



Official NAIC Annual Statement Blank

Life, Accident & Health

For the 2017 reporting year

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

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

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

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ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

**FOR THE YEAR ENDED
DECEMBER 31, 2017**

LIFE AND ACCIDENT AND HEALTH

2017

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Affix Bar Code Above

ANNUAL STATEMENT
For the Year Ended December 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

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

Table with 4 columns: Name, Title, Name, Title. Includes OFFICERS and Other categories.

DIRECTORS OR TRUSTEES

Blank lines for listing Directors or Trustees.

State of, County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets, liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require different reporting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature and Printed Name lines for three individuals.

Subscribed and sworn to before me this ... day of ... 2018

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

ASSETS

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

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LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$..... (Exhibit 5, Line 9999999) less \$..... included in Line 6.3 (including \$..... Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (including \$..... Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$..... Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5. Policyholders' dividends \$..... and coupons \$..... due and unpaid (Exhibit 4, Line 10).....		
6. Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
6.1 Dividends apportioned for payment (including \$..... Modco).....		
6.2 Dividends not yet apportioned (including \$..... Modco).....		
6.3 Coupons and similar benefits (including \$..... Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$..... discount; including \$..... accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$..... accident and health experience rating refunds of which \$..... is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$..... assumed and \$..... ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....		
10. Commissions to agents due or accrued-life and annuity contracts \$..... accident and health \$..... and deposit-type contract funds \$.....		
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....		
13. Transfers to Separate Accounts due or accrued (net) (including \$..... accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5).....		
15.1 Current federal and foreign income taxes, including \$..... on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$..... agents' credit balances.....		
19. Remittances and items not allocated.....		
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$..... and interest thereon \$.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7).....		
24.02 Reinsurance in unauthorized and certified (\$.....) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$..... and interest thereon \$.....		
25. Aggregate write-ins for liabilities.....		
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....		
27. From Separate Accounts statement.....		
28. Total liabilities (Lines 26 and 27).....		
29. Common capital stock.....		
30. Preferred capital stock.....		
31. Aggregate write-ins for other-than-special surplus funds.....		
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....		
34. Aggregate write-ins for special surplus funds.....		
35. Unassigned funds (surplus).....		
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$.....)		
36.2 shares preferred (value included in Line 30 \$.....)		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$..... Separate Accounts Statement).....		
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....		
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 1).....		
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....		
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page.....		
3199. Totals (Lines 3101 through 3103 plus 3198) (Line 31 above).....		
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page.....		
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....		

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11).....		
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....		
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2 Charges and fees for deposit-type contracts		
8.3 Aggregate write-ins for miscellaneous income.....		
9. Totals (Lines 1 to 8.3).....		
10. Death benefits		
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8).....		
13. Disability benefits and benefits under accident and health contracts		
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts		
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies.....		
19. Increase in aggregate reserves for life and accident and health contracts		
20. Totals (Lines 10 to 19).....		
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1).....		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1).....		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4).....		
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)		
25. Increase in loading on deferred and uncollected premiums.....		
26. Net transfers to or (from) Separate Accounts net of reinsurance.....		
27. Aggregate write-ins for deductions.....		
28. Totals (Lines 20 to 27).....		
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....		
30. Dividends to policyholders		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....		
32. Federal and foreign income taxes incurred (excluding tax on capital gains)		
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains (losses) (Line 31 minus Line 32).....		
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$..... (excluding taxes of \$..... transferred to the IMR).....		
35. Net income (Line 33 plus Line 34).....		
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2).....		
37. Net income (Line 35).....		
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
39. Change in net unrealized foreign exchange capital gain (loss).....		
40. Change in net deferred income tax		
41. Change in nonadmitted assets.....		
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis (increase) or decrease.....		
44. Change in asset valuation reserve.....		
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1).....		
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
47. Other changes in surplus in Separate Accounts statement.....		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders.....		
53. Aggregate write-ins for gains and losses in surplus.....		
54. Net change in capital and surplus during year (Lines 37 through 53).....		
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38).....		
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08.302		
08.303		
08.398 Summary of remaining write-ins for Line 8 from overflow page		
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....		
2701		
2702		
2703		
2798 Summary of remaining write-ins for Line 27 from overflow page		
2799 Totals (Lines 2701 through 2703 plus 2798) (Line 27 above).....		
5301		
5302		
5303		
5398 Summary of remaining write-ins for Line 53 from overflow page		
5399 Totals (Lines 5301 through 5303 plus 5398) (Line 53 above).....		

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CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance		
2. Net investment income.....		
3. Miscellaneous income.....		
4. Total (Lines 1 through 3)		
5. Benefit and loss related payments.....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions.....		
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$..... tax on capital gains (losses)		
10. Total (Lines 5 through 9)		
11. Net cash from operations (Line 4 minus Line 10)		
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans.....		
12.4 Real estate		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans.....		
13.4 Real estate		
13.5 Other invested assets.....		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....		
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....		
19.2 End of year (Line 18 plus Line 19.1)		
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001		
20.0002		
20.0003		
20.9996		

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

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

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

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1		2		Ordinary			6		Group	
	Total	Life Insurance	Industrial Life	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	8	Annuitants		
Reserve for Life or Disability Contingencies (Reserves)											
Reserve for Reinsurance Ceded											
Reserve December 31, prior year											
Change in net premiums or considerations											
Change in present value of disability claims incurred											
Change in net annuity interest											
Change in net annuity reserve released											
Change in reserves on account of change in valuation basis											
Change in reserves on account of change in stochastic reserve over net premium reserve											
6.1 Change in reserves of VRS-20 deterministic/stochastic reserve over net premium reserve											
Change in net annuity interest (net)											
7. Tabular cost											
8. Tabular cost											
9. Reserves released by death											
10. Reserves released by other terminations (net)											
11. Annuity, supplementary contracts and disability payments involving life contingencies											
12. Net transfers to or (from) Separate Accounts											
13. Total deductions (Lines 9 through 12)											
14. Reserve December 31, current year											
15. Reserve December 31, current year											



EXHIBIT OF NET INVESTMENT INCOME

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

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

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

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

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

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

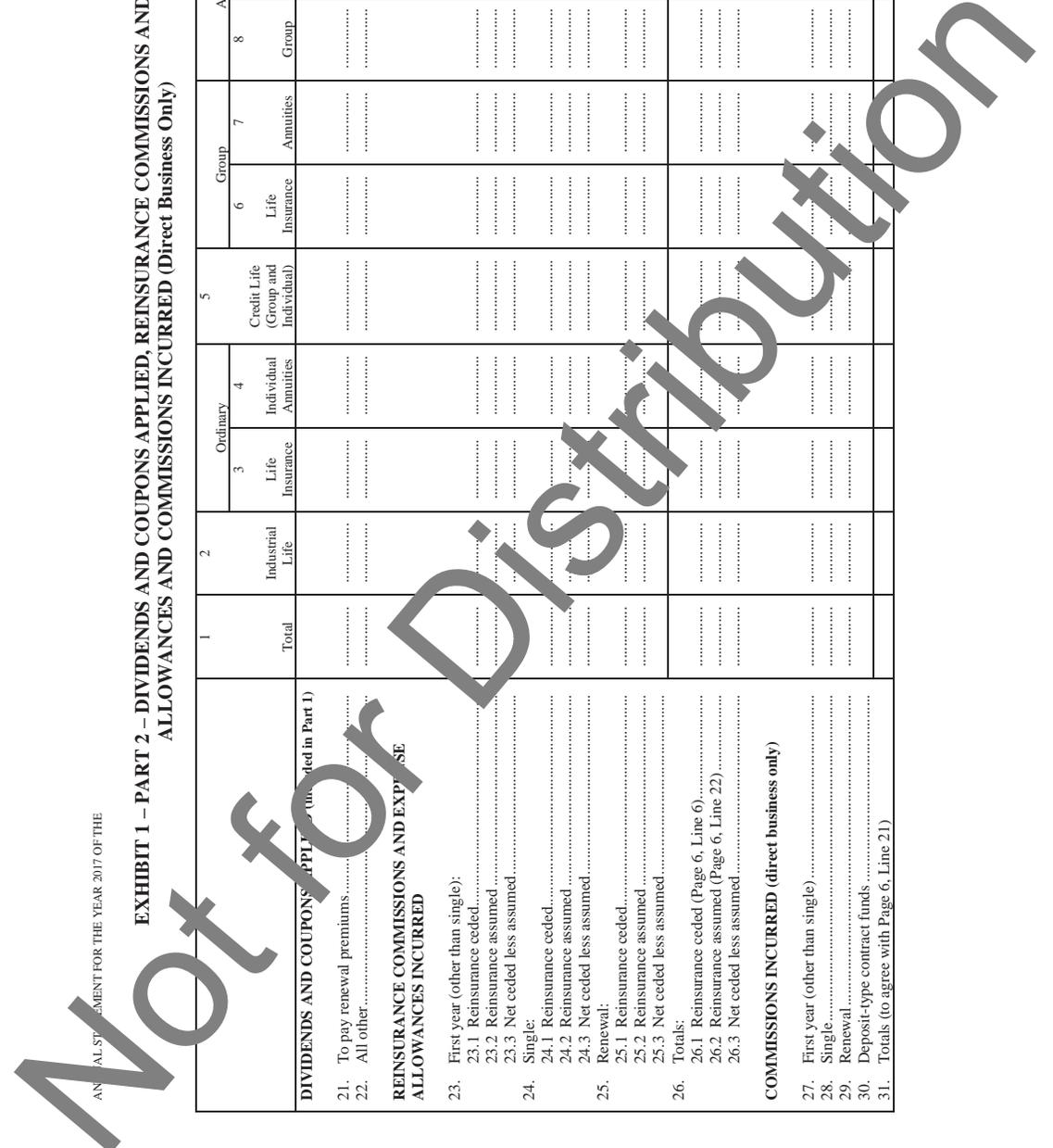


EXHIBIT 2 – GENERAL EXPENSES

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

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

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

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

EXHIBIT 4 – DIVIDENDS OR REFUNDS

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

EXHIBIT 5 – INTERROGATORIES

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

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

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

EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

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

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

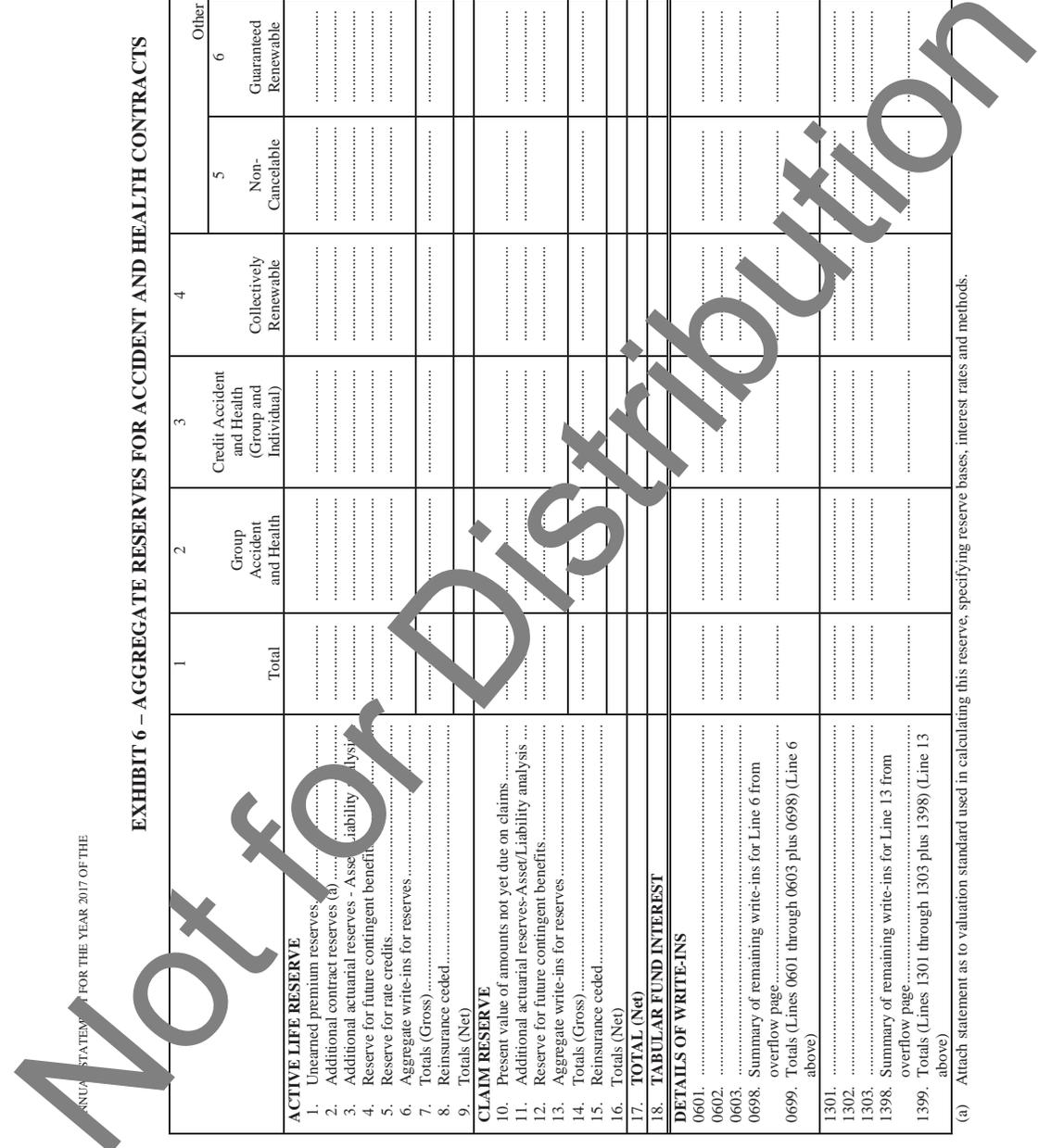


EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

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

Not for Distribution

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

	1		2	Ordinary			6	Group			Accident and Health	
	Total	Industrial Life		3	4	5		Credit Life (Group and Individual)	7	8	9	10	11
				Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:												
1.1 Direct												
1.2 Insurance assumed												
1.3 Reinsurance ceded												
1.4 Net												
2. In course of settlement:												
2.1 Resisted												
2.11 Direct												
2.12 Reinsurance assumed												
2.13 Reinsurance ceded												
2.14 Net												
2.2 Other												
2.21 Direct												
2.22 Reinsurance assumed												
2.23 Reinsurance ceded												
2.24 Net												
3. Incurred but unreported:												
3.1 Direct												
3.2 Reinsurance assumed												
3.3 Reinsurance ceded												
3.4 Net												
4. TOTALS												
4.1 Direct												
4.2 Reinsurance assumed												
4.3 Reinsurance ceded												
4.4 Net												

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

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

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

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.

(d) Includes \$..... premiums waived under total and permanent disability benefits.



EXHIBIT OF NONADMITTED ASSETS

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

Not for Distribution

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

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

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

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....
.....
.....

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



GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

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

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

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

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

1 Name of Custodian	2 Custodian's Address

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

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

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

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

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

GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

29.2 If yes, complete the following schedule:

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

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

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

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

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

30.4 Describe the source or methods utilized in determining the fair values:

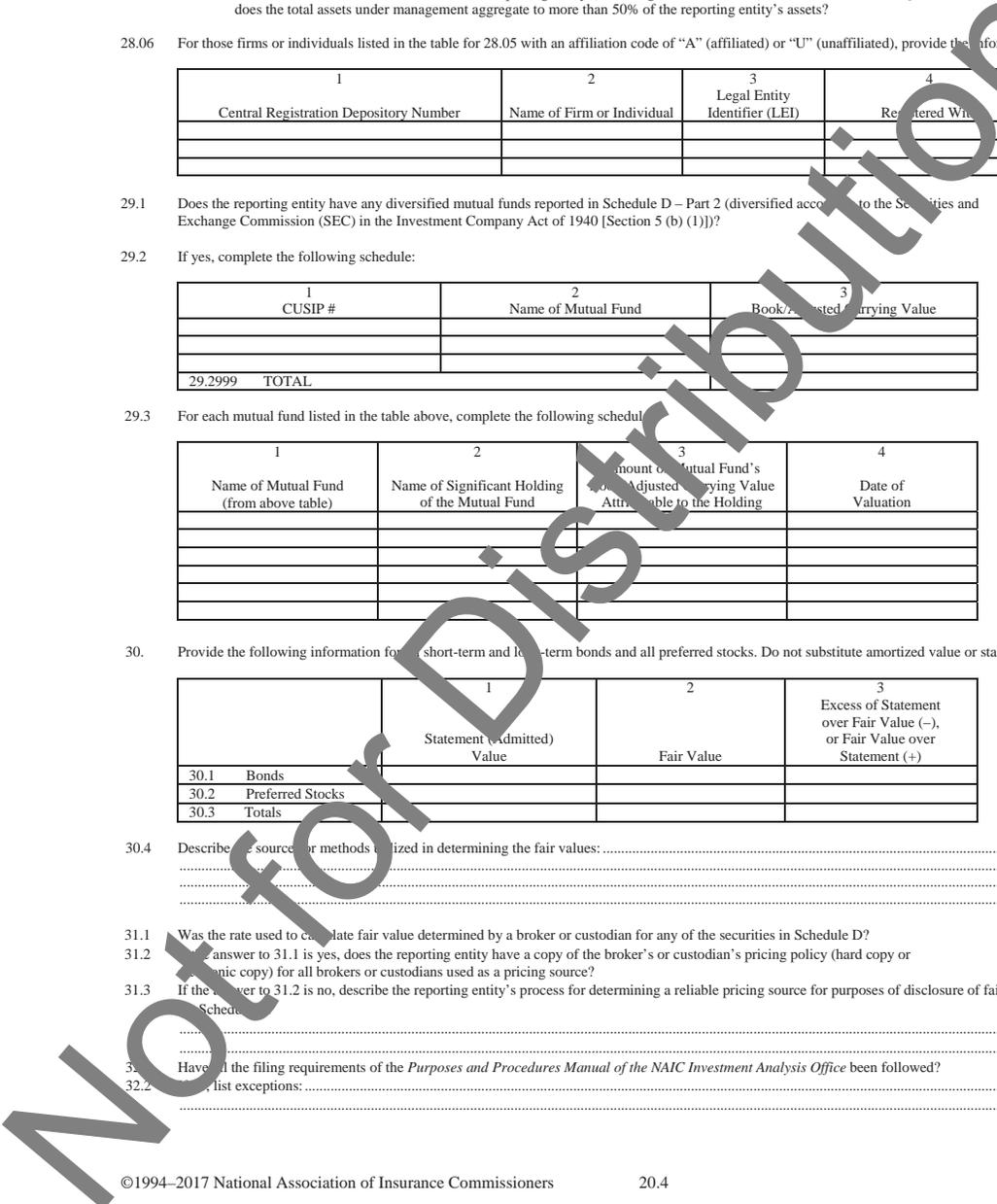
31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes No

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

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

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

32.2 If not, list exceptions:



GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5*GI securities? Yes [] No []

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ _____

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

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

35.1 Amount of payments for legal expenses, if any? \$ _____

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

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

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ _____

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

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

Not for Distribution

GENERAL INTERROGATORIES

PART 2 – LIFE INTERROGATORIES

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

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

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

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ _____

1.62 Total incurred claims \$ _____

1.63 Number of covered lives _____

All years prior to most current three years:

1.64 Total premium earned \$ _____

1.65 Total incurred claims \$ _____

1.66 Number of covered lives _____

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ _____

1.72 Total incurred claims \$ _____

1.73 Number of covered lives _____

All years prior to most current three years:

1.74 Total premium earned \$ _____

1.75 Total incurred claims \$ _____

1.76 Number of covered lives _____

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ _____	\$ _____
2.2 Premium Denominator	\$ _____	\$ _____
2.3 Premium Ratio (1/2.2)	_____	_____
2.4 Reserve Numerator	\$ _____	\$ _____
2.5 Reserve Denominator	\$ _____	\$ _____
2.6 Reserve Ratio (2.4/2.5)	_____	_____

3.1 Does this reporting entity have Separate Accounts? Yes No

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

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

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

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

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

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

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

4.2 Net reimbursement of such expenses between reporting entities:

4.21 Paid \$ _____

4.22 Received \$ _____

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

5.2 If yes, what amount pertaining to these items is included in:

5.21 Page 3, Line 1 \$ _____

5.22 Page 4, Line 1 \$ _____

6. For stock reporting entities only:

6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$ _____

7. Total dividends paid stockholders since organization of the reporting entity:

7.11 Cash \$ _____

7.12 Stock \$ _____

Not for Distribution

GENERAL INTERROGATORIES

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

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

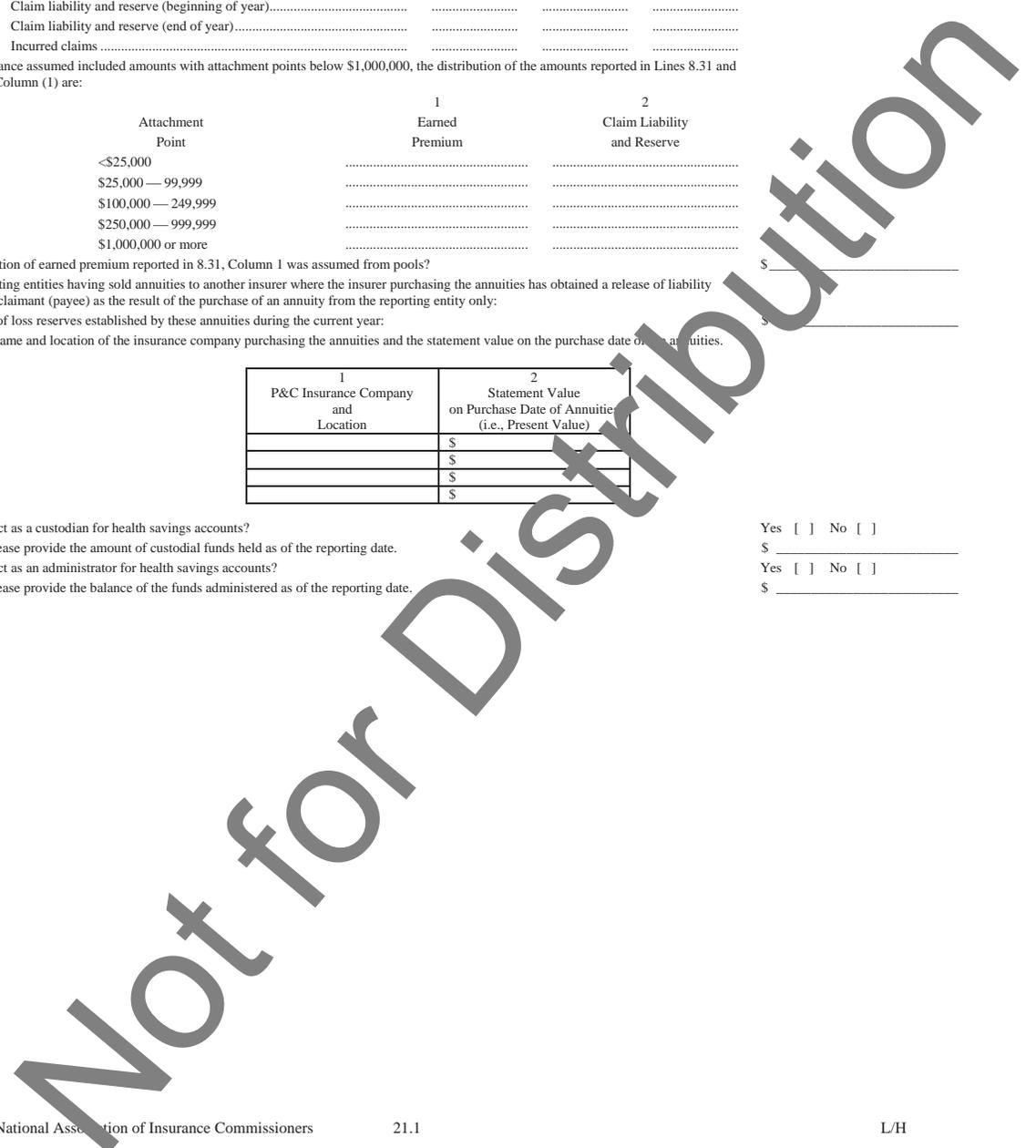
8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

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

- 8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools? \$ _____
9. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:
- 9.1 Amount of loss reserves established by these annuities during the current year: \$ _____
- 9.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

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

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



GENERAL INTERROGATORIES

11.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes No NA

11.2 If the answer to **11.1** is yes, please provide the following:

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

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

12.1 Direct Premium Written

\$ _____

12.2 Total Incurred Claims

\$ _____

12.3 Number of Covered Lives

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

Not for Distribution

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6

\$000 omitted for amounts of life insurance

	1 2017	2 2016	3 2015	4 2014	5 2013
Life Insurance in Force					
(Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Col. 4).....					
2. Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4).....					
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....					
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated		XXX	XXX	XXX	XXX
New Business Issued					
(Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Col. 2).....					
9. Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....					
Premium Income-Lines of Business					
(Exhibit 1 – Part 1)					
14. Industrial life (Line 20.4, Col. 2)					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....					
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life, (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6)					
17.2 Group annuities (Line 20.4, Col. 7)					
18.1 A & H-group (Line 20.4, Col. 8)					
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)					
18.3 A & H-other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total					
Balance Sheet					
(Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....					
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....					
23. Aggregate life reserves (Page 3, Line 1).....					
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1		XXX	XXX	XXX	XXX
24. Aggregate A & H reserves (Page 3, Line 2)					
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....					
27. Capital (Page 3, Lines 29 & 30).....					
28. Surplus (Page 3, Line 37).....					
Cash Flow (Page 5)					
29. Net cash from operations (Line 11)					
Risk-Based Capital Analysis					
30. Total adjusted capital					
31. Authorized control level risk-based capital.....					
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Line No./Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1).....					
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2)					
35. Real estate (Lines 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....					
37. Contract loans (Line 6).....					
38. Derivatives (Page 2, Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

Not for Distribution

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2017	2 2016	3 2015	4 2014	5 2013
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate.....					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....					
51. Total investment in parent included in Lines 44 to 49 above.....					
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....					
53. Total admitted assets (Page 2, Line 28, Col. 3).....					
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....					
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....					
57. Total of above Lines 54, 55 and 56.....					
Benefits and Reserve Increase (Page 6)					
58. Total contract benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 and 11).....					
59. Total contract benefits-A & H (Lines 13 & 14, Cols. 9, 10 & 11).....					
60. Increase in life reserves-other than group and annuities (Line 19, Cols. 2 & 3).....					
61. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11).....					
62. Dividends to policyholders (Line 30, Col. 1).....					
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1 Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....					
64. Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14 & 15] (Exhibit of Life Insurance, Column 4, Lines 1 & 21) x 100.00.....					
65. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
66. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims-group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve-group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
71. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
Net Gains From Operations After Federal Income					
Taxes by Lines of Business (Page 6, Line 33)					
72. Industrial life (Col. 2).....					
73. Ordinary-life (Col. 3).....					
74. Ordinary-individual annuities (Col. 4).....					
75. Ordinary-supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....					
78. Group annuities (Col. 8).....					
79. A & H-group (Col. 9).....					
80. A & H-credit (Col. 10).....					
81. A & H-other (Col. 11).....					
82. Aggregate of all other lines of business (Col. 12).....					
83. Total (Col. 1).....					

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

Yes [] No []

Affix Bar Code Above

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE

NAIC Company Code.....

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5					
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total					
1.	Life insurance.....										
2.	Annuity considerations.....										
3.	Deposit-type contract funds.....		XXX		XXX						
4.	Other considerations.....										
5.	Totals (Sum of Lines 1 to 4).....										
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life insurance:											
6.1	Paid in cash or left on deposit.....										
6.2	Applied to pay renewal premiums.....										
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period.....										
6.4	Other.....										
6.5	Totals (Sum of Lines 6.1 to 6.4).....										
Annuities:											
7.1	Paid in cash or left on deposit.....										
7.2	Applied to provide paid-up annuities.....										
7.3	Other.....										
7.4	Totals (Sum of Lines 7.1 to 7.3).....										
8.	Grand Totals (Lines 6.5 + 7.4).....										
DIRECT CLAIMS AND BENEFITS PAID											
9.	Death benefits.....										
10.	Matured endowments.....										
11.	Annuity benefits.....										
12.	Surrender values and withdrawals for life contracts.....										
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid.....										
14.	All other benefits, except accident and health.....										
15.	Totals.....										
DETAILS OF WRITE-INS											
1301.	.....									
1302.	.....									
1303.	.....									
1398.	Summary of remaining write-ins for Line 13 from overflow page.....										
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above).....										
		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1	2	3	4	5	6	7	8	9	10
		No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year.....										
17.	Incurred during current year.....										
		Settled during current year:									
18.1	By payment in full.....										
18.2	By payment on compromised claims.....										
18.3	Totals paid.....										
18.4	Reduction by compromise.....										
18.5	Amount rejected.....										
18.6	Total settlements.....										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....										
POLICY EXHIBIT											
20.	In force December 31, prior year.....					No. of Policies					
21.	Issued during year.....					(a)					
22.	Other changes to in force (Net).....										
23.	In force December 31 of current year.....					(a)					

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products..... and number of persons insured under indemnity only products.....

EXHIBIT OF LIFE INSURANCE
 \$8000 Omitted for Amounts of Life Insurance

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

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

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

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

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

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

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

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

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

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

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

ADDITIONAL ACCIDENTAL DEATH BENEFITS

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

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

POLICIES WITH DISABILITY PROVISIONS

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

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

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

SUPPLEMENTARY CONTRACTS

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

ANNUITIES

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

ACCIDENT AND HEALTH INSURANCE

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

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

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

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE
Interest Maintenance Reserve

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

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2017
2. 2018
3. 2019
4. 2020
5. 2021
6. 2022
7. 2023
8. 2024
9. 2025
10. 2026
11. 2027
12. 2028
13. 2029
14. 2030
15. 2031
16. 2032
17. 2033
18. 2034
19. 2035
20. 2036
21. 2037
22. 2038
23. 2039
24. 2040
25. 2041
26. 2042
27. 2043
28. 2044
29. 2045
30. 2046
31. 2047 and Later
32. Total (Lines 1 to 31)

ASSET VALUATION RESERVE

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

Not for Distribution

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

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

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

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
		COMMERCIAL MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgage - CM1 - Highest Quality			XXX		0.0010	0.0050	0.0065			
36		Farm Mortgage - CM2 - High Quality			XXX		0.0035	0.0100	0.0130			
37		Farm Mortgage - CM3 - Medium Quality			XXX		0.0060	0.0175	0.0225			
38		Farm Mortgage - CM4 - Low Quality			XXX		0.0105	0.0300	0.0375			
39		Farm Mortgage - CM5 - Low Quality			XXX		0.0160	0.0425	0.0550			
40		Residential Mortgages - Insured or Guaranteed			XXX		0.0003	0.0006	0.0010			
41		Residential Mortgages - All Other			XXX		0.0013	0.0030	0.0040			
42		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003	0.0006	0.0010			
43		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0010	0.0050	0.0065			
44		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0035	0.0100	0.0130			
45		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0060	0.0175	0.0225			
46		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0105	0.0300	0.0375			
47		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0160	0.0425	0.0550			
		Overdue, Not in Process:										
48		Farm Mortgages			XXX		0.0420	0.0760	0.1200			
49		Residential Mortgages - Insured or Guaranteed			XXX		0.0005	0.0012	0.0020			
50		Residential Mortgages - All Other			XXX		0.0025	0.0058	0.0090			
51		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005	0.0012	0.0020			
52		Commercial Mortgages - All Other			XXX		0.0420	0.0760	0.1200			
		In Process of Foreclosure:										
53		Farm Mortgages			XX		0.0000	0.1700	0.1700			
54		Residential Mortgages - Insured or Guaranteed			XX		0.0000	0.0040	0.0040			
55		Residential Mortgages - All Other			XX		0.0000	0.0130	0.0130			
56		Commercial Mortgages - Insured or Guaranteed			XX		0.0000	0.0040	0.0040			
57		Commercial Mortgages - All Other			XX		0.0000	0.1700	0.1700			
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX	XXX	XXX			
59		Schedule DA Mortgages			XXX		0.0030	0.0100	0.0130			
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX	XXX	XXX			

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

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

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

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Basic Contribution (Cols. 4+5)		7 Reserve Objective (Cols. 4+7)		8 Maximum Reserve (Cols. 4+8)	
							Factor	Amount	Factor	Amount	Factor	Amount
30	1	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	2	High Quality	XXX	XXX	XXX		0.0004	0.0023	0.0030	0.0090		
32	3	Medium Quality	XXX	XXX	XXX		0.0019	0.0058	0.0340	0.0750		
33	4	Low Quality	XXX	XXX	XXX		0.0093	0.0230	0.1700	0.2000		
34	5	Lower Quality	XXX	XXX	XXX		0.0213	0.0530	0.0000	0.0000		
35	6	In or Near Default	XXX	XXX	XXX		0.0432	0.1100	0.0000	0.0000		
36		Affiliated Life with AVR	XXX	XXX	XXX		0.0000	0.0000	0.0000	0.0000		
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	XXX	XXX	XXX		XXX	XXX	XXX	XXX		
38		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
39		In Good Standing - Affiliated:										
40		Mortgages - CM1 - Highest Quality	XXX	XXX	XXX		0.0010	0.0050	0.0065	0.0130		
41		Mortgages - CM2 - High Quality	XXX	XXX	XXX		0.0035	0.0100	0.0225	0.0375		
42		Mortgages - CM3 - Medium Quality	XXX	XXX	XXX		0.0060	0.0175	0.0510	0.0550		
43		Mortgages - CM4 - Low Medium Quality	XXX	XXX	XXX		0.0105	0.0300	0.0010	0.0010		
44		Mortgages - CM5 - Low Quality	XXX	XXX	XXX		0.0160	0.0425	0.0030	0.0040		
45		Residential Mortgages - Insured or Guaranteed	XXX	XXX	XXX		0.0003	0.0006	0.0006	0.0010		
46		Commercial Mortgages - All Other	XXX	XXX	XXX		0.0013	0.0030	0.0000	0.0000		
47		Overdue, Not in Process Affiliated:										
48		Farm Mortgages	XXX	XXX	XXX		0.0003	0.0006	0.0760	0.1200		
49		Residential Mortgages - Insured or Guaranteed	XXX	XXX	XXX		0.0420	0.0012	0.0012	0.0020		
50		Commercial Mortgages - Insured or Guaranteed	XXX	XXX	XXX		0.0005	0.0058	0.0090	0.0020		
51		In Process of Foreclosure Affiliated:										
52		Farm Mortgages	XXX	XXX	XXX		0.0005	0.0012	0.0760	0.1200		
53		Residential Mortgages - Insured or Guaranteed	XXX	XXX	XXX		0.0420	0.0012	0.0012	0.0020		
54		Commercial Mortgages - Insured or Guaranteed	XXX	XXX	XXX		0.0000	0.0000	0.1700	0.1700		
55		Total Unaffiliated (Sum of Lines 38 through 55)	XXX	XXX	XXX		XXX	XXX	XXX	XXX		
56		Unaffiliated - In Good Standing With Covenants										
57		Unaffiliated - In Good Standing Deceased With Government Securities										
58		Unaffiliated - In Good Standing Primarily Senior	XXX	XXX	XXX		0.0035	0.0100	0.0065	0.0130		
59		Unaffiliated - In Good Standing All Other	XXX	XXX	XXX		0.0060	0.0175	0.0225	0.0225		
60		Unaffiliated - Overdue, Not in Process	XXX	XXX	XXX		0.0420	0.0760	0.1200	0.1200		
61		Unaffiliated - In Process of Foreclosure	XXX	XXX	XXX		0.0000	0.0000	0.1700	0.1700		
62		Total Unaffiliated (Sum of Lines 57 through 62)	XXX	XXX	XXX		XXX	XXX	XXX	XXX		
63		Total with Mortgage Loan Characteristics (Lines 56 + 63)	XXX	XXX	XXX		XXX	XXX	XXX	XXX		
64												

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

Line Number	NAIC designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Basic Contribution		7 Reserve Objective		Maximum Reserve	
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated Public		XXX	XXX		0.0000		0.1300(a)		0.1300(a)	
66		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
67		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
69		Affiliated Other All Other		XXX	XXX		0.0000		0.1600		0.1600	
70		Investments with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71		Home Office Property (General Account only)										
72		Investment Properties (General Account only)										
73		Properties Acquired in Satisfaction of Debts										
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)										
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
ALL OTHER INVESTMENTS												
81		NAIC 1 Working Capital Investments		XXX			0.0000		0.0037		0.0037	
82		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0120		0.0120	
83		Other Invested Assets - Schedule BA		XXX			0.0000		0.1300		0.1300	
84		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1500		0.1500	
85		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
86		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)					XXX		XXX		XXX	

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

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT

	Other Individual Contracts																	
	Total		Group Accident And Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Non-Renewable For Stated Reasons Only		Other Accident Only		All Other	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
PART I – ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx	
2. Premiums earned	xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx		xxx	
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)																		
8. Other general insurance expenses																		
9. Taxes, licenses and fees																		
10. Total other expenses incurred																		
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds																		
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds																		
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198.																		
1199.																		
(a) Includes \$..... reported as "Contract, membership and other fees retained by agents."																		

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	5	6	7	8	9
	Total	Group Accident Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Other Individual Contracts Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 – RESERVES AND LIABILITIES									
1. Premium Reserve									
2. Unearned Premium Reserve									
3. Reserve for rate credits									
4. Reserve for premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional Reserve (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									
PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1,1 and 2,1									
3.2 Claim reserves and liabilities, December 31 prior year									
3.3 Line 3.1 minus Line 3.2									
PART 4 – REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

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

SCHEDULE H – PART 5 – HEALTH CLAIMS

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

Not for Distribution

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

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

Not for Distribution

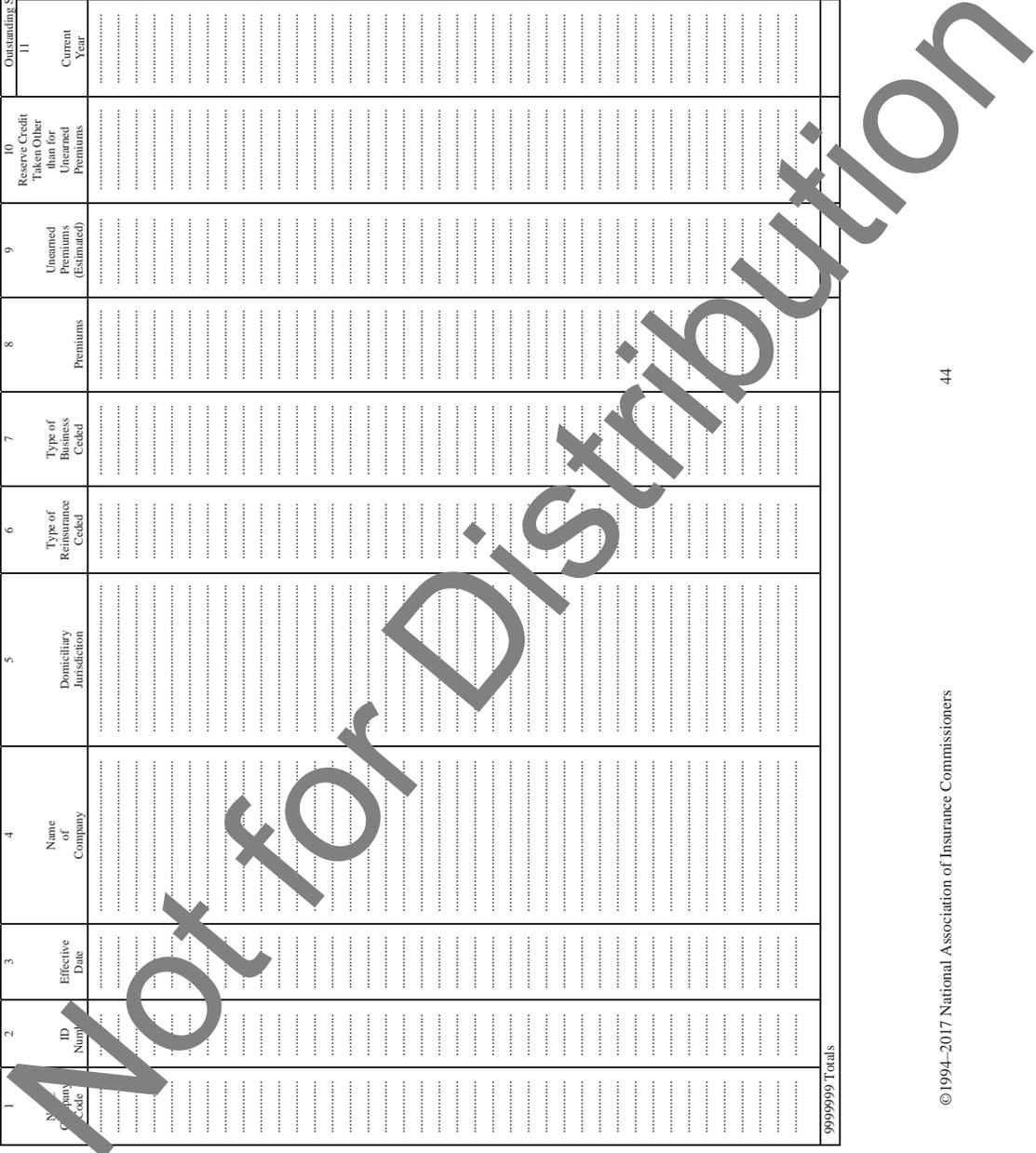
SCHEDULE S – PART 3 – SECTION 1
 Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
 Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	9 Reserve Credit Taken		11 Premiums	12 Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
99999999 Totals														

Not for Distribution

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	11 Outstanding Surplus Relief		13 Modified Conscience Reserve	14 Funds Withheld Under Conscience
										Current Year	Prior Year		
9999999 Totals													

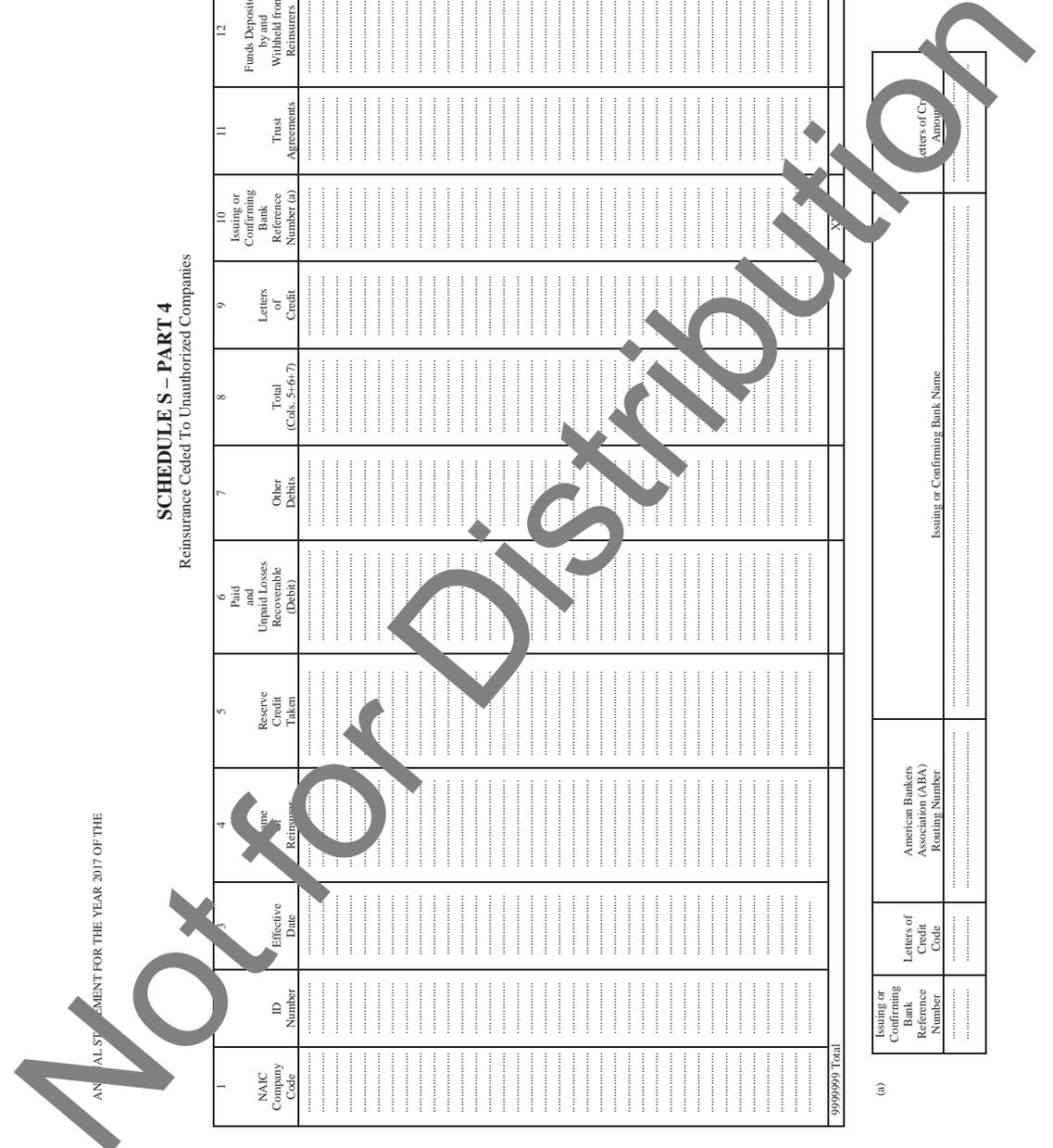


SCHEDULE S – PART 4
 Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Reinsurer Name	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5-6-7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9-11+12-13 +14 but not in Excess of Col. 8
9999999 Total														

(a)

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



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
NAIC Company Code	Effective Date	Effective Date	Name of Domestic Jurisdiction	Certified Rating (1 through 6)	Effective Date of Certified Rating (1 through 6)	Percent Collateral Required (Credit 0% - 100%)	Reserve Credit Taken	Paid and Unpaid Recoverable (Debit)	Other Debits	Total Recoverable/ Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Ceded (Col. 12 - 13)	Dollar Amount of Collateral Required for Ceded Obligation (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Collateral	Funds Deposited in Withheld from Reinsurers	Total Collateral Provided (Col. 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 14 x 100%)	Amount of Credit Allowed on Net Obligation Subject to Collateral (Col. 24 x Col. 14)	Liability for Reinsurance With Certified Reinsurers Due to Collateral (Col. 14, Col. 24, Col. 25)		
999999	Totals																								

(a)

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

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts					
2. Commissions and reinsurance expense allowances					
3. Contract claims					
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					
10. Liability for deposit-type contracts					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance					
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L).....					
20. Trust agreements (T)					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L).....					
25. Trust agreements (T)					
26. Other (O)					

Not for Distribution

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

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

Not for Distribution

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

States, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama.....AL							
2. Alaska.....AK							
3. Arizona.....AZ							
4. Arkansas.....AR							
5. California.....CA							
6. Colorado.....CO							
7. Connecticut.....CT							
8. Delaware.....DE							
9. District of Columbia.....DC							
10. Florida.....FL							
11. Georgia.....GA							
12. Hawaii.....HI							
13. Idaho.....ID							
14. Illinois.....IL							
15. Indiana.....IN							
16. Iowa.....IA							
17. Kansas.....KS							
18. Kentucky.....KY							
19. Louisiana.....LA							
20. Maine.....ME							
21. Maryland.....MD							
22. Massachusetts.....MA							
23. Michigan.....MI							
24. Minnesota.....MN							
25. Mississippi.....MS							
26. Missouri.....MO							
27. Montana.....MT							
28. Nebraska.....NE							
29. Nevada.....NV							
30. New Hampshire.....NH							
31. New Jersey.....NJ							
32. New Mexico.....NM							
33. New York.....NY							
34. North Carolina.....NC							
35. North Dakota.....ND							
36. Ohio.....OH							
37. Oklahoma.....OK							
38. Oregon.....OR							
39. Pennsylvania.....PA							
40. Rhode Island.....RI							
41. South Carolina.....SC							
42. South Dakota.....SD							
43. Tennessee.....TN							
44. Texas.....TX							
45. Utah.....UT							
46. Vermont.....VT							
47. Virginia.....VA							
48. Washington.....WA							
49. West Virginia.....WV							
50. Wisconsin.....WI							
51. Wyoming.....WY							
52. American Samoa.....AS							
53. Guam.....GU							
54. Puerto Rico.....PR							
55. US Virgin Islands.....VI							
56. Northern Mariana Islands.....MP							
57. Canada.....CAN							
58. Aggregate Other Alien.....OT							
59. Subtotal.....(a)							
90. Reporting entity contributions for employee benefits plans.....XXX							
91. Dividends or refunds applied to purchase of group additions and annuities.....XXX							
92. Dividends or refunds applied to shorten endowment or premium paying period.....XXX							
93. Premium or annuity considerations waived for disability or other contract provisions.....XXX							
94. Aggregate other amounts not allocable by State.....XXX							
95. Totals (Direct Business).....XXX							
96. Plus reinsurance assumed.....XXX							
97. Totals (All Business).....XXX							
98. Less reinsurance ceded.....XXX							
99. Totals (All Business) less Reinsurance Ceded.....XXX							
DETAILS OF WRITE-INS							
58001.....XXX							
58002.....XXX							
58003.....XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page.....XXX							
58999. Total (Lines 58001 through 58003 + 58998) (Line 58 above).....XXX							
9401.....XXX							
9402.....XXX							
9403.....XXX							
9498. Summary of remaining write-ins for Line 94 from overflow page.....XXX							
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above).....XXX							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

- (a) Insert the number of L responses except for Canada and Other Alien.
- (b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1 indicate which; _____

SCHEDULE T – PART 2

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

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

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

PART 1 – ORGANIZATIONAL CHART

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAC Company Code	ID Number	Names of Insurer, Parent, Subsidiaries or Affiliates	Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Underwritings for the Benefit of any Affiliates(s)	Management Agreements or Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not Otherwise Disclosed by Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Policies/ Contracts/ Reserve Credit Taken/ (Liability)
9999999	Control Totals								XX			

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**SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES**

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

Responses

MARCH FILING

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

- 11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

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

MARCH FILING

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement and audit partner be filed electronically with the NAIC by March 1?
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year continuous period for independent CPA be filed electronically with the NAIC by March 1?
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Auditor Success be filed electronically with the NAIC by March 1?
40. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Confidential Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?
41. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

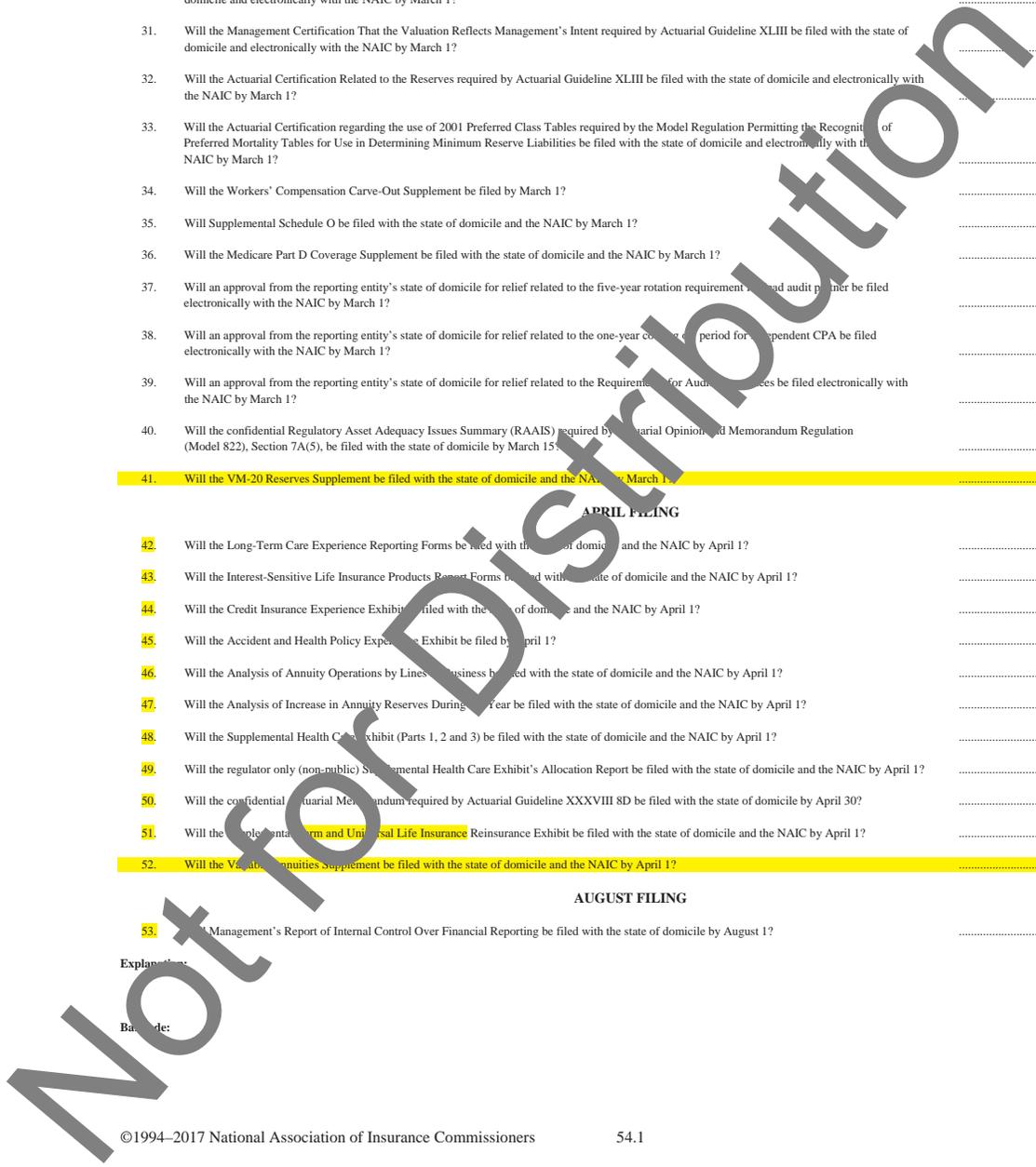
- 42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
44. Will the Credit Insurance Experience Exhibit be filed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

AUGUST FILING

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

Explanation:

Barcode:



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SUMMARY INVESTMENT SCHEDULE

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

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SCHEDULE A – VERIFICATION BETWEEN YEARS
Real Estate

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

SCHEDULE B – VERIFICATION BETWEEN YEARS
Mortgage Loans

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

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

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

SCHEDULE D – VERIFICATION BETWEEN YEARS
Bonds and Stocks

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

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

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

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

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
U.S. Government Bonds												
1.1 NAIC 1						XXX						
1.2 NAIC 2						XXX						
1.3 NAIC 3						XXX						
1.4 NAIC 4						XXX						
1.5 NAIC 5						XXX						
1.6 NAIC 6						XXX						
1.7 Totals						XXX						
2. All Other Governments												
2.1 NAIC 1						XXX						
2.2 NAIC 2						XXX						
2.3 NAIC 3						XXX						
2.4 NAIC 4						XXX						
2.5 NAIC 5						XXX						
2.6 NAIC 6						XXX						
2.7 Totals						XXX						
3. U.S. States, Territories and Possessions, etc., Guaranteed												
3.1 NAIC 1						XXX						
3.2 NAIC 2						XXX						
3.3 NAIC 3						XXX						
3.4 NAIC 4						XXX						
3.5 NAIC 5						XXX						
3.6 NAIC 6						XXX						
3.7 Totals						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX						
4.2 NAIC 2						XXX						
4.3 NAIC 3						XXX						
4.4 NAIC 4						XXX						
4.5 NAIC 5						XXX						
4.6 NAIC 6						XXX						
4.7 Totals						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1						XXX						
5.2 NAIC 2						XXX						
5.3 NAIC 3						XXX						
5.4 NAIC 4						XXX						
5.5 NAIC 5						XXX						
5.6 NAIC 6						XXX						
5.7 Totals						XXX						

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

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

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

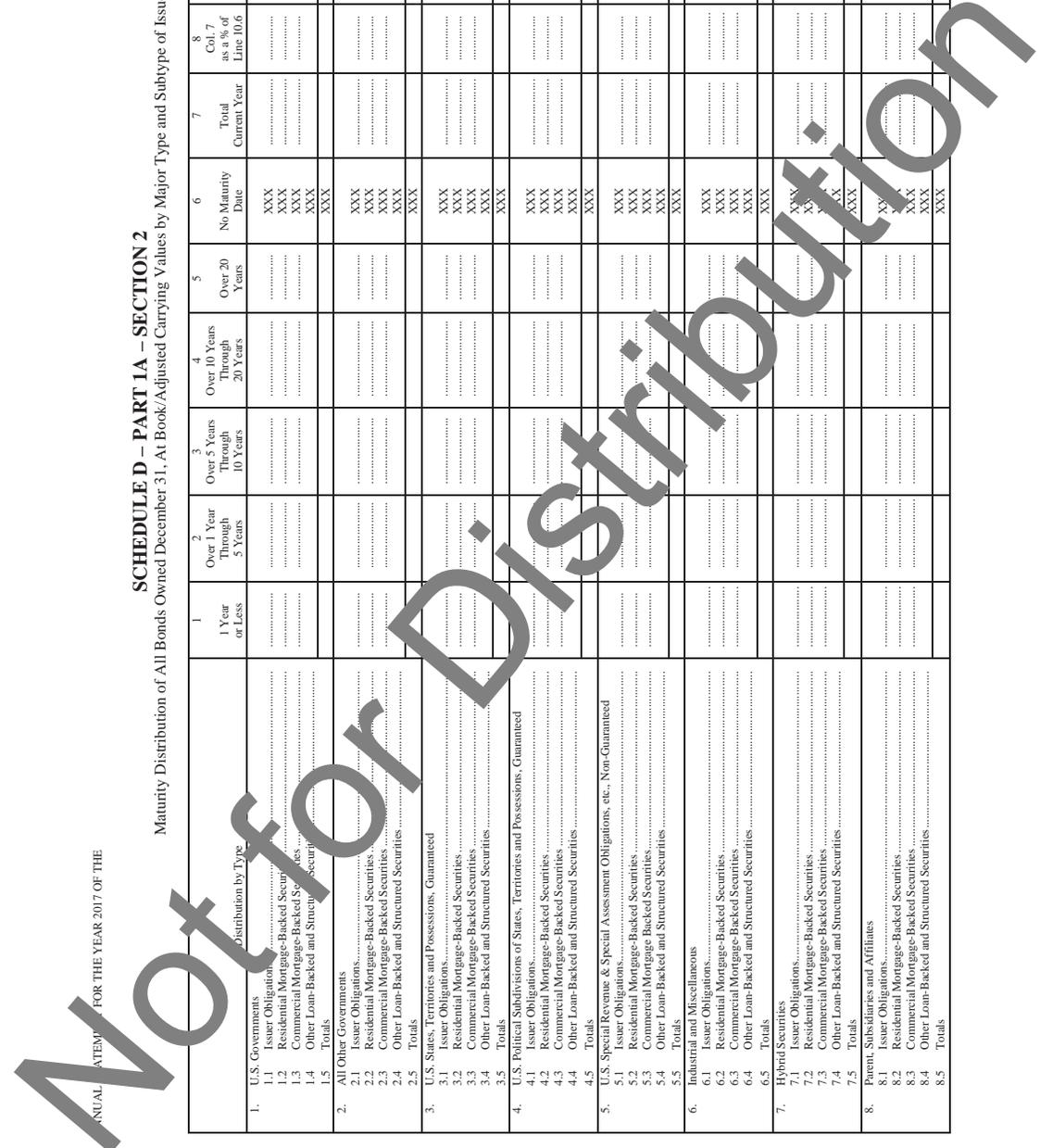
	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.1 NAIC 1.....	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.2 NAIC 2.....	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.3 NAIC 3.....	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.4 NAIC 4.....	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.5 NAIC 5.....	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.6 NAIC 6.....	(d).....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX	.....	.....
10.7 Totals.....	XXX	XXX	.....	.....
10.8 Line 10.7 as a % of Col. 7.....	XXX	XXX	.....	.....
11. Total Bonds Prior Year
11.1 NAIC 1.....	XXX	XXX	.....	.....	.....	.....
11.2 NAIC 2.....	XXX	XXX	.....	.....	.....	.....
11.3 NAIC 3.....	XXX	XXX	.....	.....	.....	.....
11.4 NAIC 4.....	XXX	XXX	.....	.....	.....	.....
11.5 NAIC 5.....	XXX	XXX	.....	.....	.....	.....
11.6 NAIC 6.....	XXX	XXX	.....	.....	.....	.....
11.7 Totals.....	XXX	XXX	.....	.....	.....	.....
11.8 Line 11.7 as a % of Col. 9.....	XXX	XXX	.....	XXX	.....	.....
12. Total Publicly Traded Bonds
12.1 NAIC 1.....	XXX
12.2 NAIC 2.....	XXX
12.3 NAIC 3.....	XXX
12.4 NAIC 4.....	XXX
12.5 NAIC 5.....	XXX
12.6 NAIC 6.....	XXX
12.7 Totals.....	XXX
12.8 Line 12.7 as a % of Col. 7.....	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10.....	XXX
13. Total Privately Placed Bonds
13.1 NAIC 1.....	XXX	.....
13.2 NAIC 2.....	XXX	.....
13.3 NAIC 3.....	XXX	.....
13.4 NAIC 4.....	XXX	.....
13.5 NAIC 5.....	XXX	.....
13.6 NAIC 6.....	XXX	.....
13.7 Totals.....	XXX	.....
13.8 Line 13.7 as a % of Col. 7.....	XXX	.....
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10.....	XXX	.....

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

SCHEDULE D – PART 1A – SECTION 2

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

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.6	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations.....						XXX						
1.2 Residential Mortgage-Backed Securities.....						XXX						
1.3 Commercial Mortgage-Backed Securities.....						XXX						
1.4 Other Loan-Backed and Structured Securities.....						XXX						
1.5 Totals.....						XXX						
2. All Other Governments												
2.1 Issuer Obligations.....						XXX						
2.2 Residential Mortgage-Backed Securities.....						XXX						
2.3 Commercial Mortgage-Backed Securities.....						XXX						
2.4 Other Loan-Backed and Structured Securities.....						XXX						
2.5 Totals.....						XXX						
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations.....						XXX						
3.2 Residential Mortgage-Backed Securities.....						XXX						
3.3 Commercial Mortgage-Backed Securities.....						XXX						
3.4 Other Loan-Backed and Structured Securities.....						XXX						
3.5 Totals.....						XXX						
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations.....						XXX						
4.2 Residential Mortgage-Backed Securities.....						XXX						
4.3 Commercial Mortgage-Backed Securities.....						XXX						
4.4 Other Loan-Backed and Structured Securities.....						XXX						
4.5 Totals.....						XXX						
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 Issuer Obligations.....						XXX						
5.2 Residential Mortgage-Backed Securities.....						XXX						
5.3 Commercial Mortgage-Backed Securities.....						XXX						
5.4 Other Loan-Backed and Structured Securities.....						XXX						
5.5 Totals.....						XXX						
6. Industrial and Miscellaneous												
6.1 Issuer Obligations.....						XXX						
6.2 Residential Mortgage-Backed Securities.....						XXX						
6.3 Commercial Mortgage-Backed Securities.....						XXX						
6.4 Other Loan-Backed and Structured Securities.....						XXX						
6.5 Totals.....						XXX						
7. Hybrid Securities												
7.1 Issuer Obligations.....						XXX						
7.2 Residential Mortgage-Backed Securities.....						XXX						
7.3 Commercial Mortgage-Backed Securities.....						XXX						
7.4 Other Loan-Backed and Structured Securities.....						XXX						
7.5 Totals.....						XXX						
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations.....						XXX						
8.2 Residential Mortgage-Backed Securities.....						XXX						
8.3 Commercial Mortgage-Backed Securities.....						XXX						
8.4 Other Loan-Backed and Structured Securities.....						XXX						
8.5 Totals.....						XXX						



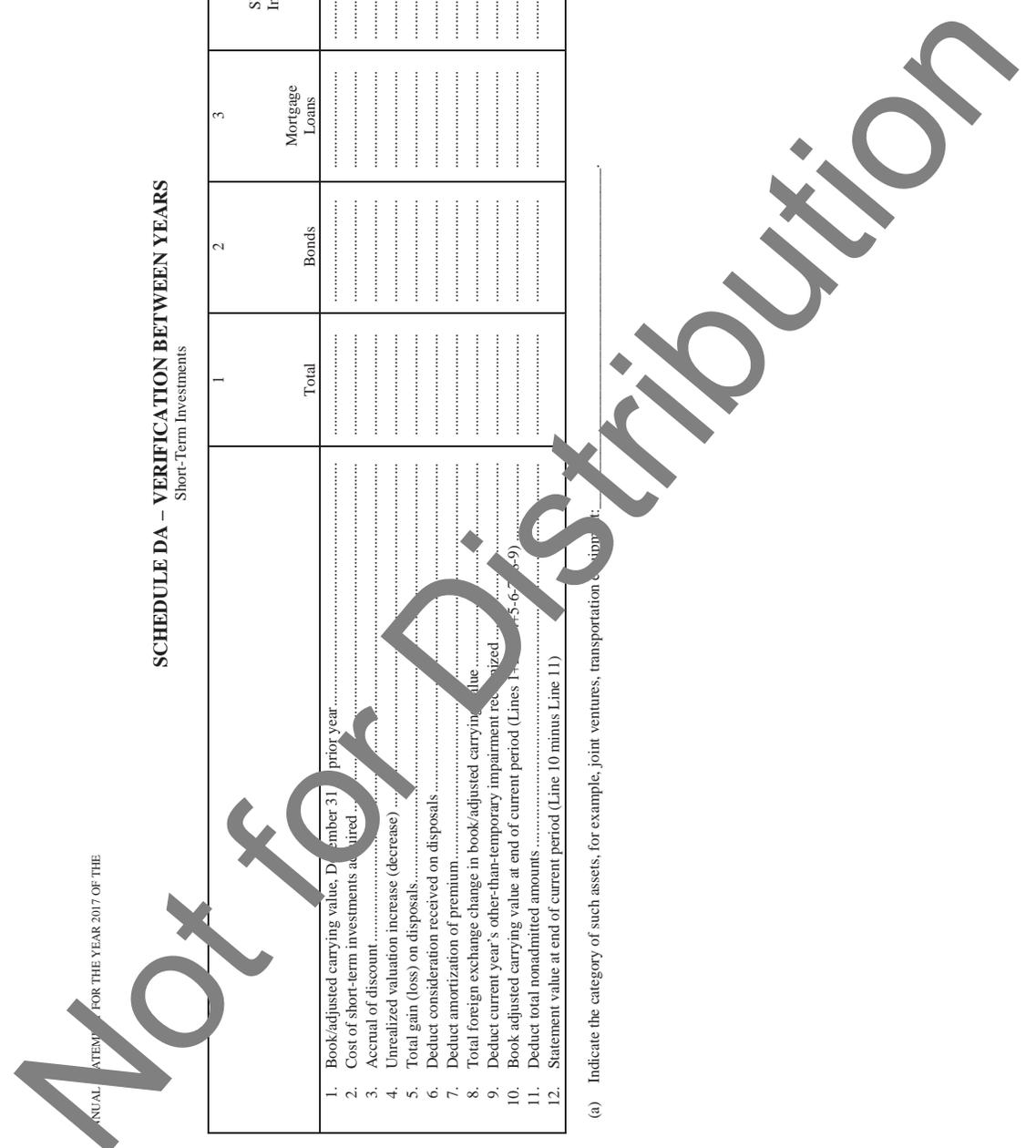
SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11	12
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.6	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed
9. Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX							
9.3 Totals	XXX	XXX	XXX	XXX	XXX							
10. Other Bonds												
10.1 Issuer Obligations												
10.2 Residential Mortgage-Backed Securities						XXX			XXX	XXX		
10.3 Commercial Mortgage-Backed Securities						XXX			XXX	XXX		
10.4 Other Loan-Backed and Structured Securities						XXX			XXX	XXX		
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
10.6 Totals	XXX	XXX	XXX	XXX	XXX				XXX	XXX		
10.7 Line 10.6 as a % of Col. 7												
11. Total Bonds												
11.1 Residential Mortgage-Backed Securities						XXX	XXX	XXX				
11.2 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				
11.3 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				
11.4 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX					XXX		
11.5 Totals	XXX	XXX	XXX	XXX	XXX					XXX		
11.6 Line 11.6 as a % of Col. 9												
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations												
12.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX				XXX
12.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX				XXX
12.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX				XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX					XXX		XXX
12.6 Totals	XXX	XXX	XXX	XXX	XXX					XXX		XXX
12.7 Line 12.6 as a % of Col. 7												
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10												
13. Total Privately Placed Bonds												
13.1 Issuer Obligations												
13.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX			XXX	XXX
13.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX			XXX	XXX
13.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX			XXX	XXX
13.5 SVO Identified Funds			XXX	XXX	XXX							
13.6 Totals			XXX	XXX	XXX						XXX	XXX
13.7 Line 13.6 as a % of Col. 7												
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10												

SCHEDULE DA – VERIFICATION BETWEEN YEARS
Short-Term Investments

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

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



SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

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

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS

Futures Contracts

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

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

Replication (Synthetic Asset) Transactions				Components of the Replication (Synthetic Asset) Transactions											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number	Description	NAC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
9999999	Totals						XXX	XXX			XXX	XXX	XXX		

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

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

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SCHEDULE DB – VERIFICATION

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

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

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

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

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

Not for Distribution

Not for Distribution

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SCHEDULE A – PART 1

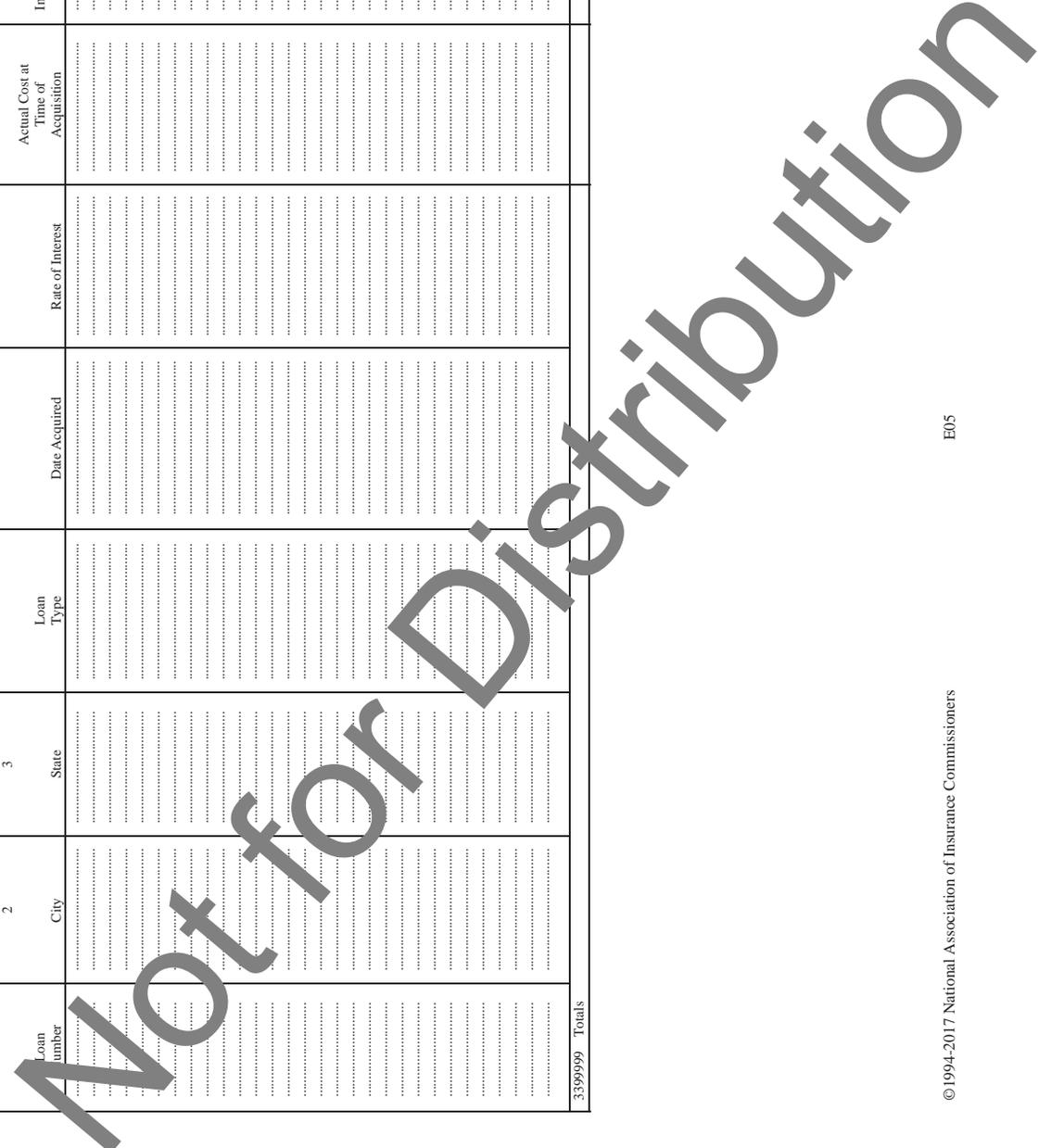
Showing All Real Estate OWNED December 31 of Current Year

1 Description of Property	2 Location		3 City	4 State	5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	11 Current Year's Depreciation	12 Change in Book/Adjusted Carrying Value Less Encumbrances			13 Current Year's Change in Encumbrances	14 Total Change in B/A C/V (13-11-12)	15 Total Foreign Exchange Change in B/A C/V	16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs, Expenses Incurred
	12 Current Year's Other Than Impairment Recognized	13 Current Year's Change in Encumbrances										14 Total Change in B/A C/V (13-11-12)							
<p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%;">Not for Distribution</p>																			
<p>699999 - Totals</p>																			

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

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

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

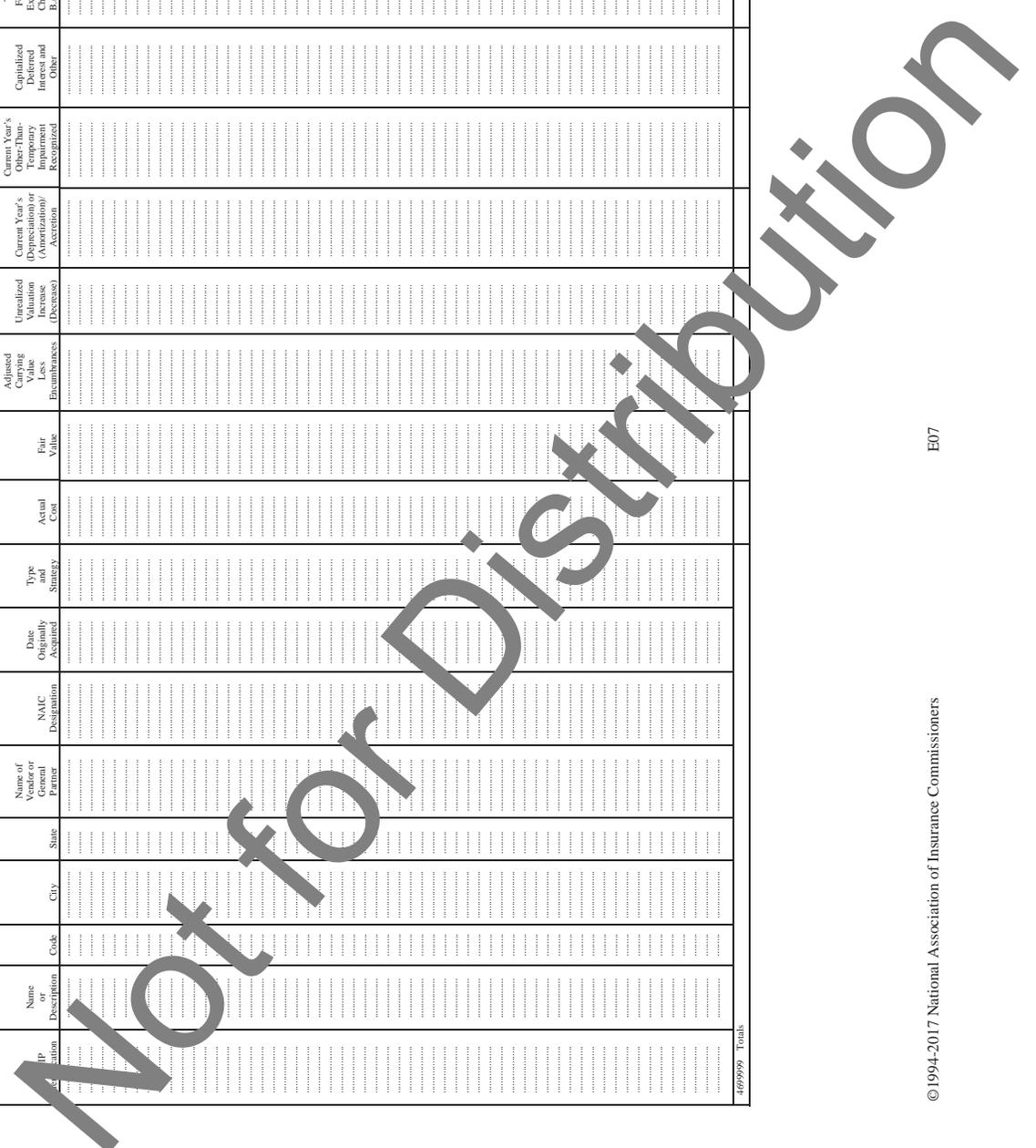
1 Loan Number	Location		3 State	4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Actual Cost at Time of Acquisition	8 Additional Investment Made After Acquisition	9 Value of Land and Buildings
	2 City	3 State							
									
3399999 Totals									

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

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

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

1 Line Item	2 Name or Description	3 Location		6 Name of Vendor or General Partner	7 NAIC Designation	8 Date Originally Acquired	9 Type and Status	10 Actual Cost	11 Fair Value	12 Book/Advised Carrying Value Less Encumbrances	Change in Book/Advised Carrying Value				18 Investment Income	19 Commitment for Additional Investment	20 Percentage of Ownership	
		4 City	5 State								13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Amortization) or Accretion	15 Current Year's Other-Than-Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other				17 Total Foreign Exchange Change in B/C/V
469999	Totals																	XXX



SCHEDULE BA – PART 2
 Showing Other Long-Term Invested Assets Acquired and Additions Made December 31 of Current Year

1 CUSIP Identification	3 Location		4 State	5 Name of Vendor or General Partner	6 Date Originally Acquired	7 Type and Strategy	8 Actual Cost at Time of Acquisition	9 Additional Investment Made After Acquisition	10 Amount of Encumbrances	11 Percentage of Ownership
	2 Name or Description	City								
Not for Distribution										
XXX										

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Name or Description	City	State	Name of Person or Name of Disposal	Date Originally Acquired	Disposal Date	Book/Adjusted Carrying Value, Encumbrances, Prior Year	Unrealized Increase (Decrease)	Current Year's (Depreciation) (Amortization) (Accretion)	Current Year's Other Than Impairment Recognized	Capitalized Interest and Other	Total B/A/C/V (9+10+11+12)	Total Foreign Exchange Change in B/A/C/V	Book/Adjusted Carrying Value, Encumbrances on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
4699999 Totals																			

Not for Distribution

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

SCHEDULE D – PART 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Code of Financial Institution	Code of Bond	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Change in Book/Adjusted Carrying Value	Current Year's Other Temporary Impairment Recognized	Total Foreign Exchange Change in B/A/C/V	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
8399999	Total Bonds																				

Not for Distribution

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

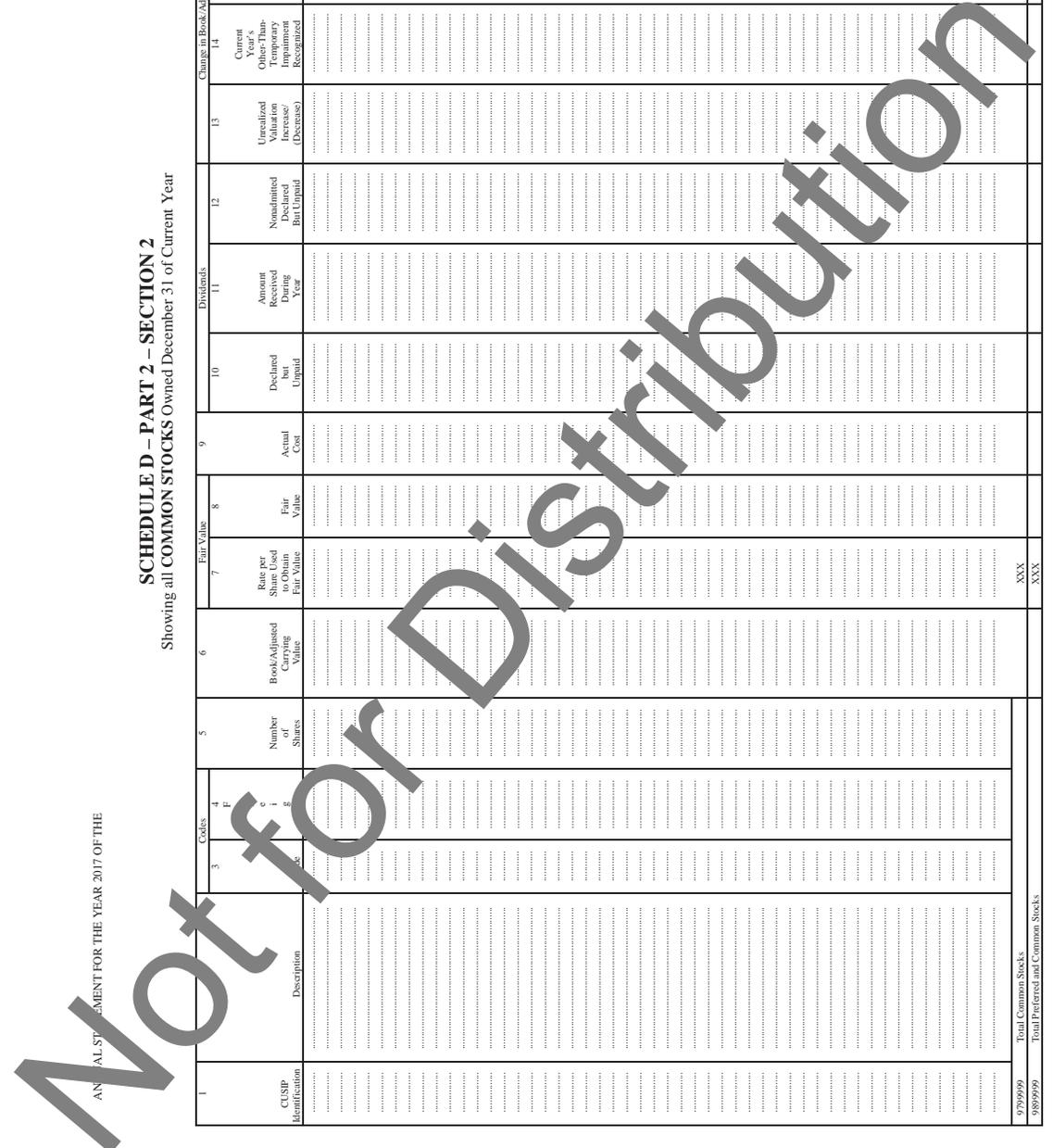
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Identif	Clasif	Code	Par Value	Number of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate per Share to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared but Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Temporary Impairment Recognized	Total Change in B./A.C.V. (15+16+17)	Total Foreign Change in B./A.C.V.	NAC Designation	Date Acquired
Total Preferred Stocks																				
																			XXX	

Not for Distribution

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

1 CUSIP Identification	2 Description	3 Codes		4 F i g	5 Number of Shares	6 Book/Adjusted Carrying Value	7 Rate per Share Used to Obtain Fair Value	8 Fair Value	9 Actual Cost	10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unspecified Valuation Increase/ (Decrease)	14 Current Year's Operating Temporary Impairment Recognized	15 Total Change in B.A.C.V. (13-14)	16 Total Exchange Change in B.A.C.V.	17 NAC Market Indicator (a)	18 Date Acquired
9799999	Total Common Stocks						XXX										XXX	XXX
9809999	Total Preferred and Common Stocks						XXX										XXX	XXX

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



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
CUSIP Identification	Description	Original Issuance Date	Original Maturity Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Adjusted Carrying Value	Unrealized Valuation Increase/ (decrease)	Current Year's (Amortization/ Accretion)	Current Year's Other Than Impairment Recognized	Total Change in B/A/C.V. (11+12-13)	Total Foreign Exchange Change in B/A/C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividend Received During Year	Sold/ Contractual Maturity Date	
9999999	Totals																				XXX

Not for Distribution

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

Line Item	1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value				17	18	19	20	21	
												12	13	14	15						16
		Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) / Number of Shares (Stocks)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Gain/(Loss) at Disposal	Current Year (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (12-13-14)	Total Foreign Exchange Change in B./A.C.V.	Realized Gain/(Loss) on Disposal	Total Gain/(Loss) on Disposal	Interest and Dividends Received During Year	Paid for Interest and Dividends	
		BOND																			
		STOCK																			
8 999998		Subtotal Bonds																			
		STOCKS																			
9 999999		Subtotal Stocks																			
9 999999		Total																			

Not for Distribution

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

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 NAIC Company Code	4 ID Number	5 NAIC Valuation Method (See Prioraxes and Procedures Manual of the NAIC Investment Analysts Office)	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book / Adjusted Carrying Value	9 Nonadmitted Amount	10 Stock of Such Company Owned by Insurer on Statement Date	
									11 Number of Shares	12 % of Outstanding
Totals										
1999999									XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any amount for goodwill and deferred tax assets included therein \$.....

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

SCHEDULE D – PART 6 – SECTION 2

1 CUSIP Identification	2 Name of Lower-Tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-Tier Company	4 Total Amount of Intangible Assets Included in Insurer's Statement in Column 8, Section 1	5 Owned Indirectly by Insurer on Statement Date	
				6 Number of Shares	7 % of Outstanding
Totals					
0999999			XXX	XXX	XXX

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

1	2		3	4			5	6	7	8	9		10	11	12	13	14	15	16	17	18	19	20	
	Securities	Other		Unadjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion					Current Year's Other-than-Temporary Impairment Recognized	Total Foreign Exchange Change in B.A.C.V.												Par Value
919999 Total																								

Not for Distribution

SCHEDULE DB – PART A – SECTION 2
 Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25																					
Description of Instrument Hedged, Income Generated or Replicated	Schedule Exhibit Identifier	Type(s) of Risk(s)	Exchanges, Clearinghouse or Central Counterparty	Trade Date	Minority or Expiration Date	Termination Date	Indicate Exercise, Maturity or Sale	Number of Contracts	Notional Amount	Strike Price, Rate Received (Paid)	Cumulative Prior Year(s) Initial Cost (Received) Paid	Current Year Initial Cost of (Received) Paid	Consideration Received Termination	Current Year Income	Book's Carrying Value	Code	Unrealized Increase/ (Decrease)	Total Foreign Changes in B.A.C.V.	Current Year's (Gain/Loss) (Accretion)	(Gain/Loss) (Accretion) Recognized	Adjustment to Carrying Amount of Hedged Item	Adjustment to Carrying Amount of Hedged Item - Deferred	Hedge Effectiveness at Inception	Termination (b)																					
1399999																XXX								XXX																					
1409999																XXX								XXX																					
1419999																XXX								XXX																					
1429999																XXX								XXX																					
1439999																XXX								XXX																					
1449999																XXX								XXX																					
Totals																																													

(a)

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

(b)

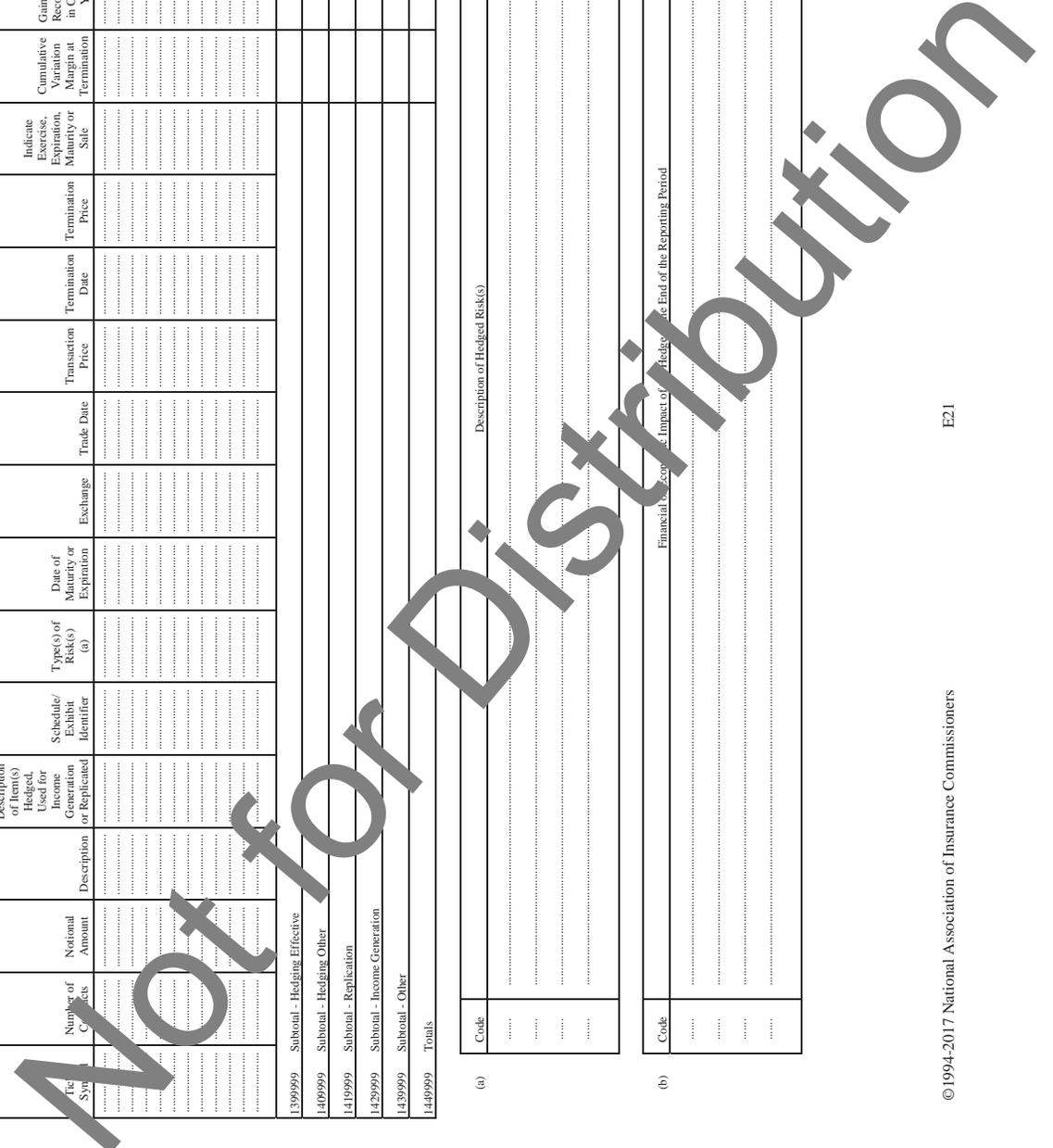
Code	Final or Intermediate Date of the Hedge at the End of the Reporting Period
.....
.....
.....
.....

SCHEDULE DB – PART B – SECTION 2
 Future Contracts Terminated December 31 of Current Year

1 The System	2 Number of Contracts	3 Notional Amount	4 Description	5 Description of Item(s) Hedged, Income Generation or Replicated	6 Schedule/ Exhibit Identifier	7 Type(s) of Risk(s) (a)	8 Date of Maturity or Expiration	9 Exchange	10 Trade Date	11 Transaction Price	12 Termination Date	13 Termination Price	14 Indicate Exercise, Expiration, Maturity or Settlement Date	15 Cumulative Variation Margin at Termination	16 Change in Variation Margin		19 Hedge Effectiveness at Inception/ and at Termination (b)	20 Value of One (1) Point
															16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item		
I39999	Subtotal - Hedging Effective																XXX	XXX
I40999	Subtotal - Hedging Other																XXX	XXX
I41999	Subtotal - Replication																XXX	XXX
I42999	Subtotal - Income Generation																XXX	XXX
I43999	Subtotal - Other																XXX	XXX
I44999	Totals																XXX	XXX

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

(b)	Financial Statement Impact of Hedge at the End of the Reporting Period
.....
.....
.....
.....



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

Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0199999	Total						XXX	XXX

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
0299999	Total					XXX	XXX	XXX

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

States, etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
			1. Alabama..... AL			
2. Alaska..... AK						
3. Arizona..... AZ						
4. Arkansas..... AR						
5. California..... CA						
6. Colorado..... CO						
7. Connecticut..... CT						
8. Delaware..... DE						
9. District of Columbia..... DC						
10. Florida..... FL						
11. Georgia..... GA						
12. Hawaii..... HI						
13. Idaho..... ID						
14. Illinois..... IL						
15. Indiana..... IN						
16. Iowa..... IA						
17. Kansas..... KS						
18. Kentucky..... KY						
19. Louisiana..... LA						
20. Maine..... ME						
21. Maryland..... MD						
22. Massachusetts..... MA						
23. Michigan..... MI						
24. Minnesota..... MN						
25. Mississippi..... MS						
26. Missouri..... MO						
27. Montana..... MT						
28. Nebraska..... NE						
29. Nevada..... NV						
30. New Hampshire..... NH						
31. New Jersey..... NJ						
32. New Mexico..... NM						
33. New York..... NY						
34. North Carolina..... NC						
35. North Dakota..... ND						
36. Ohio..... OH						
37. Oklahoma..... OK						
38. Oregon..... OR						
39. Pennsylvania..... PA						
40. Rhode Island..... RI						
41. South Carolina..... SC						
42. South Dakota..... SD						
43. Tennessee..... TN						
44. Texas..... TX						
45. Utah..... UT						
46. Vermont..... VT						
47. Virginia..... VA						
48. Washington..... WA						
49. West Virginia..... WV						
50. Wisconsin..... WI						
51. Wyoming..... WY						
52. American Samoa..... AS						
53. Guam..... GU						
54. Puerto Rico..... PR						
55. US Virgin Islands..... VI						
56. Northern Mariana Island..... MP						
57. Canada..... CAN						
58. Aggregate All Other..... OT	XXX	XXX				
59. Total	XXX	XXX				
DETAILS OF WRITE-INS						
5801.....						
5802.....						
5803.....						
5898. Sum of remaining write-ins for Line 58 from above page.....	XXX	XXX				
5899. Total (Lines 5803 + 5898) (Line 58 above).....	XXX	XXX				

Not for Distribution

.....
Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, **2017**
(To Be Filed by March 1)

PART 1 – INTERROGATORIES

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

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
Current:									
1. Principal Executive Officer	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
Current:									
2. Principal Financial Officer	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
3.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
4.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
5.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
6.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
7.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
8.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
9.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............
10.	2017 2016 2015	...............	...............	...............	...............	...............	...............	...............	...............

PART 3 – DIRECTOR COMPENSATION

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

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION

EXHIBIT

For Year Ended December 31, **2017**
(To be Filed by April 1)

OF THE NAIC COMPANY CODE

Direct Business in the State of

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

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

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

For The Year Ended December 31, 2017
(To Be Filed by April 1)

OF THE NAIC COMPANY CODE.....

Direct Business in the State of

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

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2017
(To Be Filed by April 1)

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

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

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

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

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

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

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

4. Assets held in foreign investments:

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

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

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

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

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

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

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

7. Aggregate unhedged foreign currency exposure \$.....¹.....².....%

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

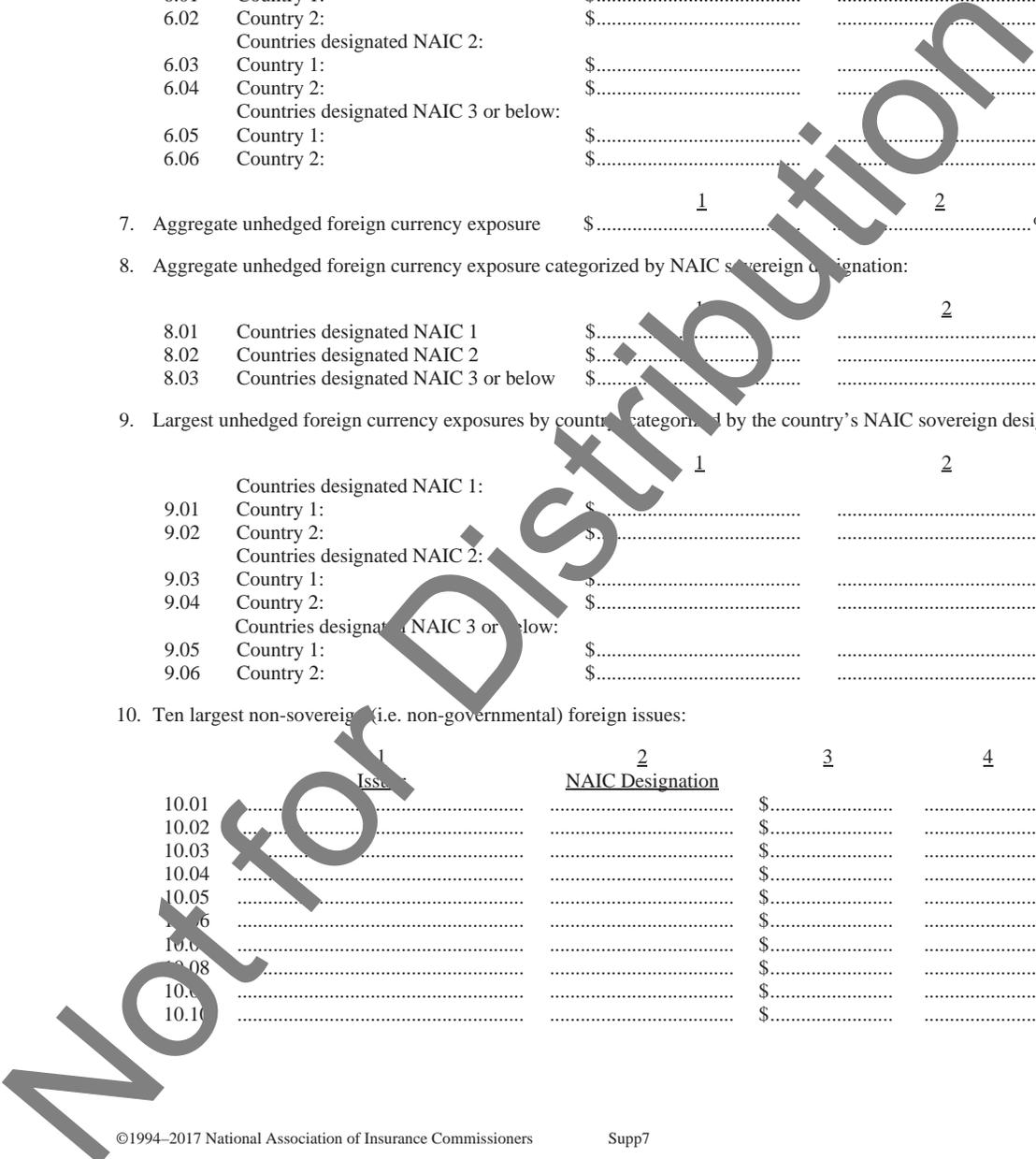
		<u>1</u>	<u>2</u>	
8.01	Countries designated NAIC 1	\$.....	.....	%
8.02	Countries designated NAIC 2	\$.....	.....	%
8.03	Countries designated NAIC 3 or below	\$.....	.....	%

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

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

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

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



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

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

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

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

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

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

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

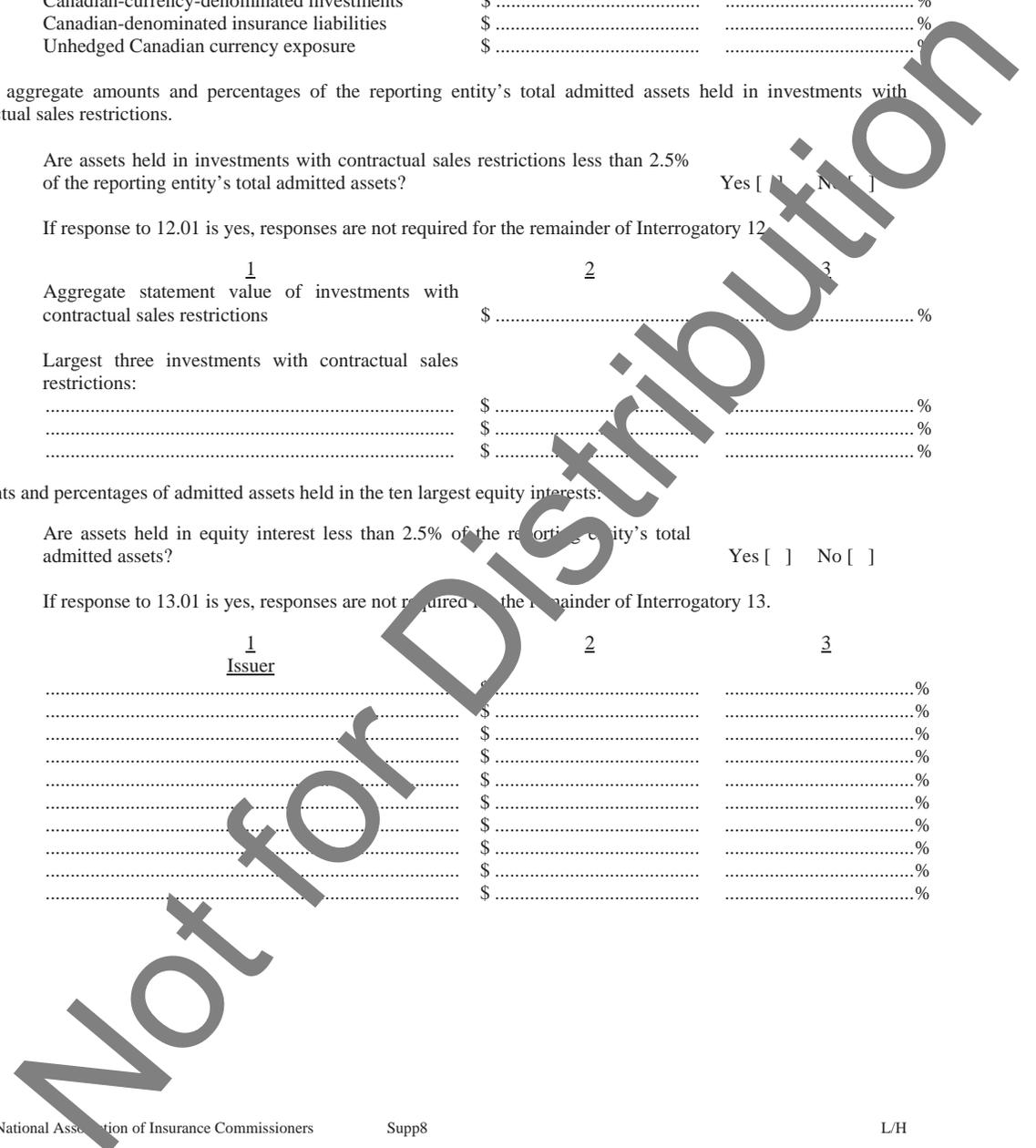
		<u>1</u>	<u>2</u>	<u>3</u>	
12.02	Aggregate statement value of investments with contractual sales restrictions	\$ .....	.....	.....	%
	Largest three investments with contractual sales restrictions:				
12.03	.....	\$ .....	.....	.....	%
12.04	.....	\$ .....	.....	.....	%
12.05	.....	\$ .....	.....	.....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

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

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

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

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



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

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

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

	<u>1</u>	<u>2</u>	<u>3</u>
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	\$.....%
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03	.....	\$.....	.....%
14.04	.....	\$.....	.....%
14.05	.....	\$.....	.....%

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

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

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

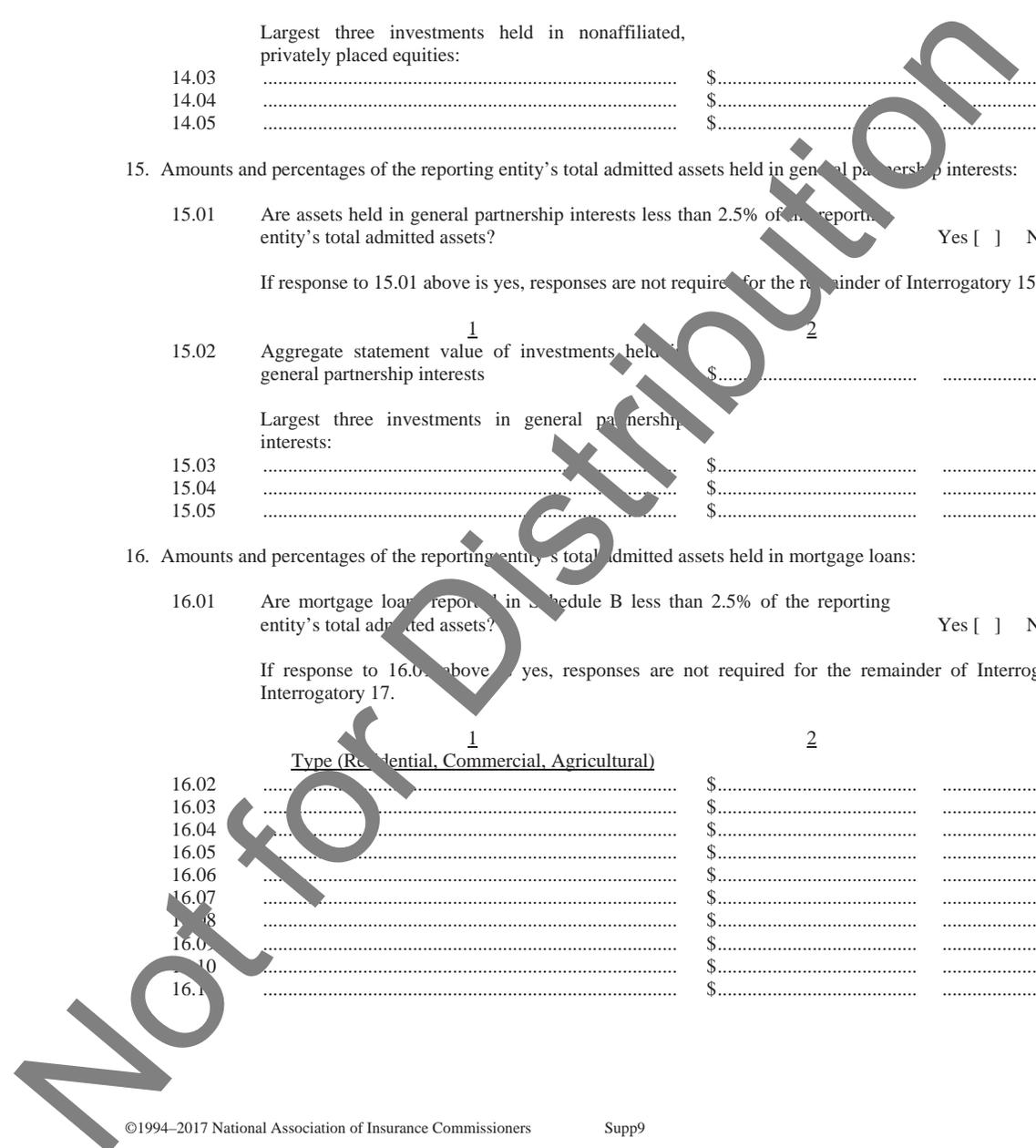
	<u>1</u>	<u>2</u>	<u>3</u>
15.02	Aggregate statement value of investments held in general partnership interests	\$.....%
	Largest three investments in general partnership interests:		
15.03	.....	\$.....	.....%
15.04	.....	\$.....	.....%
15.05	.....	\$.....	.....%

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

Largest three investments held in mezzanine real estate loans:

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

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

	<u>At Year-End</u>		<u>At End of Each Quarter</u>		
	<u>1</u>	<u>2</u>	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>
			<u>3</u>	<u>4</u>	<u>5</u>
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	\$%	\$	\$	\$
20.02 Repurchase agreements	\$%	\$	\$	\$
20.03 Reverse repurchase agreements	\$%	\$	\$	\$
20.04 Dollar repurchase agreements	\$%	\$	\$	\$
20.05 Dollar reverse repurchase agreements	\$%	\$	\$	\$

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

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

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

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

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

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

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.....
Affix Bar Code Above

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

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

TO ANNUAL STATEMENT OF THE

COMPANY

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FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the previous year?
 Answer...
 If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.

2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year?
 Answer...
 If answer is "Yes" a copy of the report shall be forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to contemporaneous with the solicitation of proxies in respect to the Annual Meeting?
 Answer...
 If the answer is "No" explain in detail below. Attach separate sheet if necessary.

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

To be answered by Life and A & H Companies:

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

To be answered by Property and Casualty Companies:

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

To be answered by Title Insurance Companies:

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

To be answered by Health Insurance Companies:

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

Column A		Column B	
Yes	No	Yes	No

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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF

NAIC Company Code

NAIC Code

Address (City, State and Zip Code)

Person Completing This Exhibit

Title

Telephone Number

Affix Bar Code Above

Compliance with OBRA	Standardized Medicare Supplement Plan	Policy Form Number	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marking Trade Name	Policies Issued Through 2014			Policies Issued in 2015, 2016, 2017				
										11	12	13	14	15	16	17	18
										Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999	TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																
0299999	TOTAL EXPERIENCE ON GROUP POLICIES																

GENERAL INTERROGATORIES

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

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.....
Affix Bar Code Above

TRUSTEED SURPLUS STATEMENT

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

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE B

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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE C

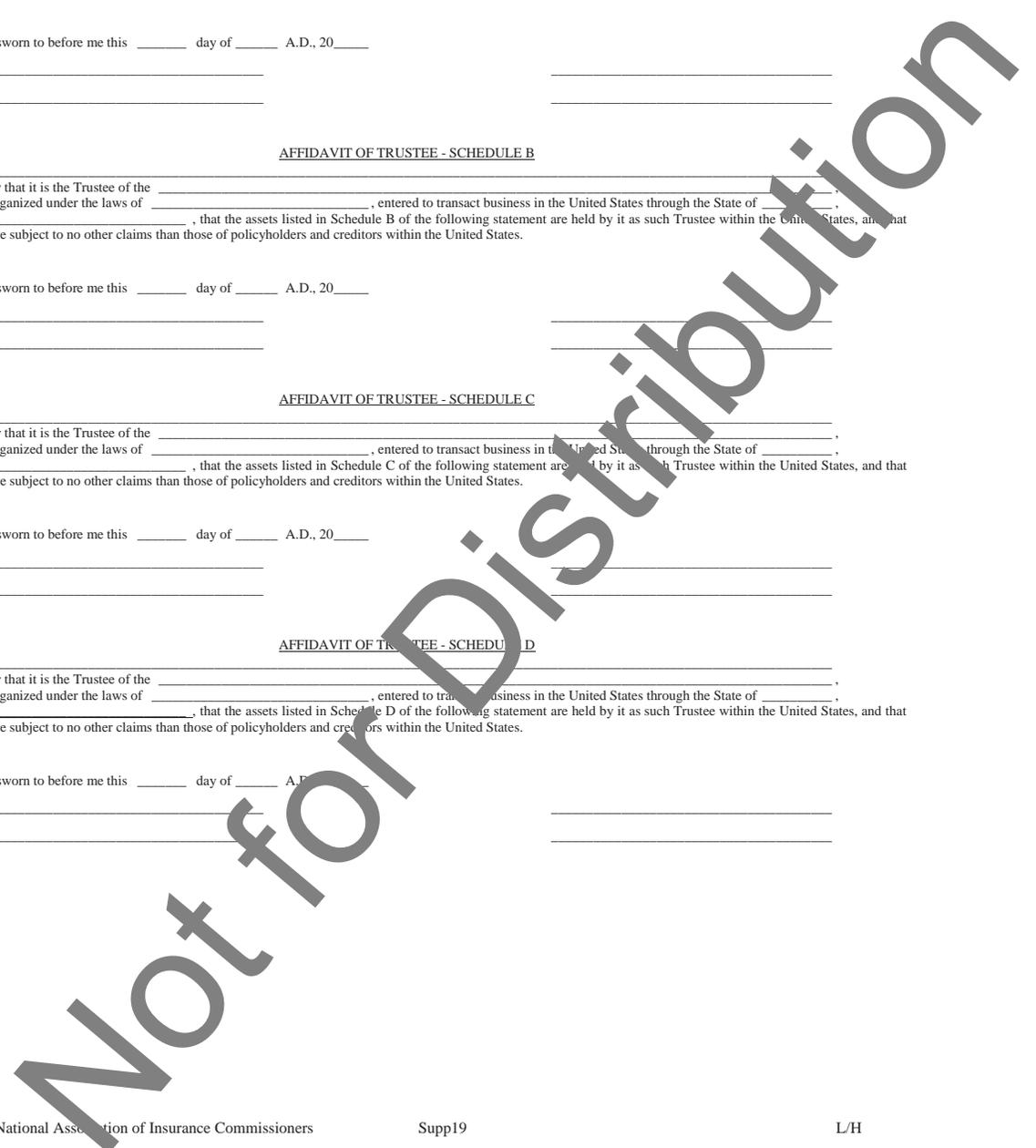
_____ being sworn, say that it is the Trustee of the _____
a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____,
located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within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

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

AFFIDAVIT OF TRUSTEE - SCHEDULE D

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

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



**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

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OVERFLOW PAGE FOR WRITE-INS

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WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT
 For The Year Ended December 31, 2017
 (To Be Filed by March 1)

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS EARNED

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

PART 2 – PREMIUMS WRITTEN

Line of Business	1 Reinsurance Assumed From Affiliates		2 Reinsurance Assumed From Non-Affiliates		3 Reinsurance Ceded To Affiliates		4 Reinsurance Ceded To Non-Affiliates		5 Net Premiums Written (Cols. 1+2-3-4)
	1	2	3	4	5	6	7		
1. Workers' Compensation Carve-Out									

PART 3 – LOSSES PAID AND INCURRED

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

PART 4 – UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

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

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE F – PART 1

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

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

SCHEDULE F – PART 2

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

1	2	3	4	5	6	Reinsurance Recoverable On				Reinsurance Payable			18	19		
						7	8	9	10	11	12	13			14	15	16	17
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid LAE Losses	Known Case Loss Reserves	Known Case Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable Reinsurers (Cols. 15-17)	Funds Held by Company Under Reinsurance Treaties
9999999 Totals																

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P - PART 1
(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Assumed		
	1 Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Assumed	5 Ceded	6 Assumed	7 Ceded	8 Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2008												
3. 2009												
4. 2010												
5. 2011												
6. 2012												
7. 2013												
8. 2014												
9. 2015												
10. 2016												
11. 2017												
12. Totals	XXX	XXX	XXX									XXX

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

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

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WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 2

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (S000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One-Year	12 Two-Year
1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
	12. Totals											

SCHEDULE P – PART 3

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (S000 OMITTED)										11	12
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

Not for Distribution

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

SCHEDULE P – PART 4

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P – PART 5

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF ASSUMED CLAIMS OUTSTANDING AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

WORKERS' COMPENSATION CARVE – OUT SUPPLEMENT

SCHEDULE P – PART 6

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE ASSUMED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior											
2. 2008											
3. 2009	XXX										
4. 2010	XXX	XXX									
5. 2011	XXX	XXX	XXX								
6. 2012	XXX	XXX	XXX	XXX							
7. 2013	XXX	XXX	XXX	XXX	XXX						
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE CEDED PREMIUMS EARNED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior											
2. 2008											
3. 2009	XXX										
4. 2010	XXX	XXX									
5. 2011	XXX	XXX	XXX								
6. 2012	XXX	XXX	XXX	XXX							
7. 2013	XXX	XXX	XXX	XXX	XXX						
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

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SCHEDULE O SUPPLEMENT
 For The Year Ended December 31, 2017
 (To Be Filed By March 1)

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

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2013	2 2014	3 2015	4 2016	5 2017(a)
1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

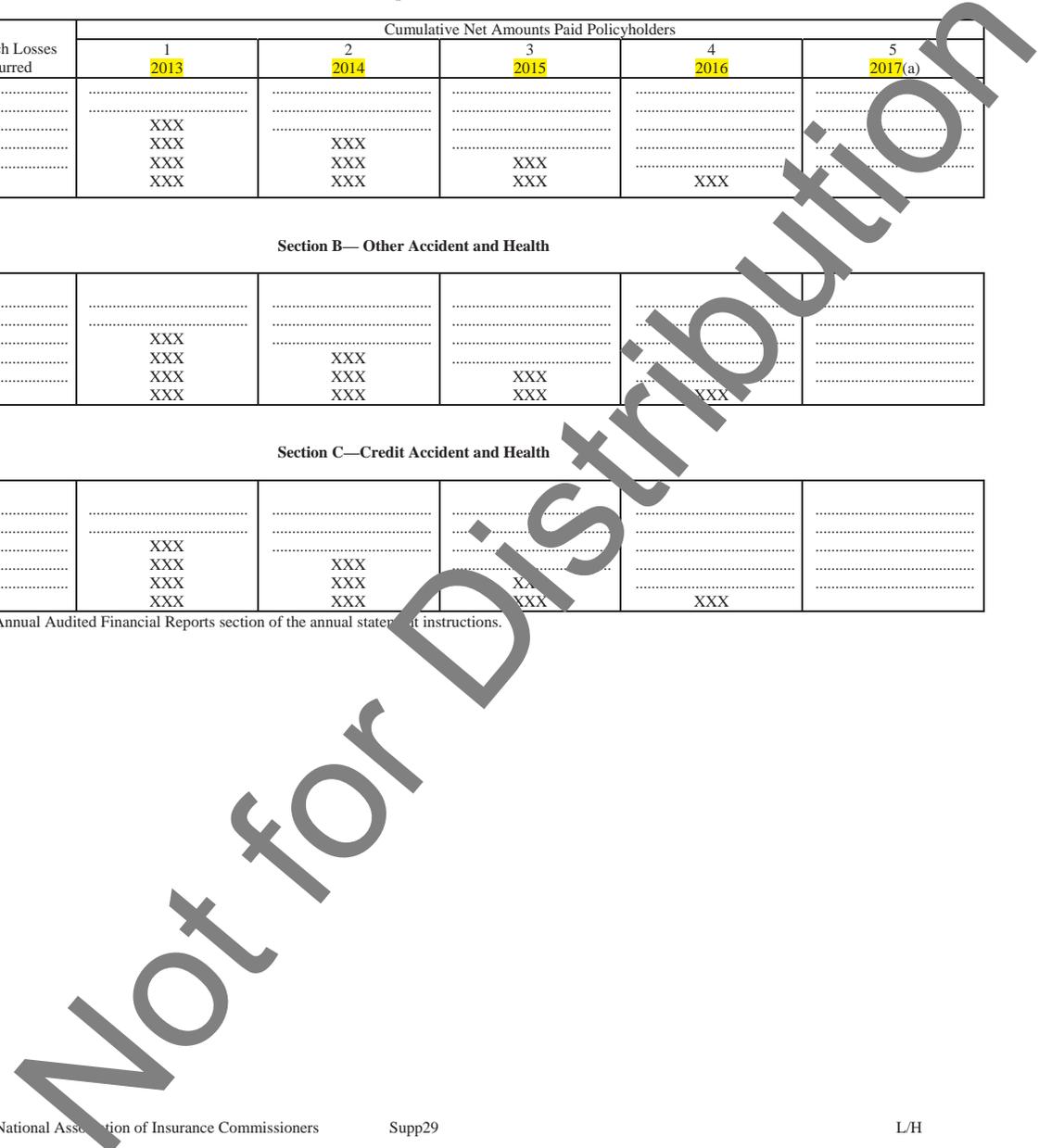
Section B—Other Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

Section C—Credit Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

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



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

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

Section B—Other Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

Section C—Credit Accident and Health

1. Prior.....					
2. 2013.....					
3. 2014.....	XXX				
4. 2015.....	XXX	XXX			
5. 2016.....	XXX	XXX	XXX		
6. 2017.....	XXX	XXX	XXX	XXX	

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SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A – Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
2. 2013				XXX	XXX
3. 2014	XXX				XXX
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section B – Other Accident and Health

2. 2013				XXX	XXX
3. 2014	XXX				XXX
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section C – Credit Accident and Health

2. 2013				XXX	XXX
3. 2014	XXX				XXX
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Not for Distribution

SCHEDULE O SUPPLEMENT

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

Section A – Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section B – Other Accident and Health

2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section C – Credit Accident and Health

2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

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

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

Not for Distribution

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

Affix Bar Code Above

NAIC Group Code.....

NAIC Company Code.....

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

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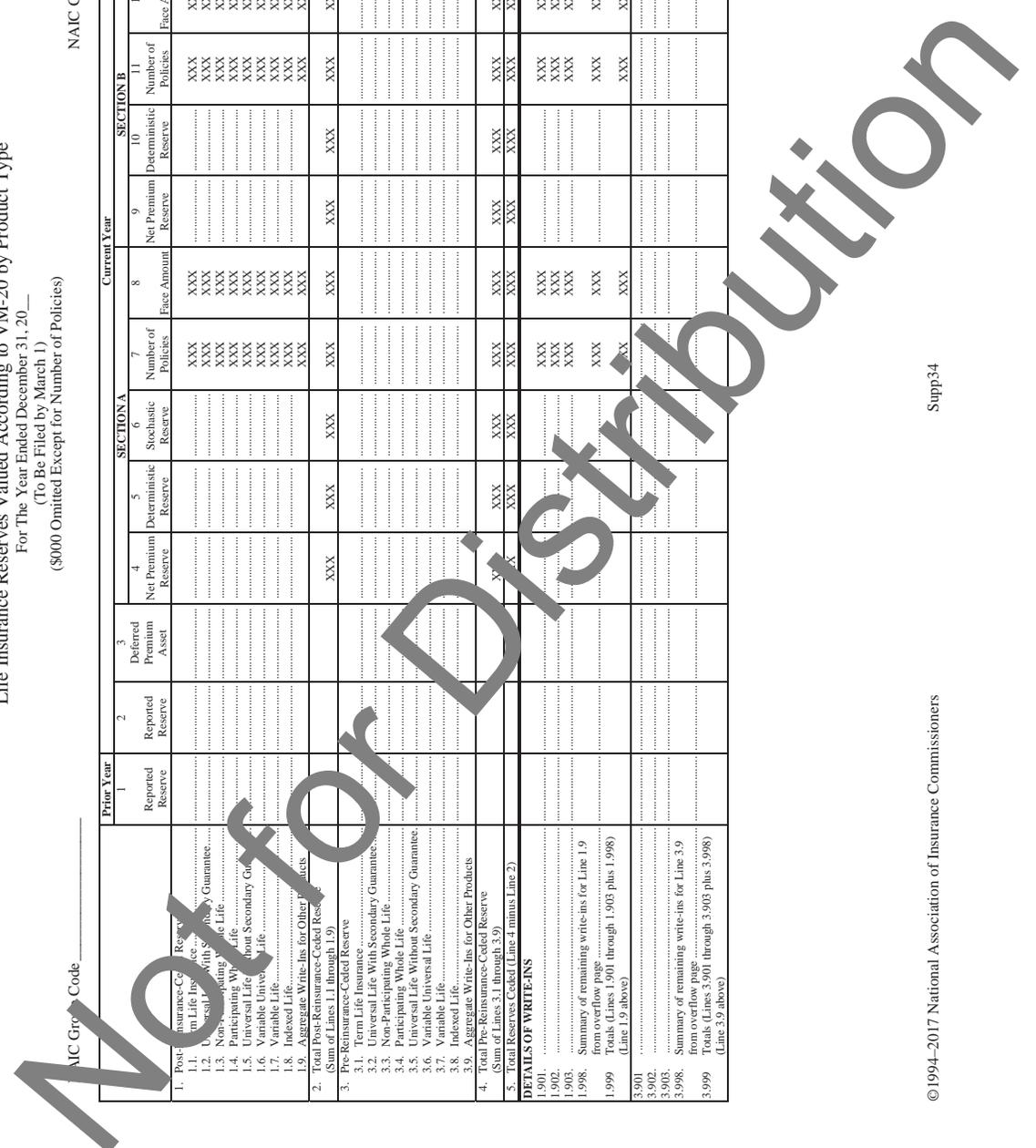
NEW PAGE

VM-20 RESERVES SUPPLEMENT – PART 1
Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 20____
 (To Be Filed by March 1)
 (\$800 Omitted Except for Number of Policies)

AIC Group Code _____

NAIC Company Code _____

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



NEW PAGE

VM-20 RESERVES SUPPLEMENT – PART 2

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

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

VM-20 RESERVES SUPPLEMENT – PART 3

Companywide Exemption
For The Year Ended December 31, 20__
(To Be Filed by March 1)
(\$000 Omitted Except for Number of Policies)

Companywide Exemption as defined in the NAIC adopted Valuation Manual (VM)	
1. Has the company filed and been granted a companywide exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If the response to Question 1 is "Yes", then check the source of the granted "companywide exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM <input type="checkbox"/>	
2.2 State Statute (SVL) <input type="checkbox"/> Complete items "a" and "b", as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
.....	
.....	
.....	
2.3 State Regulation <input type="checkbox"/> Complete items "a" and "b", as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
.....	
.....	
.....	

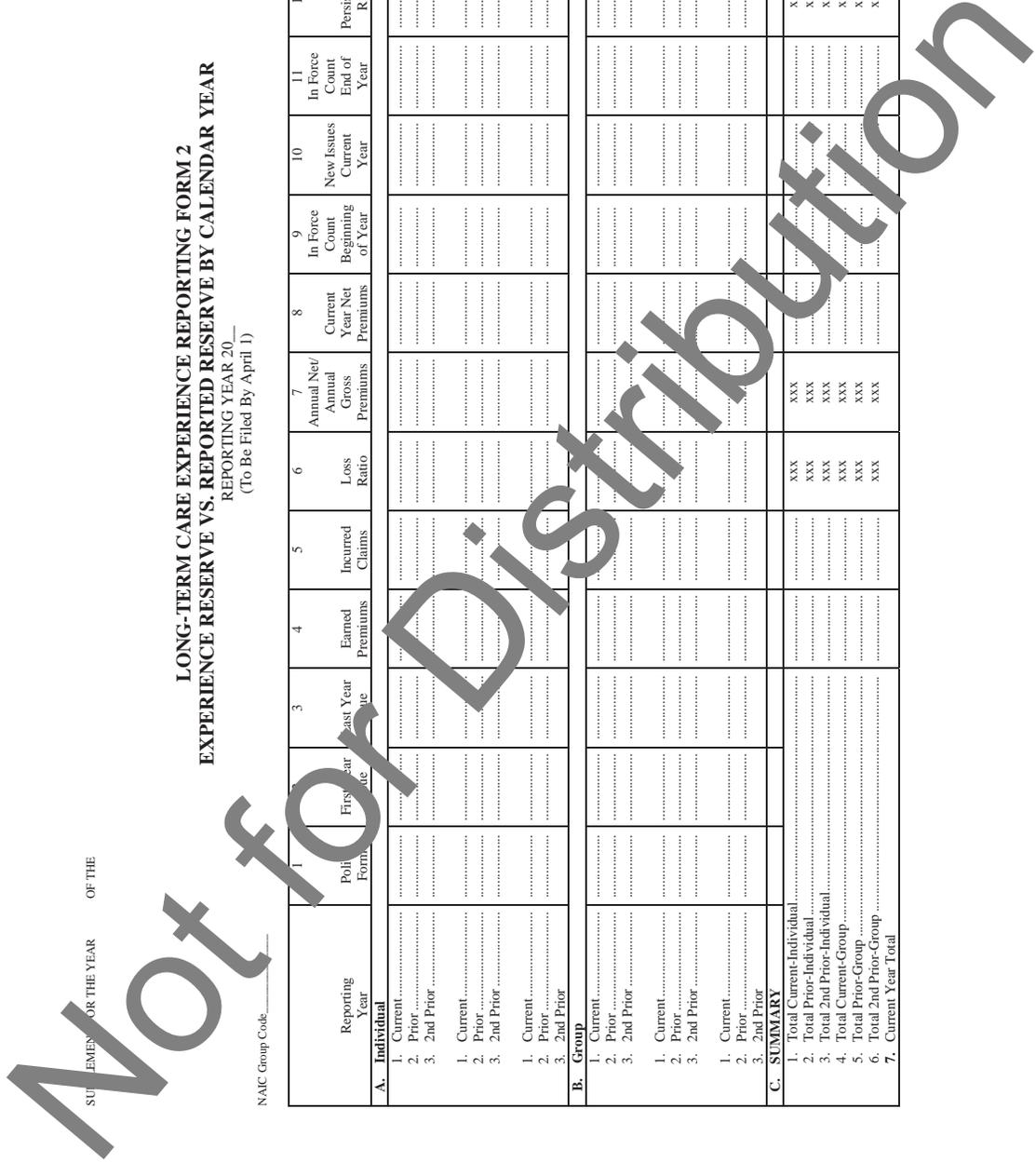
SUBJECT MATTER FOR THE YEAR OF THE

Affix Bar Code Above

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

NAIC Group Code: _____ NAIC Company Code: _____

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



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

NAIC Group Code _____ NAIC Company Code _____

Insured Year	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010.....	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2011.....	XXX	XXX	.....	.....	.....	.....	.....	.....
4. 2012.....	XXX	XXX	XXX	.....	.....	.....	.....	.....
5. 2013.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....
6. 2014.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
7. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010.....	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2011.....	XXX	XXX	.....	.....	.....	.....	.....	.....
4. 2012.....	XXX	XXX	XXX	.....	.....	.....	.....	.....
5. 2013.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....
6. 2014.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
7. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 – Transferred Reserves								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010.....	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2011.....	XXX	XXX	.....	.....	.....	.....	.....	.....
4. 2012.....	XXX	XXX	XXX	.....	.....	.....	.....	.....
5. 2013.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....
6. 2014.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
7. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 – Present Value of Transferred Claims								
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010.....	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2011.....	XXX	XXX	.....	.....	.....	.....	.....	.....
4. 2012.....	XXX	XXX	XXX	.....	.....	.....	.....	.....
5. 2013.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....
6. 2014.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
7. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

Incurred for	2011	2012	2013	2014	2015	2016	2017
B. Group							
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 3 – Transferred Reserves							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 4 – Present Value of Incurred Claims							
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

Injured Year	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010	XXX	.....	.....	.....	.....	.....	.....	.....
3. 2011	XXX	XXX	.....	.....	.....	.....	.....	.....
4. 2012	XXX	XXX	XXX	.....	.....	.....	.....	.....
5. 2013	XXX	XXX	XXX	XXX	.....	.....	.....	.....
6. 2014	XXX	XXX	XXX	XXX	XXX	.....	.....	.....
7. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....
4. 2012	.....	.....	.....	.....	.....	.....	.....	.....
5. 2013	.....	.....	.....	.....	.....	.....	.....	.....
6. 2014	.....	.....	.....	.....	.....	.....	.....	.....
7. 2015	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016	.....	.....	.....	.....	.....	.....	.....	.....
9. 2017	.....	.....	.....	.....	.....	.....	.....	.....
PART 3 – Transferred Reserves								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....
4. 2012	.....	.....	.....	.....	.....	.....	.....	.....
5. 2013	.....	.....	.....	.....	.....	.....	.....	.....
6. 2014	.....	.....	.....	.....	.....	.....	.....	.....
7. 2015	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016	.....	.....	.....	.....	.....	.....	.....	.....
9. 2017	.....	.....	.....	.....	.....	.....	.....	.....
PART 4 – Reserve of Incurred Claims								
1. Prior	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011	.....	.....	.....	.....	.....	.....	.....	.....
4. 2012	.....	.....	.....	.....	.....	.....	.....	.....
5. 2013	.....	.....	.....	.....	.....	.....	.....	.....
6. 2014	.....	.....	.....	.....	.....	.....	.....	.....
7. 2015	.....	.....	.....	.....	.....	.....	.....	.....
8. 2016	.....	.....	.....	.....	.....	.....	.....	.....
9. 2017	.....	.....	.....	.....	.....	.....	.....	.....

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS
 REPORTING YEAR 20__
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

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

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

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Affix Bar Code Above

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

NAIC Group Code _____

NAIC Company Code _____

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

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**INTEREST SENSITIVE LIFE INSURANCE
PRODUCTS REPORT**

For The Year Ended December 31, 2017
(To Be Filed by April 1)

Of The Insurance Company

Address (City, State and Zip Code)

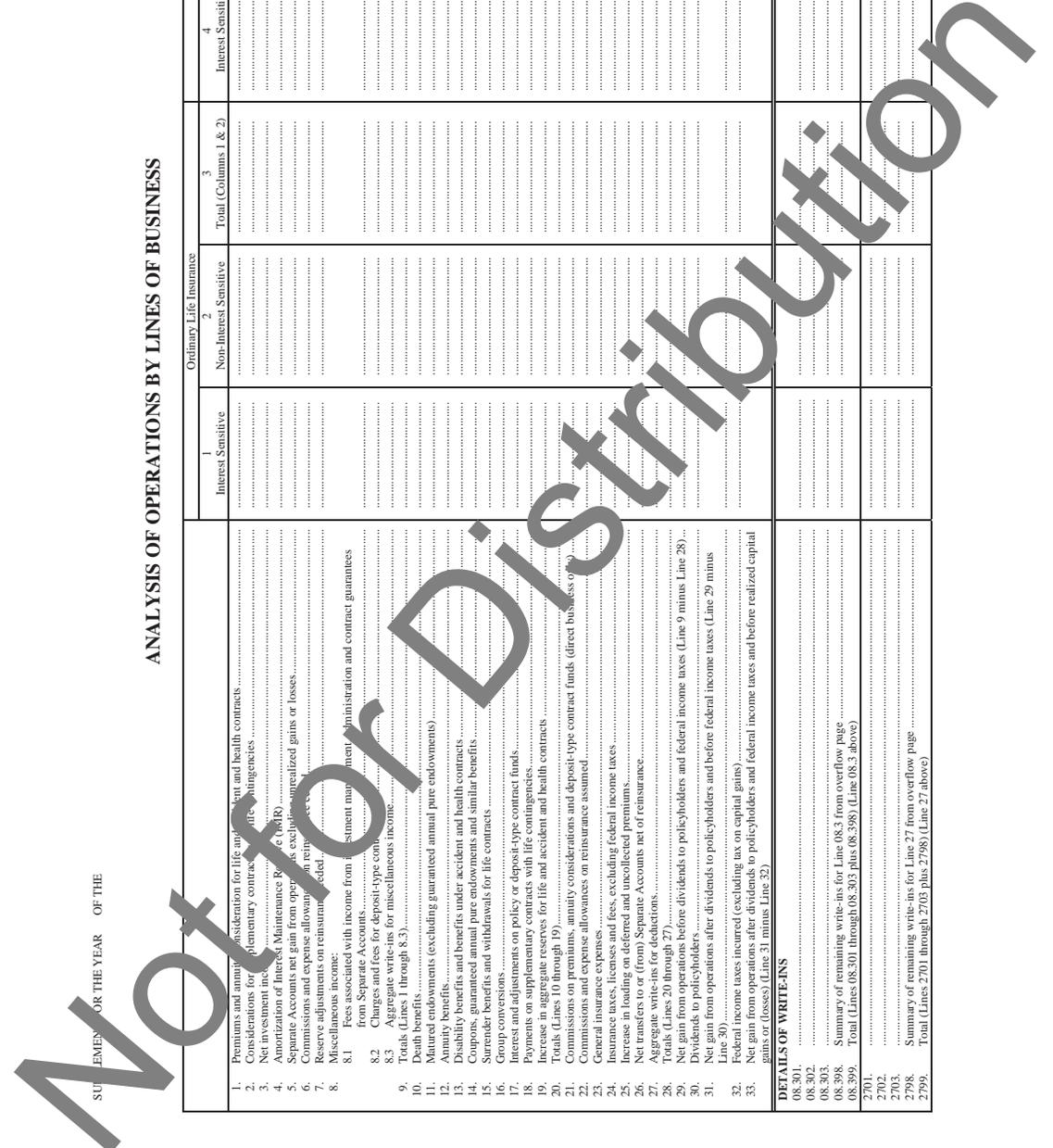
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NAIC Group Code . NAIC Company Code Employer's I.P. Number

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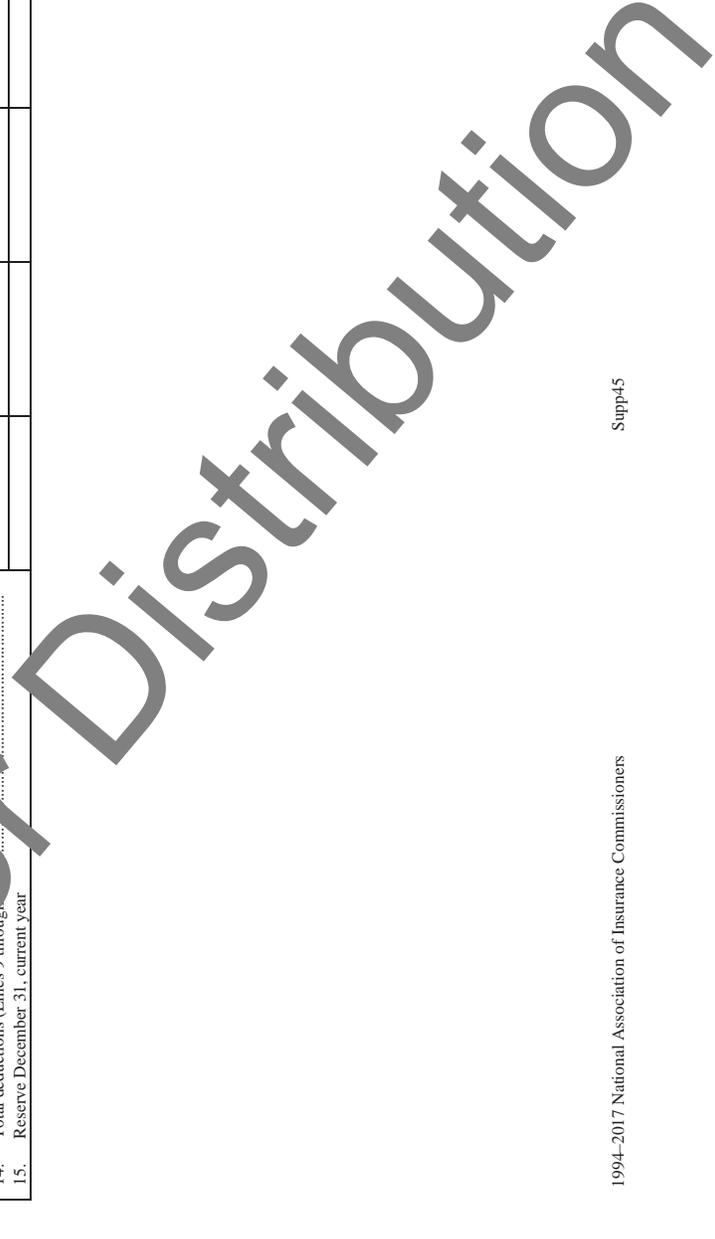
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	Ordinary Life Insurance		Group Life Insurance		Total (Columns 4 & 5)
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1 & 2)	4 Interest Sensitive	
1. Premiums and annuities consideration for life and health contracts					
2. Considerations for supplementary contracts contingencies					
3. Net investment income					
4. Amortization of Interest Maintenance Reserve (IMR)					
5. Separate Accounts net gain from operations excluding realized gains or losses					
6. Commissions and expense allowances on reinsurance ceded					
7. Reinsurance expense					
8. Miscellaneous income:					
8.1 Fees associated with income from investment management administration and contract guarantees from Separate Accounts					
8.2 Changes and fees for deposit-type contracts					
8.3 Aggregate write-ins for miscellaneous income					
Totals (Lines 1 through 8.3)					
9. Death benefits					
10. Matured endowments (excluding guaranteed annual pure endowments)					
11. Annuity benefits					
12. Disability benefits and benefits under accident and health contracts					
13. Coupons, guaranteed annual pure endowments and similar benefits					
14. Surrender benefits and withdrawals for life contracts					
15. Group conversions					
16. Interest and adjustments on policy or deposit-type contract funds					
17. Payments on supplementary contracts with life contingencies					
18. Increase in aggregate reserves for life and accident and health contracts					
19. Decrease in aggregate reserves for life and accident and health contracts					
20. Changes in premium liability considerations and deposit-type contract funds (direct business only)					
21. Commissions and expense allowances on reinsurance assumed					
22. General insurance expenses					
23. Insurance taxes, licenses and fees, excluding federal income taxes					
24. Increase in loading on deferred and uncollected premiums					
25. Net transfers to or (from) Separate Accounts net of reinsurance					
26. Aggregate write-ins for deductions					
27. Totals (Lines 20 through 27)					
28. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)					
29. Dividends to policyholders					
30. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)					
31. Federal income taxes incurred (excluding tax on capital gains)					
32. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or losses (Line 31 minus Line 32)					
DETAILS OF WRITE-INS					
08.301					
08.302					
08.303					
08.398					
08.399					
2701					
2702					
2798					
2799					



ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	Ordinary Life Insurance			Group Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1 & 2)	4 Interest Sensitive	5 Non-Interest Sensitive	6 Total (Columns 4 & 5)
Increasing Life or Disability Contingencies (Reserves)						
1. Reserve December 31, prior year
2. Tabular net premiums or considerations
3. Present value of disability claims incurred
4. Tabular interest
5. Tabular actual reserve released
6. Increase in reserve on account of change in valuation basis
6.1 Change in excess of 1-20 deterministic/stochastic reserve over net premium reserve	XXX	XXX	XXX
7. Other releases (net)
8. Totals (Lines 1 through 7)
9. Tabular cost
10. Reserves released by death
11. Reserves released by other (terminal reserve)
12. Annuity, supplementary, contract and disability payments involving life contingencies
13. Net transfers to or (from) Separate Accounts
14. Total deductions (Lines 9 through 13)
15. Reserve December 31, current year



OVERFLOW PAGE FOR WRITE-INS

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CREDIT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2017
(To Be Filed By April 1)

Of The Insurance Company

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

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

Direct Business in the State of

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

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

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

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

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PART 2A – CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium – Closed-End

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

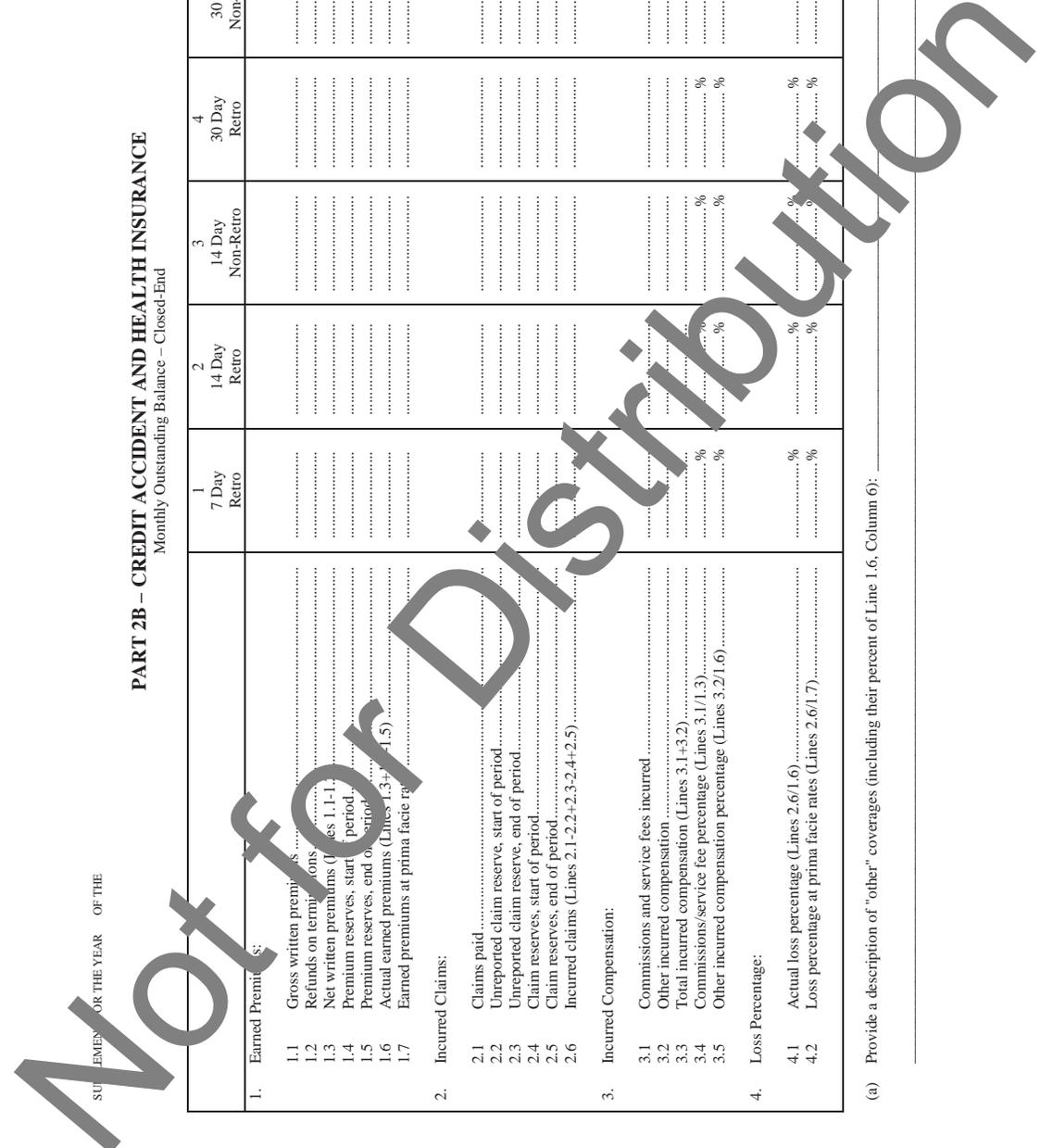
(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B – CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance – Closed-End

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

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



**PART 2D – CREDIT
ACCIDENT AND HEALTH
INSURANCE**

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

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

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

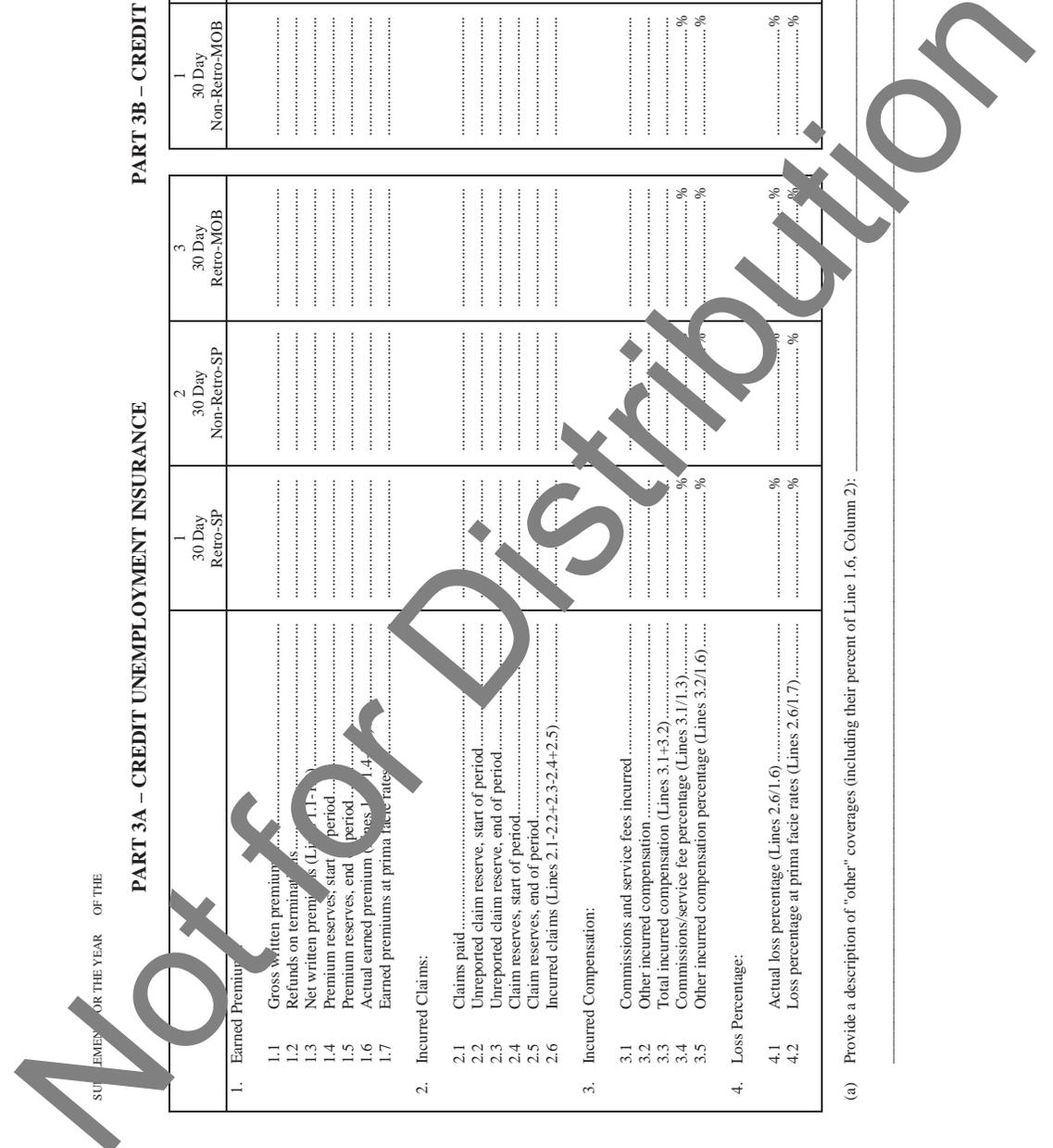
(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 3A – CREDIT UNEMPLOYMENT INSURANCE

PART 3B – CREDIT UNEMPLOYMENT INSURANCE

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

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



PART 4 – CREDIT PROPERTY INSURANCE

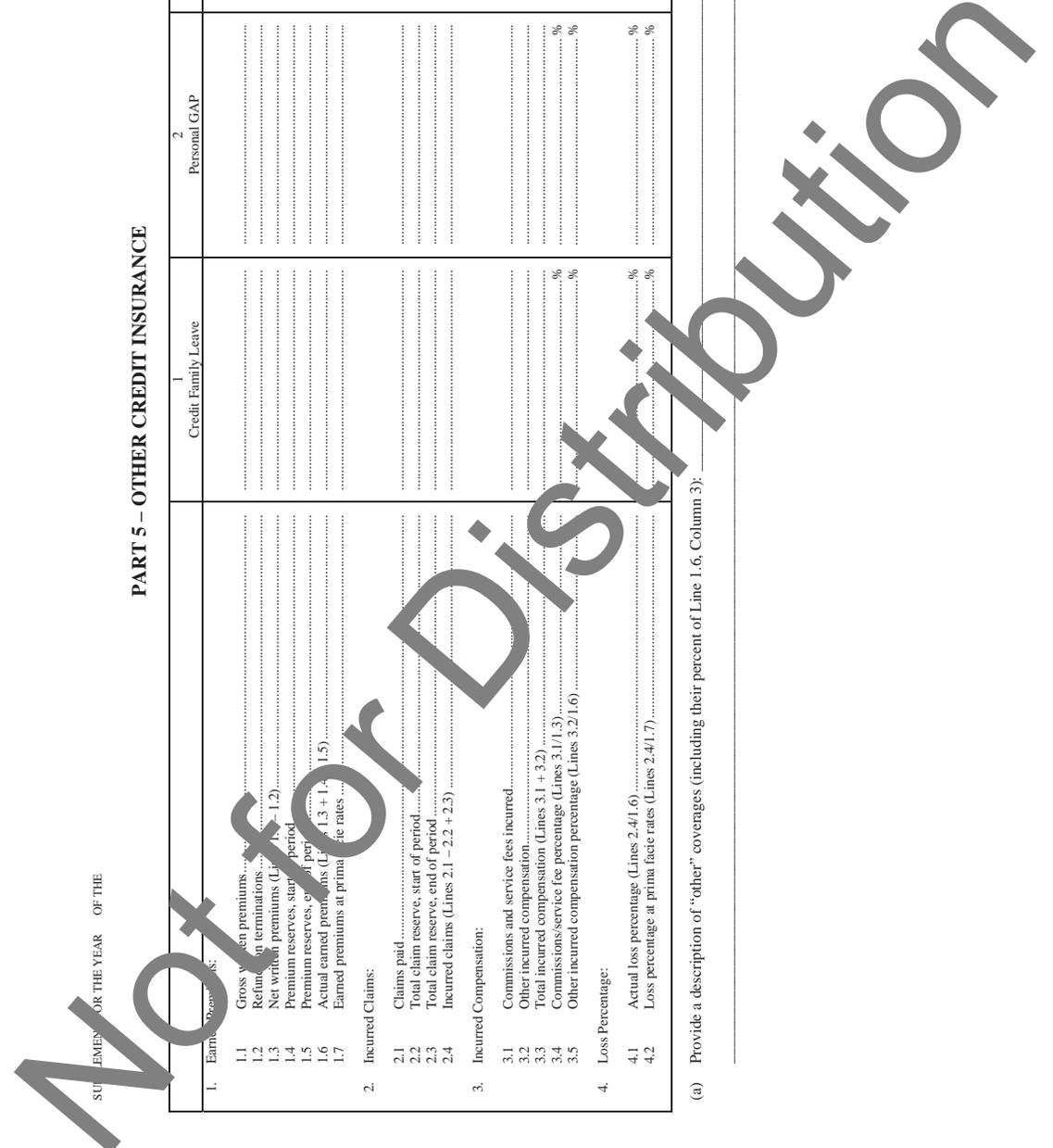
	1 Creditor Placed Home-Single Interest	2 Creditor Placed Home-Dual Interest	3 Creditor Placed Auto-Single Interest	4 Creditor Placed Auto-Dual Interest	5 Personal Property-Single Interest	6 Personal Property-Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums.....							
1.2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

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

PART 5 – OTHER CREDIT INSURANCE

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

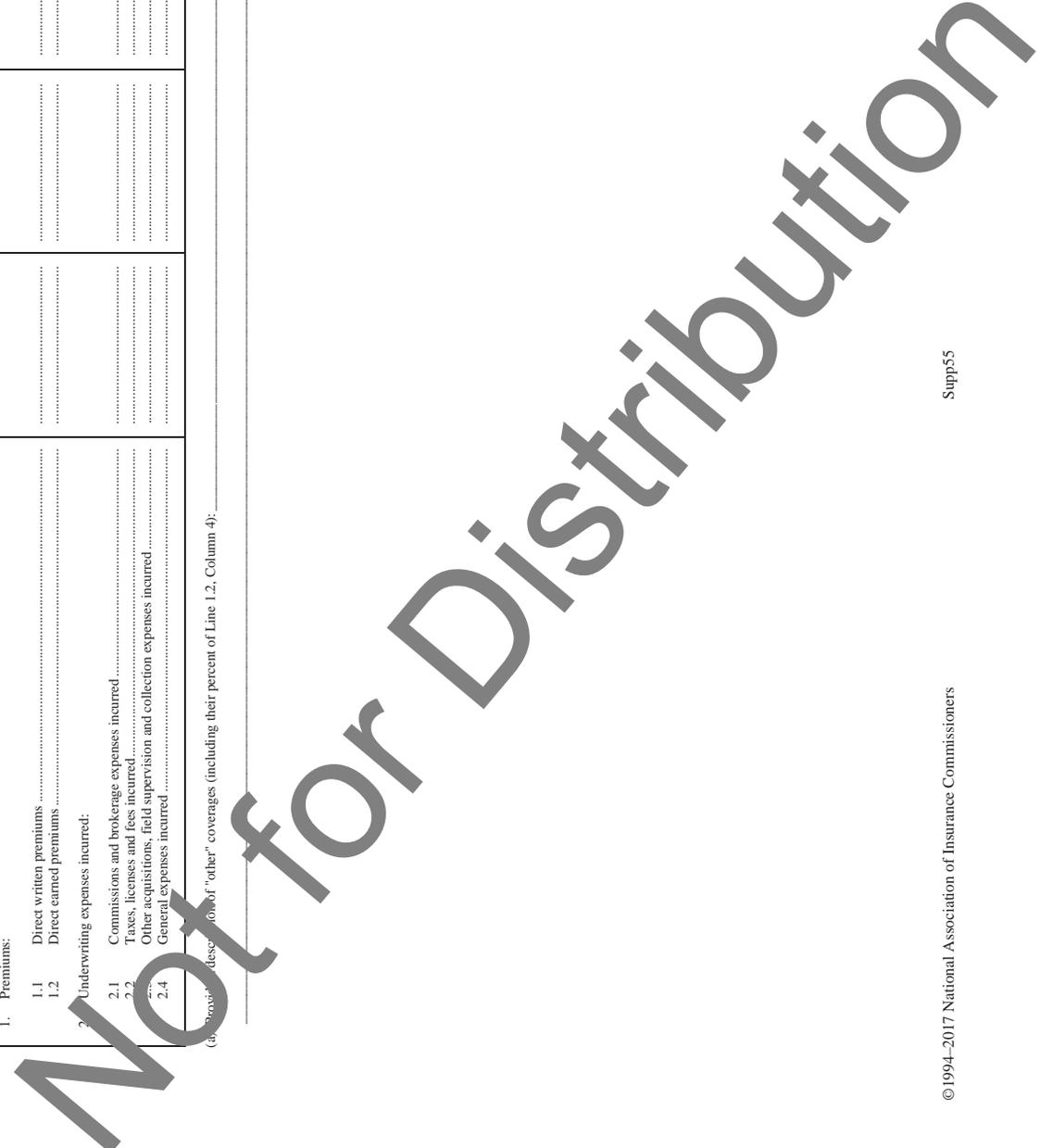
(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):



PART 6 – NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

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

(do not include "other" coverages (including their percent of Line 1.2, Column 4):



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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2017
(To Be Filed by April 1)

NAIC Group Code.....

NAIC Company Code.....

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



ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

SUPPLEMENT FOR THE YEAR OF THE

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

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

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

PART 2 – GROUP POLICIES
SUMMARY

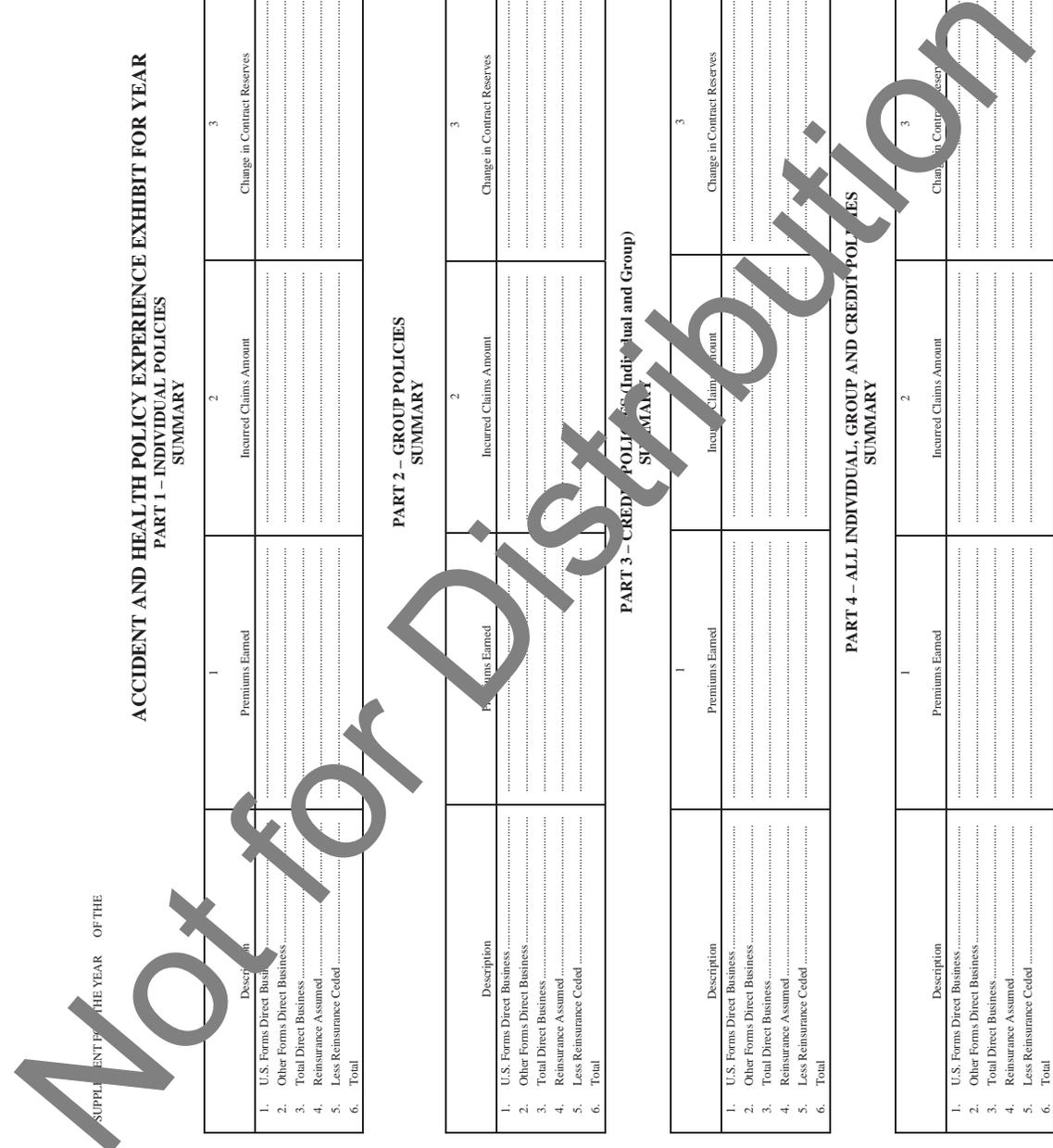
1	2	3	4
Description	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves
1. U.S. Forms Direct Business			Loss Ratio (2+3)/1
2. Other Forms Direct Business			
3. Total Direct Business			
4. Reinsurance Assumed			
5. Less Reinsurance Ceded			
6. Total			

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

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

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

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



ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2017
(To Be Filed by April 1)

	1			Individual				Group			
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities
1. Premiums and annuity considerations for life and accident and health contracts (a)											
2. Supplemental annuity considerations for life contingencies											
3. Net gain from operations after dividends to policyholders and before realized capital gains or losses											
4. Separate Account gains/losses on reinsurance ceded											
5. Reserves and charges on reinsurance ceded											
6. Miscellaneous income											
7. Miscellaneous income with income from investment management, administration and contract guarantees from Separate Accounts											
8.1 Fees associated with income from investments											
8.2 Charges and fees for deposit-type contracts											
8.3 Aggregate write-ins for miscellaneous income											
9. Totals (Lines 1 to 8.3)											
10. Death benefits											
11. Matured endowments (excluding contract surrenders and withdrawals)											
12. Annuity benefits											
13. Disability benefits and benefits under accident and health contracts											
14. Coupons, guaranteed annual pure endowments and single premium benefits											
15. Surrender benefits and withdrawals for life contracts											
16. Group conversions											
17. Interest and adjustments on contract or deposit-type contracts											
18. Payments on supplementary contracts with life contingencies											
19. Increase in aggregate reserves for life and accident and health contracts											
20. Totals (Lines 10 to 19)											
21. Commissions on premiums, annuity considerations and deposit-type contracts (direct business only)											
22. Commissions and expense allowances on reinsurance assumed											
23. General insurance expenses, less excluding federal income taxes											
24. Increase in loading on deferred and uncollected premiums											
25. Net transfers to or (from) Separate Accounts net of reinsurance											
26. Aggregate write-ins for deductions											
27. Totals (Lines 20 to 27)											
28. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 plus Line 28)											
29. Dividends to policyholders											
30. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 29)											
31. Federal income taxes incurred (excluding tax on capital gains)											
32. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains (losses) (Line 31 minus Line 32) (b)											
33. Policies/certificates in force end of year											
34. Details of write-ins											
08 301											
08 302											
08 303											
08 308											
08 309											
08 309											
2701											
2702											
2703											
2798											
2799											

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

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

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SUPPLEMENT FOR THE YEAR OF THE

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

	Business Subject to MLR										15				
	Comprehensive Health Coverage			Small-Mid Plans			Equivalent Plans			13		14			
	1	2	3	4	5	6	7	8	9				10	11	12
Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Col 1 thru 12)	Uninsured Plans	Total 13+14	
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.2 Agents and brokers fees and commissions	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.14) (do not include taxes on Lines 1.5 through 1.14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.4 Other taxes (excluding taxes on Lines 1.5 through 1.14) (do not include taxes on Lines 1.5 through 1.14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10.5 Total, general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Underwriting Gain/Loss (Lines 1.2 – 5.7 – 6.6 – 8.3 – 10.5)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Net Investment and Other Gain/Loss	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
14. Net Change (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
15. ICD-10 Implementation Expenses (informational only; already included in general expenses on Line 6.5)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
16. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
OTHER INDICATORS:															
1. Number of Certificates/Polices	XXX														
2. Number of Members	XXX														
3. Number of Months	XXX														

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

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

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

REPORT FOR: 1. CORPORATION

(LOCATION)

NAIC Company Code

DURING THE YEAR

BUSINESS IN THE STATE OF

Group Code

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

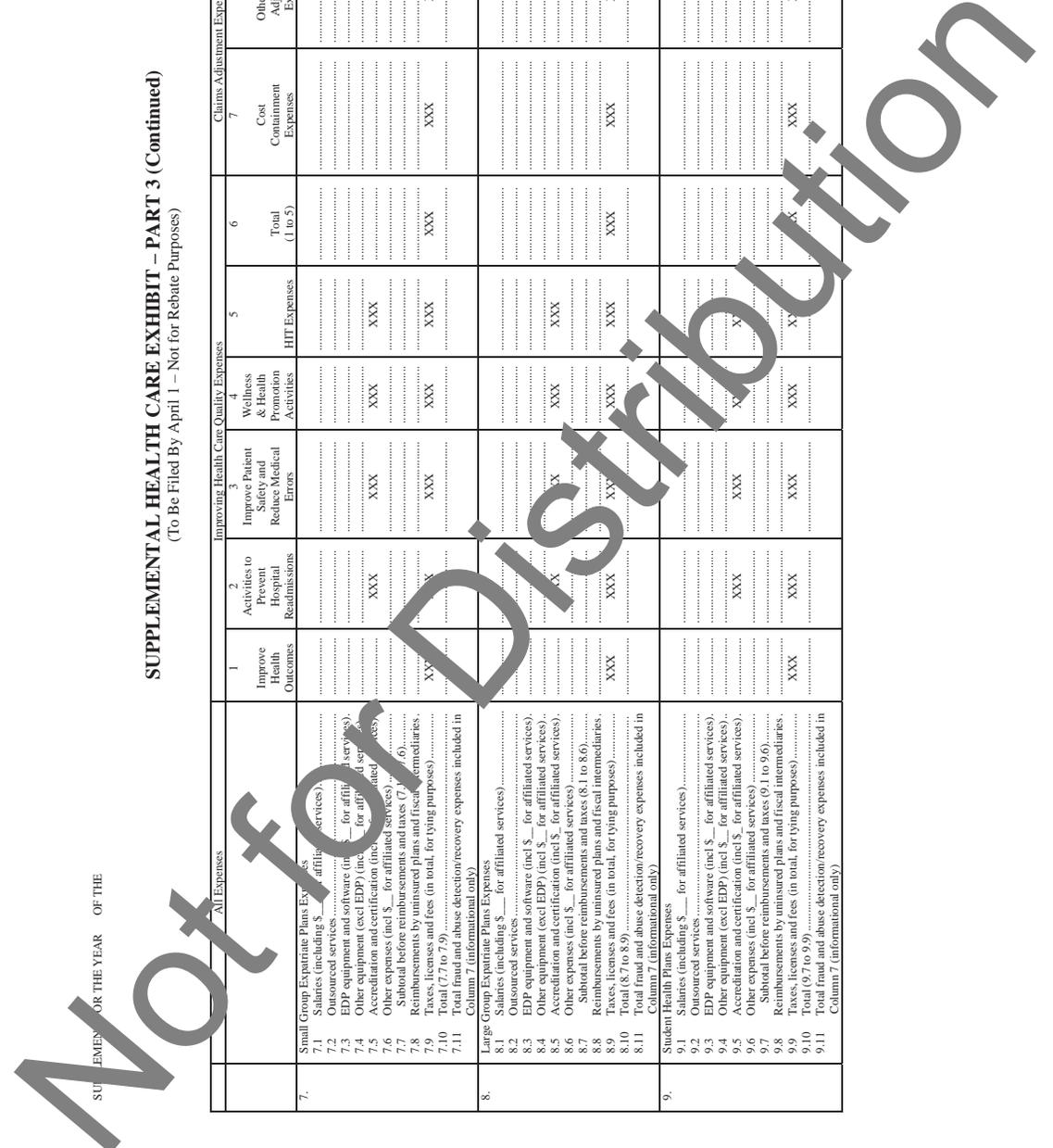
(a) Column 13, Line 1.1 includes direct written premium of \$..... for stand-alone dental and \$..... for stand-alone vision policies.

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

	All Expenses									
	1	2	3	4	5	6	7	8	9	10
	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Salaries (including \$ for affiliated services)									
4.1	Outsourced services (incl. \$ for affiliated services)									
4.2	EDP equipment and software (incl. \$ for affiliated services)									
4.3	Accreditation and certification (incl. \$ for affiliated services)									
4.4	Other expenses (incl. \$ for affiliated services)	XXX								
4.5	Subtotal before reimbursements and taxes (4.1 to 4.4)	XXX								
4.6	Reimbursements by insured plans and fiscal intermediaries	XXX								
4.7	Subtotal before reimbursements and taxes (4.1 to 4.6)	XXX								
4.8	Taxes, licenses and fees (in total, for tying purposes)	XXX								
4.9	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
4.10	Total (4.7 to 4.9)	XXX								
4.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
5.	Small Group Mini-Med Plans Expenses									
5.1	Salaries (including \$ for affiliated services)									
5.2	Outsourced services (incl. \$ for affiliated services)									
5.3	EDP equipment and software (incl. \$ for affiliated services)									
5.4	Other equipment (excl. EDP) (incl. \$ for affiliated services)									
5.5	Accreditation and certification (incl. \$ for affiliated services)	XXX								
5.6	Other expenses (incl. \$ for affiliated services)	XXX								
5.7	Subtotal before reimbursements and taxes (5.1 to 5.6)	XXX								
5.8	Reimbursements by uninsured plans and fiscal intermediaries	XXX								
5.9	Taxes, licenses and fees (in total, for tying purposes)	XXX								
5.10	Total (5.7 to 5.9)	XXX								
5.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
6.	Large Group Mini-Med Plans Expenses									
6.1	Salaries (including \$ for affiliated services)									
6.2	Outsourced services (incl. \$ for affiliated services)									
6.3	EDP equipment and software (incl. \$ for affiliated services)									
6.4	Other equipment (excl. EDP) (incl. \$ for affiliated services)									
6.5	Accreditation and certification (incl. \$ for affiliated services)	XXX								
6.6	Other expenses (incl. \$ for affiliated services)	XXX								
6.7	Subtotal before reimbursements and taxes (6.1 to 6.6)	XXX								
6.8	Reimbursements by uninsured plans and fiscal intermediaries	XXX								
6.9	Taxes, licenses and fees (in total, for tying purposes)	XXX								
6.10	Total (6.7 to 6.9)	XXX								
6.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

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

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



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

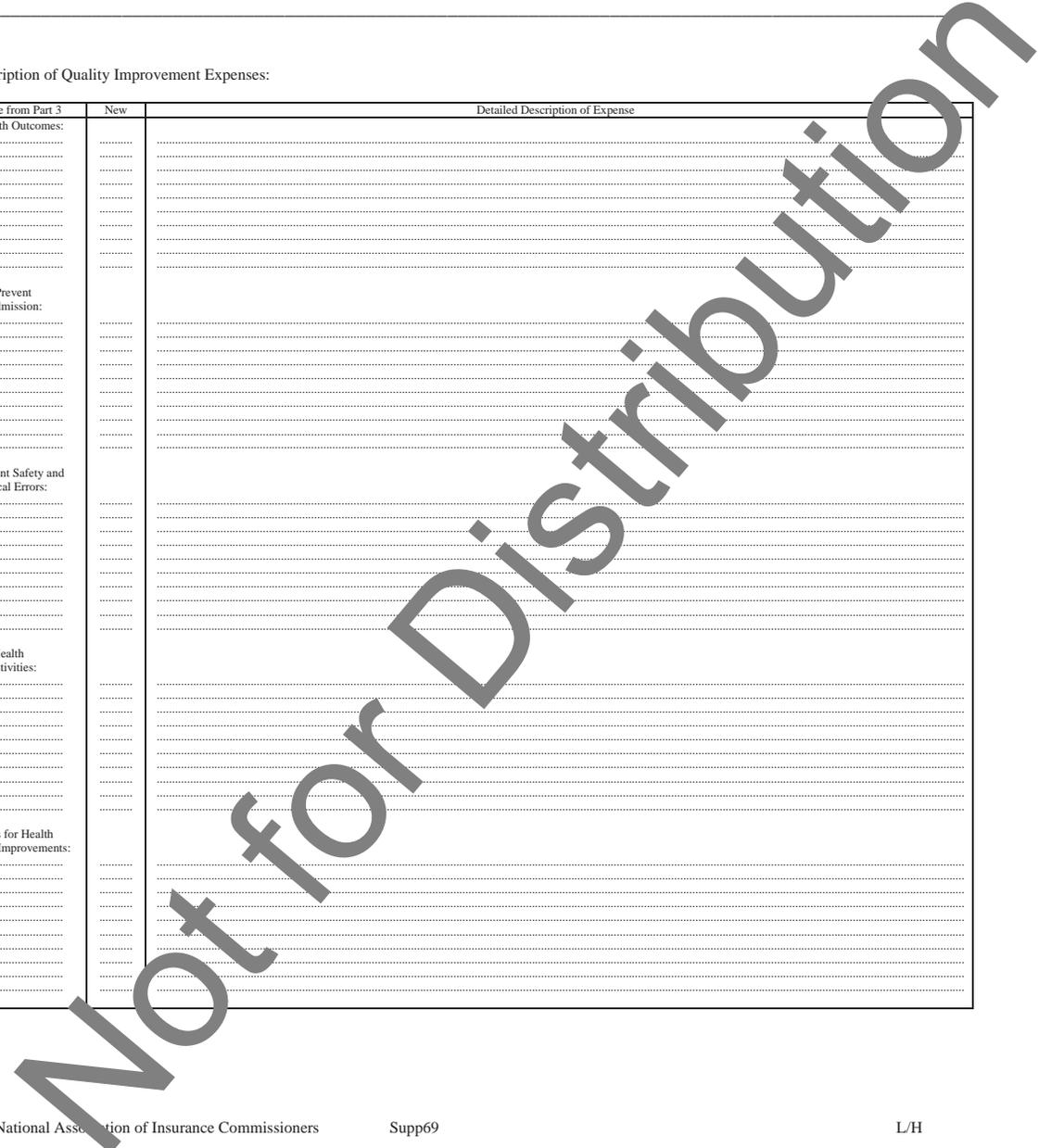
NAIC Group Code: _____

NAIC Company Code: _____

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

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



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SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT

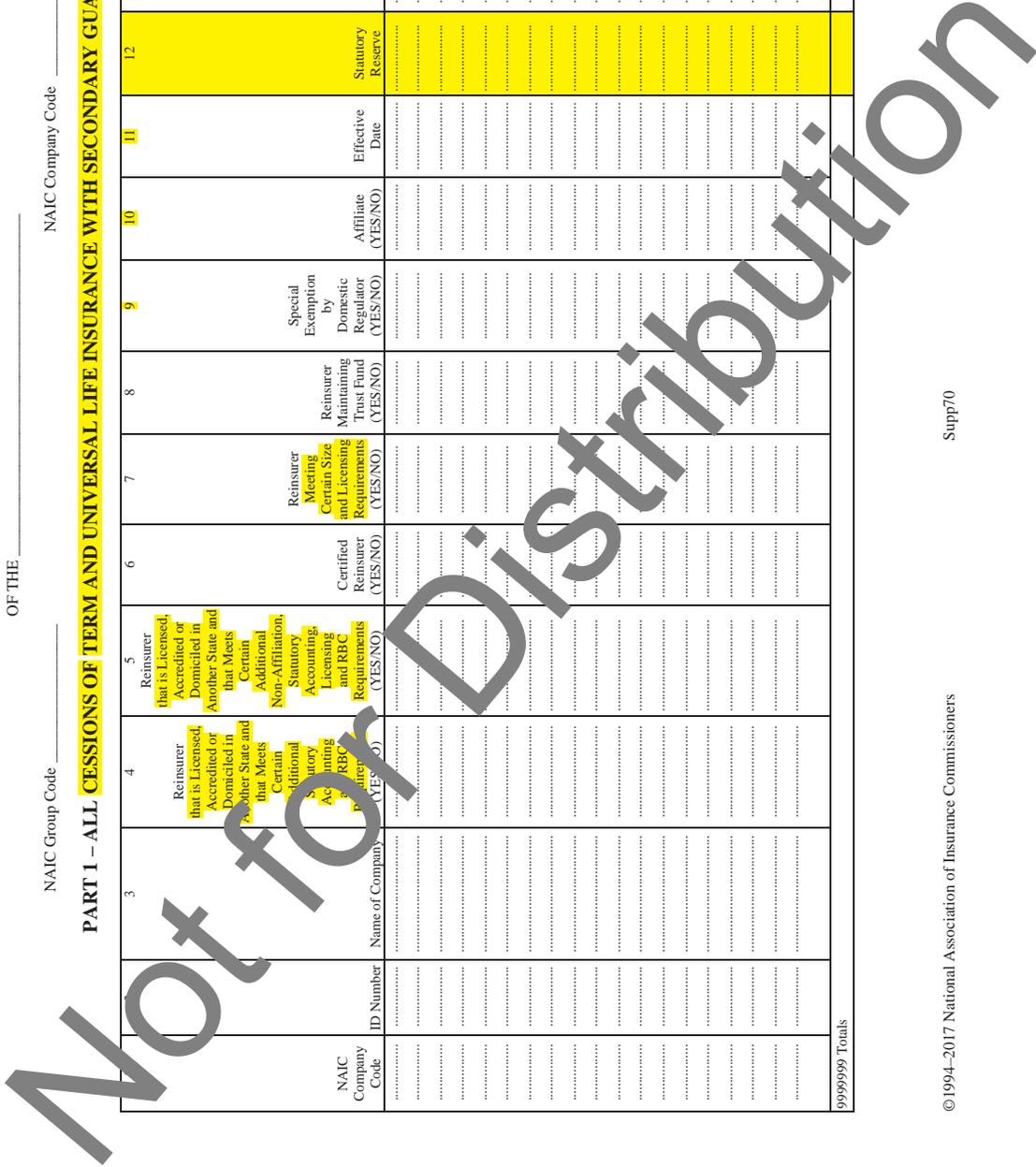
(For the Year Ended December 31, 20__)
(To Be Filed by April 1)

.....
Affix Bar Code Above

OF THE _____ OF THE _____
NAIC Group Code _____ NAIC Company Code _____

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

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



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

Part 2 Cession ID _____

Name of Company _____

NAIC Company Code _____

ID Number _____

Effective Date or Prior Year Annual Statement Date: _____

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

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

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

Part 2 Cession ID _____

Name of Company _____

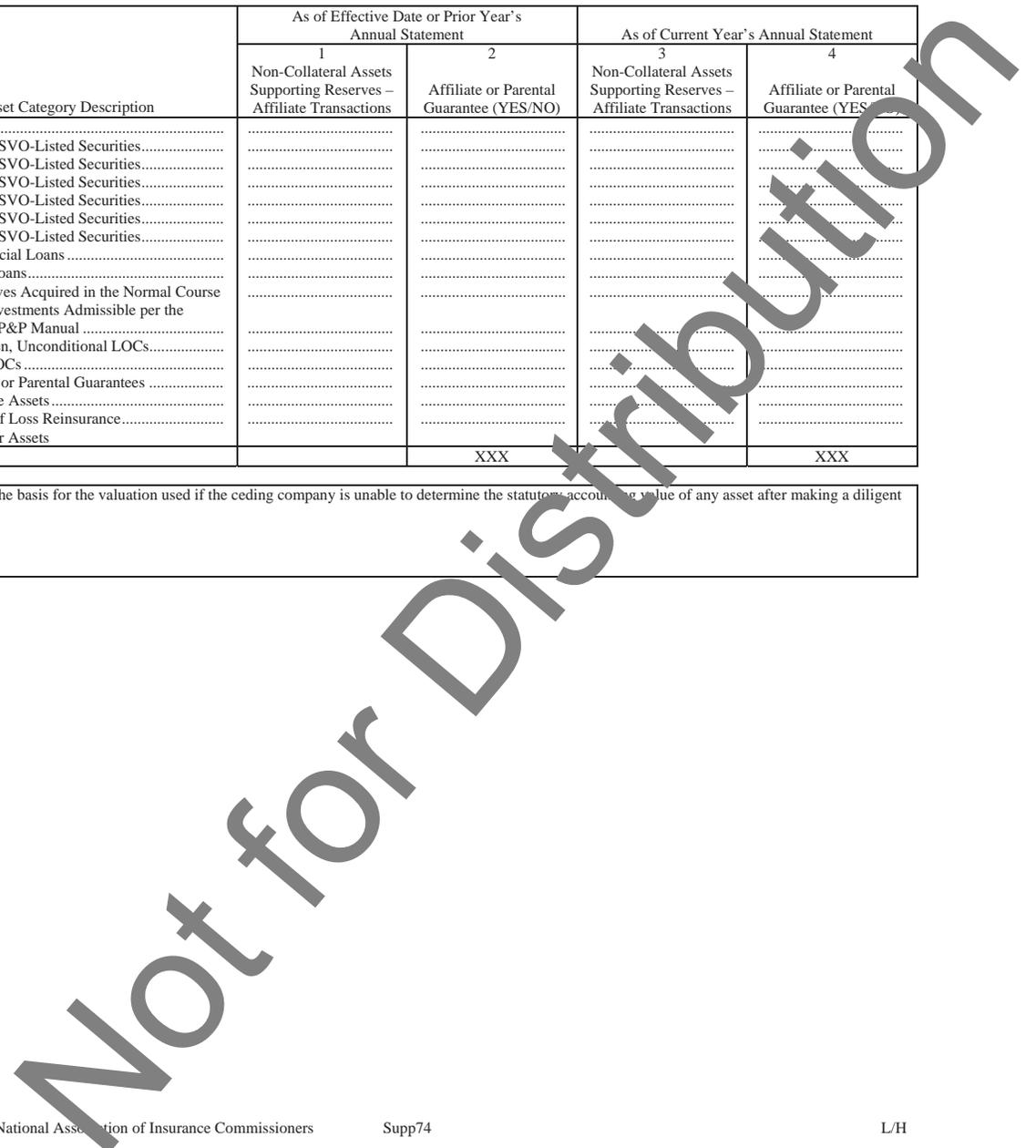
NAIC Company Code _____

ID Number _____

Effective Date or Prior Year Annual Statement Date: _____

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

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



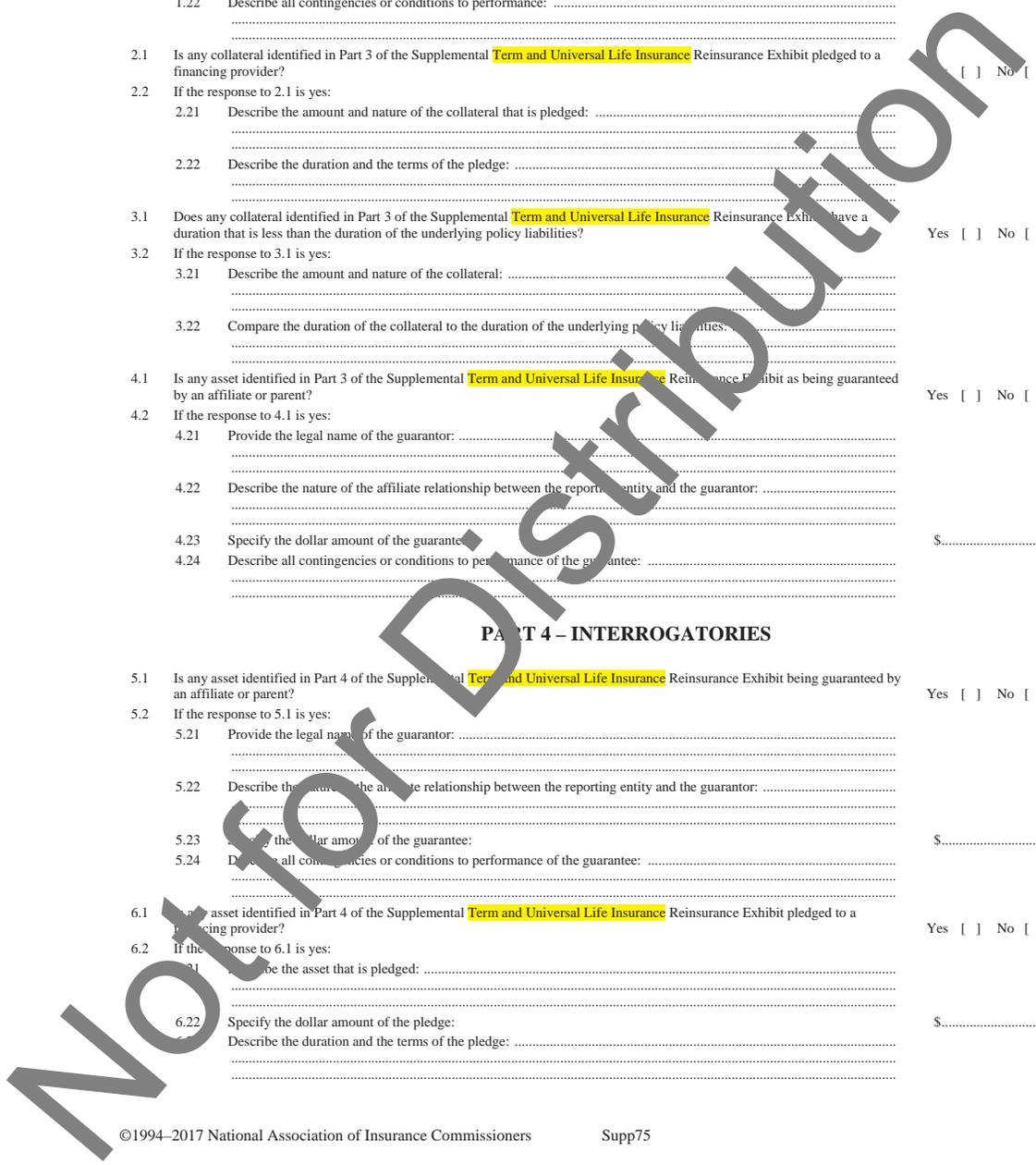
PART 5 – SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT INTERROGATORIES

PART 3 – INTERROGATORIES

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

PART 4 – INTERROGATORIES

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



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