability - Occurrence	0	xxx	xxx
17.2 Other Liability - Claims-Made	0	xxx	xxx
17.3 Excess Workers' Compensation	0	xxx	xxx
18.1 Products Liability - Occurrence	0	xxx	xxx
18.2 Products Liability - Claims-Made	0	xxx	xxx
19.1, 19.2 Private Passenger Auto Liability	0	xxx	xxx
19.3, 19.4 Commercial Auto Liability	0	xxx	xxx
21. Auto Physical Damage	0	xxx	xxx
22. Aircraft (all perils)	0	xxx	xxx
23. Fidelity	0	xxx	xxx
24. Surety	0	xxx	xxx
26. Burglary and Theft	0	xxx	xxx
27. Boiler and Machinery	0	xxx	xxx
28. Credit	0	xxx	xxx
29. International	0	xxx	xxx
30. Warranty	0	xxx	xxx
31. Reinsurance Property	0	xxx	xxx
32. Reinsurance Liability	0	xxx	xxx
33. Reinsurance Financial Lines	0	xxx	xxx
34. Aggregate Write-Ins for other Lines of Business	0	xxx	xxx
35. TOTALS	0	0	0

Denotes items that must be manually entered on the filing software.



GROSS WRITTEN PREMIUMS PR039

	<u>Description</u>		(1) <u>Statement Value</u>
(1)	2018 Company Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(2)	2018 Company Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(3)	2017 Company Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(4)	2017 Company Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(5)	2016 Company Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(6)	2016 Company Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(7)	2015 Company Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(8)	2015 Company Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(9)	2018 Group Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(10)	2018 Group Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(11)	2017 Group Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(12)	2017 Group Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(13)	2016 Group Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(14)	2016 Group Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0
(15)	2015 Group Gross Written Premium - Direct	Pg 8, PREMWRTN, Col 1, L35	0
(16)	2015 Group Gross Written Premium - Assumed	Pg 8, PREMWRTN, Col 3, L35	0

Denotes items that must be manually entered on the filing software.

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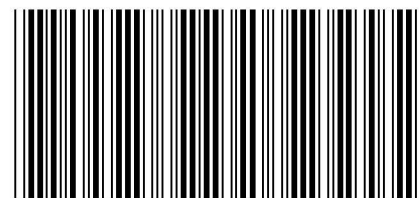


National Association of Insurance Commissioners

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

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