

Quarterly Statement Blank

For the Year 2019

Health

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Official NAIC Quarterly Statement Blank

Health

For the 2019 reporting year



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QUARTERLY STATEMENT

AS OF			, 2019
	(Month)	(Day)	

Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

-		(Na	ma)		
NAIC Group Code	,	NAIC Company Code		Employer's ID Number	er
(Current Period) (Prior Period)				
Organized under the La	aws of	, State of Do	micile or Port of I	Entry	
Country of Domicile					
Licensed as business type:	Life, Accident & Health [Dental Service Corporation [Other [Health Maintenance C	Dental Service of Inden (*v [] Dental Service of Inden (*v []]
Incorporated/Organized			Commenced Busin	ess	
Statutory Home Office		,		•	
Main Administrative Office	(Street and Number	ber)		(City, State, Cour	ntry Zip Code
		(Street and Numb	er)	X	
	(City, State, Country and Zip Code)		(Area Code)	(To hone Nun.	•
Mail Address	(Street and Number o	w P.O. Pow)		(City or Tow State, Country and	Tin Code)
	(Street and Number o	r r.O. Box)		(City or Tow State, Country a. a.	zip Code)
Primary Location of Books	s and Records		(Street and Number)		
		,	•		
to the second	(City, State, Country and	Zip Code)	(Area Code)	(Telephone Nur	mber)
Internet Web Site Address					
Statutory Statement Contac	(Na	ame) ,	(Area)	(Telephone Number)	(Extension)
	(E-Mail Address)			(Fax Number)	
1	ne	Title	Other	Name	Title
					,
4.					,
		DIR. T AS C	OR TRUSTEES		
		0			
above, and of its income an except to the extent that: information, knowledge and	(1) state law may ar; or, (2) the belief, respectively. Further ermore,	od ended, and have been completed in account state rules or regulations require differ the scope of this attestation by the describ-	ordance with the NA erences in reporting ed officers also inclu-	IC Annual Statement Instructions a not related to accounting practice des the related corresponding electrons.	g period stated above, all of the herein described nt, together with related exhibits, schedules and reporting entity as of the reporting period stated nd Accounting Practices and Procedures manual s and procedures, according to the best of their ronic filing with the NAIC, when required, that is in lieu of or in addition to the enclosed statement.
(Sign	nature)		Signature)		(Signature)
(Printe	ed Name)	(Pr	inted Name)		(Printed Name) 3.
	70		(Tid.)		/mist S
	G)		(Title) a. Is this an original	filing?	(Title)
0.17-1-1			b. If no:	State the amendment number	Yes [] No []
Subscribed and sworn to be thisday of	,		2. 3.	Date filed Number of pages attached	

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
4.	3.2 Other than first liens				
4.	4.1 Properties occupied by the company (less \$ encumbrances)				
	4.2 Properties beld 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			<u> </u>	
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	A 7			
	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				
1.7	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1 18.2	Current federal and foreign income tax recoverable and interest thereon.				
18.2	Net deferred tax asset		***************************************		
20.	Guaranty funds receivable or on deposit Electronic data processing equipment and software	1			***************************************
20.					
22.	Furniture and equipment, including health care delivery assets Net adjustment in assets and liabilities due to foreign exchanging 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 Proceed Cell				
	Accounts (Lines 12 to 25)				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)				
DETAI	LS OF WRITE-INS	Ì		Ì	
1101.	ES OT WATE INS				
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 1. om overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (L. 11 above)				
2501.					
2502.					
2503.					
2598.	Summary of remaining was for Lie 25 from overflow page				
2599.	Totals (Lines 2501 thro gh 2503), ys 2598) (Line 25 above)				
		•		•	

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	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				
10.0	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				
40.400	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	uni vanimus			
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:				
	32.1shares 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		
DETAI	LS OF WRITE-INS				
2301.					
2398.	Summary of remaining write-ins for Line 23 from overfle page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 25 ove)				
2501.		XXX	XXX		
		XXX	XXX		
		XXX	XXX		
2598.	Summary of remaining write-ins for Line : from overflow page	XXX	XXX		
2599.	Totals (Lines 2501 through 2503 plus 2598) (e 25 above)	XXX	XXX		
	10tals (2010 2501 till ough 2505) (1	XXX	XXX		
0.000		XXX	XXX		
(800801800000)		XXX	XXX		
3098.	Summary of remaining y for 1 30 from overflow page	XXX	XXX		
3099.	Totals (Lines 3001 thr 1gh 300. lus 3098) (Line 30 above)	XXX	XXX		
50//.	10 30 (2 me 30 1 m) 151 300 (2 me 30 400 10)	71/11	71.71		

STATEMENT OF REVENUE AND EXPENSES

					Prior Year
		Curren	t Year	Prior Year To	Ended
		То Г	Date	Date	December 31
		1	2	3	4
		Uncovered	Total	Total	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		S	
5.	Risk revenue	XXX	***************************************		
6.	Aggregate write-ins for other health care related revenues	XXX			
7. 8.	Aggregate write-ins for other non-health revenues	XXX XXX			
٥.	Total revenues (Lines 2 to 7)	AAA			
Hospita	l and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services		\$		
11.	Outside referrals			<i></i>	
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:	V. d				
17.	Net reinsurance recoveries.			***************************************	
18.	Total hospital and medical (Lines 16 minus 17)				
19. 20.	Non-health claims (net)				
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 in evered **)				
	(amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses			***************************************	
30.	Net income or (loss) after capital gains tax and before all of a federal income taxes (Lines 24	VVV			
2.1	plus 27 plus 28 plus 29)	XXX			
31. 32.	Federal and foreign income taxes incurred	XXX	***************************************		•••••
5921 503	LS OF WRITE-INS	AAA			
0601.	LS OF WRITE-INS	XXX			
0602.		XXX	***************************************		
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 fr in over, w pa, e	XXX			
0699.	Totals (lines 0601 through 0603 plus 598) (ne 6 abov	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 frc overflow page	XXX	***************************************		
0799.	Totals (Lines 0701 through 70 plus 0798) (Line 7 above)	XXX			
1401.				***************************************	
1402.				***************************************	
1403.	Summary of ramaining verita in the Line 14 from avantlasy naga				
1498.	Summary of remaining write-ins or Line 14 from overflow page				
1499.	Totals (Lines 101 thr 1403 us 1498) (Line 14 above)				
2901. 2902.			***************************************		
2902. 2903.					
2998.	Summar f remaining write-ins for Line 29 from overflow page				
2999.	Totals (Line 2901 through 2903 plus 2998) (Line 29 above)				
2///.	Total (Enter of through 2705 plus 2770) (Ente 27 above)	L	l .	L	

STATEMENT OF REVENUE AND EXPENSES (Continued)

			2	1 1
		T.	2	3
				Prior Year
		Current Year	Prior Year	Ended
		To Date	To Date	December 31
	CAPITAL & SURPLUS ACCOUNT			
ALCTON .				
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)			
DETAI	LS OF WRITE-INS	7		
4701.	25 57 ((1112) 2.15	~		l
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)			
.,,,,	100 me (2 mes 1, 01 mes gr 1, 00 pras 1, 20) (2 me 1, 400 me)			

CASH FLOW

		1	2	3
	Cash from Operations	Current Year	Prior Year	Prior Year Ended
	Cash from Operations	To Date	To Date	December 31
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. 9.	Dividends paid to policyholders			
10.	Total (Lines 5 through 9)			
11.	Net cash from operations (Line 4 minus Line 10)			
11.	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			
13.	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	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)			
	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)			
1.6	Cash from Financing and Miscellaneous Source			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insura e liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)			
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)			
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SAORT-TERM INVESTMENTS			
	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 (Ente 18 plus Ente 19.1)			
Jote:	Supplemental disclosures of cas 'low in con for non-cash transactions:			
Note:			1	
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
		2	3		Vision	Dental	Federal Foyees	Title XVIII	Title XIX	
	Total	Individual	Group	Medicare Supplement	Only	Only	Health Bene. Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
Second Quarter										
4. Third Quarter										
5. Current Year										
Current Year Member Months										
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
 Hospital Patient Days Incurred 										
 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										
 Amount Paid for Provision of Health Care Services 										
 Amount Incurred for Provision of Health Care Services 										

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 20 Days	Over 120 Days	Total
Claims unpaid (Reported)						

	***************************************			×*************************************		
	***************************************			***************************************		

	***************************************	V				***************************************
0100000						
0199999 Individually listed claims unpaid				••••••		
0299999 Aggregate accounts not individually listed-uncovered 0399999 Aggregate accounts not individually listed-covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						
0799999 Total claims unpaid						
0899999 Accrued medical incentive pool and bonus amounts						

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

	Claims Paid Year		Liability End of		5	6
		Date		Quarter		
	1	2	3	4	Claims	Estimated Claim
	On	On	On 📥	n	Incurred	Reserve and
Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claim Incurred	in	Claim Liability
of	Prior to January 1	During the	Dec. 31 f	Laring the	Prior Years	Dec. 31 of
Business	of Current Year	Year	Prior Yea	Year	(Columns $1+3$)	Prior Year
Comprehensive (hospital and medical)				,		
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.

NOTES TO FINANCIAL STATEMENTS



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?									[]	
1.2	If yes, has the report bee	en filed with the domicili	ary state?				Yes	[]	No [[]	
2.1	Has any change been mare reporting entity?	ade during the year of thi	s statement in the charte	r, by-laws, articles of inc	orporation, or deed of se	ettlement of the	Yes	[]	No	[]	
2.2	If yes, date of change:						1				
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?									[]	
	If yes, complete Schedu	le Y, Parts 1 and 1A.									
3.2	Have there been any sub	ostantial changes in the o	rganizational chart since	the prior quarter end?	•	* .\)	Yes	[]	No [i]	
3.3		yes, provide a brief descr									
3.4	Is the reporting entity po	ublicly traded or a memb	er of a publicly traded gr	oup?			Yes	[]	No [[]	
3.5	If the response to 3.4 is	<i></i>									
4.1	Has the reporting entity	been a party to a merger	or consolidation during	the period covered by the	s oten nt?		Yes	[]	No [[]	
	If yes, complete and file	the merger history data	file with the NAIC.	4							
4.2		e of entity, NAIC Compare e merger or consolidation		micile (use two letter stat	e a. reviati 10r any 6	entity that has ceased					
		Nome of Entity		NA S	Cada Co	3 tate of Domicile	1				
		Name of Entity		NA comp	an ode Si	tate of Domicile					
			9	+ ()							
5.	If the reporting entity is subject to a management agreement, including third-page admiration (s), managing general agent(s), attorney-in-fagor similar agreement, have there been any significant changes regard the terms with agreement or principals involved? If yes, attach an explanation.									1	N/A []
6.1	State as of what date the latest financial examination of the repeting entity was lade or is being made.										
6.2											
6.3		e latest financial examina the release date or comp					12 				
6.4	By what department or	departments?									
6.5	Have all financial staten filed with Departments?	nent adjustment vithin	ne latest i ancial exami	nation report been accou	nted for in a subsequent	financial statement	Yes	[]	No	[]	N/A [
6.6	Have all of the recomme	endations within me	et financial examination	report been complied wit	h?		Yes	[]	No	[]	N/A [
7.1	Has this reporting entity revoked by any government	had any Certificates of a	hority, licenses or regeporting period?	gistrations (including cor	porate registration, if app	olicable) suspended or	Yes	[]	No	[]	
7.2	If yes, give full information	tion									
8.1	Is the company a subsid	ia of a k horung co	ompany regulated by the	Federal Reserve Board?			Yes	[]	No	[]	
8.2	If response to 8 his yes.	, ease iden by the name	of the bank holding cor	mpany.							
8.3		u was one or more banks	thrifts or securities firm	ns?			Ves	[]	No	г 1	
8.4	If response to δ. 's yes, regulatory services en	please provide below that please provide below that please provide below that please provide below that please provide below the please provide be	e names and location (cirve Board (FRB), the Of	ty and state of the main of fice of the Comptroller o	f the Currency (OCC), the	ne Federal Deposit	163	LJ	110	LJ	
	1	2	3	4	5	6	٦				
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC					
				(·······							
					·····						

9.1		ers (principal executive officer, principal financial officer, principal accounting officer or co f the reporting entity subject to a code of ethics, which includes the following standards?	ntroller, or persons performing	Yes [] No []
		ical conduct, including the ethical handling of actual or apparent conflicts of interest between	n personal and professional	255 [] 355 []
		rate, timely and understandable disclosure in the periodic reports required to be filed by the r	enorting entity:	
		th applicable governmental laws, rules and regulations;	epering entry,	
		ernal reporting of violations to an appropriate person or persons identified in the code; and		
		for adherence to the code.		
9.11	•	1 is no, please explain:		
,,,,				
9.2		cs for senior managers been amended?		Yes No []
9.21		2 is yes, provide information related to amendment(s).		
9.3		s of the code of ethics been waived for any of the specified officers?	*.	Yes [] No []
9.31	2 1	3 is yes, provide the nature of any waiver(s).		
,,,,,		5 15 yes provide and analysis of any		
		FINANCIAL		
10.1	Does the reporting	entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement	ent	Yes [] No []
10.2		amounts receivable from parent included in the Page 2 amount:		\$
				*
		INVESTMENT		
11.1		cks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or	otherwise made available for	** * * * * * * * * * * * * * * * * * * *
11.2		on? (Exclude securities under securities lending agreements.) complete information relating thereto:		Yes [] No []
11.2		complete information relating dieter.		
12.		te and mortgages held in other invested assets in Schedule BA:		\$
13.		te and mortgages held in short-term investments:		\$
14.1 14.2	If yes, please compl	entity have any investments in parent, subsidiaries and affiliate		Yes [] No []
17.2	ii yes, picase compi	ete tile following.	1	2
		Prior	Year-End Book/Adjusted	Current Quarter
			Carrying Value	Book/Adjusted Carrying Value
	14.21	Bonds\$		
	14.22 14.23	Preferred Stock \$ Common Stock \$	\$	
	14.24		\$	
	14.25	Mortgage Loans on Real Estate\$		
	14.26	All Other\$	\$	
	14.27	Total Investment in Parent, Sub aries and Affiliates (Subtotal Lines		
	14.20	14.21 to14.26)\$	\$.	
	14.28	Total Investment in Parer and led in lines 14.21 to 14.26 above		
15.1	Has the reporting en	ntity entered into are hedgin transactions reported on Schedule DB?		Yes [] No []
15.2	If yes, has a compre	hensive description e hering pro am been made available to the domiciliary state?		T I see F I
	If no, attach a descr	iption with this stater e.		Yes [] No []
16.	For the reporting en	tity's security lending prog. state the amount of the following as of the current statement	t date:	
	16.1 Total fai	r value of sing ested collateral assets reported on Schedule DL, Parts 1 and 2	\$	
	16.2 Total bo	ok adjusted ving value of reinvested collateral assets reported on Schedule DL, Parts 1 a	and 2 \$	
	16.3 Total pa	yable for securitie. and og reported on the liability page	\$	

17.	Excluding items in Schedule E entity's offices, vaults or safety to a custodial agreement with a coutsourcing of Critical Functions	deposit boxes, were all sto	ocks, bonds and other sec apany in accordance with	urities, owned throughout the Section 1, III – General Exan	current year held pursuant nination Considerations, F.	Yes []	No []
17.1	For all agreements that comply w	vith the requirements of the	e NAIC Financial Condit	ion Examiners Handbook, con	nplete the following:		
	Name of Custodian(s)			2 Custodian Addre	ss		
17.2	For all agreements that do not c location and a complete explanation	ion:			adbook, provide the nam.	•	
	1 Name(s)		2 tion(s)	3 Complete Expla	nation(s)		
					X		
				4			
17.3 17.4	Have there been any changes, inc If yes, give full and complete info		he custodian(s) identified	in 17.1 during the current qua	rter?	Yes []	No []
	1 Old Custodian	2 New Custodian	3 Date of Change		4 ason		
17.5	Investment management – Iden authority to make investment decentity, note as such. ["that have	isions on behalf of the rep	orting entity. For assets t	nat are naged internally by			
	Name of F	l Firm or Individual		2 Affiliation			
				y firms/individuals unaffiliated	d with the reporting entity		
		a "U") manage more than unaffiliated with the repo		ty's assets? ed with a "U") listed in the tal	ole for Ouestion 17.5, does	Yes []	No []
15.6	the total assets under	management aggrega to	more than 50% of the rep	orting entity's assets?		Yes []	No []
17.6	For those firms or individuals linformation for the table below.	isted in the table for	with an affiliation cod	e of "A" (affiliated) or "U"	(unaffiliated), provide the		
	1	2	3	4	5 Investment		
	Central Registration Depository Number	Nan of Firm or Inc	Legal Entity lividual Identifier (LEI) Registered With	Management Agreement (IMA) Filed		
				, ,			
18.1 18.2	Have all the filing requestions:	of the . urposes and Proce	dures Manual of the NAI	C Investment Analysis Office b	een followed?	Yes []	No []
19.	a. D. mentation necess	ary to permit a full credit		ements for each self-designated oes not exist or an NAIC CRP			
		rent on all contracted inte					
	c. The insurer has an act Has the reporting entity self-desi	ual expectation of ultimate gnated <mark>5GI</mark> securities?	e payment of all contracte	d interest and principal.		Yes []	No []
20.	By self-designating PLGI securit			elements of each self-designate	d PLGI security:	Access L J	
	b. The reporting entity isc. The NAIC Designation	holding capital commens n was derived from the cre	urate with the NAIC Desi edit rating assigned by an	gnation reported for the securi NAIC CRP in its legal capacit for examination by state insuran	y as a NRSRO which is		
	d. The reporting entity is	not permitted to share this			Togulario.	V. T.	N. F. 3

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 yo	u 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 yo	u 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		does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of lomicile of porting entity?	Yes []	No_[]				

SCHEDULE S – CEDED REINSURANCE Showing All New Reinsurance Treaties – Current Year to Date

1	2	3	4	5	6	7.	8	9
NAIC	1000000		Name				Certified	Effective Date
Company	ID	Effective	of	Domiciliary	Type of Reinsurance	Type or	Reinsurer Rating	of Certified
Code	Number	Date	Reinsurer	Jurisdiction	Ceded	Keins er	(1 through 6)	Reinsurer Rating
					•••••	(
				•••••				
						•••••		
		•••••				•••••		
						•••••		
					······	•••••		
				4	•••••	••••••		
		•••••			***************************************	•••••		
	•••••							
					•••••	•••••		
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	•••••							
				······	•••••	•••••		
				•••••				
				•••••				
		•••••				•••••		
					•••••	•••••		
			····			•••••		

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1				Direct Busin				
			2	3	4	5 Federal Employees Health Benefits	6 Life & Annuity Premiums &	7	8 Total	9
	State, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Program Premiums	Other Considerations	Property/Casualty Premiums	Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	(4)							2 Tinough /	····
2.	AlaskaAK					8				
3.	ArizonaAZ									
4. 5.	ArkansasAR			***************************************			***************************************		***************************************	***************************************
6.	California									
7.	Connecticut CT									
8.	Delaware DE									
9.	Dist. ColumbiaDC					9				······································
10. 11.	FloridaFL									a
12.	GeorgiaGA HawaiiHI								·····	
13.	IdahoID									
14.	IllinoisIL								***************************************	
15.	Indiana IN									
16.	IowaIA									
17. 18.	Kansas KS Kentucky KY									
19.	LouisianaLA									
20.	MaineME									
	MarylandMD									
22.	Massachusetts MA									
23. 24.	MichiganMI MinnesotaMN									
	MississippiMS									
	MissouriMO									
27.	MontanaMT									
28.	NebraskaNE					, , , , , , , , , , , , ,	<u> </u>			
29.	NevadaNV					A (
0. 1.	New HampshireNH New JerseyNJ									
32.	New MexicoNM									
	New YorkNY									
34.	North CarolinaNC									
	North DakotaND									
36. 37.	OhioOH OklahomaOK								***************************************	
38.	OklahomaOK OregonOR					7				
39.	Pennsylvania PA									
40.	Rhode IslandRI									
41.	South CarolinaSC			/		V				
42.	South DakotaSD									
43. 44.	Tennessee TN Texas TX				7					
45.	UtahUT									
16.	VermontVT			,	/					
17.	VirginiaVA					a				
18.	Washington WA									
19. 50.	West Virginia WV Wisconsin WI									
51.	WyomingWY									
52.	American Samoa AS									
53.	GuamGU									
4.	Puerto RicoPR		V	7						
	U.S. Virgin Islands									
6. 57.	Northern Mariana IslandsMP Canada									
	Aggregate other alienOT	XXX								
	Subtotal	X								
0.	Reporting entity contributions for Employee Benefit Plans	XXX	,			a				
1.	Total (Direct Business)				<u> </u>			<u> </u>		1
	AILS OF WRITE-INS	VVV								
		XXX								
		A.A.								
	. Summary of remaining write- ins for Line									
58999	page	XXX								
	above)	XXX	1		I			I		I

(a)	Active	Status	Counts

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

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



SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2														
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Co ol				
						Securities					(Ownersh ,				
						Exchange if	Names of				Roar'	If Control is		Is an SCA	
		NAIC				Publicly	Parent,		Relationship to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Subsidiaries	Domiciliary	Reporting	Directly Controlle V	orney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Perso.	In ence, Other)	Percentage	Entity(ies)/Person(s)		*
Cour	Group Traine	Code	rumoer	ROOD	CIIC	memational)	OTTIMINATES	Locution	Linuty	(runne of Entity) Tersor	init enee, street)	rereeninge	Emity (res): 1 erson(s)	(1/14)	+
											Į				
											1				
										×					
									/						
							/		*						

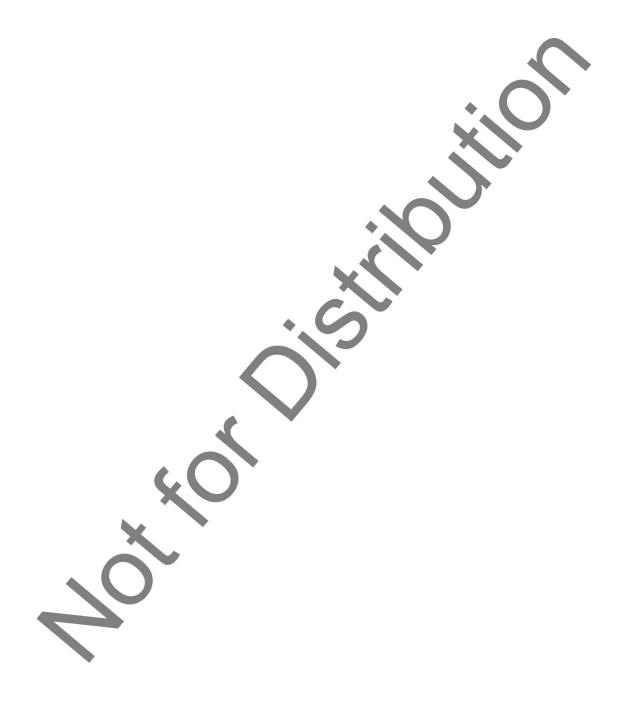
Asterisk		Explanation

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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	Response
Explanation:	
Bar Code:	0
+,65	

OVERFLOW PAGE FOR WRITE-INS



SCHEDULE A – VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
		Teal To Date	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

<u> </u>			
		1	2
			Prior Year Ended
		Year To Date	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		
8	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.			
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+		
	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)		

SCHED - VERIFICATION

erm Invested Assets

		1	2
			Prior Year Ended
		Year To Date	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 acquis n		
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 dispo ls.		
8.	Deduct amortization of premium and preciation		
9.	Total foreign exchange change in book/a sted carrying value		
10.	Deduct current year's other-than-temporary pairment recognized		
11.	Book/adjusted carrying value trent and (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted are unts		
13.	Statement value at and of cul ant period (ne 11 minus Line 12)		

SCHEDULE D – VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
	*	Year To Date	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

	1	2	3	4	5	6	7	8
	Book/Adjusted					Boo. Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value			Non-Trading	Book/Adjusted	Carrying	Carrying Value	Carrying Value
	Beginning	Acquisitions During	Dispositions During	Activity During	Carrying Value I d	V ue End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	of First Qv rter	Se ond Quarter	Third Quarter	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					S			
9. NAIC 2					*			
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock					·			_
15. Total Bonds & Preferred Stock								



SCHEDULE DA – PART 1

Short-Term Investments

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

SCHEDULE DA – VERIFICATION

Short-Term Investments

		1	2
		Year To	Prior Year
		Date	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)		



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 – Cum. ative — sn Change column)
3.1	Add:
	Change in variation margin on open contracts – Highly Effective ryoges
	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, corrent par to da minus
	3.24 Section 1, Column 19, p yea
3.3	Subtotal (Line 3.1 minus Line 3.2)
4.1	Cumulative variation margin on terminate a contracts during the year
4.2	Less:
	4.21 Amount used biust of hedged item
	4.22 Amount re ognized
4.3	Subtotal (Lin. 4.1 in vis Liv /4.2)
5.	Dispositions gain. losses) on contracts terminated in prior year:
	5.1 Total gam (1658) recognized for terminations in prior year
	5.2 To gain (loss) adjusted into the hedged item(s) for terminations in prior year
6.	Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)
7.	Deduct total nonadmitted amounts
8.	Statement value at end of current period (Line 6 minus Line 7)

SCHEDULE DB – PART C – SECTION 1

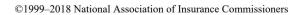
Replication (Synthetic Asset) Transactions Open as of Current Statement Date

		D _{or}	alication (Synthet	ic Asset) Transact	one					Components	of the Replicati	(Synthetic Asset	Transactions		
1	Replication (Synthetic Asset) Transactions Components of the Replicat						of the Replication	Synthetic Asset) Hansactions							
								Deriva	ative Instrument(s)) Open		Ca	sh Instrument(s) H	eld	
								9	10	11	12	13	14	15	16
		NAIC								₩,		,	NAIC		1
		Designation or							D 1/4 C . 1	_ \ 4			Designation or	D 1/4 P . 1	1
N. 1	ъ	Other	Notional	Book/Adjusted	T 1 1 1 1	Ecc . D .	14 ' D	Description	Book/Adjusted	T.	SUSIP	Description	Other	Book/Adjusted	Fair Wales
Number	Description	Description	Amount	Carrying Value	Fair Value	Effective Date	Maturity Date	Description	Carrying Value	Fair e	USIP	Description	Description	Carrying Value	Fair Value
															1
***************************************							***************************************								
									· ·						1
					***************************************									***************************************	
										Ì					1
9999999 <mark>999</mark> Tot	als					XXX	XXX	V			XXX	XXX	XXX		

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First	Quarter	Second	Quarter	Third	Quarter	For	Quarter	Year '	Γο Date
	1	2	3	4	5	6	7	8	9	10
		Total Replication		Total Replication	8	Total Replication		T I Replication		Total Replication
	Number	(Synthetic Asset)	Number	(Synthetic Asset)	Number	(Synthetic Asset)	mber	(Synthetic Asset)	Number	(Synthetic Asset)
	of	Transactions	of	Transactions	of	Transactions	əf	Transactions	of	Transactions
	Positions	Statement Value	Positions	Statement Value	Positions	Statement Value	Po. ns	Statement Value	Positions	Statement Value
Beginning Inventory										
Add: Opened or Acquired Transactions										
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		хих		xxx		xxx	
7. Ending Inventory										



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 Valu 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	Potential Exposure Circle
14.	Part B, Section 1, Column 20	*
15.	Part D, Section 1, Column 11	
16.	Total (Line 13 plus Line 14 minus Line 15)	

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

		1	2
		Year To	Prior Year
		Date	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)		

SCHEDULE A – PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	Loca	tion	4	5	6		8	9
	2	3					Book/Adjusted	
Description				Name	Actual Cost	nt	Carrying	Additional Investment
of			Date	of	at	of	Value Less	Made After
Property	City	State	Acquired	Vendor	Time of Acquisition	ncumbrai es	Encumbrances	Acquisition

0399999 Totals								

SCHEDULE A PART 3

Showing All Real Estate DISPOSED During the Quarter Incl. ing Fents During the Final Year on "Sales Under Contract"

1	Location	on	4	5	6	7	8		Char in Book/Adju	ister prying Value	Less Encumbrance	es	14	15	16	17	18	19	20
	2	3						9	10	11	12	13						Gross Income	
						Expended for							G 200 M 2					Earned	200
						Additions,			Current 's				Book/Adjusted		Foreign	100 100 0		Less	Taxes,
						Permanent	Book/Adjusted		Other-Than	Z		Total Foreign	Carrying Value	00	Exchange	Realized	Total	Interest	Repairs
Description			20000			Improvements and	Carrying Value		Temporary	Current Year's	Total Change	Exchange	Less	Amounts	Gain	Gain	Gain	Incurred	and
of	Manager Sci		Disposal	Name of	Actual	Changes in	Less Encumbrances	Current Year'	Impairment	Change in	in B./A.C.V.	Change in	Encumbrances	Received	(Loss) on	(Loss) on	(Loss) on	on	Expenses
Property	City	State	Date	Purchaser	Cost	Encumbrances	Prior Year	Depreciation	Recognized	Encumbrances	(11-9-10)	B./A.C.V.	on Disposal	During Year	Disposal	Disposal	Disposal	Encumbrances	Incurred
	*********					***************************************	***************************************												
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	************												******************						
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********	*********			•••••				3		***************************************		***************************************	3			***************************************		(*************************************	······
0399999) T	otals							·										

SCHEDULE B – PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	Loca	ation	4	5	6		8	9
	2					4		Value of
		1-7						Land
Loan			Loan			I Co. it	Additional Investment	and
Number	City	State	Type	Date Acquired	Rate of Interest	Time of quisition	Made After Acquisition	Buildings

			,					
3399999 Totals								

SCHEDULE B-Y2 PT 3

Showing All Mortgage Loans DISPOSED, Transfeed or read During the Current Quarter

1	Locati	ion	4	5	6	7		hans	ge Valu	Recorded Investi	nent		14	15	16	17	18
100	2	3		0.92	***	Book	8	9	10.	11	12	13		10.074		505	200.00.0
						Value/Recorded							Book				
						Investment			Curi Year's		Total		Value/Recorded		Foreign		
						Excluding	Unrealized		Other-Than-	Capitalized	Change	Total Foreign	Investment		Exchange	Realized	Total
						Accrued	Valuation 4	vrrent Year's	Temporary	Deferred	in	Exchange	Excluding		Gain	Gain	Gain
Loan			Loan	Date	Disposal	Interest	Increase	(An tization)/	Impairment	Interest and	Book Value	Change in	Accrued Interest	Consider-	(Loss) on	(Loss) on	(Loss) on
Number	City	State	Type	Acquired	Date	Prior Year	(Decrease)	Acc. on	Recognized	Other	(8+9-10+11)	Book Value	on Disposal	ation	Disposal	Disposal	Disposal
									•				***************************************				
								X									
											•••••						

	***************************************	***********						***************************************		***************************************	***************************************				***************************************	***************************************	
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0599999	Totals		1														
0377777	101415																

SCHEDULE BA – PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Carret

1	2	Loca	ation	5	6	7	8	9	10	11	12	13
		3	4	Name	NAIC							
				of	Designation and				A litional	*	Commitment	
				Vendor or	Administrative	Date		Actual Cost at	In stment	Amount	for	
CUSIP	Name or			General	Symbol/Market	Originally	Type and	Time of	Mag. fter	of	Additional	Percentage of
Identification	Description	City	State	Partner	Indicator	Acquired	Strategy	Acquisition	uisition	Encumbrances	Investment	Ownership

					***************************************			V				
					***************************************	***************************************					***************************************	
***************************************					***************************************						***************************************	
								-				
4699999 Totals												XXX

SCHEDUL BA PART 3

Showing Other Long-Term Invested ssets Dr. 20Sb. Transferred or Repaid During the Current Quarter

1	2	Loca	ition	5	6	7	8		Change	Book/Adjust	ed Carrying	Value		15	16	17	18	19	20
	l	3	4					9	0	11	12	13	14	Book/				1	
														Adjusted				1	
				Name of			Book/Adjusted		Current Years	Current Year's		Total Change	Total	Carrying			202 0		
				Purchaser			Carrying	Unreal ed	(Depreciation)	Other-Than-	Capitalized	in	Foreign	Value		Foreign	Realized	Total	
CUSIP				or Nature	Date		Value Less	Value n	or	Temporary	Deferred	B./A.C.V.	Exchange	Less		Exchange	Gain	Gain	
Identi-	Name or			of	Originally	Disposal	Encumbrances,	Increase	(Amortization)	Impairment	Interest	(9+10-		Encumbrances	Consi-				Investment
fication	Description	City	State	Disposal	Acquired	Date	Prior Year	(DCC se)	Accretion	Recognized	and Other	11+12)	B./A.C.V.	on Disposal	deration	on Disposal	Disposal	Disposal	Income
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4699999	Totals						T .	-											
4099999	Totals			_	1000														

SCHEDULE D – PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
									NAIC
				Name	Number			Paid for Accrued	Designation and
CUSIP			Date	of	of Shares	Actual	Par	Interest and	Administrative Symbol/
Identification	Description	Foreign	Acquired	Vendor	of Stock	Cost	Value	Dividends	Market Indicator (a)
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			······						
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		(**************************************				***************************************			
				/					
				*					
9999999 Total:	3						XXX		XXX

⁽a) For all common stock bearing the NAIC market indicator "U" ovide the number of such issues .

SCHEDULE D – PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change In	Book/Adjusted Carr	ying Value		16	17	18	19	20	21	22
										-11	12	13	14	15							i l
									Prior			Current Year's							Bond Interest/		NAIC
					Number				Year			Other-		Total	Adjusted	Foreign			Stock		Designation
					of				Book/	Unrealized	Current	Than-	Total		Carrying	Exchange	Realized	Total	Dividends	Stated	and
CUSIP				Name	Shares				Adjusted	Valuation	Year's	Temporary	Change in	Foreign Exc. ge	Value at	Gain	Gain	Gain	Received	Contractual	Administrative
Indenti-	Des-	Foreign	Disposal	of	of	Consider-	Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	sposal	(Loss) on	(Loss) on Disposal	(Loss) on	During	Maturity Date	Symbol/Market Indicator (a)
fication	cription	Foreign	Date	Purchaser	Stock	ation	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.		Disposal		Disposal	Year	Date	Indicator (a)
				***************************************						***************************************		***************************************									
					***************************************					***************************************		***************************************				***************************************	***************************************			***************************************	
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***************************************		5.00.000			500000000000000000000000000000000000000								(**************************************							30000000000	
9999999	Totals						XX				i									XXX	XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number (1.5) issues

SCHEDULE DB – PART A – SECTION 1
Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7	18	19	20	21	22	23
	Description									Cumulative							_					1
	of Item(s)									Prior Year(s)	Current											1
	Hedged,									Initial Cost	Year Initial											Hedge
	Used for								Strike Price,	of	Cost of						Total					Effectiveness
	Income	100 V 10 V 10 V		Exchange,		0.00			Rate or	Undiscounted	Undiscounted	785	Book/			mzed	Foreign	100 1000 100	Adjustment		Credit	at Inception
	Generation	Schedule/	Type(s) of	Counterparty		Date of	37 7 0		Index	Premium	Premium	Current	Adjusted			Valuation	Exchange	Current Year's	to Carrying		Quality of	and at
n	or	Exhibit	Risk(s)	or Central	T 1 D	Maturity or	Number of	Notional	Received	(Received)	(Received)	Year	Carrying	0.5		Increase/	Change in	(Amortization)/	Value of	Potential	Reference	Quarter-end
Description	Replicated	Identifier	(a)	Clearinghouse	Trade Date	Expiration	Contracts	Amount	(Paid)	Paid	Paid	Income	Value	Code	air Value	(Decrease)	B./A.C.V.	Accretion	Hedged Item	Exposure	Entity	(b)
											***************************************							***************************************		***************************************	***************************************	
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			***************************************								***************************************							***************************************			***************************************	
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3					1			l	l													-
	0.1		S										-	1							******	******
1399999999	Subtota	l - Hedging Eff	ective											XXX							XXX	XXX
	9,797												_								1000000	
1409999 <mark>999</mark>	Subtota	l - Hedging Oth	ier									-		XXX							XXX	XXX
														50000000000000000000000000000000000000							\$1000 DECCES	
14199999999	Subtota	l - Replication										-		XXX							XXX	XXX
r_==																						
1429999 <mark>999</mark>	Subtota	l - Income Gen	eration											XXX							XXX	XXX
1439999999	Subtota	l - Other								4		4		XXX				9			XXX	XXX
												1										
1449999 <mark>999</mark>	Totals											1		XXX			1		1	L	XXX	XXX
										_	_											1
4.5 100																						

(a)	Code	De ription of Hedged Risk(s)

(b)	Code	Fi neial or Economic Impact of the Hedge at the End of the Reporting Period	

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1	2	3	4	5 Description	6	7	8	9	10	11	12	13	14	High 15	nly Effective	edge	18	19	20	21	22
				of Items(s)												Change in		Change in			
				Hedged,												Variation argin		Variation		Hedge	
				Used for									D1-/			Gain (Loss)	Cumulative Variation	Margin Gain (Loss)		Effectiveness	
				Income Generation	Schedule/	Type(s) of	Date of						Book/ Adjusted	Cumulative	Deferred	Used to Adjust Basis	Margin for	Recognized		at Inception and at	Value of
Ticker	Number of	Notional		or	Exhibit	Risk(s)	Maturity or			Transaction	Reporting	Fair	Carrying Value	Variati		of Hedged	All Other	in Current	Potential	Quarter-end	One (1)
Symbol	Contracts	Amount	Description	Replicated	Identifier	(a)	Expiration	Exchange	Trade Date	Price	Date Price	Value	Value	rgin	Margin	Item	Hedges	Year	Exposure	(b)	Point
															,						
															1						
		in contract									-	1									
1399999 <mark>999</mark> S	Subtotal - Hed	ging Effective																		XXX	XXX
1409999 <mark>999</mark> S	Subtotal - Hed	ging Other																		XXX	XXX
1419999 <mark>999</mark> S	Subtotal - Rep	ication									12									XXX	XXX
1429999 <mark>999</mark> S	Subtotal - Inco	me Generation									X									XXX	XXX
1439999 <mark>999</mark> S	Subtotal - Othe	r																		XXX	XXX
1449999 <mark>999</mark> T	otals								7		0									XXX	XXX
	_													1		<u> </u>					
						Broker Nan	ne				Be	ginning Ca	ash Balance	Cumulati	ve Cash Chang	e Ending	Cash Balance	9			
										1											
								4													
				••••••																	

	То	tal Net Cash Do	eposits							•											
								-4													
	(a) (Code								Description	n of Hedged Ri	sk(s)									
				***************************************			,				***************************************										
	L																				
							~														
	(b) (Code						Finar	ncial or Econon	nic Impact of the	he Hedge at the	End of the	e Reporting	Period							
							J														
				4																	
	- 1																				

SCHEDULE DB – PART D – SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1	2	3	4	Book	/Adjusted Carrying	Value		Fair V		11	12
				5	6	7	8		10		
				Contracts	Contracts						
				With	With		, , , , , , , , , , , , , , , , , , ,				
		Credit		Book/	Book/						
Description of Exchange,	Master	Support	Fair Value of	Adjusted	Adjusted		Contracts	Cencts			Off-Balance
Counterparty or Central	Agreement	Annex	Acceptable	Carrying	Carrying	Exposure Net	With Fair	With	Exposure Net	Potential	Sheet
Clearinghouse	(Y or N)	(Y or N)	Collateral	Value >0	Value <0	of Collateral	Value >0	Value < 0	of Collateral	Exposure	Exposure
· · · · · · · · · · · · · · · · · · ·	***************************************		***************************************			***************************************			***************************************		
·											
0999999 <mark>999</mark> Gross Totals											
	-	-							-		-
Offset per SSAP No. 64					-						
2 N . 0 . 1. 6 66	- 74										
Net after right of offset per SSAP N	10. 04										

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

1	2	3	4	5	6		8	9
Exchange,					,			
Counterparty or						·		
Central	Type of Asset	CUSIP				Pook 1 red		Type of Margin (I, V or IV)
Clearinghouse	Pledged	Identification	Description	Fair Value	Par Value	Ca. ving Value	Maturity Date	(I, V or IV)

) .x		
0199999 <mark>999</mark> Total							XXX	XXX

Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
Exchange,								
Counterparty or								
Central	Type of Asset	CUSIP				Book/Adjusted		Type of Margin
Clearinghouse	Pledged	Identification	Description	Fai Valv	Par Value	Carrying Value	Maturity Date	Type of Margin (I, V or IV)
						XXX		
						XXX		
				,		XXX		
						XXX		
1000						XXX		
0299999 <mark>999</mark> Total						XXX	XXX	XXX

SCHEDULE DL – PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date
(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page
and not included on Schedules A, B, BA, D DB and E)

CHCID	2	3	4 NAIC Designation and Administrative	5	6	7
CUSIP Identification	Description	Code	Symbol/Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Dates
						· · · · · · · · · · · · · · · · · · ·
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				/		
		······/				
	6				1	
			······			
99999 Totals			<u>l</u>			XXX
100013						ΛΛΛ

		•					
Gene	ral Interrogatories:						
	Total activity for the year to date		Fair Value	\$		Book/Adjusted Carrying Value	\$
	Average balance for the year to date		Fair Value	\$		Book/Adjusted Carrying Value	\$
	Reinvested securities lending con ateral as	s book/adjusted carrying	ng value included	n this schedule by N	AIC designation:		
	NAIC 1 \$: NAIC 2	; IAIC 3 \$;	NAIC 4\$; NAIC 5 \$; NAIC 6 \$		

SCHEDULE DL – PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date (Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)

CUSIP Identification	2 Description	3	4 NAIC Designation and	5	6	7
	Description					
	Description					
Identification	Description		Administrative Symbol		Book/Adjusted	
		Code	/Market Indicator	Fair Value	Carrying Value	Maturity Dates
		······				***************************************
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			:			
0000000 7						3/3/3/
9999999 Totals	,					XXX

Gene	al Interrogatories:		•			
1.	Total activity for the year to date			Fair Value	\$ Book/Adjusted Carrying Value	\$
2.	Average balance for the year to date	7		Fair Value	\$ Book/Adjusted Carrying Value	\$

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	1	2	3	4	5	Book Balance at End	of Each Month Durin	ng Current Quarter	9
1				Amount	Amount of	6	7	8	
1				of Interest	Interest			~	
				Received	Accrued				
			Rate	During	at Current				
			of	Current	Statement	First	Second	Third	
1	Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
									XXX
								·····	XXX
									XXX
									XXX
								J	XXX
									XXX
									XXX
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							<u></u>		XXX
									XXX
									XXX
									XXX
									XXX
0199998	Deposits in depositories that do not exceed the								
	allowable limit in any one depository (see				•				
I	Instructions) - Open Depositories	XXX	XXX		*				XXX
0199999	Total Open Depositories	XXX	XXX						XXX
	ee								
					· · · · · · · · · · · · · · · · · · ·				
0299998	Deposits in depositories that do not exceed the								
	allowable limit in any one depository (see								
l	Instructions) - Suspended Depositories	XXX	XXX						XXX
0299999	Total Suspended Depositories	XXX	XXX	7.					XXX
0399999	Total Cash on Deposit	XXX	XXX						XXX
0499999	Cash in Company's Office	XXX	XXX	XX.	XXX				XXX
0599999	Total	XXX	XX						XXX
00/////	1000	71/1/1	232						71/1/1



SCHEDULE E – PART 2 – CASH EQUIVALENTS Show Investments Owned End of Current Quarter

1	2	2	4	5	6	7	l 0	0
1	2	3	Date	Rate of	aturity	B sk/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code		Interest	D	arrying Value	Due & Accrued	During Year
CUSIF	Description	Code	Acquired	interest	L	irrying value	Due & Accrued	During Year
				1				

				A. A.,				
				A				

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					3			
8899999 Total	Cash Equivalents							
ooyyyyy I olai	Cash Equivalents						1	

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Affix Bar Code Above

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....

NAIC Company Code

		Individua	1 Coverage	Group	5	
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
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		AAA	XXX
10.	Cash Flow Result	XXX	XXX	XXY	xxx	

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

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Agi for Distillution



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.



ASB- HEAQ- 19