



Quarterly Statement Blank

For the Year 2019

Not for Distribution

Health

Not for Distribution



National Association of
Insurance Commissioners

Official NAIC Quarterly Statement Blank

Health

For the 2019 reporting year

Not for Distribution



National Association of
Insurance Commissioners

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

Accounting & Reporting

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

Consumer Information

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

Financial Regulation

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

Legal

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

Market Regulation

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

NAIC Activities

NAIC member directories, in-depth reporting of state regulatory activities and official historical records of NAIC national meetings and other activities.

Special Studies

Studies, reports, handbooks and regulatory research conducted by NAIC members on a variety of insurance-related topics.

Statistical Reports

Valuable and in-demand insurance industry-wide statistical data for various lines of business including auto, home, health and life insurance.

Supplemental Products

Guidance manuals, handbooks, surveys and research on a wide variety of issues.

Capital Markets & Investment Analysis

Information regarding portfolio values and procedures for complying with NAIC reporting requirements.

White Papers

Relevant studies, guidance and NAIC policy positions on a variety of insurance topics.

For more information about NAIC publications, visit us at:

http://www.naic.org/prod_serv_home.htm

© 1999-2018 National Association of Insurance Commissioners. All rights reserved.

ISBN: 978-1-945655-76-0

Printed in the United States of America

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any storage or retrieval system, without written permission from the NAIC.

NAIC Executive Office
444 North Capitol Street, NW
Suite 700
Washington, DC 20001
202.471.3990

NAIC Central Office
1100 Walnut Street
Suite 1500
Kansas City, MO 64106
816.842.3600

NAIC Capital Markets
& Investment Analysis Office
One New York Plaza, Suite 4210
New York, NY 10004
212.398.9000

TABLE OF CONTENTS

QUARTERLY STATEMENT BLANK

Jurat Page.....	Q1
Assets.....	Q2
Liabilities, Capital and Surplus.....	Q3
Statement of Revenue and Expenses.....	Q4
Cash Flow.....	Q6
Exhibit of Premiums, Enrollment and Utilization.....	Q7
Claims Unpaid and Incentive Pool, Withhold and Bonus.....	Q8
Underwriting and Investment Exhibit.....	Q9
Notes to Financial Statements.....	Q10
General Interrogatories.....	Q11
Schedule S – Ceded Reinsurance.....	Q13
Schedule T – Premiums and Other Considerations.....	Q14
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group.....	Q15
Schedule Y – Part 1A – Detail of Insurance Holding Company System.....	Q16
Supplemental Exhibit and Schedules Interrogatories.....	Q17
Overflow Page for Write-ins.....	Q18
Schedule A – Verification.....	QSI01
Schedule B – Verification.....	QSI01
Schedule BA – Verification.....	QSI01
Schedule D – Verification.....	QSI01
Schedule D – Part 1B.....	QSI02
Schedule DA – Part 1.....	QSI03
Schedule DA – Verification.....	QSI03
Schedule DB – Part A – Verification.....	QSI04
Schedule DB – Part B – Verification.....	QSI04
Schedule DB – Part C – Section 1.....	QSI05
Schedule DB – Part C – Section 2.....	QSI06
Schedule DB – Verification.....	QSI07
Schedule E – Verification.....	QSI08
Schedule A – Part 2.....	QE01
Schedule A – Part 3.....	QE01
Schedule B – Part 1.....	QE02
Schedule B – Part 3.....	QE02
Schedule BA – Part 2.....	QE03
Schedule BA – Part 3.....	QE03
Schedule D – Part 3.....	QE04
Schedule D – Part 4.....	QE05
Schedule DB – Part A – Section 1.....	QE06

TABLE OF CONTENTS (Continued)

Schedule DB – Part B – Section 1 QE07
Schedule DB – Part D – Section 1 QE08
Schedule DB – Part D – Section 2 QE09
Schedule DL – Part 1 QE10
Schedule DL – Part 2 QE11
Schedule E – Part 1 – Cash QE12
Schedule E – Part 2 – Cash Equivalents QE13

QUARTERLY SUPPLEMENTS

Medicare Part D Coverage Supplement..... QSupp1

Not for Distribution

QUARTERLY STATEMENT

AS OF _____, 2019
(Month) (Day)

Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

(Name)
NAIC Group Code _____, NAIC Company Code _____ Employer's ID Number _____
(Current Period) (Prior Period)

Organized under the Laws of _____, State of Domicile or Port of Entry _____

Country of Domicile _____

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [] Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized _____ Commenced Business _____

Statutory Home Office _____, _____
(Street and Number) (City, State, Country and Zip Code)

Main Administrative Office _____, _____
(Street and Number) (City, State, Country and Zip Code)

(City, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address _____, _____
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____, _____
(Street and Number) (City, State, Country and Zip Code)

(City, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address _____

Statutory Statement Contact _____, _____, _____
(Name) (Area Code) (Telephone Number) (Extension)

(E-Mail Address) (Fax Number)

OFFICERS

Name Title Name Title
1. _____, _____, _____, _____
2. _____, _____, _____, _____
3. _____, _____, _____, _____
4. _____, _____, _____, _____
Other _____, _____, _____, _____

DIRECTORS OR TRUSTEES

_____, _____, _____, _____
_____, _____, _____, _____

State of _____
County of _____

The officers of this reporting entity being duly sworn, each depose and swear that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, 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 and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions thereon for the period 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 require; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences 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) (Signature) (Signature)

(Printed Name) (Printed Name) (Printed Name)
1. 2. 3.

(Title) (Title) (Title)

Subscribed and sworn to before me
this _____ day of _____, _____

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 Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....				
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
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 (\$.....), cash equivalents (\$.....) and short-term investments (\$.....)				
6. Contract loans (including \$..... premium notes).....				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities.....				
10. Securities lending reinvested collateral assets				
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)				

Not for Distribution

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$..... reinsurance ceded).....	.....	.....	.....	.....
2. Accrued medical incentive pool and bonus amounts.....	.....	.....	.....	.....
3. Unpaid claims adjustment expenses .....	.....	.....	.....	.....
4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act.....	.....	.....	.....	.....
5. Aggregate life policy reserves.....	.....	.....	.....	.....
6. Property/casualty unearned premium reserve.....	.....	.....	.....	.....
7. Aggregate health claim reserves .....	.....	.....	.....	.....
8. Premiums received in advance .....	.....	.....	.....	.....
9. General expenses due or accrued.....	.....	.....	.....	.....
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) .....	.....	.....	.....	.....
10.2 Net deferred tax liability .....	.....	.....	.....	.....
11. Ceded reinsurance premiums payable.....	.....	.....	.....	.....
12. Amounts withheld or retained for the account of others .....	.....	.....	.....	.....
13. Remittances and items not allocated.....	.....	.....	.....	.....
14. Borrowed money (including \$.....current) and interest thereon \$..... (including \$..... current).....	.....	.....	.....	.....
15. Amounts due to parent, subsidiaries and affiliates. ....	.....	.....	.....	.....
16. Derivatives .....	.....	.....	.....	.....
17. Payable for securities .....	.....	.....	.....	.....
18. Payable for securities lending .....	.....	.....	.....	.....
19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$.....certified reinsurers).....	.....	.....	.....	.....
20. Reinsurance in unauthorized and certified (\$.....) companies.....	.....	.....	.....	.....
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	.....	.....	.....	.....
22. Liability for amounts held under uninsured plans .....	.....	.....	.....	.....
23. Aggregate write-ins for other liabilities (including \$..... current).....	.....	.....	.....	.....
24. Total liabilities (Lines 1 to 23).....	.....	.....	.....	.....
25. Aggregate write-ins for special surplus funds	XXX	XXX	.....	.....
26. Common capital stock.....	XXX	XXX	.....	.....
27. Preferred capital stock.....	XXX	XXX	.....	.....
28. Gross paid in and contributed surplus.....	XXX	XXX	.....	.....
29. Surplus notes	XXX	XXX	.....	.....
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	.....	.....
31. Unassigned funds (surplus).....	XXX	XXX	.....	.....
32. Less treasury stock, at cost:				
32.1..... shares common (value included in Line 26 \$.....)	XXX	XXX	.....	.....
32.2..... shares preferred (value included in Line 27 \$.....)	XXX	XXX	.....	.....
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	.....	.....
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	.....	.....
DETAILS OF WRITE-INS				
2301. ....	.....	.....	.....	.....
2302. ....	.....	.....	.....	.....
2303. ....	.....	.....	.....	.....
2398. Summary of remaining write-ins for Line 23 from overflow page.....	.....	.....	.....	.....
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above).....	.....	.....	.....	.....
2501.	XXX	XXX	.....	.....
2502.	XXX	XXX	.....	.....
2503.	XXX	XXX	.....	.....
2598. Summary of remaining write-ins for Line 23 from overflow page.....	XXX	XXX	.....	.....
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	XXX	XXX	.....	.....
3001.	XXX	XXX	.....	.....
3002.	XXX	XXX	.....	.....
3003.	XXX	XXX	.....	.....
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	.....	.....
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above).....	XXX	XXX	.....	.....

Not for Distribution

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX			
2. Net premium income (including \$..... non-health premium income).....	XXX			
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$..... medical expenses).....	XXX			
5. Risk revenue.....	XXX			
6. Aggregate write-ins for other health care related revenues.....	XXX			
7. Aggregate write-ins for other non-health revenues.....	XXX			
8. Total revenues (Lines 2 to 7).....	XXX			
Hospital and Medical:				
9. Hospital/medical benefits.....				
10. Other professional services.....				
11. Outside referrals.....				
12. Emergency room and out-of-area.....				
13. Prescription drugs.....				
14. Aggregate write-ins for other hospital and medical.....				
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....				
Less:				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....				
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$..... cost containment expenses.....				
21. General administrative expenses.....				
22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only).....				
23. Total underwriting deductions (Lines 18 through 22).....				
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX			
25. Net investment income earned.....				
26. Net realized capital gains (losses) less capital gains tax of \$.....				
27. Net investment gains (losses) (Lines 25 plus 26).....				
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....) (amount charged off \$.....)].....				
29. Aggregate write-ins for other income or expenses.....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX			
31. Federal and foreign income taxes incurred.....	XXX			
32. Net income (loss) (Lines 30 minus 31).....	XXX			
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX			
0699. Totals (lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page.....				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page.....				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year
34. Net income or (loss) from Line 32
35. Change in valuation basis of aggregate policy and claim reserves
36. Change in net unrealized capital gains (losses) less capital gains tax of \$
37. Change in net unrealized foreign exchange capital gain or (loss)
38. Change in net deferred income tax
39. Change in nonadmitted assets
40. Change in unauthorized and certified reinsurance
41. Change in treasury stock
42. Change in surplus notes
43. Cumulative effect of changes in accounting principles
44. Capital Changes:			
44.1 Paid in
44.2 Transferred from surplus (Stock Dividend)
44.3 Transferred to surplus
45. Surplus adjustments:			
45.1 Paid in
45.2 Transferred to capital (Stock Dividend)
45.3 Transferred from capital
46. Dividends to stockholders
47. Aggregate write-ins for gains or (losses) in surplus
48. Net change in capital and surplus (Lines 34 to 47)
49. Capital and surplus end of reporting period (Line 33 plus 48)
DETAILS OF WRITE-INS			
4701.
4702.
4703.
4798. Summary of remaining write-ins for Line 47 from overflow page
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)

Not for Distribution

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance
2. Net investment income.....
3. Miscellaneous income.....
4. Total (Lines 1 to 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 (or decrease) in contract loans and premium notes.....
15. Net cash from investments (Line 12.8 minus Line 13.7 and 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 (Line 16.1 through 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 period (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 .....	.....	.....	.....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year.....
2. First Quarter.....
3. Second Quarter.....
4. Third Quarter.....
5. Current Year.....
6. Current Year Member Months.....
Total Member Ambulatory Encounters for Period:										
7. Physician.....
8. Non-Physician.....
9. Total.....
10. Hospital Patient Days Incurred.....
11. Number of Inpatient Admissions.....
12. Health Premiums Written (a).....
13. Life Premiums Direct.....
14. Property/Casualty Premiums Written.....
15. Health Premiums Earned.....
16. Property/Casualty Premiums Earned.....
17. Amount Paid for Provision of Health Care Services.....
18. Amount Incurred for Provision of Health Care Services.....

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....

Not for Distribution

**UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)
2. Medicare Supplement
3. Dental only
4. Vision only
5. Federal Employees Health Benefits Plan
6. Title XVIII – Medicare
7. Title XIX – Medicaid
8. Other health
9. Health subtotal (Lines 1 to 8)
10. Health care receivables (a)
11. Other non-health
12. Medical incentive pools and bonus amounts
13. Totals (Lines 9-10+11+12)

(a) Excludes \$..... loans or advances to providers not yet expensed.

Not for Distribution

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 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 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 I and IA.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes No
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No

If yes, complete and file the merger history data file with the NAIC.

- 4.2 If yes, provide the name of 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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No N/A
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____
- 6.3 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). _____
- 6.4 By what department or departments?
- 6.5 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
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental agency during the reporting period? Yes No
- 7.2 If yes, give full information
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
.....
.....
.....

GENERAL INTERROGATORIES

- 9.1 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.
- 9.11 If the response to 9.1 is no, please explain:

- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

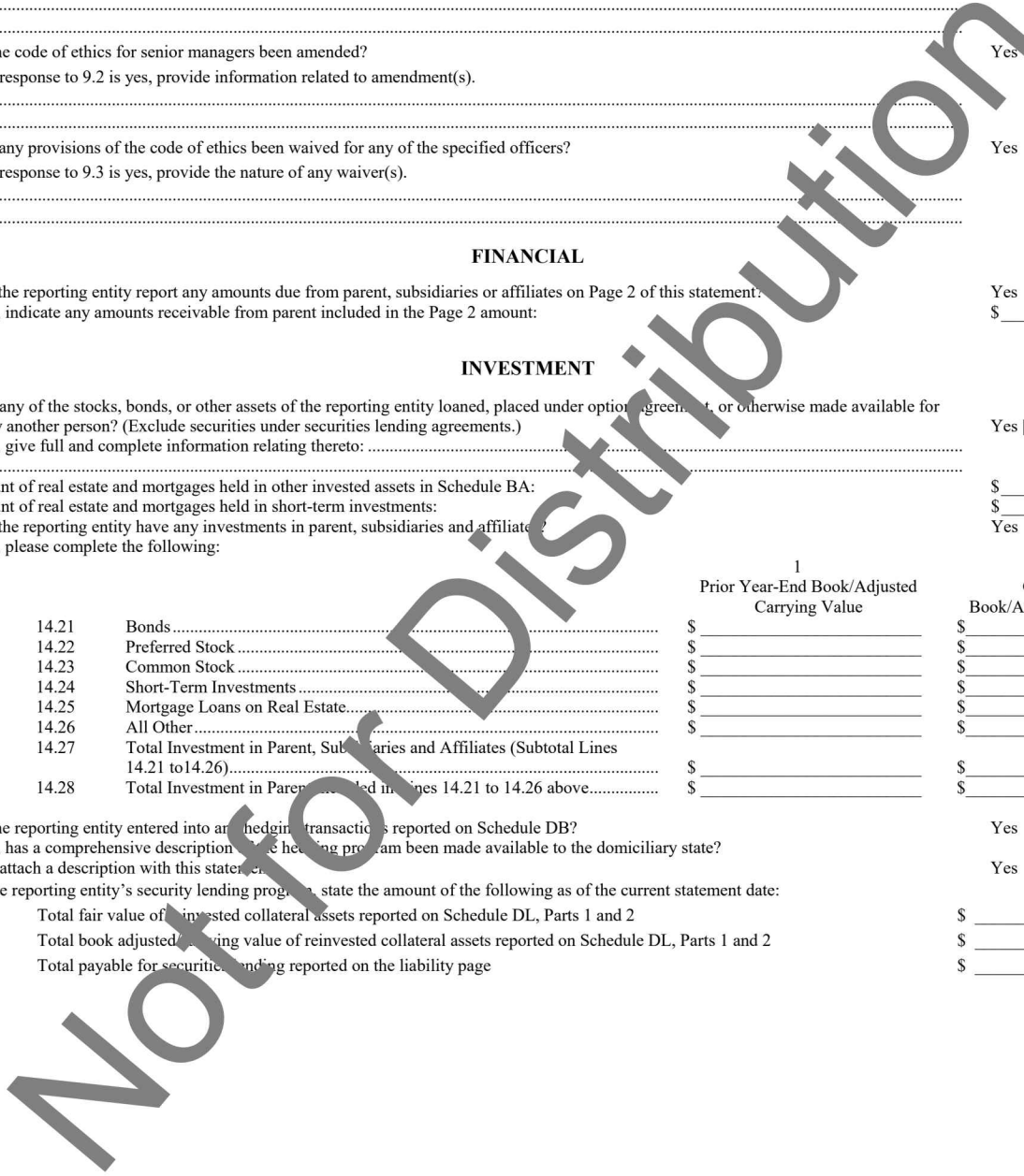
INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____
13. Amount of real estate and mortgages held in short-term investments: \$ _____
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ _____	\$ _____
14.22 Preferred Stock	\$ _____	\$ _____
14.23 Common Stock	\$ _____	\$ _____
14.24 Short-Term Investments	\$ _____	\$ _____
14.25 Mortgage Loans on Real Estate	\$ _____	\$ _____
14.26 All Other	\$ _____	\$ _____
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ _____	\$ _____
14.28 Total Investment in Parent, Subsidiaries and Affiliates included in lines 14.21 to 14.26 above	\$ _____	\$ _____

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
- If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of invested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 16.2 Total book adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 16.3 Total payable for securities lending reported on the liability page \$ _____



GENERAL INTERROGATORIES

17. 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 []

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

1 Name of Custodian(s)	2 Custodian Address

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

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

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

17.5 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

17.5097 For those firms/individuals listed in the table for question 17.5, 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 []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregated to more than 50% of the reporting entity’s assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

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

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

18.2 If no, list exceptions:

.....

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No []

GENERAL INTERROGATORIES

PART 2 – HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent _____ %
 - 1.2 A&H cost containment percent _____ %
 - 1.3 A&H expense percent excluding cost containment expenses _____ %

- 2.1 Do you act as a custodian for health savings accounts? Yes No
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 2.3 Do you act as an administrator for health savings accounts? Yes No
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes No

Not for Distribution

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date – Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums			
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. Dist. 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. U.S. Virgin Islands.....VI										
56. Northern Mariana Islands.....MP										
57. Canada.....CAN										
58. Aggregate other alien.....OT	XXX									
59. Subtotal.....	XX									
60. Reporting entity contributions for Employee Benefit Plans.....	XXX									
61. Total (Direct Business)	XX									
DETAILS OF WRITE-INS										
58001.....	XXX									
58002.....	XX									
58003.....	X									
58998. Summary of remaining write ins for Line page.....	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (L 58 above)	XXX									

(a) Active Status Counts:

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

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

PART 1 – ORGANIZATIONAL CHART

Not for Distribution

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

Response

- 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanation:

Bar Code:

Not for Distribution

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

SCHEDULE A – VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
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
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
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		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
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		
10. Deduct current year's other-than-temporary impairment recognized		
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 at end of current period (Line 13 minus Line 14)		

SCHEDULE B – VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
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
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2. Cost of bonds and stocks acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
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 – PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....
2. NAIC 2 (a).....
3. NAIC 3 (a).....
4. NAIC 4 (a).....
5. NAIC 5 (a).....
6. NAIC 6 (a).....
7. Total Bonds								
PREFERRED STOCK								
8. NAIC 1.....
9. NAIC 2.....
10. NAIC 3.....
11. NAIC 4.....
12. NAIC 5.....
13. NAIC 6.....
14. Total Preferred Stock.....								
15. Total Bonds & Preferred Stock								

(a) Book/Adjusted Carrying Value column for the end of the current reporting period 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 \$.....

Not for Distribution

SCHEDULE DA – PART 1
Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA – VERIFICATION
Short-Term Investments

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

Not for Distribution

SCHEDULE DB – PART A – VERIFICATION
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	_____
3.	Unrealized Valuation increase/(decrease)	_____
4.	Total gain (loss) on termination recognized	_____
5.	Considerations received/(paid) on terminations	_____
6.	Amortization	_____
7.	Adjustment to the Book/Adjusted Carrying Value of hedged item	_____
8.	Total foreign exchange change in Book/Adjusted Carrying Value	_____
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
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 to date minus	_____
3.12	Section 1, Column 15, prior year.....	_____
	Change in variation margin on open contracts – All Other	
3.13	Section 1, Column 18, current year to date 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	_____
4.2	Less:	
4.21	Amount used to adjust basis of hedged item	_____
4.22	Amount recognized	_____
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 hedged item(s) for terminations in prior year.....	_____
6.	Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	_____
7.	Deduct total nonadmitted amounts	_____
8.	Statement value at end of current period (Line 6 minus Line 7).....	_____

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

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

Not for Distribution

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 (Line 13 plus Line 14 minus Line 15)

Not for Distribution

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
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)

Not for Distribution

SCHEDULE DB – PART D – SECTION 1
 Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value >0	6 Contracts With Book/ Adjusted Carrying Value <0	7 Exposure Net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral		
.....
.....
.....
.....
.....
0999999999 Gross Totals											
1. Offset per SSAP No. 64											
2. Net after right of offset per SSAP No. 64											

Not for Distribution

SCHEDULE DB – PART D – SECTION 2
Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

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

Collateral Pledged to Reporting Entity

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

Not for Distribution

Not for Distribution

This page intentionally left blank.

MEDICARE PART D COVERAGE SUPPLEMENT
(Net of Reinsurance)

NAIC Group Code.....

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		xxx		xxx	.....
2. Earned Premiums		xxx		xxx	xxx
3. Claims Paid		xxx		xxx	.....
4. Claims Incurred.....		xxx		xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	xxx	.....	xxx	.....	.....
6. Aggregate Policy Reserves – change.....		xxx		xxx	xxx
7. Expenses Paid.....		xxx		xxx	.....
8. Expenses Incurred.....		xxx		xxx	xxx
9. Underwriting Gain or Loss		xxx		xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$..... due from CMS or \$..... due to CMS

Not for Distribution

Not for Distribution

This page intentionally left blank.

Not for Distribution



National Association of Insurance Commissioners

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

For more information, visit www.naic.org.

Not for Distribution



ASB- HEAQ- 19