



Quarterly Statement Blank

For the Year 2019

Not for Distribution

Life, Accident & Health

Fraternal

Not for Distribution



National Association of
Insurance Commissioners

Official NAIC Quarterly Statement Blank

Life, Accident & Health/Fraternal

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:

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Not for Distribution

LIFE AND ACCIDENT AND HEALTH COMPANIES/**FRATERNAL BENEFIT SOCIETIES** – ASSOCIATION EDITION

.....
Affix Bar Code Above

QUARTERLY STATEMENT

AS OF _____, **2019**

OF THE CONDITION AND AFFAIRS OF THE _____

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** [] **Fraternal Benefit Societies** []
 Incorporated/Organized _____, Commenced Business _____
 Statutory Home Office _____, _____
 (Street and Number) (City or Town, State, Country and Zip Code)
 Main Administrative Office _____, _____
 (Street and Number) (City or Town, State, Country and Zip Code)
 Mail Address _____, _____, _____
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
 Primary Location of Books and Records _____, _____
 (Street and Number) (City or Town, State, Country and Zip Code)
 Internet Web Site Address _____ (Area Code) (Telephone Number)
 Statutory Statement Contact _____, _____, _____
 (Name) (Area Code) (Telephone Number) (Extension)
 _____ (E-Mail Address) _____ (Fax Number)

OFFICERS

| Name | Title | Name | Title |
|----------|-------|-------------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | Other _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

DIRECTORS OR TRUSTEES

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

State of _____
County of _____ ss _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, shall constitute a true and correct 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 there from for the period ended _____ have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) the 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) |
| _____ (Title) | _____ (Title) | _____ (Title) |

Subscribed and sworn to before me on 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 December 31 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 rate..... | | | | |
| 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, SURPLUS AND OTHER FUNDS

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

SUMMARY OF OPERATIONS

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

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 Line 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 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| 1. Industrial life..... | | | |
| 2. Ordinary life insurance | | | |
| 3. Ordinary individual annuities | | | |
| 4. Credit life (group and individual)..... | | | |
| 5. Group life insurance | | | |
| 6. Group annuities..... | | | |
| 7. A & H - group..... | | | |
| 8. A & H - credit (group and individual)..... | | | |
| 9. A & H - other..... | | | |
| 10. Aggregate of all other lines of business | | | |
| 11. Subtotal (Lines 1 through 10)..... | | | |
| 12. Fraternal (Fraternal Benefit Societies Only)..... | | | |
| 13. Subtotal (Lines 11 through 12)..... | | | |
| 14. Deposit-type contracts | | | |
| 15. Total (Lines 13 and 14) | | | |
| DETAILS OF WRITE-INS | | | |
| 1001. | | | |
| 1002. | | | |
| 1003. | | | |
| 1098. Summary of remaining write-ins for Line 10 from overflow page | | | |
| 1099. Total (Lines 1001 through 1003 plus 1098) (Line 10 above) | | | |

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 1 and 1A.
- 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 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 entity 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

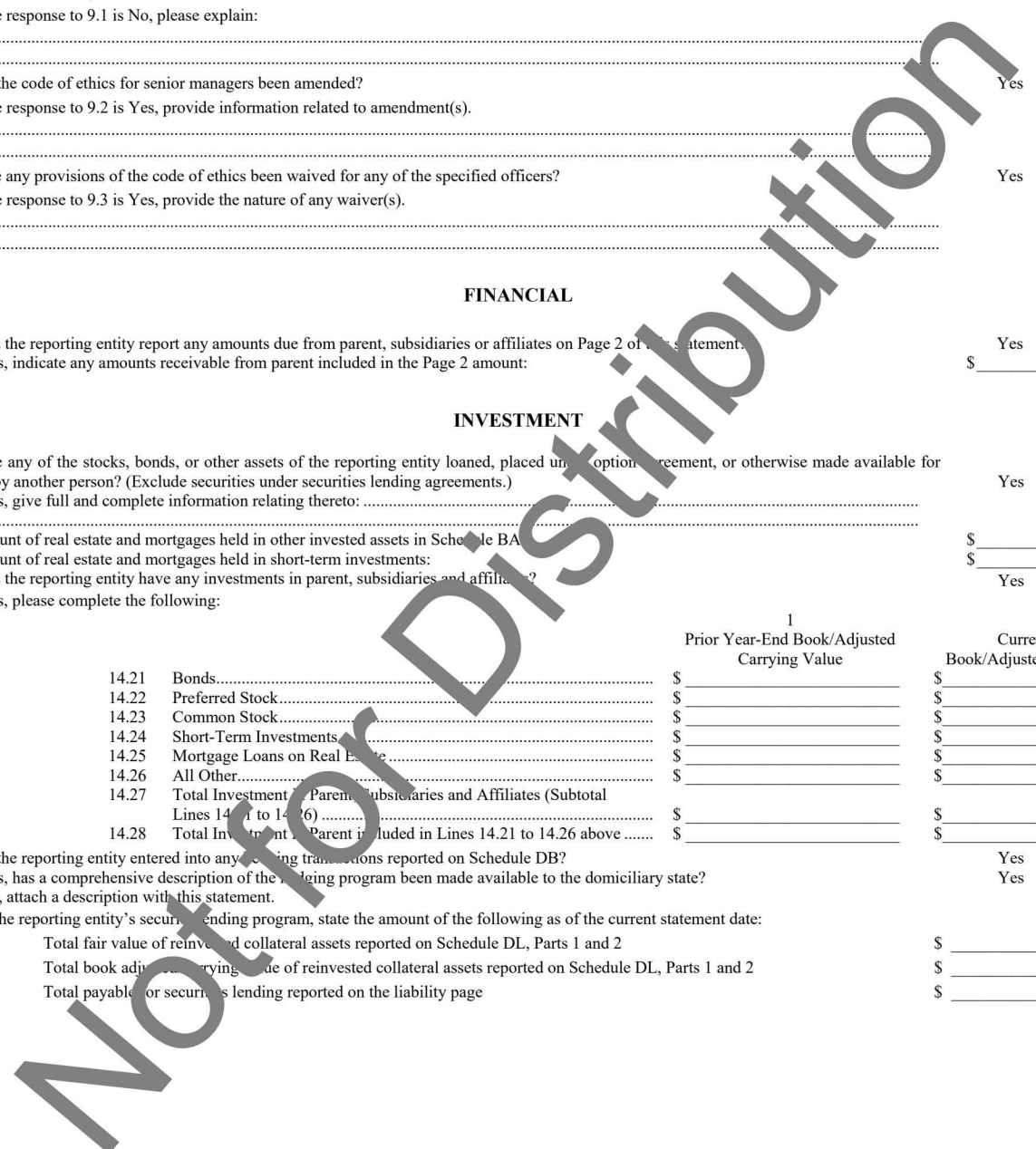
- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

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 Prior Year-End Book/Adjusted Carrying Value | 2 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 included in Lines 14.21 to 14.26 above..... | \$ _____ | \$ _____ |

- 15.1 Has the reporting entity entered into any securities lending transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the lending program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.
16. For the reporting entity's securities lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested 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 aggregate to more than 10% 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. The issuer 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 – LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES

Life and Accident Health Companies/Fraternal Benefit Societies:

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1
Amount

- 1.1 Long-Term Mortgages in Good Standing
 - 1.11 Farm Mortgages \$ _____
 - 1.12 Residential Mortgages \$ _____
 - 1.13 Commercial Mortgages \$ _____
 - 1.14 Total Mortgages in Good Standing \$ _____
- 1.2 Long-Term Mortgages in Good Standing with Restructured Terms
 - 1.21 Total Mortgages in Good Standing with Restructured Terms \$ _____
- 1.3 Long-Term Mortgage Loans upon which Interest is Overdue more than Three Months
 - 1.31 Farm Mortgages \$ _____
 - 1.32 Residential Mortgages \$ _____
 - 1.33 Commercial Mortgages \$ _____
 - 1.34 Total Mortgages with Interest Overdue more than Three Months \$ _____
- 1.4 Long-Term Mortgage Loans in Process of Foreclosure
 - 1.41 Farm Mortgages \$ _____
 - 1.42 Residential Mortgages \$ _____
 - 1.43 Commercial Mortgages \$ _____
 - 1.44 Total Mortgages in Process of Foreclosure \$ _____
- 1.5 Total Mortgage Loans (Lines 1.14 + 1.21+1.34+1.44) (Page 2, Column 3, Lines 3.1 +3.2) \$ _____
- 1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter
 - 1.61 Farm Mortgages \$ _____
 - 1.62 Residential Mortgages \$ _____
 - 1.63 Commercial Mortgages \$ _____
 - 1.64 Total Mortgages Foreclosed and Transferred to Real Estate \$ _____
- 2. Operating Percentages:
 - 2.1 A&H loss percent _____ %
 - 2.2 A&H cost containment percent _____ %
 - 2.3 A&H expense percent excluding cost containment expenses _____ %
- 3.1 Do you act as a custodian for health savings accounts? Yes No
- 3.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 3.3 Do you act as an administrator for health savings accounts? Yes No
- 3.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
- 4. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
- 4.1 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

Fraternal Benefit Societies Only:

- 5.1 In all cases where the reporting entity has assumed accident and health risks from another company, provisions should be made in this statement on account of such reinsurances for a reserve equal to that which the original company would have been required to establish had it retained the risks. Has this been done? Yes No N/A
- 5.2 If no, explain: _____
- 6.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes No
- 6.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

| Date | Outstanding Lien Amount |
|------|-------------------------|
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

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

(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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?
- 2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?
- 3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?
- 4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?
- 5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC?
- 6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC?
- 7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC?
- 8. Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarter Only)

Explanation:

Bar Code:

Not for Distribution

OVERFLOW PAGE FOR WRITE-INS

Not for Distribution

Not for Distribution

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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 A – PART 2

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

| 1 Description of Property | Location | | 4 Date Acquired | 5 Name of Vendor | 6 Actual Cost at Time of Acquisition | 7 Amount of Encumbrances | 8 Book/Adjusted Carrying Value Less Encumbrances | 9 Additional Investment Made After Acquisition |
|------------------------------------|-----------|------------|-----------------------|---------------------------|---|-----------------------------------|--|---|
| | 2 City | 3 State | | | | | | |
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| 0399999 | Totals | | | | | | | |

SCHEDULE A – PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

| 1 Description of Property | Location | | 4 Disposal Date | 5 Name of Purchaser | 6 Actual Cost | 7 Expended for Additions, Permanent Improvements and Changes in Encumbrances | 8 Book/Adjusted Carrying Value Less Encumbrances Prior Year | 9 Current Year's Depreciation | Change in Book/Adjusted Carrying Value Less Encumbrances | | | | 14 Book/Adjusted Carrying Value Less Encumbrances on Disposal | 15 Amounts Received During Year | 16 Foreign Exchange Gain (Loss) on Disposal | 17 Realized Gain (Loss) on Disposal | 18 Total Gain (Loss) on Disposal | 19 Gross Income Earned Less Interest Incurred on Encumbrances | 20 Taxes, Repairs and Expenses Incurred |
|------------------------------------|-----------|------------|-----------------------|---------------------------|---------------------|--|---|-------------------------------------|---|---|---|---|--|--|--|---|--|---|--|
| | 2 City | 3 State | | | | | | | 10 Current Year's Other Than Temporary Impairment Recognized | 11 Current Year's Change in Encumbrances | 12 Total Change in B./A.C.V. (11-9-10) | 13 Total Foreign Exchange Change in B./A.C.V. | | | | | | | |
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| 0399999 | Totals | | | | | | | | | | | | | | | | | | |

SCHEDULE B – PART 2

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

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

SCHEDULE B – PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Returned During the Current Quarter

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

SCHEDULE BA – PART 2

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

| 1 CUSIP Identification | 2 Name or Description | Location | | 5 Name of Vendor or General Partner | 6 NAIC Designation and Administrative Symbol/Market Indicator | 7 Date Originally Acquired | 8 Type and Strategy | 9 Actual Cost at Time of Acquisition | 10 Additional Investment Made After Acquisition | 11 Amount of Encumbrances | 12 Commitment for Additional Investment | 13 Percentage of Ownership |
|------------------------------|-----------------------------|-----------|------------|--|--|-------------------------------------|---------------------------|---|---|------------------------------------|---|----------------------------------|
| | | 3 City | 4 State | | | | | | | | | |
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| 4699999 | Totals | | | | | | | | | | | XXX |

SCHEDULE BA – PART 3

Showing Other Long-Term Invested Assets DISPOSAL Transferred or Repaid During the Current Quarter

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

SCHEDULE D – PART 3
 Show All Long-Term Bonds and Stock Acquired During the Current Quarter

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

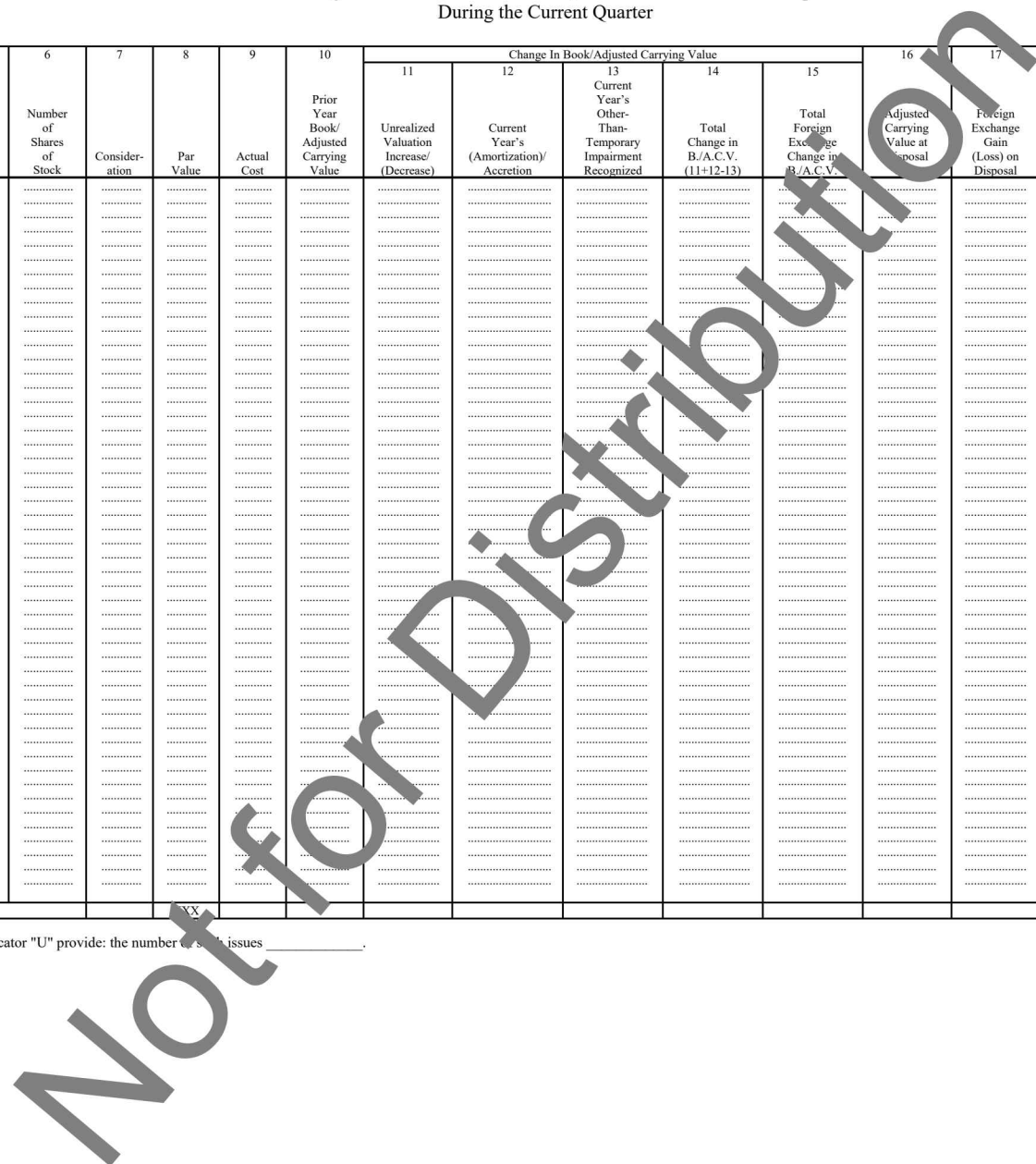
(a) For all common stock bearing the NAIC market indicator "U" provide the number of such issues _____.

Not for Distribution

SCHEDULE D – PART 4
 Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
 During the Current Quarter

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

(a) For all common stock bearing the NAIC market indicator "U" provide the number of shares issued _____.



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 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | | | | | | | | | | | | | |
|-------------|---|------------------------------|------------------------|---|------------|--------------------------------|---------------------|-----------------|---|---|---|---------------------|-------------------------------|------|------------|---|---|--|---|--------------------|------------------------------------|---|--|--|--|--|--|--|--|--|-----|-----|-----|-----|-----|-----|-----|
| Description | Description of Item(s) Hedged, Used for Income Generation or Replicated | Schedule/ Exhibit Identifier | Type(s) of Risk(s) (a) | Exchange, Counterparty or Central Clearinghouse | Trade Date | Date of Maturity or Expiration | Number of Contracts | Notional Amount | Strike Price, Rate or Index Received (Paid) | Cumulative Prior Year(s) Initial Cost of Undiscounted Premium (Received) Paid | Current Year Initial Cost of Undiscounted Premium (Received) Paid | Current Year Income | Book/ Adjusted Carrying Value | Code | Fair Value | Realized Valuation Increase/ (Decrease) | Total Foreign Exchange Change in B./A./C.V. | Current Year's (Amortization)/ Accretion | Adjustment to Carrying Value of Hedged Item | Potential Exposure | Credit Quality of Reference Entity | Hedge Effectiveness at Inception and at Quarter-end (b) | | | | | | | | | | | | | | | |
| 1399999999 | Subtotal - Hedging Effective | | | | | | | | | | | | | | | | | | | | XXX | | | | | | | | | | XXX | XXX | | | | | |
| 1409999999 | Subtotal - Hedging Other | | | | | | | | | | | | | | | | | | | | XXX | | | | | | | | | | | XXX | XXX | | | | |
| 1419999999 | Subtotal - Replication | | | | | | | | | | | | | | | | | | | | XXX | | | | | | | | | | | | XXX | XXX | | | |
| 1429999999 | Subtotal - Income Generation | | | | | | | | | | | | | | | | | | | | XXX | | | | | | | | | | | | | XXX | XXX | | |
| 1439999999 | Subtotal - Other | | | | | | | | | | | | | | | | | | | | XXX | | | | | | | | | | | | | | | XXX | XXX |
| 1449999999 | Totals | | | | | | | | | | | | | | | | | | | | XXX | | | | | | | | | | | | | | XXX | XXX | |

(a)

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

(b)

| Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
|-------|--|
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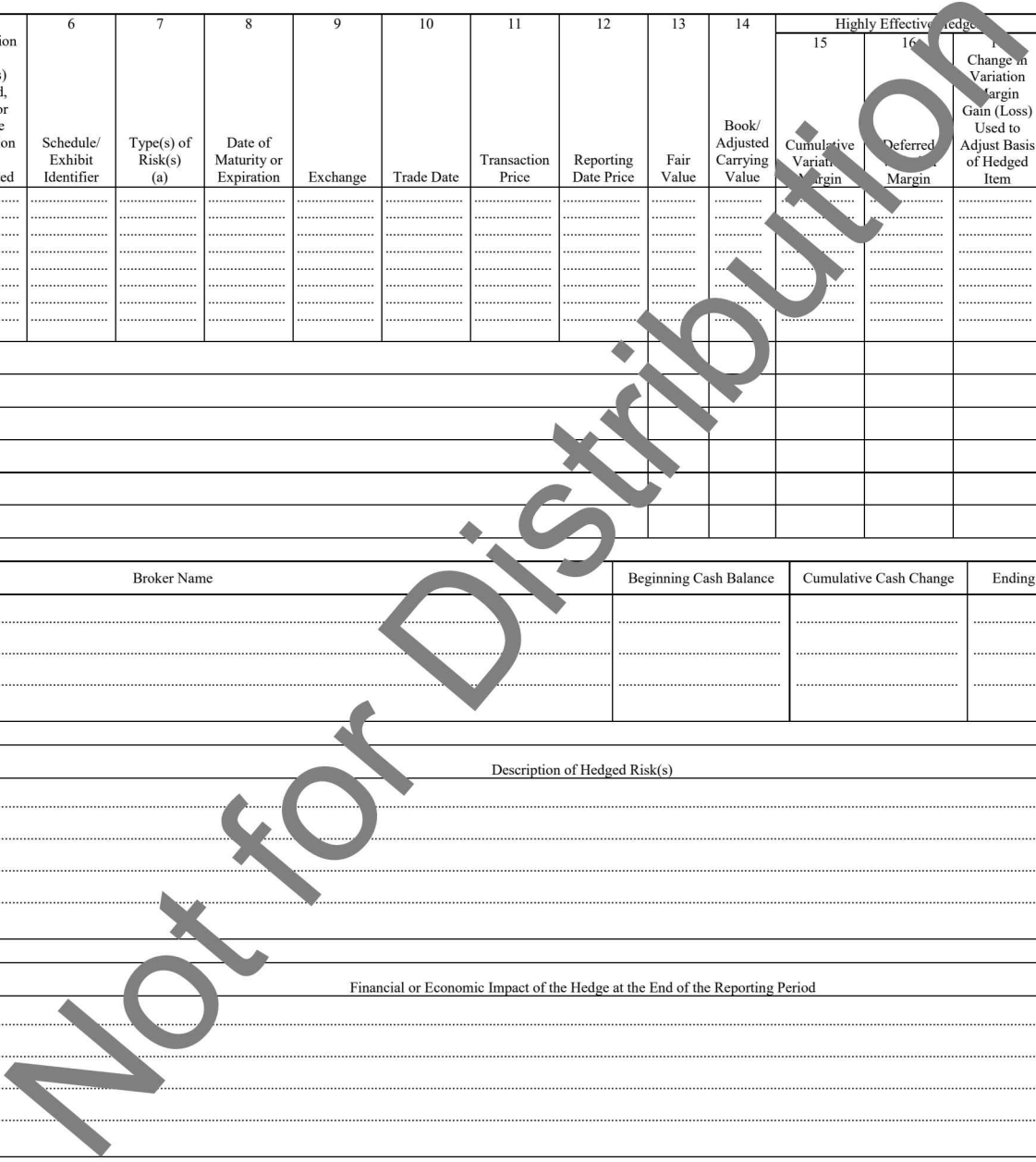
SCHEDULE DB – PART B – SECTION 1
Future Contracts Open as of the Current Statement Date

Main table with 22 columns: Ticker Symbol, Number of Contracts, Notional Amount, Description, Description of Items(s) Hedged, Schedule/ Exhibit Identifier, Type(s) of Risk(s), Date of Maturity or Expiration, Exchange, Trade Date, Transaction Price, Reporting Date Price, Fair Value, Book/ Adjusted Carrying Value, Highly Effective Hedge (Cumulative Variations Margin, Deferred Margin), Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item, Cumulative Variation Margin for All Other Hedges, Change in Variation Margin Gain (Loss) Recognized in Current Year, Potential Exposure, Hedge Effectiveness at Inception and at Quarter-end, Value of One (1) Point. Includes subtotal rows for Hedging Effective, Hedging Other, Replication, Income Generation, Other, and Totals.

Table with 4 columns: Broker Name, Beginning Cash Balance, Cumulative Cash Change, Ending Cash Balance. Includes a Total Net Cash Deposits row.

Table (a) with 2 columns: Code, Description of Hedged Risk(s). Multiple rows for listing risks.

Table (b) with 2 columns: Code, Financial or Economic Impact of the Hedge at the End of the Reporting Period. Multiple rows for describing impacts.



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 Value <0 | 10 Exposure Net of Collateral | | |
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| 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) |
|---|-------------------------------|------------------------------|------------------|-----------------|----------------|--------------------------------------|--------------------|-------------------------------------|
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| 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 | | |
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| 0299999999 Total | | | | | | XXX | XXX | XXX |

Not for Distribution

Not for Distribution

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Affix Bar Code Above

TRUSTEED SURPLUS STATEMENT

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

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

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

AFFIDAVIT OF TRUSTEE – SCHEDULE B

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

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

AFFIDAVIT OF TRUSTEE – SCHEDULE C

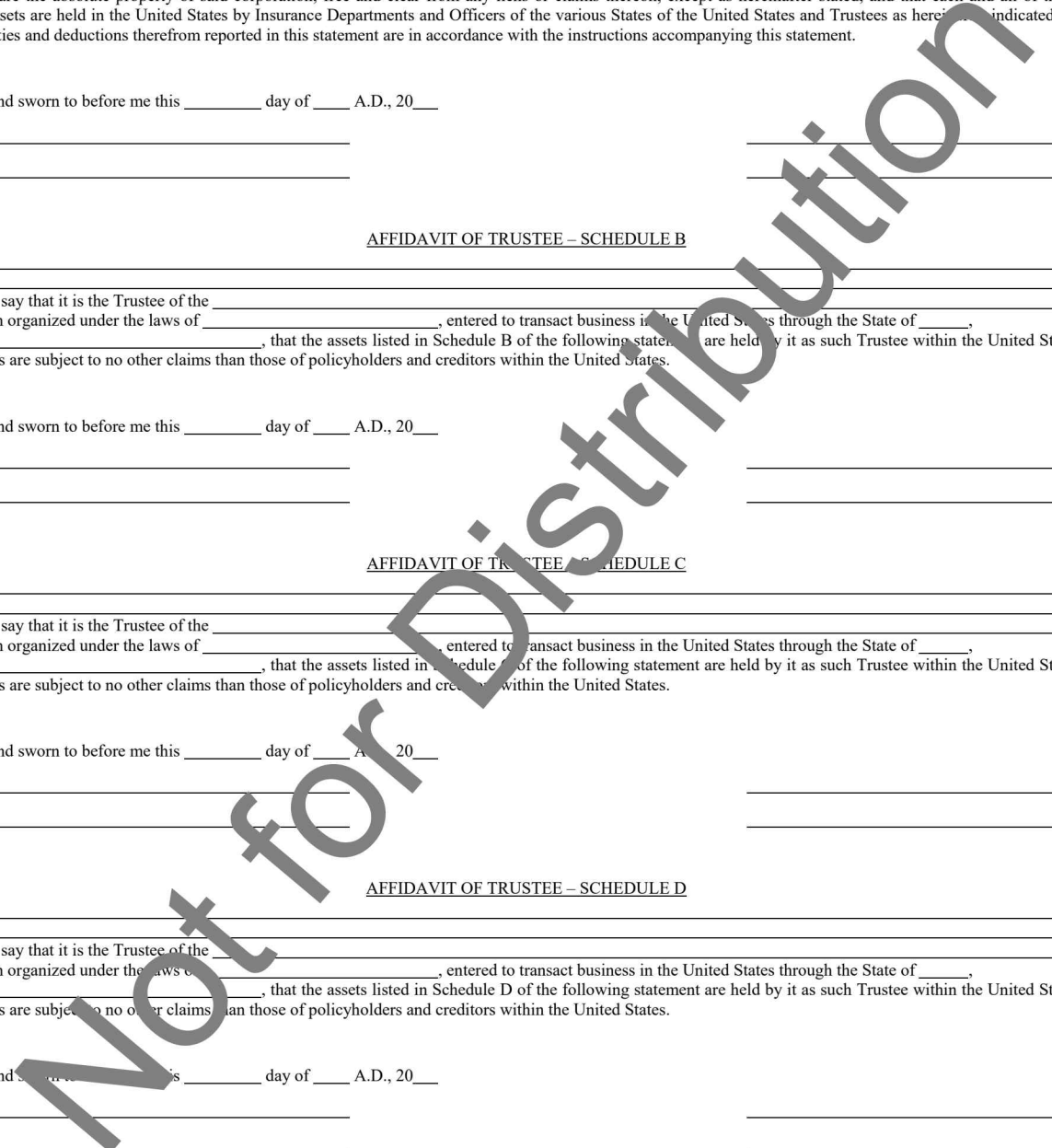
_____ being sworn, say that it is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule C of the following statement are held by it as such Trustee within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

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

AFFIDAVIT OF TRUSTEE – SCHEDULE D

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

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



**TRUSTEED SURPLUS STATEMENT
ASSETS**

SCHEDULE A – DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

| 1 Line Number | 2 Description | 3 Admitted Asset Value | 4 Par Value | 5 Fair Value |
|------------------|--------------------------------|------------------------------|----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1.98 | Accrued Investment Income..... | ..... | XXX | XXX |
| 1.99 | Totals | ..... | ..... | ..... |

SCHEDULE B – DEPOSITS WITH UNITED STATES TRUSTEE

| Line Number | Description | 3 Admitted Asset Value | 4 Par Value | 5 Fair Value |
|-------------|---|------------------------------|----------------|-----------------|
| 2.01 | Cash..... | ..... | ..... | ..... |
| 2.02 | Bonds..... | ..... | ..... | ..... |
| 2.03 | Preferred Stock..... | ..... | ..... | ..... |
| 2.04 | Common Stock..... | ..... | ..... | ..... |
| 2.05 | Mortgage Loans on Real Estate..... | ..... | ..... | ..... |
| 2.06 | Real Estate..... | ..... | ..... | ..... |
| 2.07 | Short-Term Investments..... | ..... | ..... | ..... |
| 2.08 | Other Invested Assets..... | ..... | ..... | ..... |
| 2.09 | Miscellaneous Assets not included in any of the above categories..... | ..... | ..... | ..... |
| 2.98 | Accrued Investment Income..... | ..... | XXX | XXX |
| 2.99 | Totals | ..... | ..... | ..... |

SCHEDULE C – DEPOSITS WITH UNITED STATES TRUSTEE

| Line Number | Description | 3 Admitted Asset Value | 4 Par Value | 5 Fair Value |
|-------------|---|------------------------------|----------------|-----------------|
| 3.01 | Cash..... | ..... | ..... | ..... |
| 3.02 | Bonds..... | ..... | ..... | ..... |
| 3.03 | Preferred Stock..... | ..... | ..... | ..... |
| 3.04 | Common Stock..... | ..... | ..... | ..... |
| 3.05 | Mortgage Loans on Real Estate..... | ..... | ..... | ..... |
| 3.06 | Real Estate..... | ..... | ..... | ..... |
| 3.07 | Short-Term Investments..... | ..... | ..... | ..... |
| 3.08 | Other Invested Assets..... | ..... | ..... | ..... |
| 3.09 | Miscellaneous Assets not included in any of the above categories..... | ..... | ..... | ..... |
| 3.98 | Accrued Investment Income..... | ..... | XXX | XXX |
| 3.99 | Totals | ..... | ..... | ..... |

SCHEDULE D – DEPOSITS WITH UNITED STATES TRUSTEE

| Line Number | Description | 3 Admitted Asset Value | 4 Par Value | 5 Fair Value |
|-------------|---|------------------------------|----------------|-----------------|
| 4.01 | Cash..... | ..... | ..... | ..... |
| 4.02 | Bonds..... | ..... | ..... | ..... |
| 4.03 | Preferred Stock..... | ..... | ..... | ..... |
| 4.04 | Common Stock..... | ..... | ..... | ..... |
| 4.05 | Mortgage Loans on Real Estate..... | ..... | ..... | ..... |
| 4.06 | Real Estate..... | ..... | ..... | ..... |
| 4.07 | Short-Term Investments..... | ..... | ..... | ..... |
| 4.08 | Other Invested Assets..... | ..... | ..... | ..... |
| 4.09 | Miscellaneous Assets not included in any of the above categories..... | ..... | ..... | ..... |
| 4.98 | Accrued Investment Income..... | ..... | XXX | XXX |
| 4.99 | Totals | ..... | ..... | ..... |

**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

INTERROGATORIES:

- 1.1 Have there been any changes made to any of the trust indentures during the period? Yes [] No []
- 1.2 If yes, has the domiciliary or entry state approved the change? Yes [] No []

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OVERFLOW PAGE FOR WRITE-INS

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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.

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National Association of Insurance Commissioners

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

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