

Official NAIC Annual Statement Blank

Health

For the 2017 reporting year

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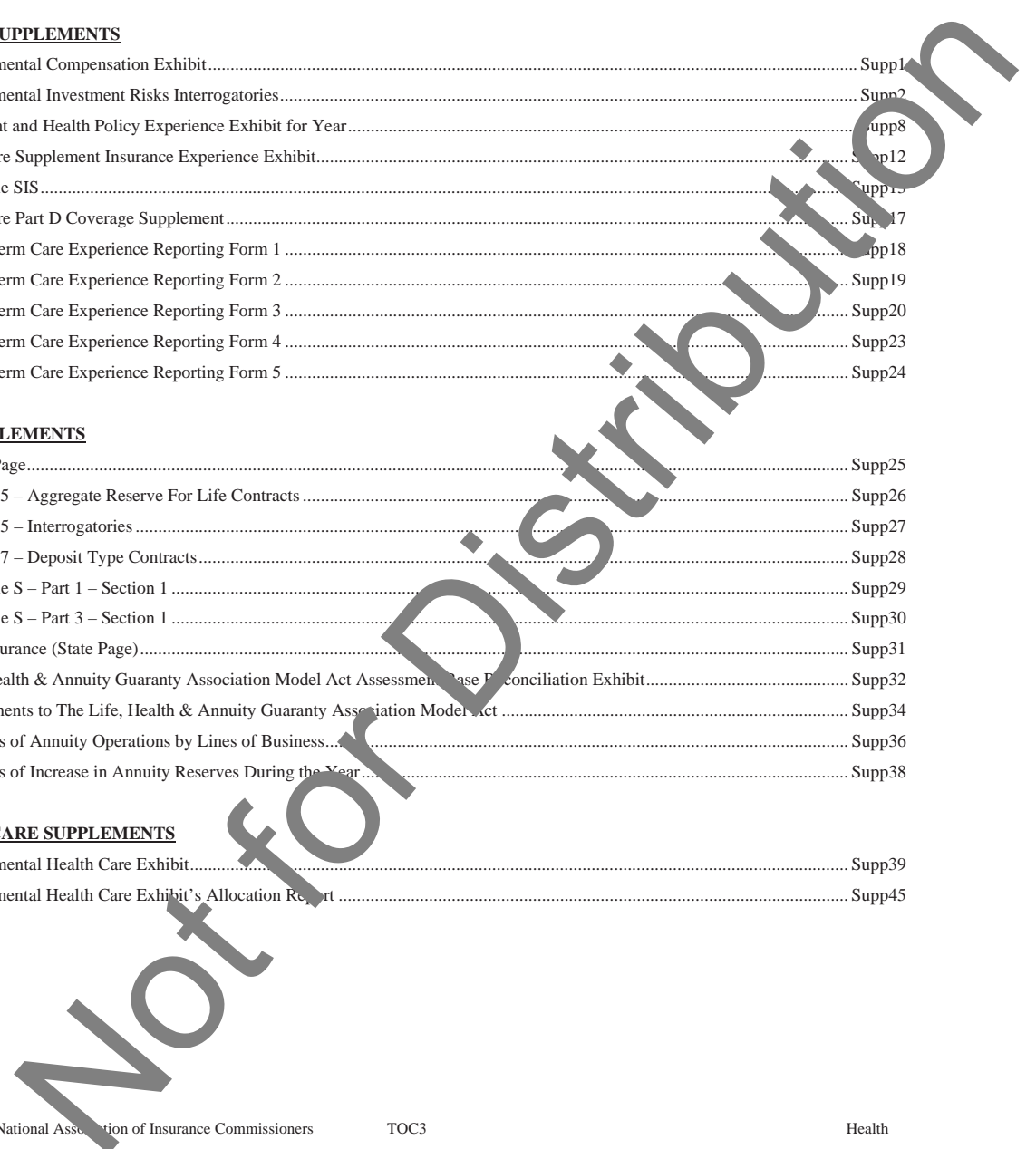
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ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2017

HEALTH

2017

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ANNUAL STATEMENT

FOR THE YEAR ENDING _____
(Month) (Day) (Year)

.....
Affix Bar Code Above

OF THE CONDITION AND AFFAIRS OF THE

(Name)

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

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

Country of Domicile _____

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

Incorporated/Organized _____ Commenced Business _____

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

Main Administrative Office _____
(Street and Number)

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

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

Primary Location of Books and Records _____
(Street and Number)

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

Internet Web Site Address _____

Statutory Statement Contact _____
(Name) (Area Code) (Telephone Number) (Extension)
(E-Mail Address) (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

State of

County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require 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 of 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) 1.	_____ (Printed Name) 2.	_____ (Printed Name) 3.
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
thisday of....., 2018

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

ASSETS

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

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LIABILITIES, CAPITAL AND SURPLUS

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

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STATEMENT OF REVENUE AND EXPENSES

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

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STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL & SURPLUS ACCOUNT	1 Current Year	2 Prior Year
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 year (Line 33 plus 48)		
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

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CASH FLOW

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

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
20.0002		
20.0003		
20.9996		

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
Net premium income										
Change in unearned premium reserves and reserve for rate credit										
Risk reserve										
Adjustments to other health-related reserves										
Net operating revenues (Lines 1 to 6)										
Other health services										
Other services										
Emergency room and out-of-area										
Prescription drug										
Aggregate write-ins for hospital and medical										
Aggregate write-ins with hospital payments and bonus amounts										
Subscriptions 8 to 10										
Net reinsurance										
Total hospital and medical (Lines 15 to 16)										
Non-health claims										
Claims adjustment expenses including cost containment expenses										
General administrative expenses										
Increase in reserves for accident and health										
Increase in reserves for life contracts										
Total operating expenses (Lines 17 to 22)										
Net underwriting gain or (loss) (Line 1 minus Line 23)										
DETAILS OF WRITE-INS										
0901										
0902										
0903										
0908										
0909										
Summary of remaining write-ins for Line 5 from overflow page										
Totals (Lines 0901 through 0903 plus 0908) (Line 5 above)										
0601										
0602										
0603										
0608										
0609										
Summary of remaining write-ins for Line 6 from overflow page										
Totals (Lines 0601 through 0603 plus 0608) (Line 6 above)										
1301										
1302										
1303										
1308										
1309										
Summary of remaining write-ins for Line 13 from overflow page										
Totals (Lines 1301 through 1303 plus 1308) (Line 13 above)										

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical).....				
2. Medicare Supplement.....				
3. Dental only.....				
4. Vision only.....				
5. Federal Employees Health Benefits plan.....				
6. Title XVIII – Medicare.....				
7. Title XIX – Medicaid.....				
8. Other health.....				
9. Health subtotal (Lines 1 through 8).....				
10. Life.....				
11. Property/casualty.....				
12. Totals (Lines 9 to 11).....				

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**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
Direct										
Reinsurance assumed										
Reinsurance ceded										
Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net health care receivable from reinsurers, current year										
7. Amounts recoverable from reinsurers, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2A:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct										
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net										
13. Incurred medical incentive pools and bonuses										

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

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR**

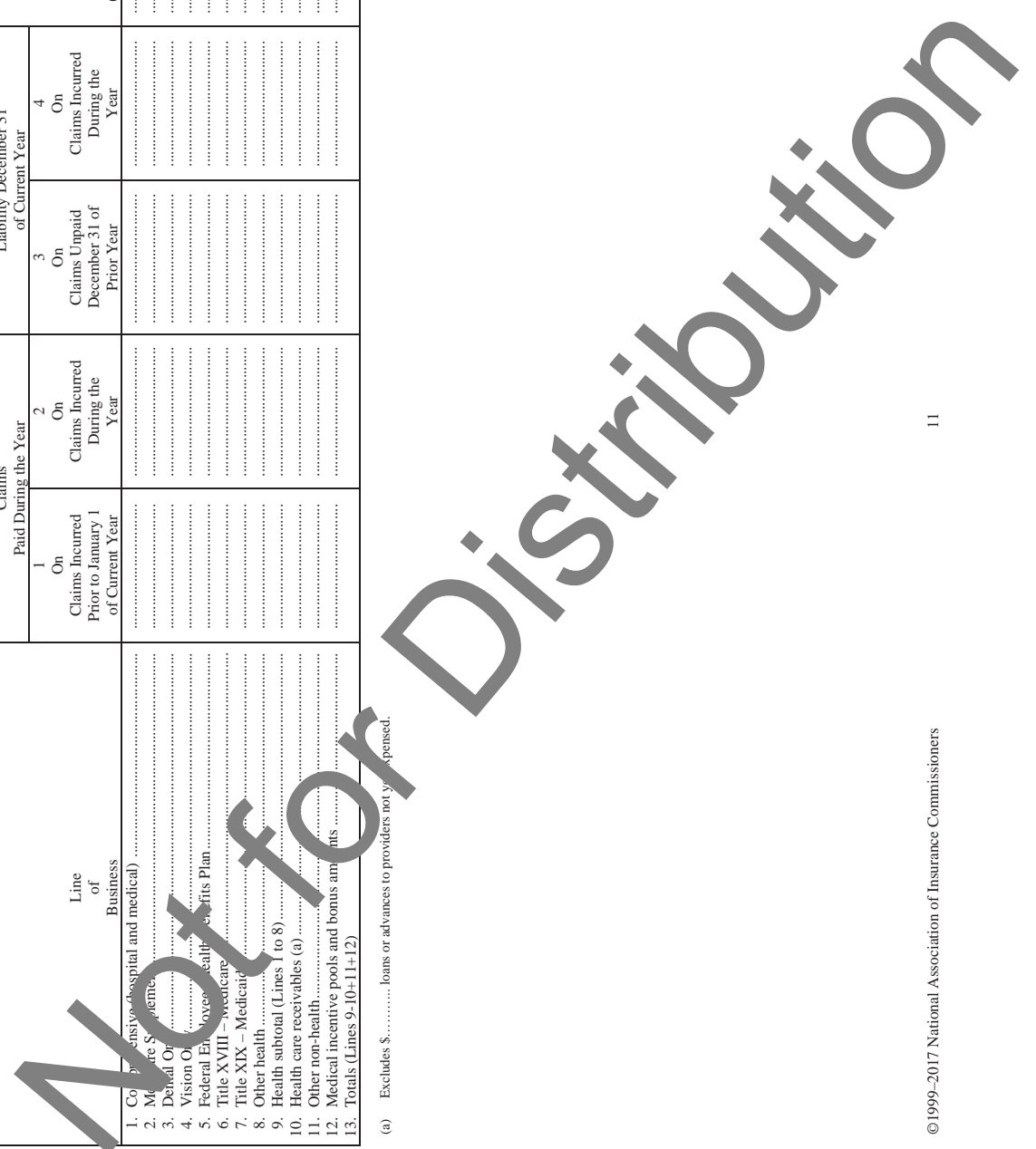
	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct.....										
1.2 Reinsurance assumed.....										
1.3 Reinsurance ceded.....										
1.4 Net.....										
2. Incurred but Unreported:										
2.1 Direct.....										
2.2 Reinsurance assumed.....										
2.3 Reinsurance ceded.....										
2.4 Net.....										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct.....										
3.2 Reinsurance assumed.....										
3.3 Reinsurance ceded.....										
3.4 Net.....										
4. TOTALS:										
4.1 Direct.....										
4.2 Reinsurance assumed.....										
4.3 Reinsurance ceded.....										
4.4 Net.....										

Not for Distribution

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims During the Year				Claim Reserve and Claim Liability December 31 of Current Year		Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	5 Claims Incurred in Prior Years (Columns 1 + 3)	6	
1. Comprehensive (hospital and medical)	
2. Medicare Supplement	
3. Dental	
4. Vision	
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 repensed.



**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)**

Section A – Paid Health Claims

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

Section B – Incurred Health Claims

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

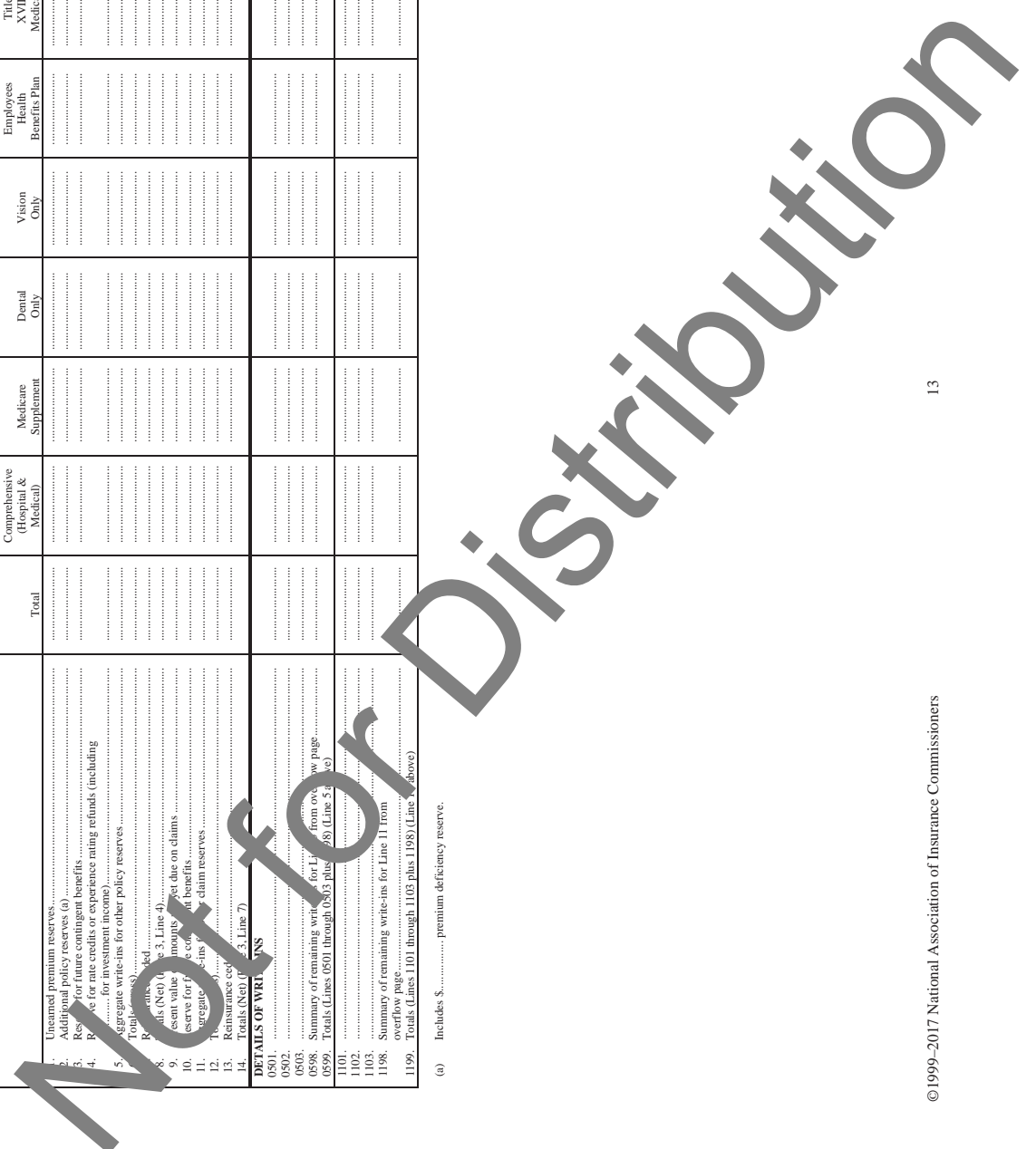
Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2013.....
2. 2014.....
3. 2015.....
4. 2016.....
5. 2017.....

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
0591. Unearned premium reserves.....									
0592. Additional policy reserves (a).....									
0593. Reserve for future contingent benefits.....									
0594. Reserve for rate credits or experience rating refunds (including									
0595. Reserve for investment income).....									
0596. Aggregate write-ins for other policy reserves.....									
0597. Totals (Lines 0591 through 0596).....									
0598. Retained risk.....									
0599. Retained risk (Net).....									
0600. Present value amount due on claims.....									
0601. Reserve for future contingent benefits.....									
0602. Aggregate write-ins for claim reserves.....									
0603. Retained risk.....									
0604. Retained risk (Net).....									
0605. Totals (Net).....									
DETAILS OF WRITINGS									
0606. Summary of remaining write-ins for Lines 0592 through 0604.....									
0607. Totals (Lines 0606 through 0607).....									
0608. Summary of remaining write-ins for Lines 0598 through 0605.....									
0609. Totals (Lines 0608 through 0609).....									
0610. Summary of remaining write-ins for Lines 0598 through 0605.....									
0611. Totals (Lines 0610 through 0611).....									
0612. Summary of remaining write-ins for Lines 0591 through 0611.....									
0613. Totals (Lines 0591 through 0613).....									
0614. Includes \$..... premium deficiency reserve.									

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



**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$..... for occupancy of own building)					
2. Salaries, wages and other benefits.....					
3. Commissions (less \$..... ceded plus \$..... assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services					
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment.....					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries.....					
21. Real estate expenses					
22. Real estate taxes.....					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes.....					
23.2 State premium taxes.....					
23.3 Regulatory authority licenses and fees.....					
23.4 Payroll taxes.....					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)					
27. Less expenses unpaid December 31, current year.....					(a)
28. Add expenses unpaid December 31, prior year.....					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year.....					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)					
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Lines 1 through 25 above					
2599. Totals (Line 2501 through 2503 + 2598) (Line 25 above)					

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

Not for Distribution

EXHIBIT OF NET INVESTMENT INCOME

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

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

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

EXHIBIT OF NONADMITTED ASSETS

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

Not for Distribution

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....						
2. Preferred Provider Organizations.....						
3. Preferred Provider Organizations.....						
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregated write-ups for other lines of business.....						
7. Totals.....						
DETAILS OF WRITE-UPS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ups from overflow page.....						
0699. Totals (Lines 0601 through 0698) (Line 6 above)						

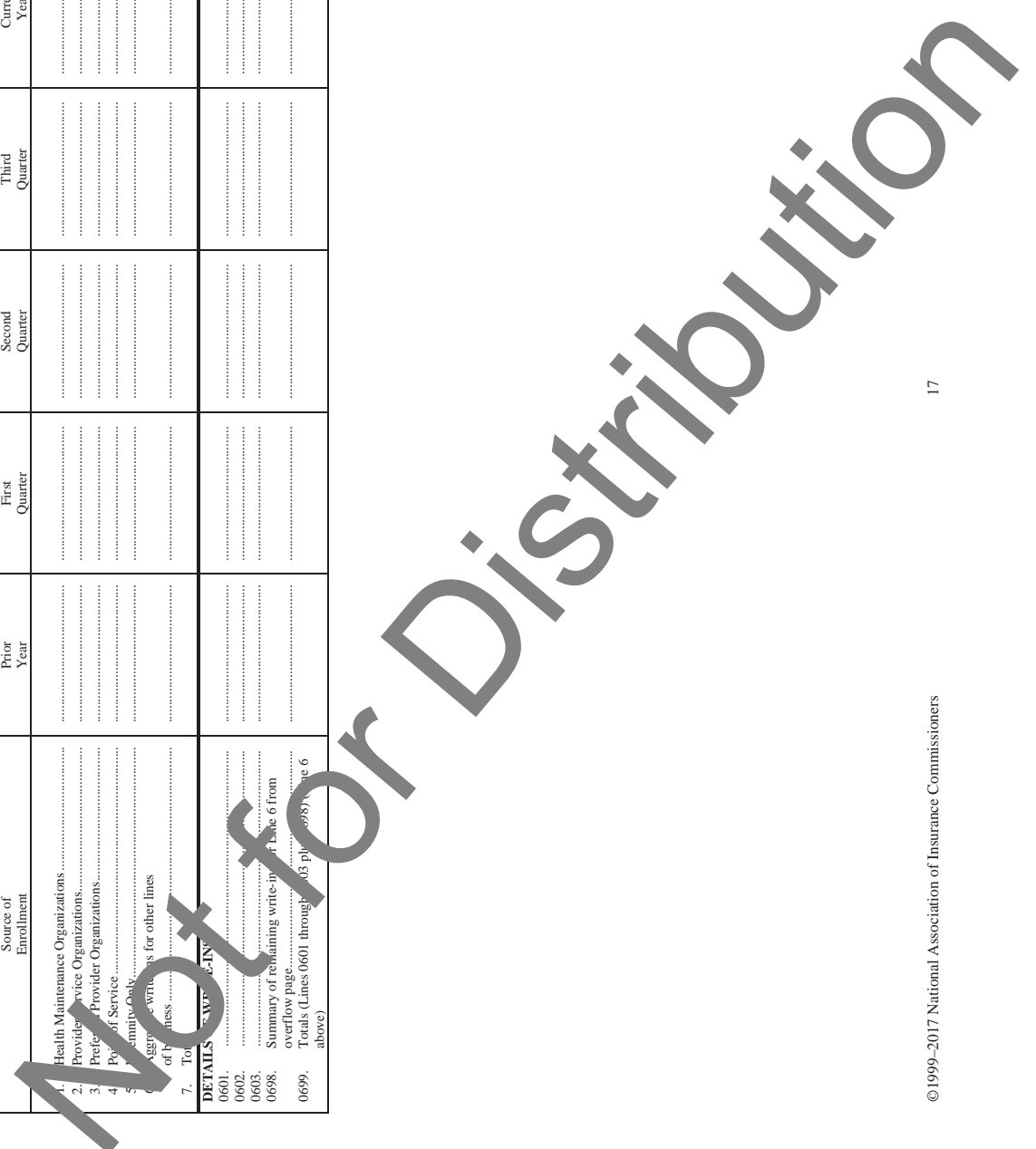


EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999	Total individuals						
	Group subscribers:						
						
						
						
						
0299997	Group subscriber subtotal						
0299998	Premiums due and unpaid not individually listed						
0299999	Total group						
0399999	Premiums due and unpaid from Medicare entities						
0499999	Premiums due and unpaid from Medicaid entities						
0599999	Accident and health premiums due and unpaid (Page 15)						

Not for Distribution

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Not for Distribution						
0799999 Gross health care receivables						

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		Health Care Receivables in Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....
2. Claim overpayment receivables.....
3. Loans and advances to provider receivables.....
4. Capitalization arrangement receivables.....
5. Risk sharing receivables.....
6. Other health care receivables.....
7. Totals (Lines 1 through 6)

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

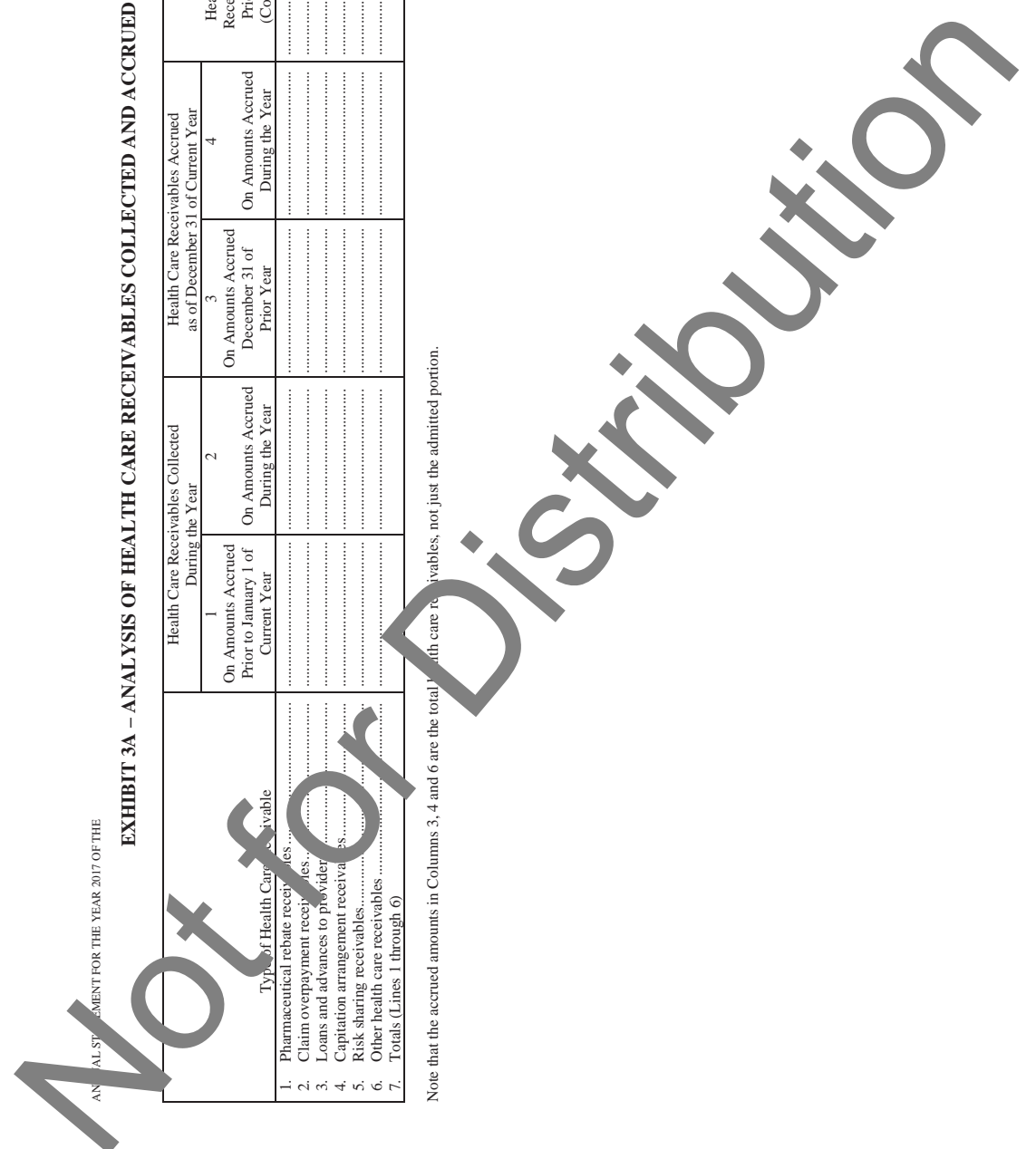


EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
 Aging Analysis of Unpaid Claims

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

Not for Distribution

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE
EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days					3 31 - 60 Days					4 61 - 90 Days					5 Over 90 Days					6 Nonadmitted		7 Admitted		8 Non-Current							
0199999 Individually listed receivables																																
0299999 Receivables not individually listed																																
0399999 Total gross amounts receivable																																



EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0199999	Individually listed payable			
0299999	Payables not individually listed			
0399999	Total gross payables			

Not for Distribution

EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments.....						
Other Payments:						
5. Fee-for-service			XXX	XXX		
6. Contractual fee payments			XXX	XXX		
7. Bonus/withhold arrangements – fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements – contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments.....			XXX	XXX		
12. Total other payments			XXX	XXX		
13. Total (Line 4 plus Line 12)		100%	XXX	XXX		

EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 Totals		XX	XX	XXX	XXX

Not for Distribution

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment.....
2. Medical furniture, equipment and fixtures.....
3. Pharmaceuticals and surgical supplies.....
4. Portable medical equipment.....
5. Other property and equipment.....
6. Total.....

Not for Distribution

NOTES TO FINANCIAL STATEMENTS

Not for Distribution

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []

1.3 State Regulating? _____

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

3.2 State the as of date that the latest financial examination report became available from either the state of domicile 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. _____

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

3.4 By what department or departments? _____

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization, or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

- 4.11 sales of new business? Yes [] No []
- 4.12 renewals? Yes [] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

- 4.21 sales of new business? Yes [] No []
- 4.22 renewals? Yes [] No []

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two-letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []

6.2 If yes, give full information: _____

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []

7.2 If yes, _____ %

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No []

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No []

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No []

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No []

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity, actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise own real estate indirectly? Yes [] No []

12.11 Name of real estate holding company _____
 12.12 Number of parcels involved _____
 12.13 Total book/adjusted carrying value \$ _____

12.2 If yes, provide explanation:

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transactions of the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

- a. Honest and ethical conduct, including the avoidance of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

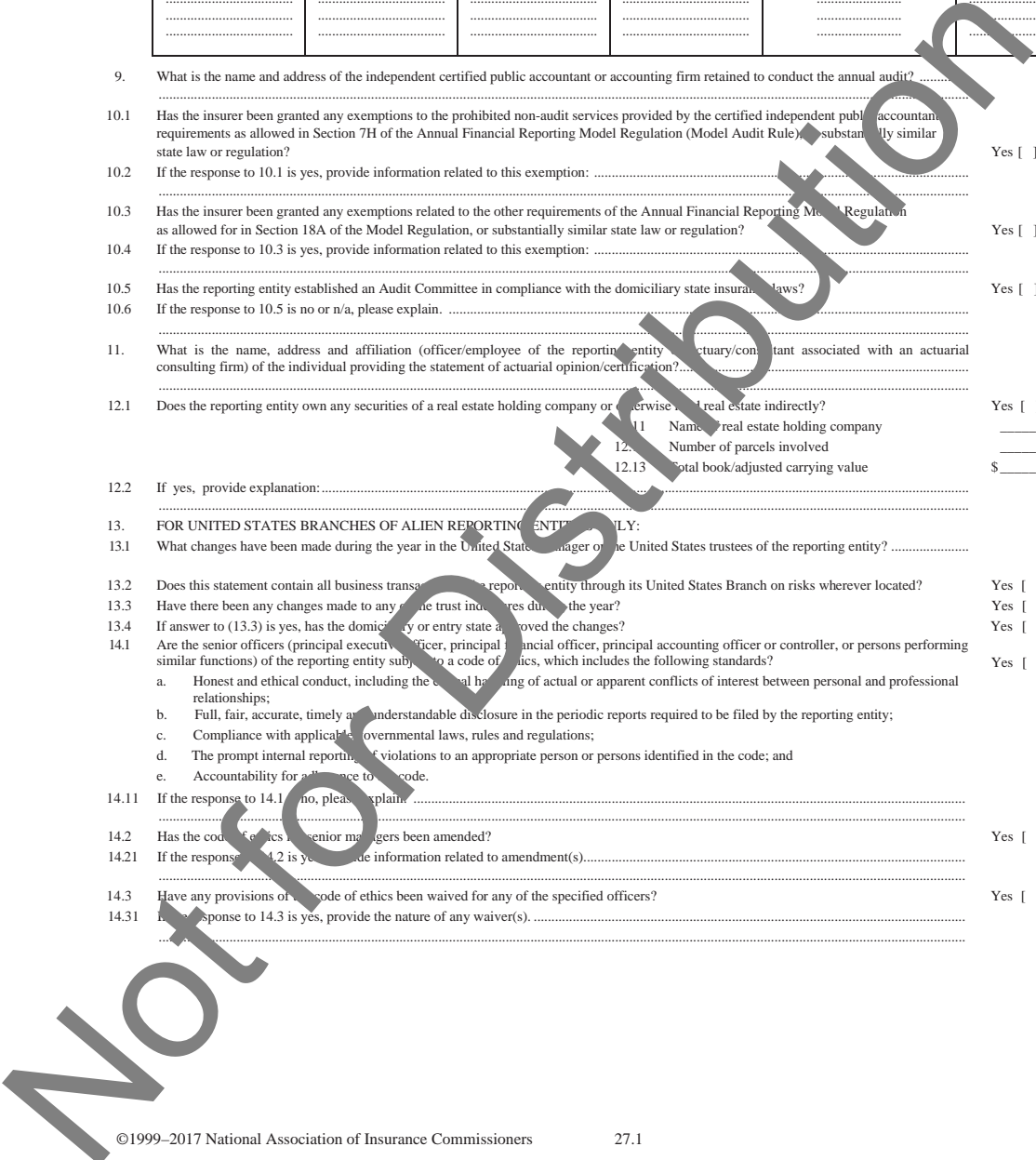
14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).....



GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

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

GENERAL INTERROGATORIES

- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____
 - 24.103 Total payable for securities lending reported on the liability page \$ _____
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ _____
 - 25.22 Subject to reverse repurchase agreements \$ _____
 - 25.23 Subject to dollar repurchase agreements \$ _____
 - 25.24 Subject to reverse dollar repurchase agreements \$ _____
 - 25.25 Placed under option agreements \$ _____
 - 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$ _____
 - 25.27 FHLB Capital Stock \$ _____
 - 25.28 On deposit with states \$ _____
 - 25.29 On deposit with other regulatory bodies \$ _____
 - 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ _____
 - 25.31 Pledged as collateral to FHLB – including assets backing lending agreements \$ _____
 - 25.32 Other \$ _____

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	Amount

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No
- 27.2 If yes, state the amount thereof at December 31 of the current year. \$ _____
28. Excluding items in Schedule E- Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safeguarding Agreements in the NAIC *Financial Condition Examiners Handbook*? Yes No
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

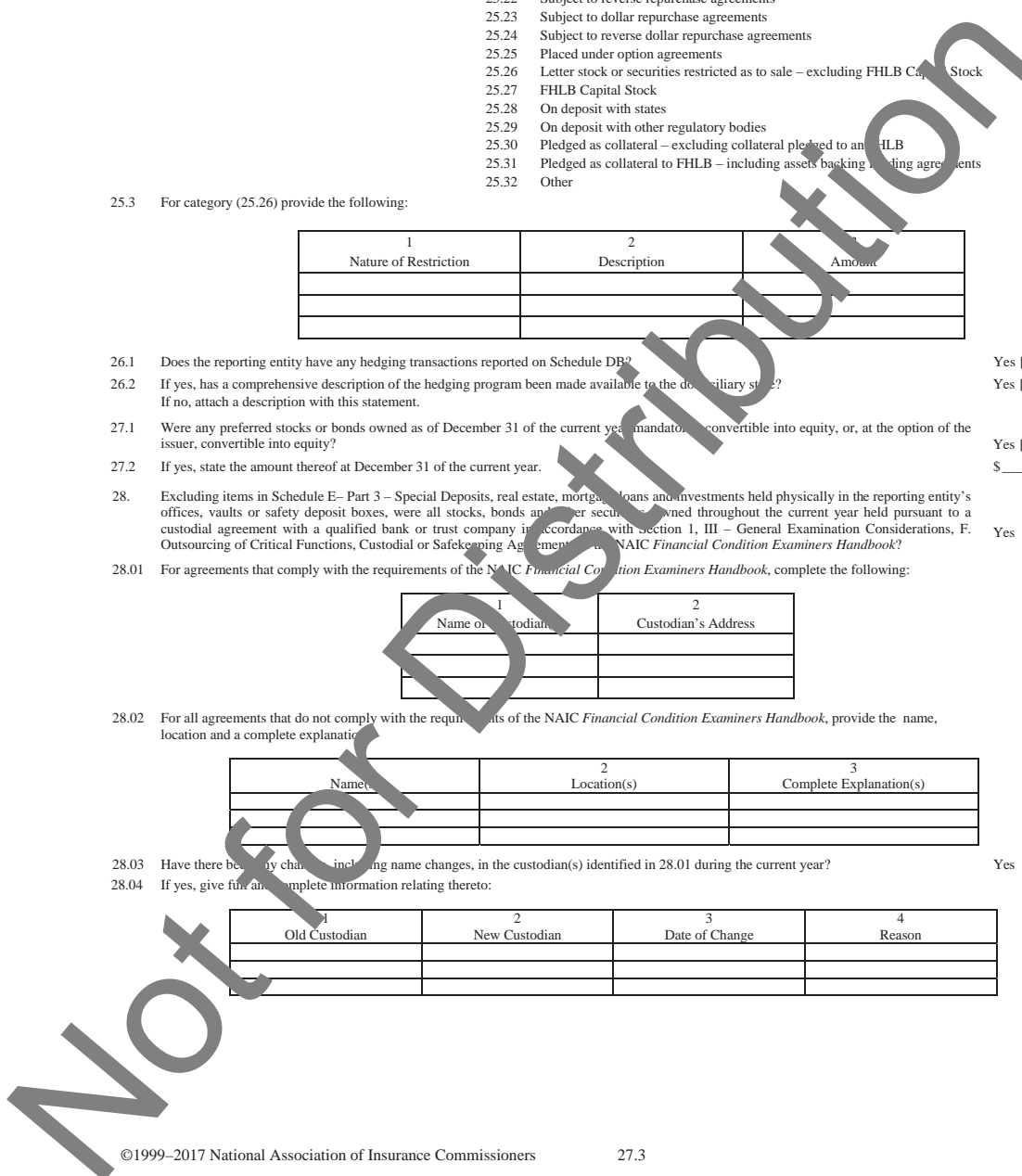
1 Name of Custodian	2 Custodian's Address

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

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

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No
- 28.04 If yes, give full and complete information relating thereto:

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



GENERAL INTERROGATORIES

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

29.2 If yes, complete the following schedule:

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

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

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

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

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

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

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

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

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

.....

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

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

OTHER

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

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

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

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

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

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

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

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

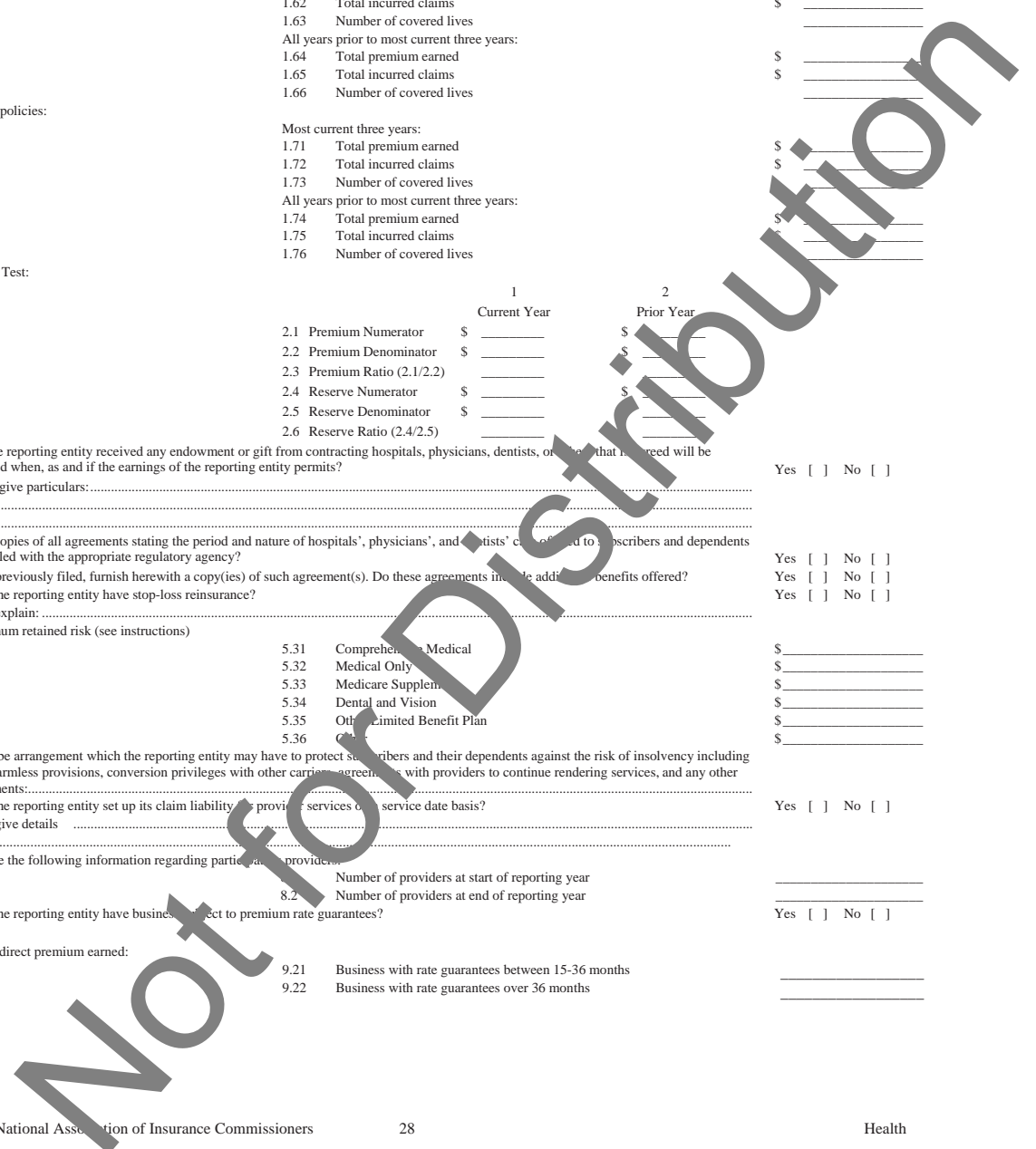
1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

Not for Distribution

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes No
 1.2 If yes, indicate premium earned on U.S. business only. \$ _____
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
 1.31 Reason for excluding
 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ _____
 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$ _____
 1.62 Total incurred claims \$ _____
 1.63 Number of covered lives _____
 All years prior to most current three years:
 1.64 Total premium earned \$ _____
 1.65 Total incurred claims \$ _____
 1.66 Number of covered lives _____
 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$ _____
 1.72 Total incurred claims \$ _____
 1.73 Number of covered lives _____
 All years prior to most current three years:
 1.74 Total premium earned \$ _____
 1.75 Total incurred claims \$ _____
 1.76 Number of covered lives _____
 2. Health Test:
 1 Current Year 2 Prior Year
 2.1 Premium Numerator \$ _____ \$ _____
 2.2 Premium Denominator \$ _____ \$ _____
 2.3 Premium Ratio (2.1/2.2) _____
 2.4 Reserve Numerator \$ _____ \$ _____
 2.5 Reserve Denominator \$ _____ \$ _____
 2.6 Reserve Ratio (2.4/2.5) _____
 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is to be returned when, as and if the earnings of the reporting entity permits? Yes No
 3.2 If yes, give particulars:
 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' contracts filed to subscribers and dependents been filed with the appropriate regulatory agency? Yes No
 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes No
 5.1 Does the reporting entity have stop-loss reinsurance? Yes No
 5.2 If no, explain:
 5.3 Maximum retained risk (see instructions)
 5.31 Comprehensive Medical \$ _____
 5.32 Medical Only \$ _____
 5.33 Medicare Supplement \$ _____
 5.34 Dental and Vision \$ _____
 5.35 Other Limited Benefit Plan \$ _____
 5.36 Other \$ _____
 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
 7.1 Does the reporting entity set up its claim liability for providers services on a service date basis? Yes No
 7.2 If no, give details
 8. Provide the following information regarding participating providers:
 8.1 Number of providers at start of reporting year _____
 8.2 Number of providers at end of reporting year _____
 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes No
 9.2 If yes, direct premium earned:
 9.21 Business with rate guarantees between 15-36 months _____
 9.22 Business with rate guarantees over 36 months _____



GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$ _____
- 10.22 Amount actually paid for year bonuses \$ _____
- 10.23 Maximum amount payable withholds \$ _____
- 10.24 Amount actually paid for year withholds \$ _____
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No []
- 11.13 An Individual Practice Association (IPA), or, Yes [] No []
- 11.14 A Mixed Model (combination of above)? Yes [] No []
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. _____
- 11.4 If yes, show the amount required. _____
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []
- 11.6 If the amount is calculated, show the calculation _____
12. List service areas in which reporting entity is licensed to operate:

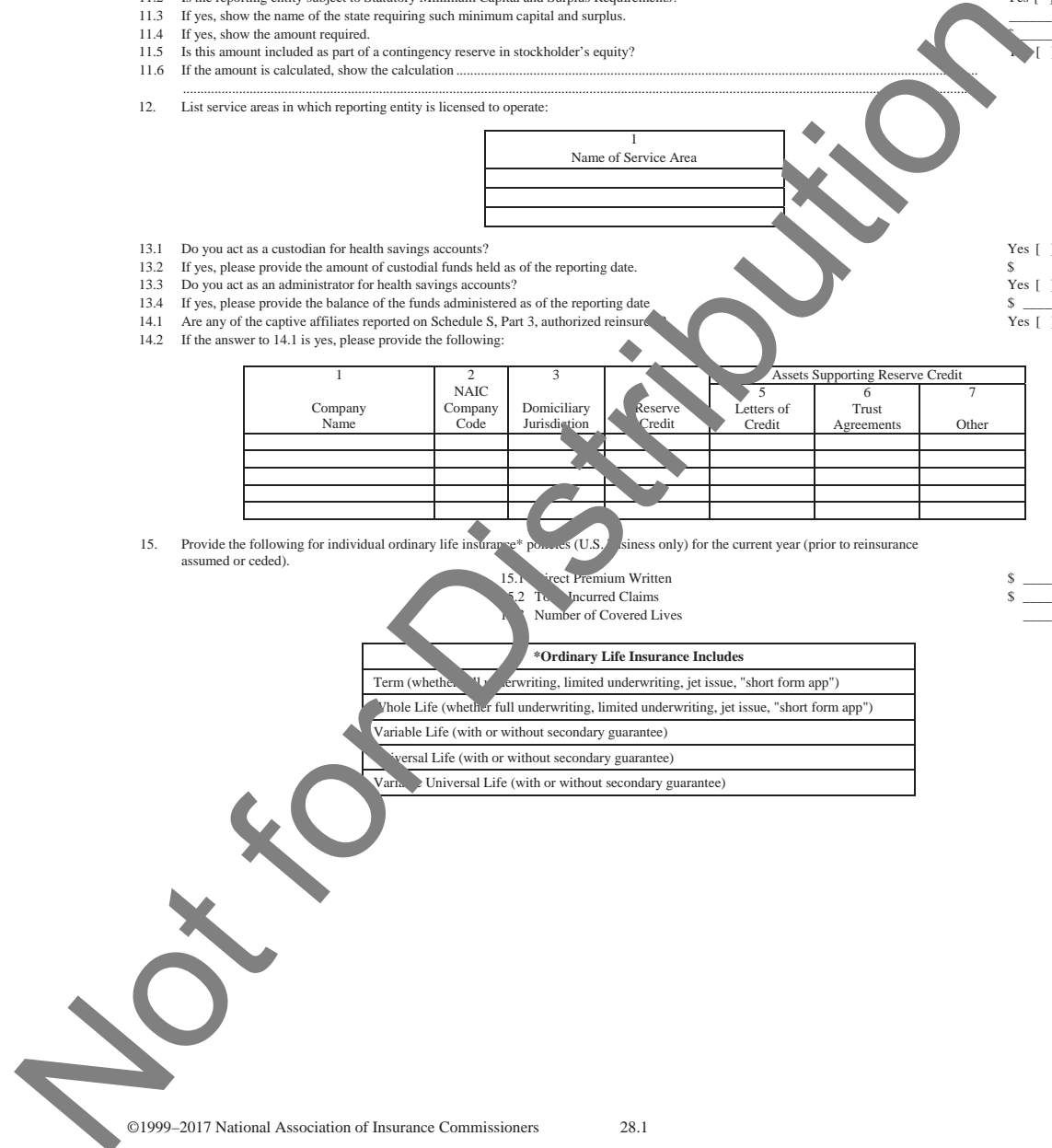
1 Name of Service Area

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date \$ _____
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] NA []
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).
- 15.1 Direct Premium Written \$ _____
- 15.2 Total Incurred Claims \$ _____
- 15.3 Number of Covered Lives _____

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



FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28).....					
2. Total liabilities (Page 3, Line 24).....					
3. Statutory minimum capital and surplus requirement.....					
4. Total capital and surplus (Page 3, Line 33).....					
Income Statement (Page 4)					
5. Total revenues (Line 8).....					
6. Total medical and hospital expenses (Line 18).....					
7. Claims adjustment expenses (Line 20).....					
8. Total administrative expenses (Line 21).....					
9. Net underwriting gain (loss) (Line 24).....					
10. Net investment gain (loss) (Line 27).....					
11. Total other income (Lines 28 plus 29).....					
12. Net income or (loss) (Line 32).....					
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....					
Risk-Based Capital Analysis					
14. Total adjusted capital.....					
15. Authorized control level risk-based capital.....					
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7).....					
17. Total members months (Column 6, Line 7).....					
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5).....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19).....					
20. Cost containment expenses.....					
21. Other claims adjustment expenses.....					
22. Total underwriting deductions (Line 23).....					
23. Total underwriting gain (loss) (Line 24).....					
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5).....					
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]					
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10).....					
30. Affiliated mortgage loans on real estate.....					
31. All other affiliated.....					
32. Total of above Lines 26 to 31.....					
33. Total investment in parent included in Lines 26 to 31 above.....					

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

NOT FOR DISTRIBUTION

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

.....
Affix Bar Code Above

REPORT FOR CORPORATION

2.

(LOCATION)

NAIC Group Code _____ DURING THE YEAR _____ NAIC Company Code _____

IN THE STATE OF _____

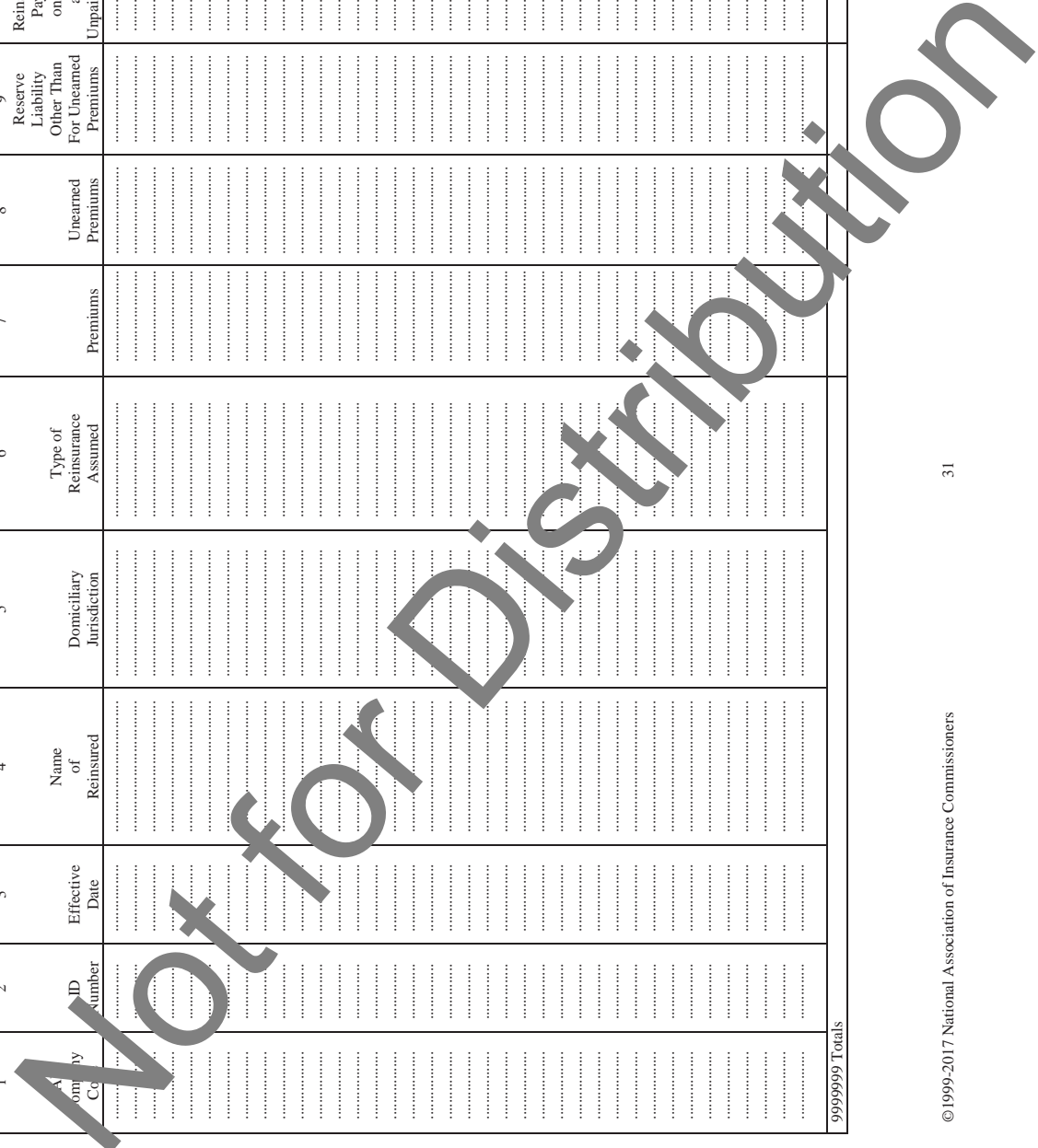
	1		3		4	5	6	7	8	9	10
	Total	Individual	Comprehensive (Hospital & Medical)	Group							
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											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

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under individual only products _____

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

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

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



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

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

SCHEDULE S – PART 4
 Reinsurance Ceded To Unauthorized Companies

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

(a)

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Company Code	NAIC Code	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Certified Reinsurer Rating	Percent Collateral Credit for Full (100%)	Reserve Credit Taken	Paid and Losses Recoverable (Debit)	Other Debits	Total Receivable/Reserve Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Received or Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit Reference Number (a)	Issuing or Confirming Bank	Trust Agreement	Funds Deposited by and Withheld from Reinsurers	Total Collateral (Col. 16 + 17 + 19 + 20 + 21)	Percent of Obligation Provided for Collateral (Col. 22 / Col. 14)	Percent of Credit Allocated on Subject to Collateral (Col. 23 / Col. 8 and Col. 22)	Percent of Obligation Allowed for Net Collateral (Col. 14 x Col. 24)	Amount of Credit Allowed for Net Collateral (Col. 14 x Col. 25)	Liability for Reinsurance With Certified Reinsurers Due to Deficiency (Col. 14 - Col. 25)
9999999 Totals																									

(a)

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

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII-Medicare					
3. Title XIX-Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses.....					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset.....					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....					
14. Letters of credit (L).....					
15. Trust agreements (T).....					
16. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

Not for Distribution

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)
2. Accident and health premiums due and unpaid (Line 15)
3. Amounts recoverable from reinsurers (Line 16.1)
4. Net credit for ceded reinsurance	XXX	.....	.....
5. All other admitted assets (Balance)
6. Total assets (Line 28)
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)
8. Accrued medical incentive pool and bonus payments (Line 2)
9. Premiums received in advance (Line 8)
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)
14. All other liabilities (Balance)
15. Total liabilities (Line 24)
16. Total capital and surplus (Line 33)	XXX	.....
17. Total liabilities, capital and surplus (Line 34)
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid
19. Accrued medical incentive pool
20. Premiums received in advance
21. Reinsurance recoverable on paid losses
22. Other ceded reinsurance recoverables
23. Total ceded reinsurance recoverables
24. Premiums receivable
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers
26. Unauthorized reinsurance
27. Reinsurance with Certified Reinsurers
28. Funds held under reinsurance treaties with Certified Reinsurers
29. Other ceded reinsurance payables/offsets
30. Total ceded reinsurance payables/offsets
31. Total net credit for ceded reinsurance

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

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama.....AL									
2. Alaska.....AK									
3. Arizona.....AZ									
4. Arkansas.....AR									
5. California.....CA									
6. Colorado.....CO									
7. Connecticut.....CT									
8. Delaware.....DE									
9. Dist. Columbia.....DC									
10. Florida.....FL									
11. Georgia.....GA									
12. Hawaii.....HI									
13. Idaho.....ID									
14. Illinois.....IL									
15. Indiana.....IN									
16. Iowa.....IA									
17. Kansas.....KS									
18. Kentucky.....KY									
19. Louisiana.....LA									
20. Maine.....ME									
21. Maryland.....MD									
22. Massachusetts.....MA									
23. Michigan.....MI									
24. Minnesota.....MN									
25. Mississippi.....MS									
26. Missouri.....MO									
27. Montana.....MT									
28. Nebraska.....NE									
29. Nevada.....NV									
30. New Hampshire.....NH									
31. New Jersey.....NJ									
32. New Mexico.....NM									
33. New York.....NY									
34. North Carolina.....NC									
35. North Dakota.....ND									
36. Ohio.....OH									
37. Oklahoma.....OK									
38. Oregon.....OR									
39. Pennsylvania.....PA									
40. Rhode Island.....RI									
41. South Carolina.....SC									
42. South Dakota.....SD									
43. Tennessee.....TN									
44. Texas.....TX									
45. Utah.....UT									
46. Vermont.....VT									
47. Virginia.....VA									
48. Washington.....WA									
49. West Virginia.....WV									
50. Wisconsin.....WI									
51. Wyoming.....WY									
52. American Samoa.....AS									
53. Guam.....GU									
54. Puerto Rico.....PR									
55. U.S. Virgin Islands.....VI									
56. Northern Mariana Islands.....MP									
57. Canada.....CAN									
58. Aggregate other alien.....OT	XXX								
59. Subtotal.....	XX								
60. Reporting entity contributions for Employee Benefit Plans.....	XXX								
61. Total (Direct Business)									
DETAILS OF WRITE-INS									
58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page.....									
58999. Totals (Lines 58001 through 58998 plus 58998) (Line 58 above).....	XXX								
(L) Licensed or eligible to write business in the state; (LL) Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.									
Explanation of basis of allocation by states, premiums by state, etc.									

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE T – PART 2

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

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

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

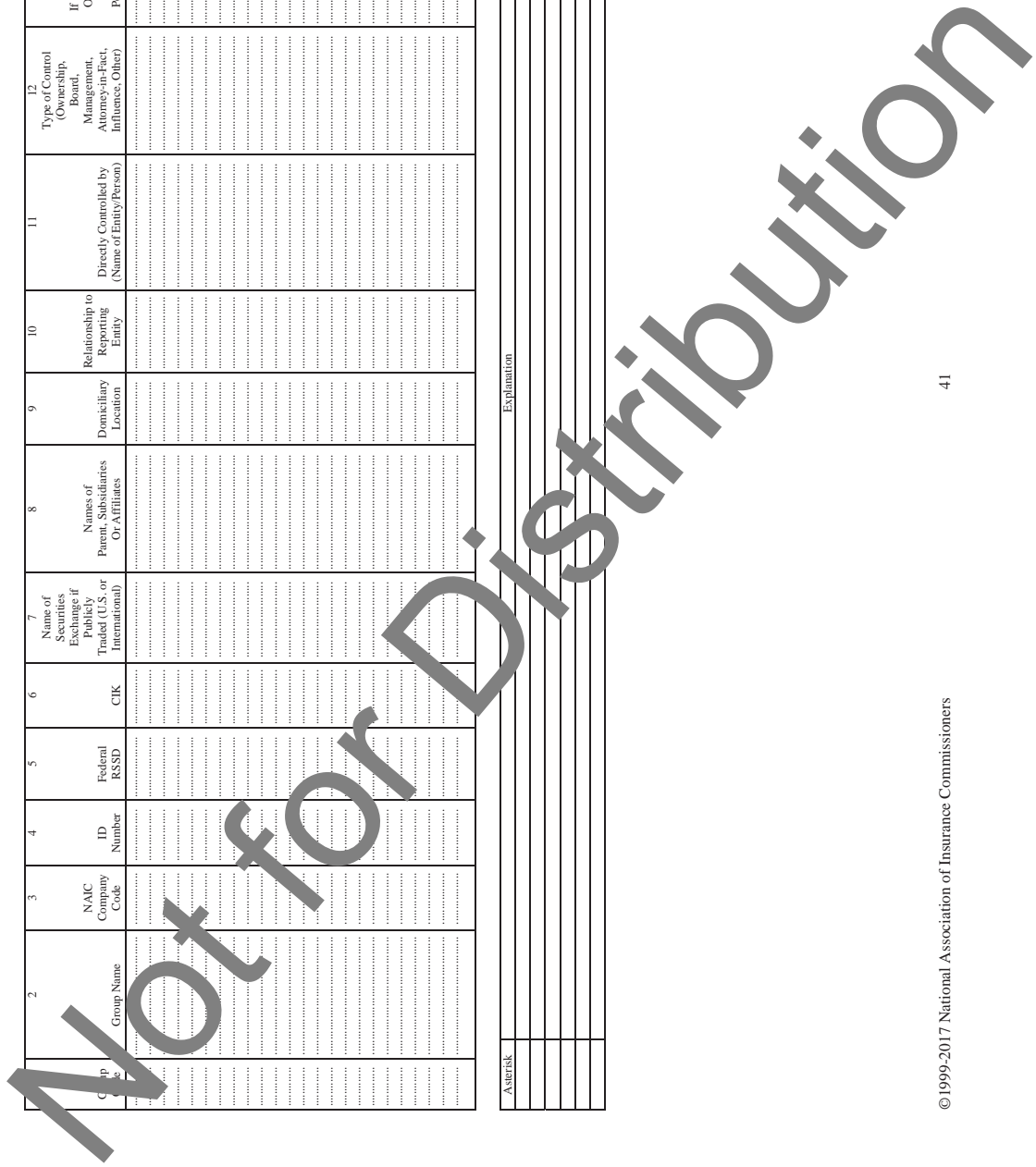
PART 1 – ORGANIZATIONAL CHART

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Table with 16 columns: 2 Group Name, 3 NAIC Company Code, 4 ID Number, 5 Federal RSSD, 6 CIK, 7 Name of Securities Exchange, 8 Names of Parent, Subsidiaries or Affiliates, 9 Domiciliary Location, 10 Relationship to Reporting Entity, 11 Directly Controlled by, 12 Type of Control, 13 If Control is Ownership Provide Percentage, 14 Ultimate Controlling Entity, 15 Is an SCA Filing Required?, 16 *

Table with 2 columns: Asterisk, Explanation



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

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

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

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

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 and Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

APRIL FILING

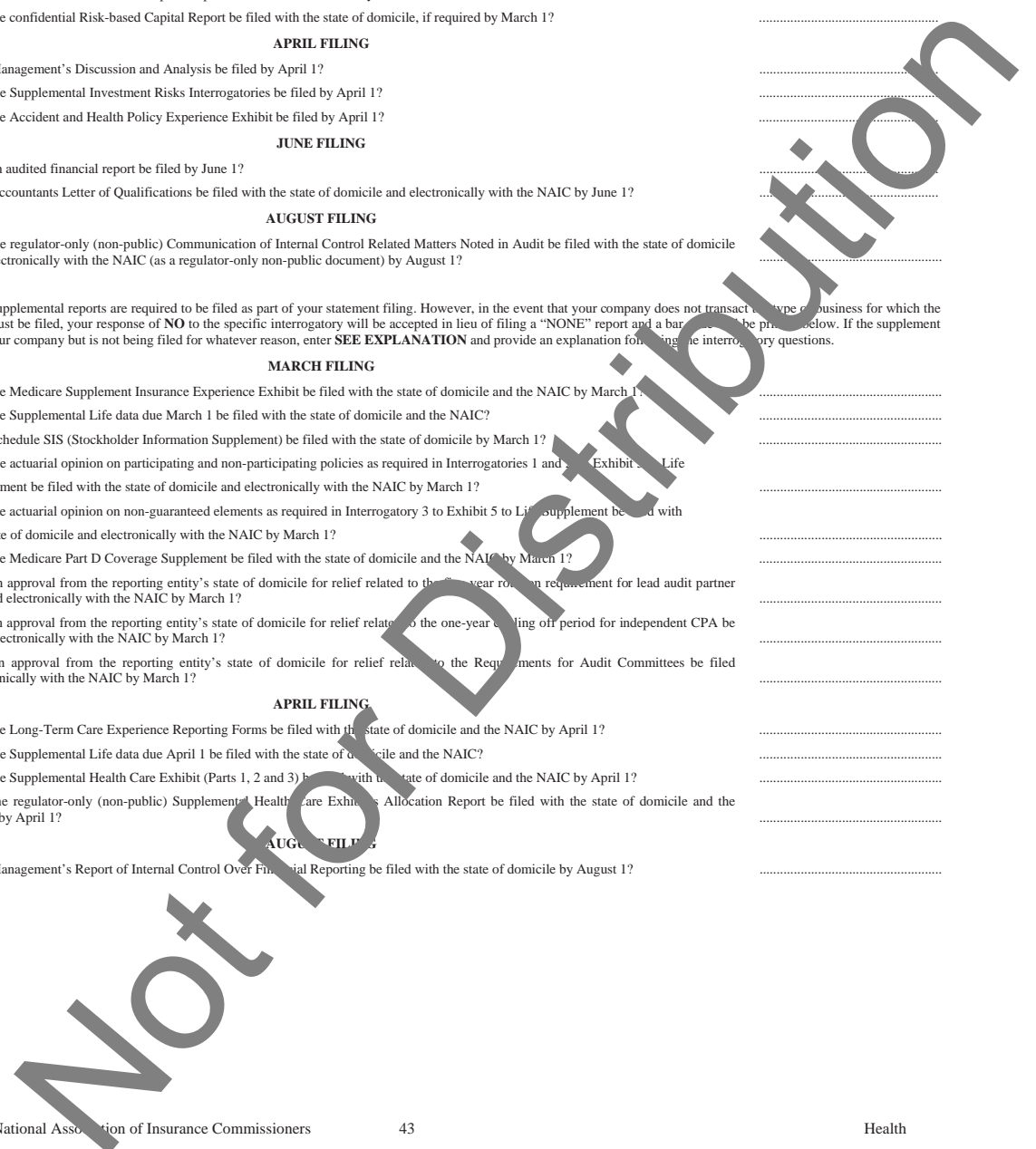
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

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

Explanation:

Bar code:



OVERFLOW PAGE FOR WRITE-INS

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SUMMARY INVESTMENT SCHEDULE

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

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SCHEDULE A – VERIFICATION BETWEEN YEARS
Real Estate

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

SCHEDULE B – VERIFICATION BETWEEN YEARS
Mortgage Loans

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

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

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

SCHEDULE D – VERIFICATION BETWEEN YEARS
Bonds and Stocks

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

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

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

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

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

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

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

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

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

(a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A, _____ current year, \$ _____ prior year of bonds with Z⁺ designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z⁺" means the issuer is current in all principal and interest payments, "Z⁺" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "5⁺" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6⁺" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(b) Includes \$ _____ current year, \$ _____ prior year of bonds with Z⁻ designations. The letter "Z⁻" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z⁻" means the issuer is not current in all principal and interest payments because valuation procedures for the security class is under regulatory review.

(c) Includes \$ _____ current year, \$ _____ prior year of bonds with 5⁺ designations and \$ _____ current year, \$ _____ prior year of bonds with 6⁺ designations. "5⁺" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6⁺" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____.

SCHEDULE D – PART 1A – SECTION 2

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

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

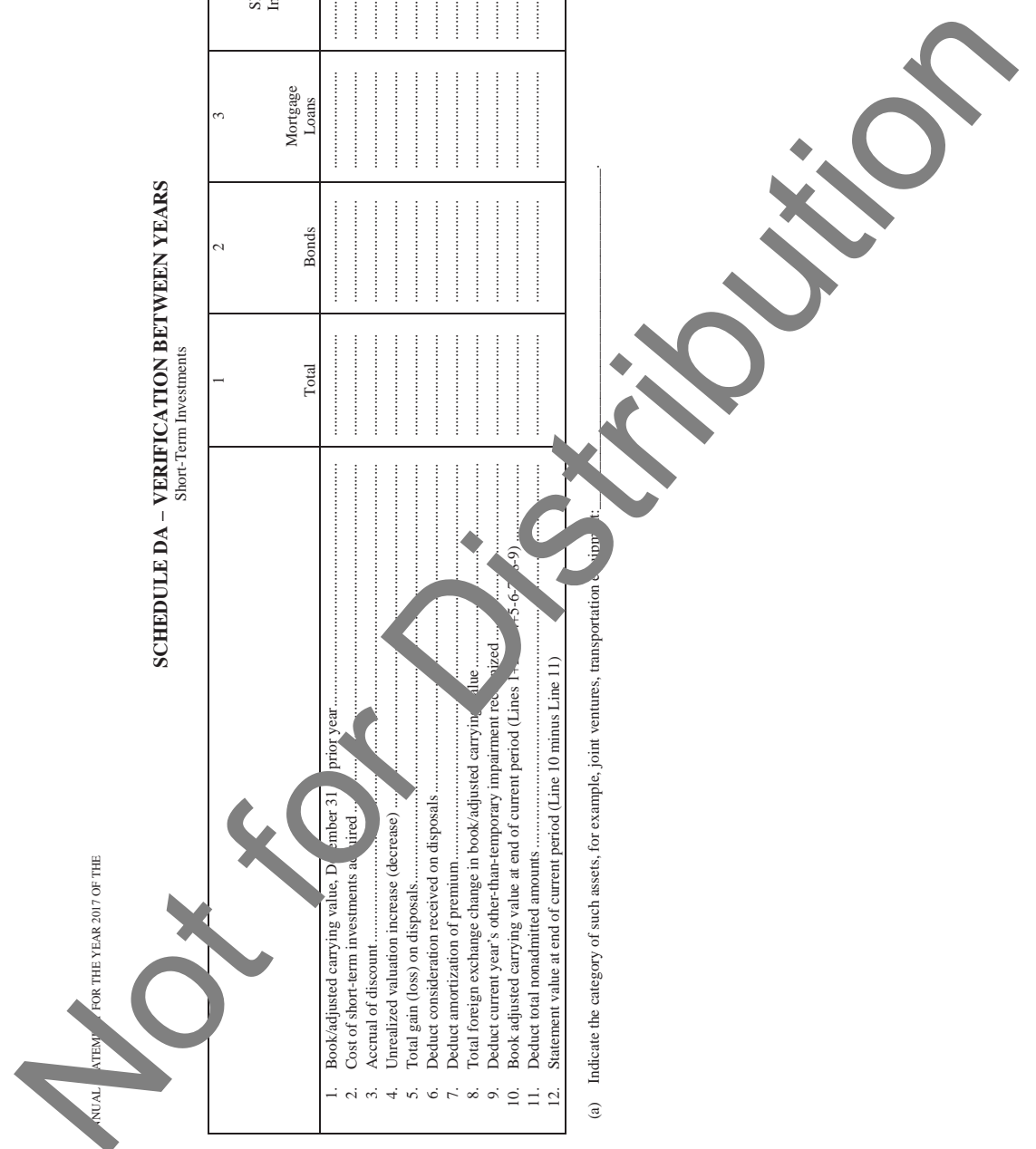
SCHEDULE D – PART 1A – SECTION 2 (Continued)
 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

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

SCHEDULE DA – VERIFICATION BETWEEN YEARS
Short-Term Investments

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

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



SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS
Options, Caps, Floors, Collars, Swaps and Forwards

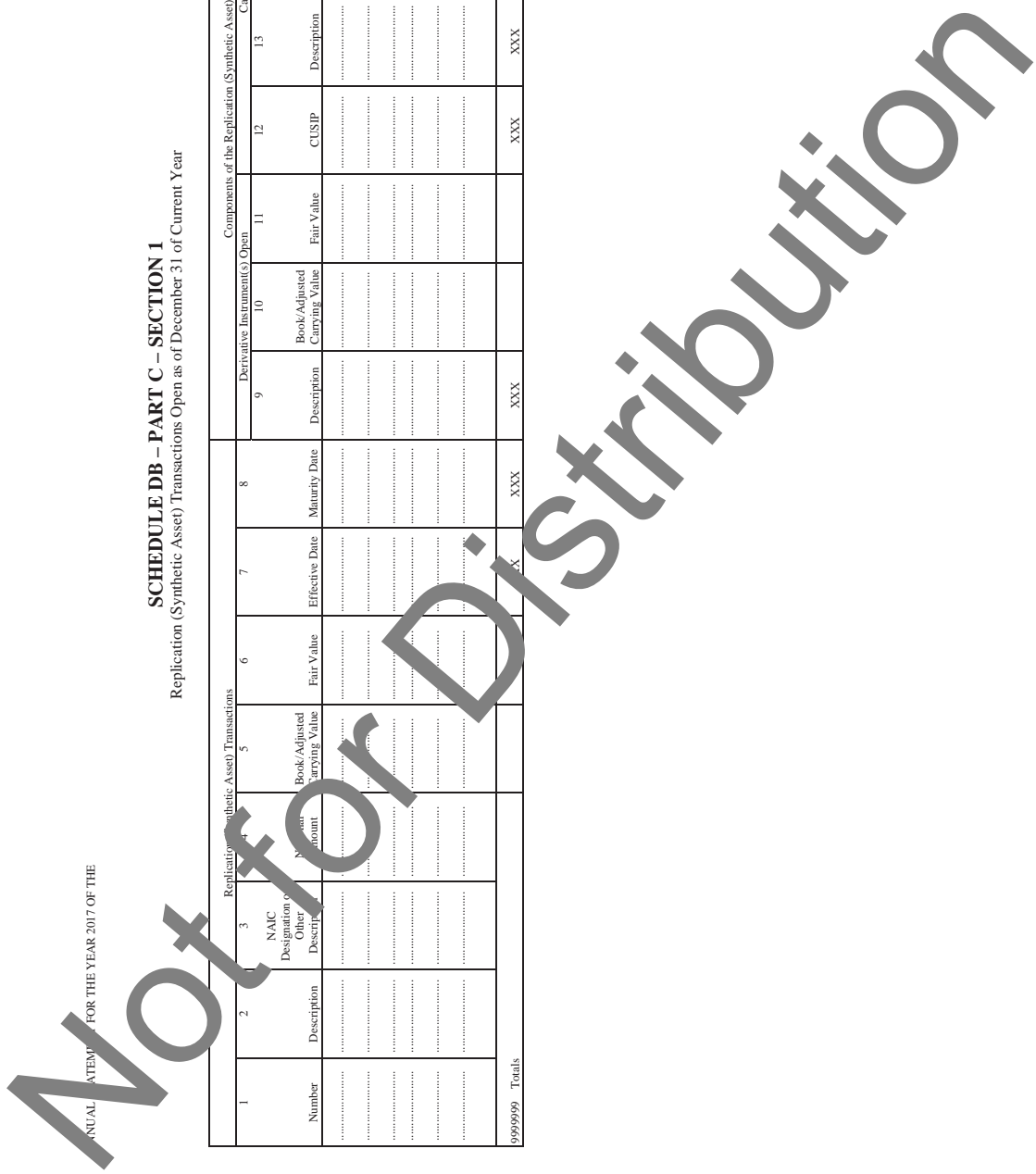
1.	Book/adjusted carrying value, December 31, prior year (Line 9, prior year)	_____
2.	Cost paid/(consideration received) on additions:	
2.1	Current year paid/(consideration received) at time of acquisition, still open, Section 1, Column 12	_____
2.2	Current year paid/(consideration received) at time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

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
Futures Contracts

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

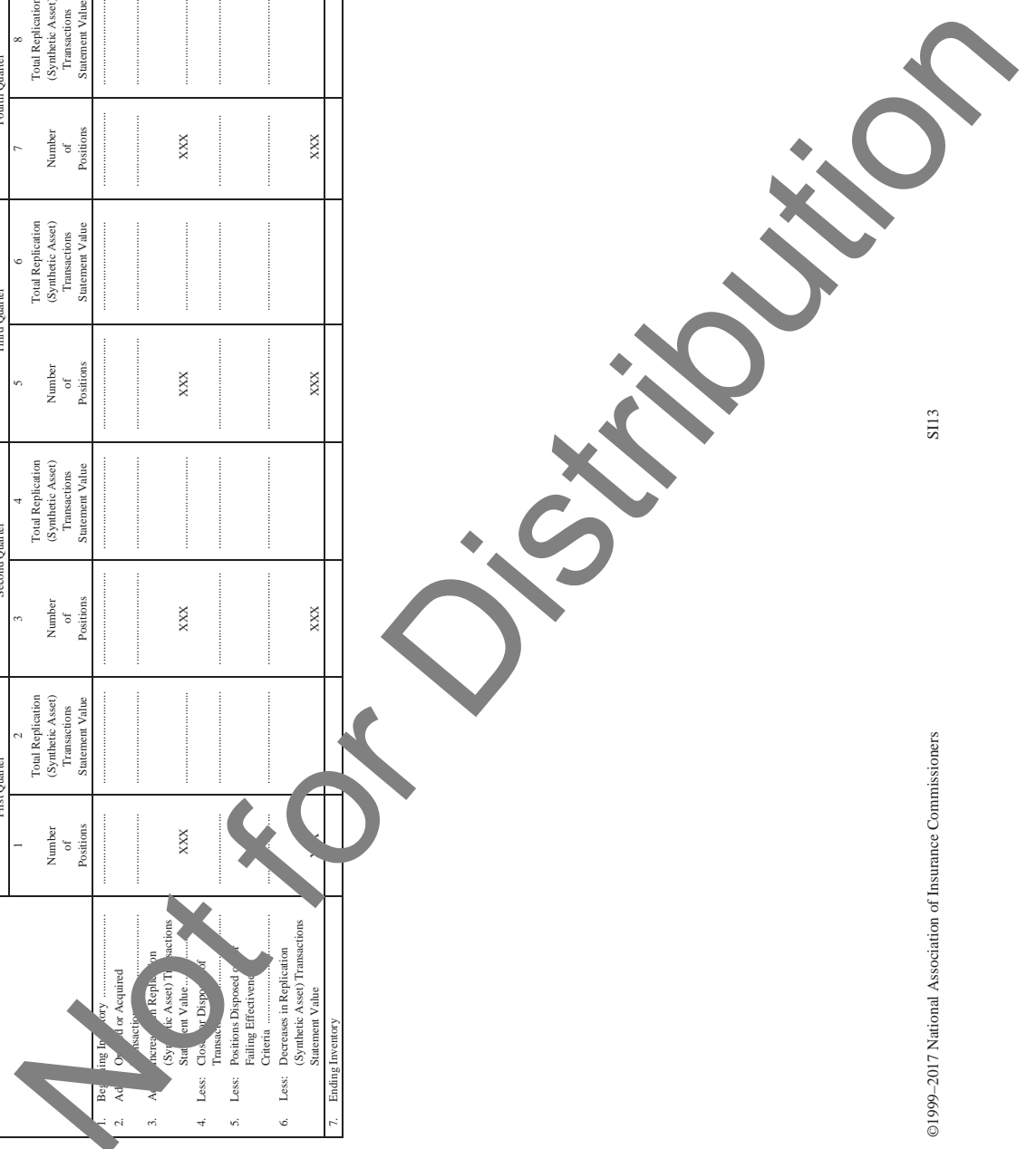
SCHEDULE DB – PART C – SECTION 1
 Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

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



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

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10
1. Beginning Inventory										
2. Add: Open Transactions Acquired										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
4. Less: Closeout Dispositions										
5. Less: Positions Disposed or Failing Effectiveness Criteria										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value			XXX		XXX		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 Value Check
7.	Part A, Section 1, Column 16	_____
8.	Part B, Section 1, Column 13	_____
9.	Total (Line 7 plus Line 8)	_____
10.	Part D, Section 1, Column 8	_____
11.	Part D, Section 1, Column 9	_____
12.	Total (Line 9 minus Line 10 minus Line 11)	_____
		Potential Exposure Check
13.	Part A, Section 1, Column 21	_____
14.	Part B, Section 1, Column 20	_____
15.	Part D, Section 1, Column 11	_____
16.	Total (Lines 13 plus Line 14 minus Line 15)	_____

Not for Distribution

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

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

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

Not for Distribution

Not for Distribution

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SCHEDULE A – PART 1

Showing All Real Estate OWNED December 31 of Current Year

1 Description of Property	2 Location		3 City	4 State	5 Date Acquired	6 Date of Last Appraisal	7 Actual Cost	8 Amount of Encumbrances	9 Book/Adjusted Carrying Value Less Encumbrances	10 Fair Value Less Encumbrances	11 Current Year's Depreciation	12 Change in Book/Adjusted Carrying Value Less Encumbrances			13 Current Year's Change in Encumbrances	14 Total Change in B/A C/V (13-11-12)	15 Total Foreign Exchange Change in B/A C/V	16 Gross Income Earned Less Interest Incurred on Encumbrances	17 Taxes, Repairs, Expenses Incurred
	12 Current Year's Other Than Impairment Recognized	13 Current Year's Change in Encumbrances										14 Total Change in B/A C/V (13-11-12)							
Not for Distribution																			
699999 - Totals																			

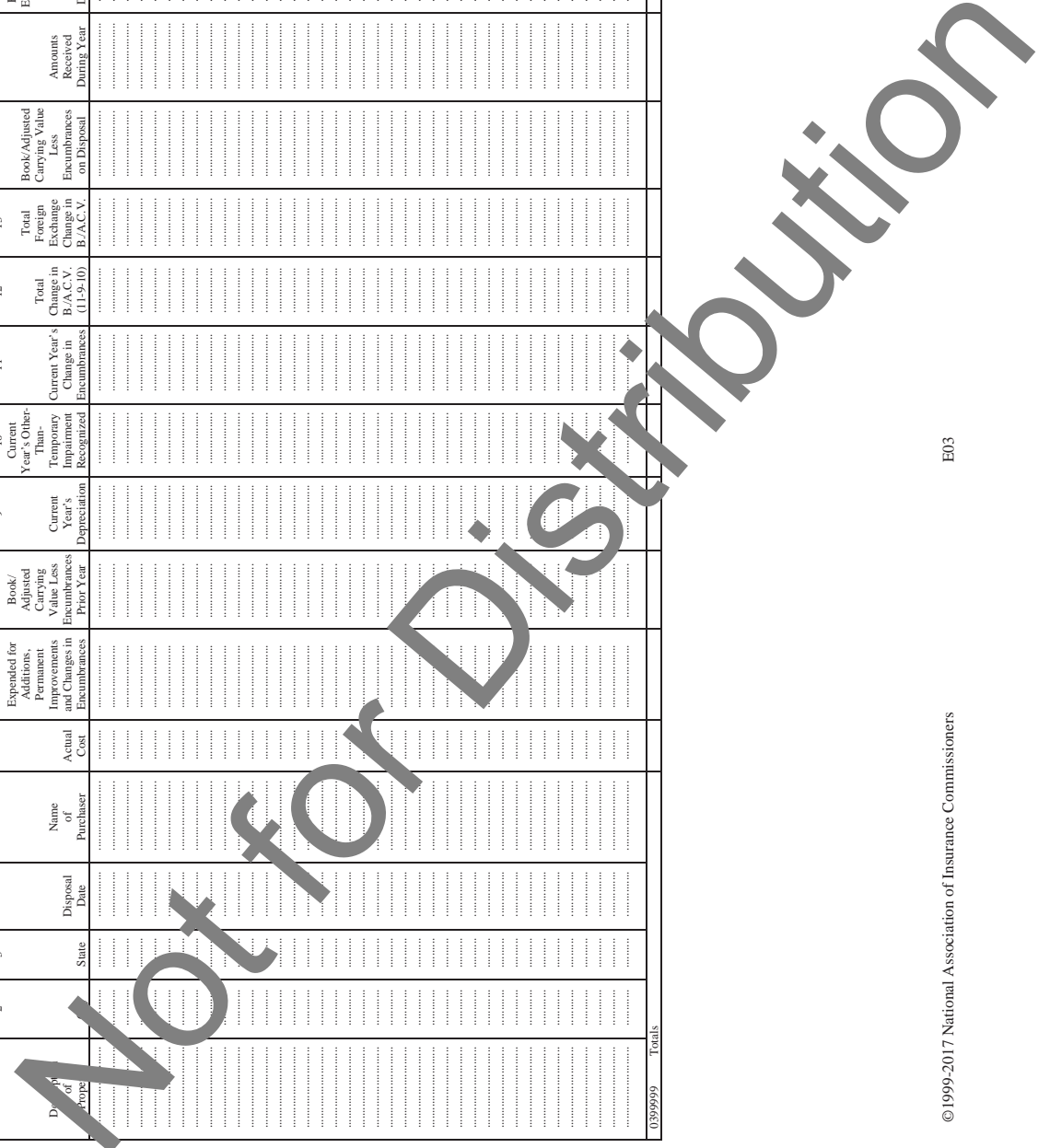
ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

SCHEDULE A – PART 2
 Showing All Real Estate ACQUIRED and Additions Made During the Year

Description of Property	Location		Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
	City	State						
<p>Not for Distribution</p>								
<p>039999 Trunk</p>								

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

1 Description of Property	2 Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	9 Change in Book/Adjusted Carrying Value Less Encumbrances Current Year's Depreciation	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.	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, Fees, Reports and Expenses Incurred			
	2 Address	3 State																				
																			Totals			
																			0399999			



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Loan Number	City	State	Loan Type	Days Aged	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (\$-9,104-11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
Totals																	

Not for Distribution

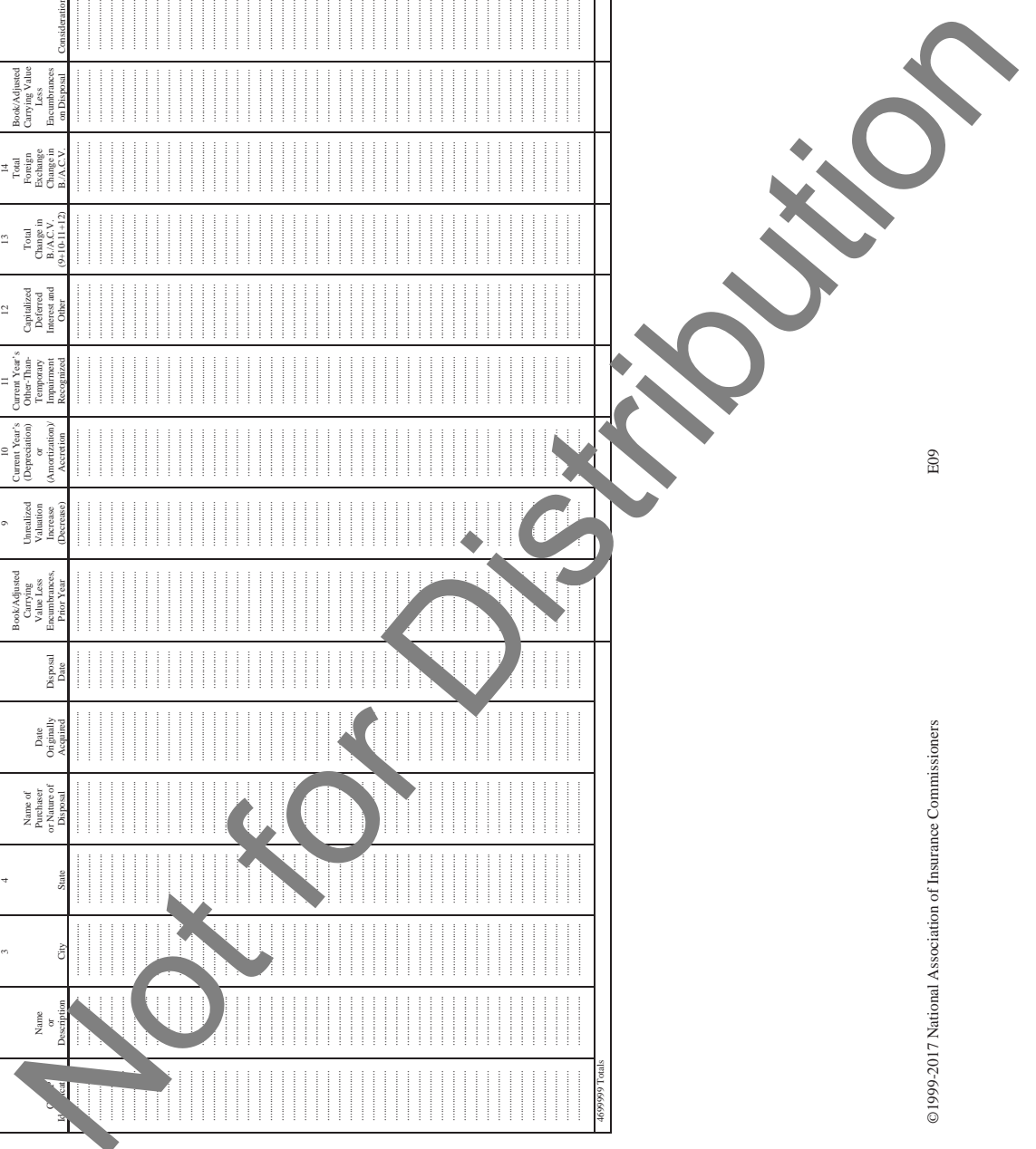
SCHEDULE BA – PART 1
 Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

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

Not for Distribution

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE

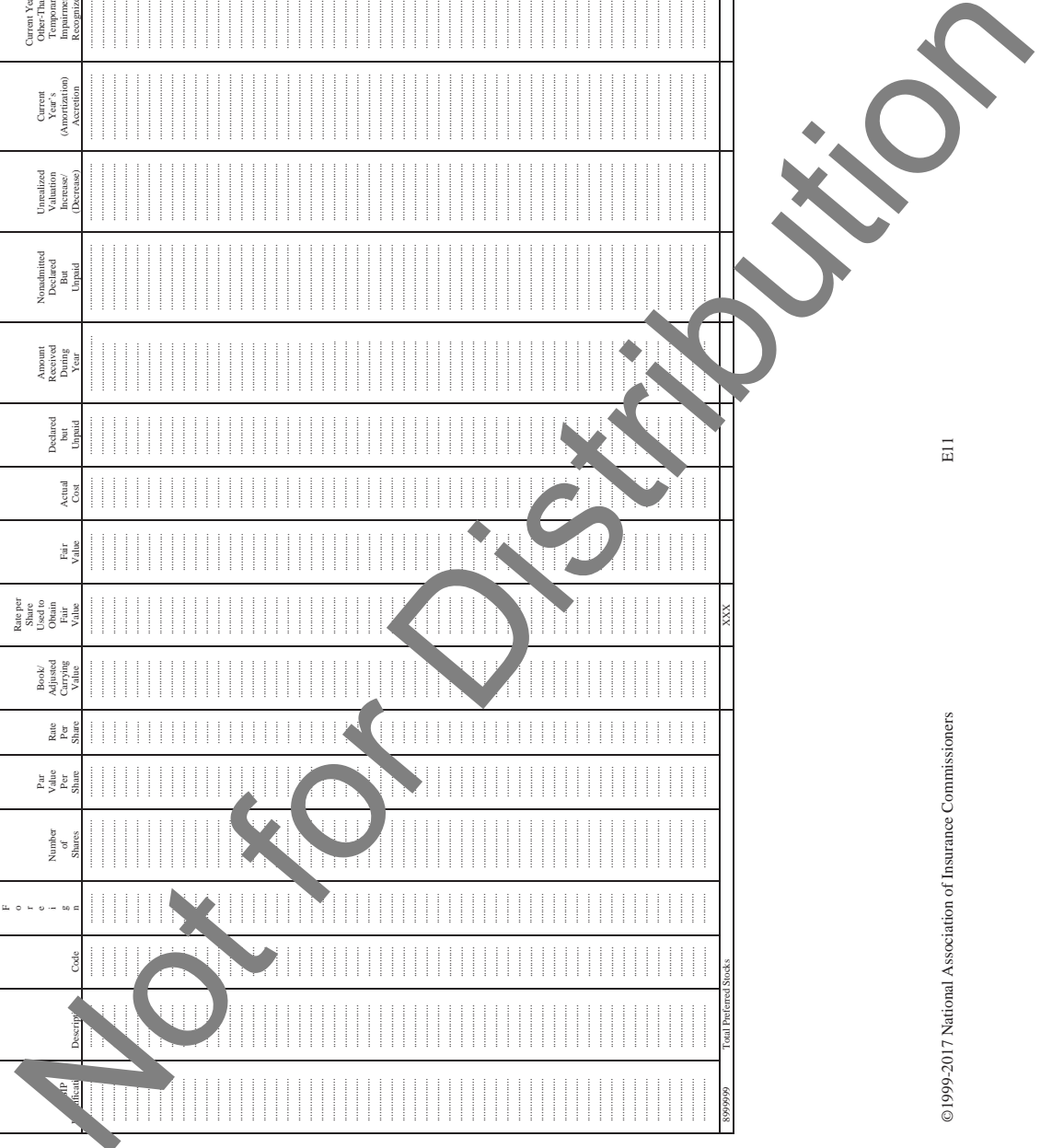
SCHEDULE D – PART 1
 Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	NAIC Classification	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Change in Book/Adjusted Carrying Value	Current Year's Other-Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date		
8390999	Total Bonds																				

Not for Distribution

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

1	2	3		4		5	6	7	8	9	10	11	12	13	14	15	16			18	19	20	21
		Code	Description	Code	Code												Code	Code	Code				
8999999	Total Preferred Stocks									XXX												XXX	XXX



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
CUSIP Identification	Description	Code	Code	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unadjusted Valuation Increase/ (Decrease)	Current Year's Other Temporary Impairment Recognized	Total Change in B.A.C.V. (13-14)	Total Exchange Change in B.A.C.V.	NAIC Market Indicator (a)	Date Acquired
979999	Total Common Stocks					XXX										XXX	XXX
989999	Total Preferred and Common Stocks					XXX										XXX	XXX

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

SCHEDULE D – PART 3
Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

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
9999999	Totals						XXX	

Not for Distribution

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
CUSIP Identification	Description	0 F c e g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Adjusted Carrying Value	Unrealized Valuation Increase/Decrease	Current Year's (Amortization/Acception)	Current Year's Other Than Impairment Recognized	Total Change in B./A.C.V. (11+12+13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value on Disposal Date	Foreign Exchange (Gain) (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date
999999	Totals						XXX													XXX

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

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value				19	20	21		
											12	13	14	15				16	17	18
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) / Number of Shares (Stocks)	Actual Cost	Consideration	Book/Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year (Amortization)/ Acceptance	Current Year's Other-than-Temporary Impairment Recognized	Total Change in B./A.C.V. (12-13-14)	Total Foreign Exchange Gain/ (Loss) on Disposal	Realized Gain/ (Loss) on Disposal	Total Gain/ (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Interest and Dividends
	BONDS																		
8399998	Subtotal Bonds																		
	STOCKS																		
9899999	Subtotal Stocks																		
9999999	Total																		

Not for Distribution

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

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

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

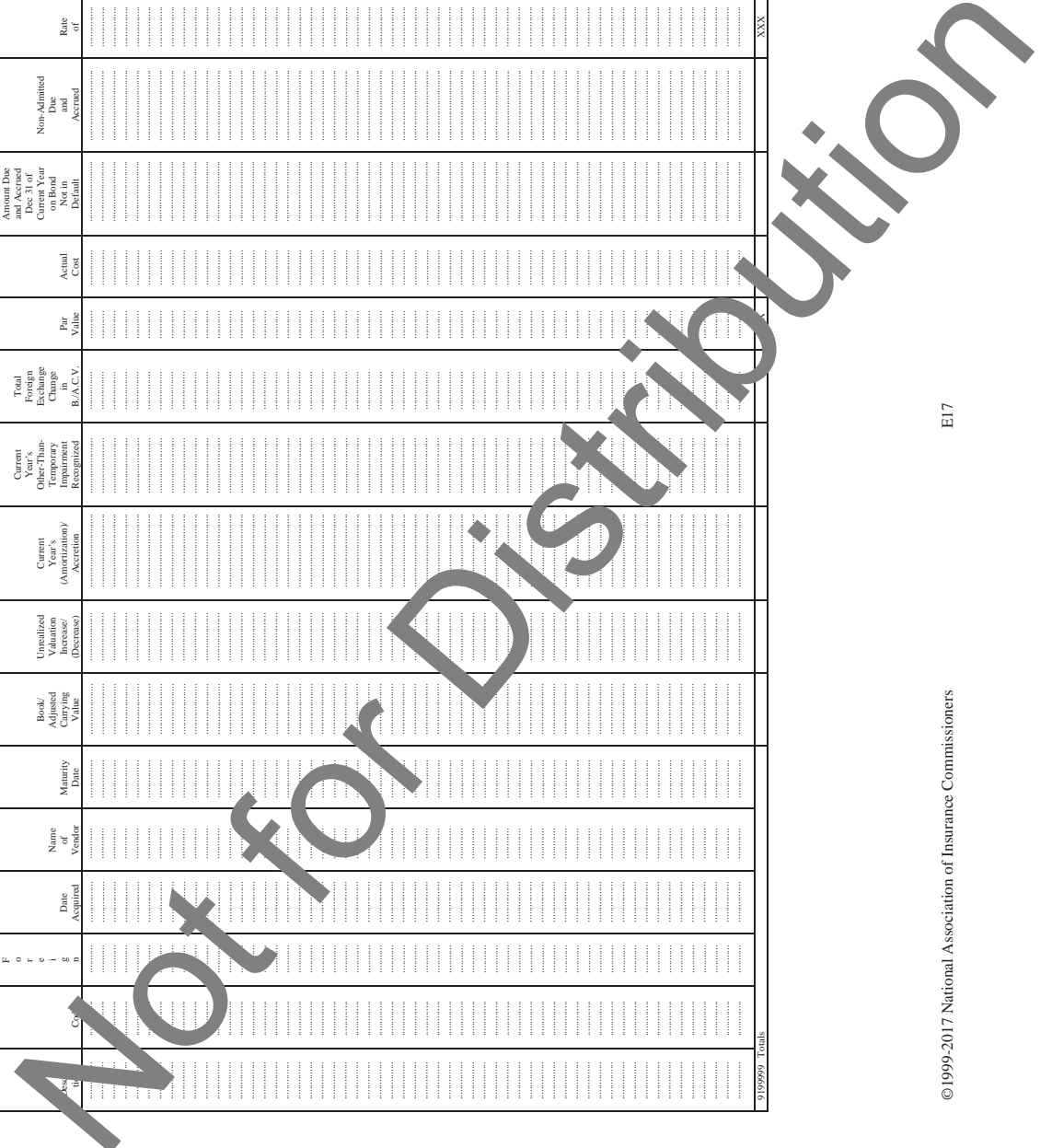
2. Total amount of intangible assets nonadmitted \$.....

SCHEDULE D – PART 6 – SECTION 2

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

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

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



SCHEDULE DB – PART A – SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Description	Description of Items Hedged, Income Generation or Replicated	Schedule/Exhibit Identifier	Type(s) of Risk	Counterparty or Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Premium (Received) Paid	Current Cost of Premium (Received) Paid	Current Year Income	Book/Adjusted Carrying Value	Code	Fair Value	Unrealized 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 Year-end (b)
L39999	Subtotal - Hedging Effective													XXX							XXX	XXX
L40999	Subtotal - Hedging Other													XXX							XXX	XXX
L41999	Subtotal - Replication													XXX							XXX	XXX
L42999	Subtotal - Income Generation													XXX							XXX	XXX
L43999	Subtotal - Other													XXX							XXX	XXX
L45999	Totals													XXX							XXX	XXX

(a)

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

(b)

Code	Financial or Economic Impact of the Hedge at the End of Reporting Period
.....
.....
.....
.....
.....
.....

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

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

(a)

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

(b)

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

SCHEDULE DB – PART B – SECTION 1
 Future Contracts Open December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of the Hedge, General Description of Income Generated, or Other	Schedule/ Submittal Reference	Types of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Highly Effective Hedges				Potential Exposure	Hedge Effectiveness at Inception and at Year-End (b)	Value of One (1) Point		
														Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges					
1399999	Subtotal – Hedging Effective																			XXX	XXX	
1409999	Subtotal – Hedging Other																				XXX	XXX
1419999	Subtotal – Replication																				XXX	XXX
1429999	Subtotal – Income Generation																				XXX	XXX
1439999	Subtotal – Other																				XXX	XXX
1449999	Totals																				XXX	XXX

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Total Net Cash Deposits			

(a)

Code	Description of Hedged Risk

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			19	20
															Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred		
Number of Contracts	Notional Amount	Description	Description of Items Hedged, Used for Income Generation or Replacem	Schedule/Exhibit Identifier	Type(s) of Risk(s)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Cumulative Variation Margin at Termination	Gain (Loss) Recognized in Current Year	Gain (Loss) Used to Adjust Basis of Hedged Item	Deferred	Hedge Effectiveness at inception and at Termination	Value of One (1) Point	
1399999	Subtotal - Hedging Effective																XXX	XXX	
1409999	Subtotal - Hedging Other																XXX	XXX	
1419999	Subtotal - Replication																XXX	XXX	
1429999	Subtotal - Income Generation																XXX	XXX	
1439999	Subtotal - Other																XXX	XXX	
1449999	Totals																XXX	XXX	

(a)

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

(b)

Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period
.....	
.....	
.....	
.....	

SCHEDULE DB – PART D – SECTION 1
 Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	4	Book/Adjusted Carrying Value			Fair Value			11	12
				5	6	7	8	9	10		
Description of Exchange, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Contracts With Book/Adjusted Carrying Value >0	Contracts With Book/Adjusted Carrying Value <0	Exposure Net of Collateral	Contracts With Fair Value >0	Contracts With Fair Value <0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
09999999 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 December 31 of Current Year

Collateral Pledged by Reporting Entity

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

Collateral Pledged to Reporting Entity

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

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

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

Not for Distribution

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

PART 1 – INTERROGATORIES

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

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

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

PART 3 – DIRECTOR COMPENSATION

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

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

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

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

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

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

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

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

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

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

4. Assets held in foreign investments:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

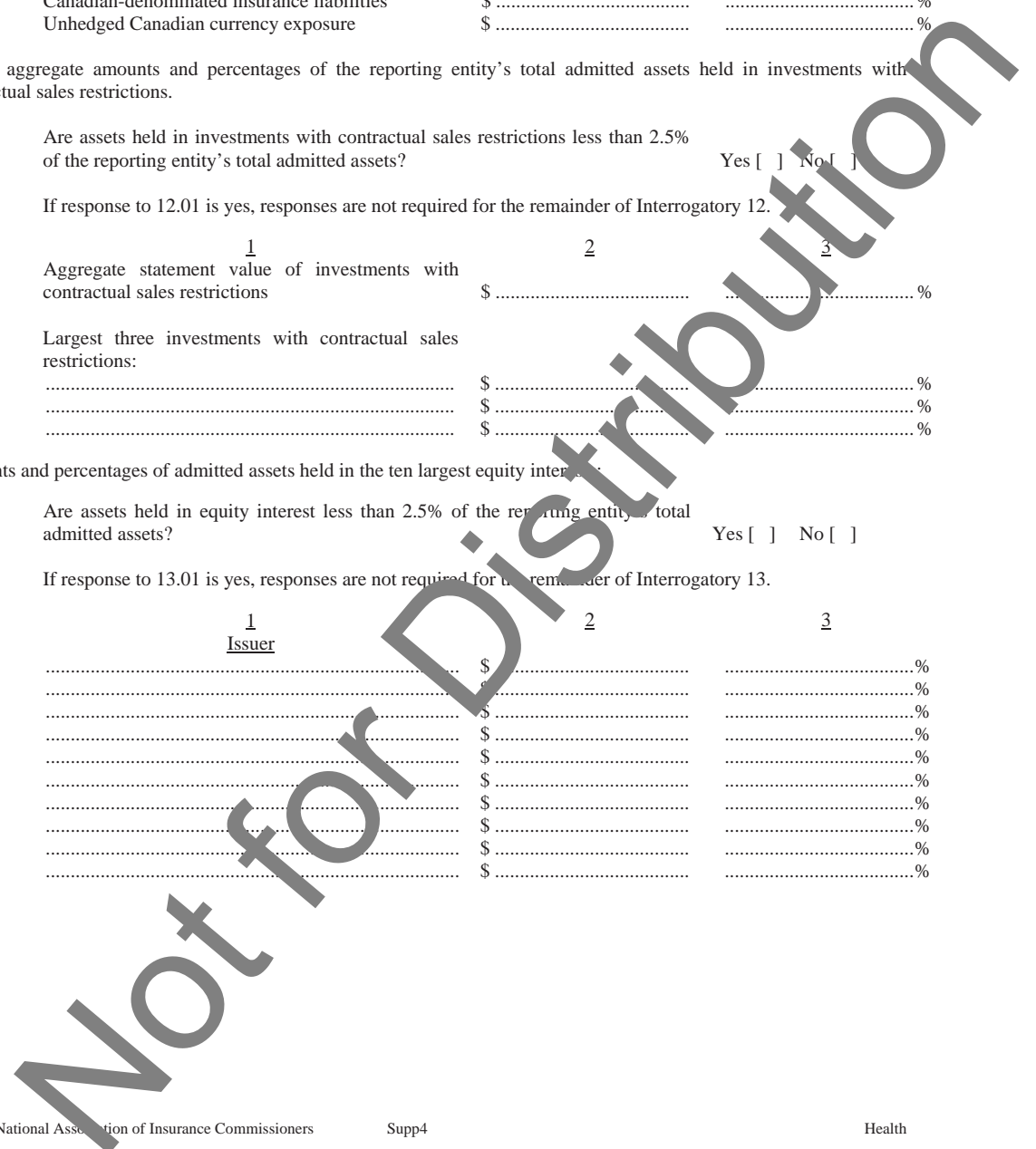
		<u>1</u>	<u>2</u>	<u>3</u>	
12.02	Aggregate statement value of investments with contractual sales restrictions	\$ .....	.....	.....	%
	Largest three investments with contractual sales restrictions:				
12.03	.....	\$ .....	.....	.....	%
12.04	.....	\$ .....	.....	.....	%
12.05	.....	\$ .....	.....	.....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

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

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

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

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



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

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

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

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

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

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

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

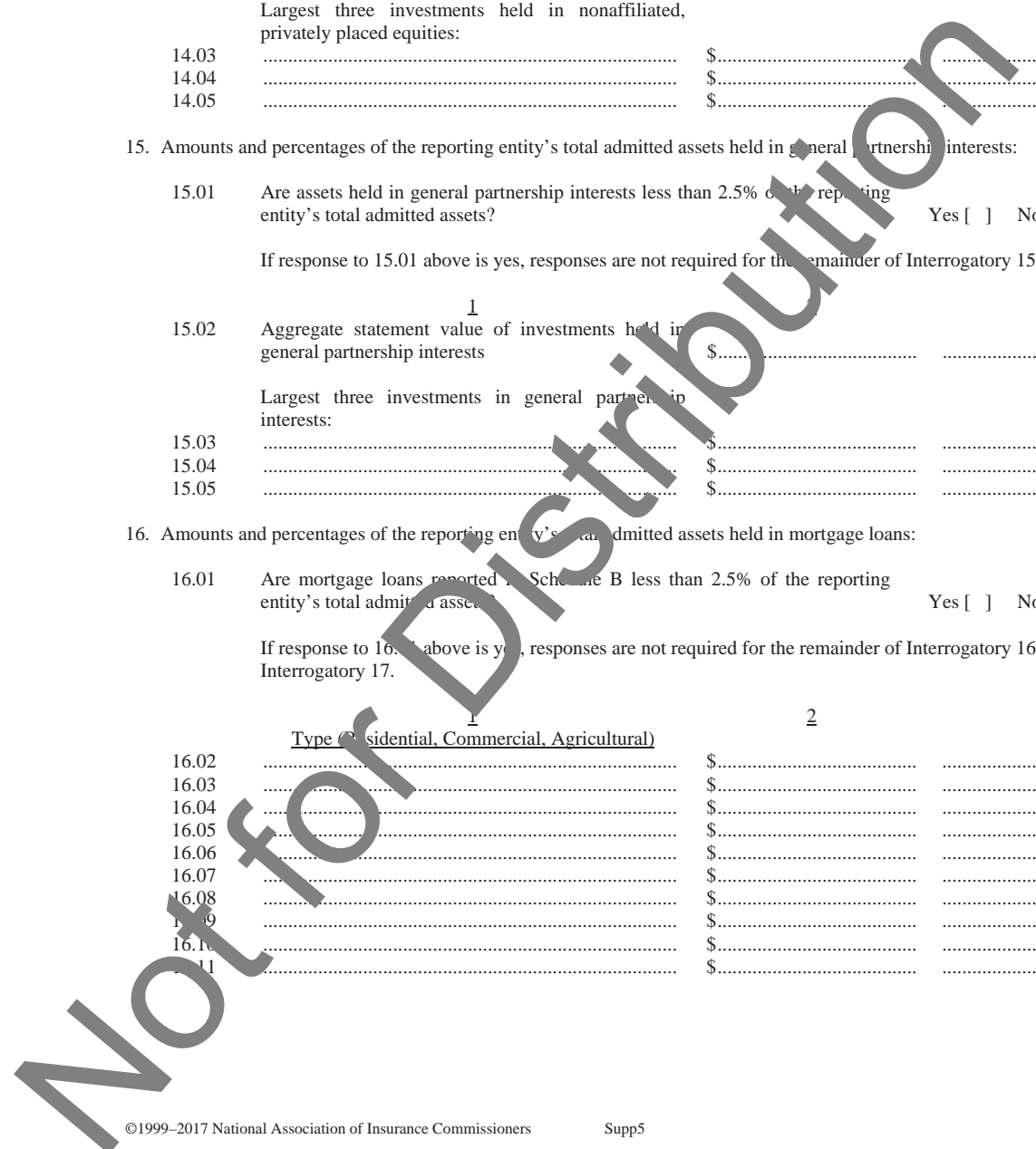
	<u>1</u>	<u>2</u>	<u>3</u>
15.02	Aggregate statement value of investments held in general partnership interests	\$..... %
	Largest three investments in general partnership interests:		
15.03	.....	\$.....	..... %
15.04	.....	\$.....	..... %
15.05	.....	\$.....	..... %

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

	<u>1</u>	<u>2</u>	<u>3</u>
19.02	Aggregate statement value of investments held in mezzanine real estate loans	\$%

Largest three investments held in mezzanine real estate loans:

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

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

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

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

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

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

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

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

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

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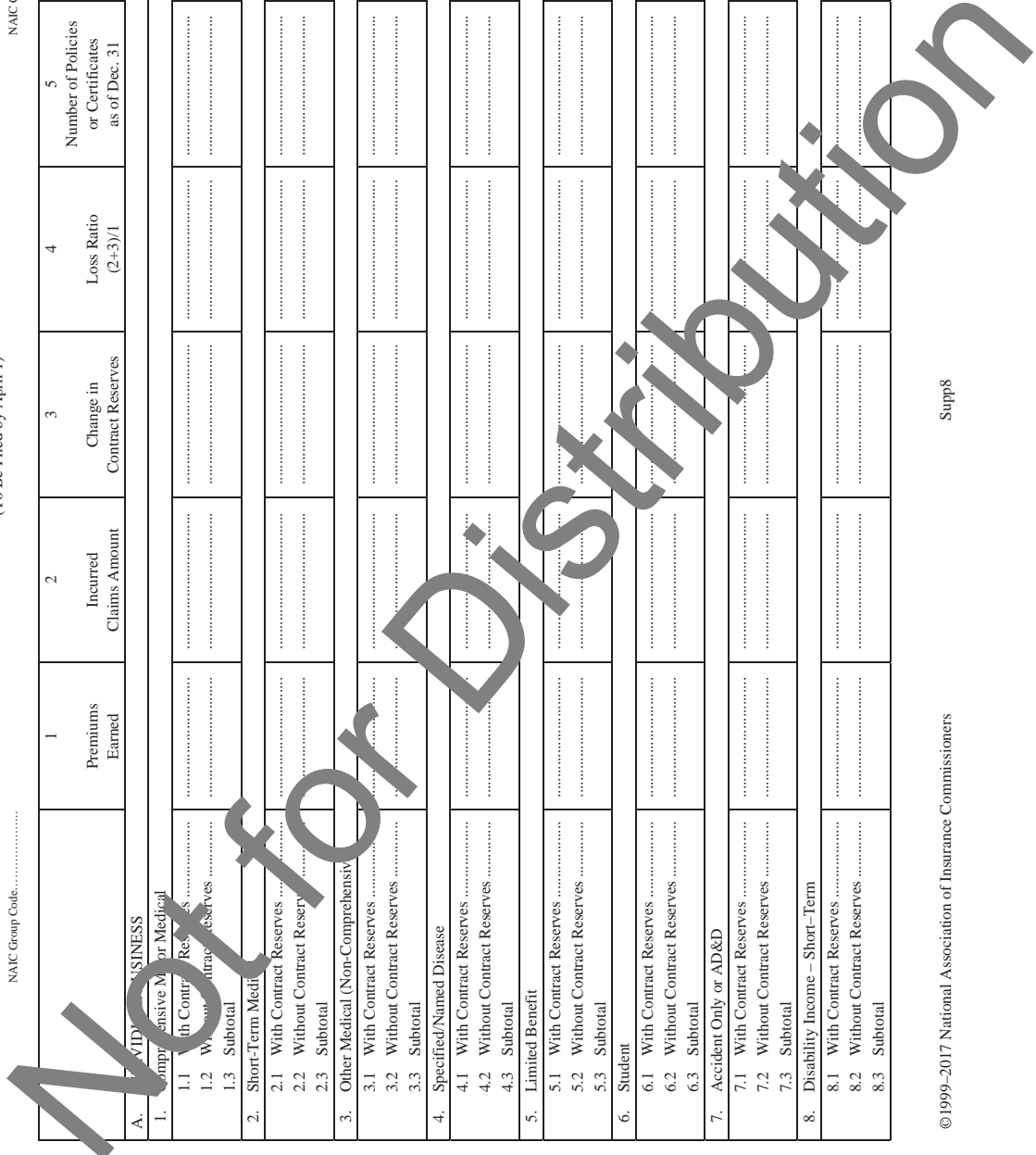
ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

NAIC Company Code:.....

NAIC Group Code:.....

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



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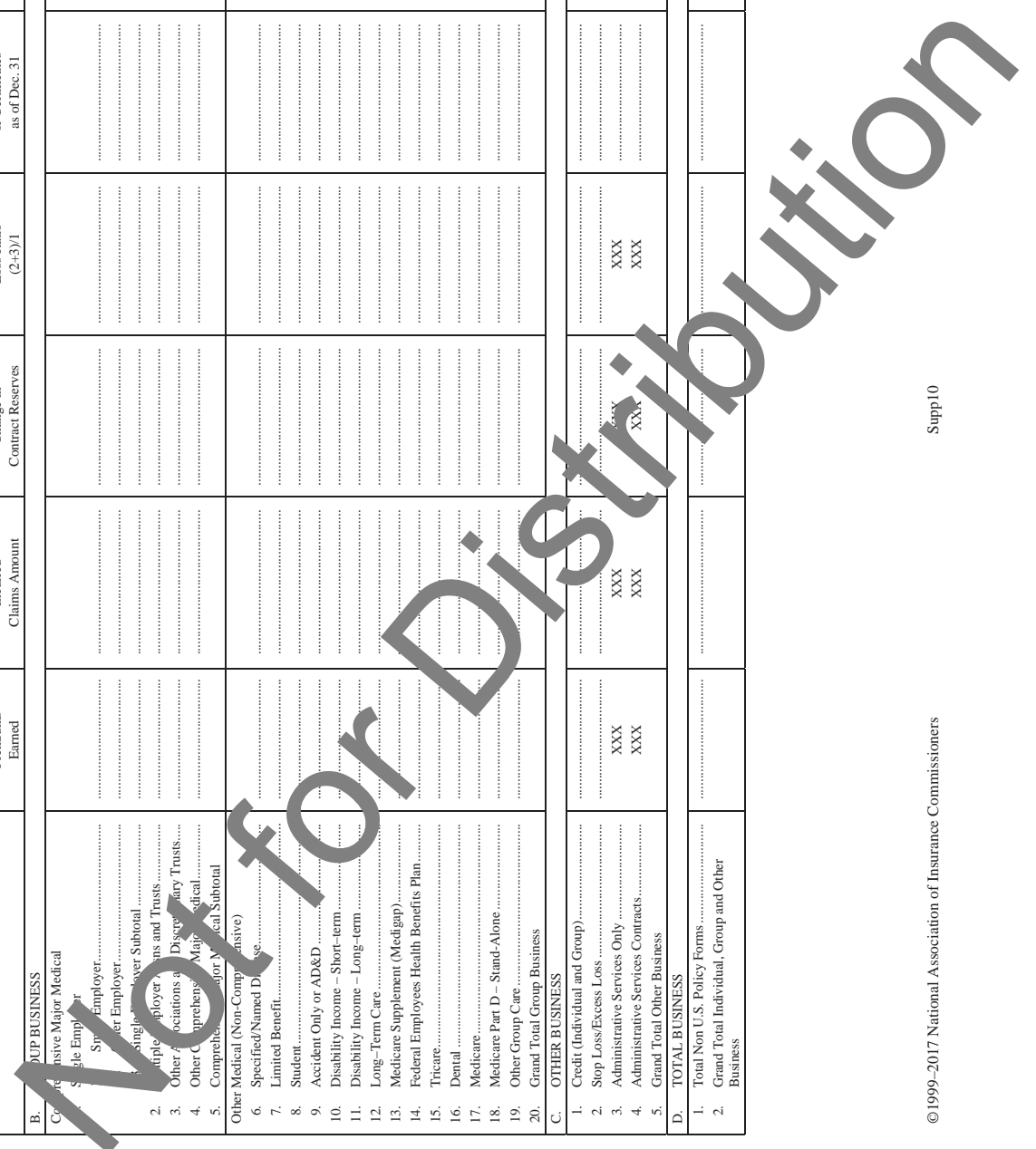
SUPPLEMENT FOR THE YEAR OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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



STATEMENTS FOR THE YEAR OF THE
ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR
PART 1 – INDIVIDUAL POLICIES
 SUMMARY PAGE

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

PART 2 – GROUP POLICIES
SUMMARY

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

PART 3 – RETIRED POLICIES (Individual and Group)
SUMMARY

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

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

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

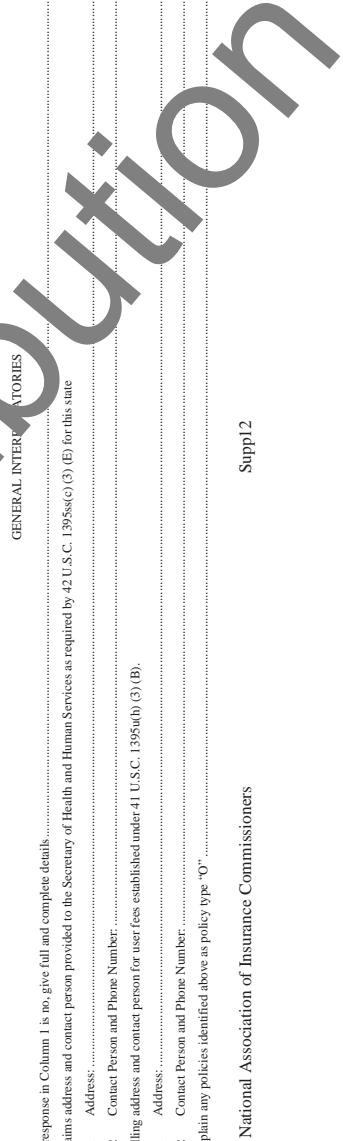
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
 For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF _____

NAIC Code _____
 NAIC State and Code _____
 Person Contacting _____
 Title _____

NAIC Company Code _____
 Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015, 2016, 2017				
										11	12	13	14	15	16	17	18
Compliance with OBRA	Individual Policy Number	Medicare Supplement Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	
GENERAL INTERMEDIATORIES																	



- If response in Column 1 is no, give full and complete details.
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

- Address: _____
- Contact Person and Phone Number: _____
- Billing address and contact person for user fees established under 41 U.S.C. 1395a(b) (3) (B).
 - Address: _____
 - Contact Person and Phone Number: _____
- Explain any policies identified above as policy type "O": _____

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NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

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

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

TO ANNUAL STATEMENT OF THE

COMPANY

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FINANCIAL REPORTING TO STOCKHOLDERS

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

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

 3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?
 Answer...
 If the answer is "No" explain in detail below. Attach separate sheet if necessary.
- (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company Annual Statement (indicate answer in Column B)?

To be answered by Life and A & H Companies:

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

To be answered by Property and Casualty Companies:

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

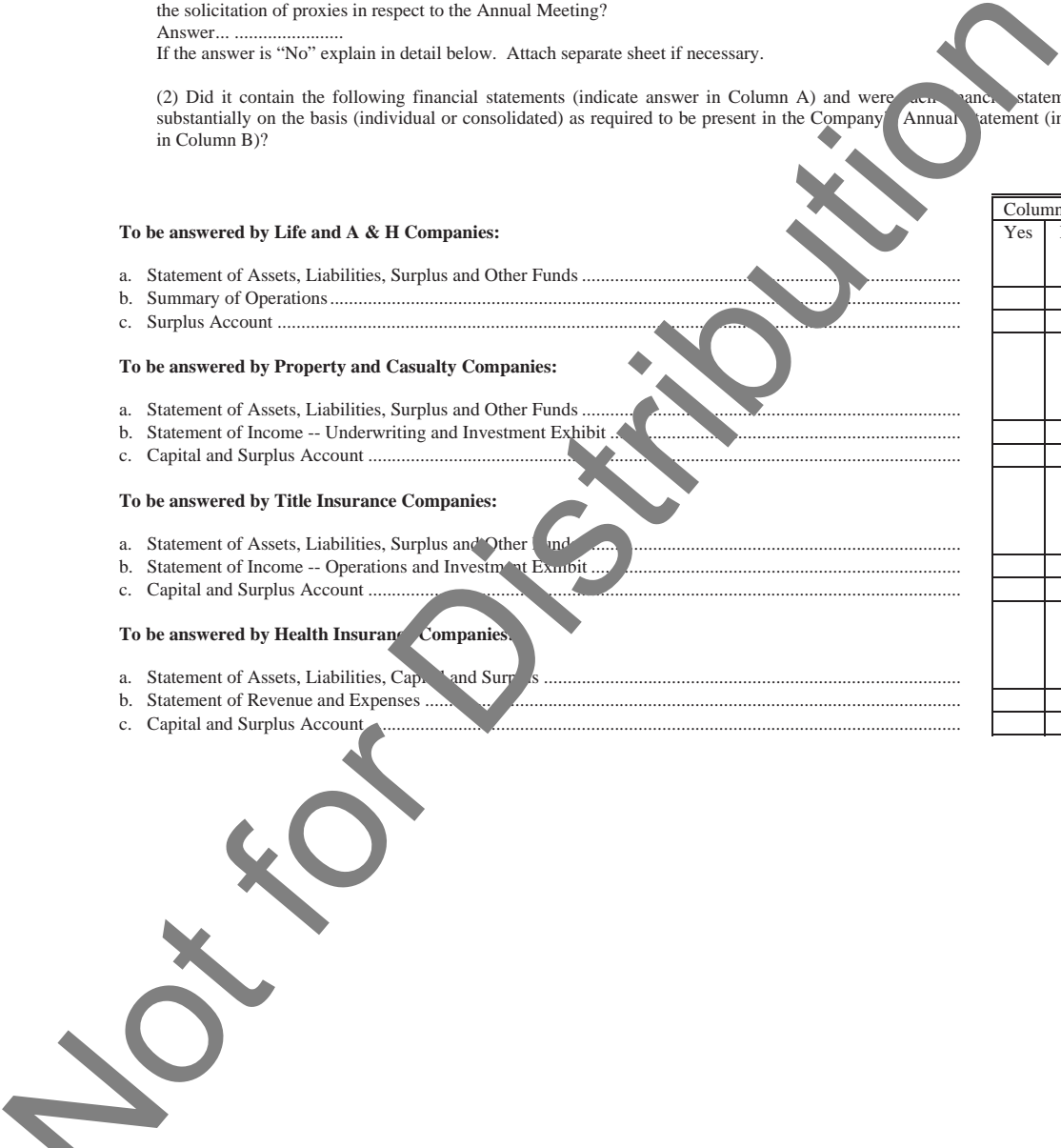
To be answered by Title Insurance Companies:

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

To be answered by Health Insurance Companies:

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

Column A		Column B	
Yes	No	Yes	No



INFORMATION REGARDING MANAGEMENT AND DIRECTORS

1. Furnish the following information for each director, and for each of the three highest paid officers, whose aggregate direct remuneration exceeded \$100,000 during the year, naming each such person.

Table with 8 columns: Name and Title, Principal Occupation or Employment, Served as Director From, Aggregate Direct Remuneration, Benefits Accrued or Set Aside During Year (Retirement Plan, Other Emp. Benefits), Est. Annual Benefits Upon Retirement (Retirement Plan, Other Emp. Benefits).

Furnish on a separate sheet the following information as to each of the individuals named above (or state below that such information is not present):

- A. Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party.
B. Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year.
2. Answer 'yes' or 'no' in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any option, warrant or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis. If any answer is 'no' explain in detail on a separate sheet.

3. Furnish the information specified in Item 1 for all directors and all officers of the Company, as a group, without naming them.

xxx xxx xxx

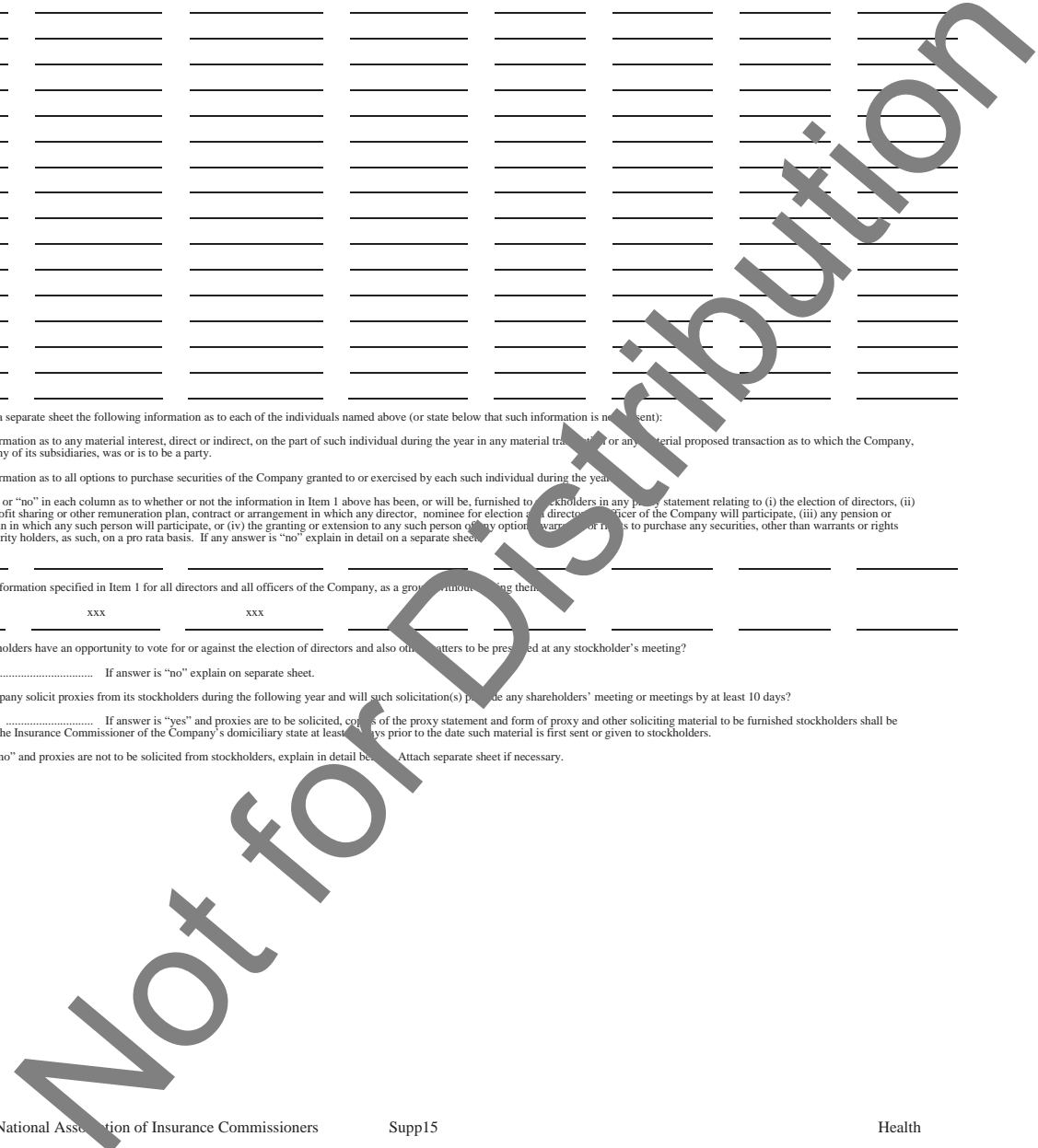
4. Did the stockholders have an opportunity to vote for or against the election of directors and also other matters to be presented at any stockholder's meeting?

Answer If answer is 'no' explain on separate sheet.

5. Will the Company solicit proxies from its stockholders during the following year and will such solicitation(s) precede any shareholders' meeting or meetings by at least 10 days?

Answer If answer is 'yes' and proxies are to be solicited, copies of the proxy statement and form of proxy and other soliciting material to be furnished stockholders shall be submitted to the Insurance Commissioner of the Company's domiciliary state at least 10 days prior to the date such material is first sent or given to stockholders.

If answer is 'no' and proxies are not to be solicited from stockholders, explain in detail below. Attach separate sheet if necessary.



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....

(To Be Filed By March 1)

NAIC Company Code.....

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

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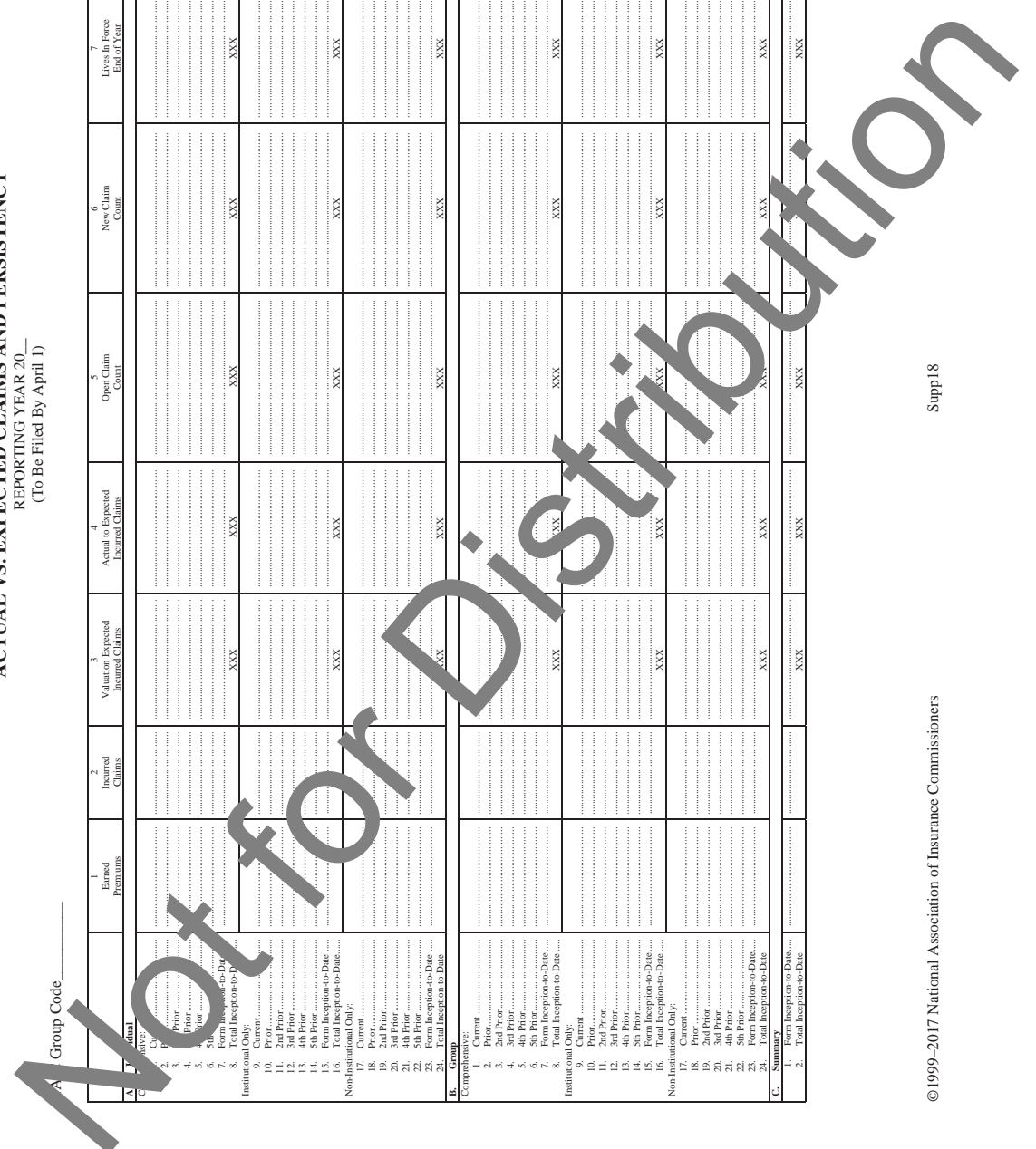
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LONG-TERM CARE EXPERIENCE REPORTING FORM I
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY
 REPORTING YEAR 20____
 (To Be Filed By April 1)

Group Code _____

NAIC Company Code _____

	1	2	3	4	5	6	7	8	9
	Earned Premiums	Incurred Claims	Valuation Expected Incurred Claims	Actual to Expected Incurred Claims	Open Claim Count	New Claim Count	Lives in Force End of Year	Expected Lives In Force End of Year	Actual to Expected Lives in Force
A. Group									
1. Current									
2. Prior									
3. 2nd Prior									
4. 3rd Prior									
5. 4th Prior									
6. 5th Prior									
7. Form Inception-to-Date									
8. Total Inception-to-Date									
Institutional Only:									
10. Current									
11. 2nd Prior									
12. 3rd Prior									
13. 4th Prior									
14. 5th Prior									
15. Form Inception-to-Date									
16. Total Inception-to-Date									
Non-Institutional Only:									
17. Current									
18. 2nd Prior									
19. 3rd Prior									
20. 4th Prior									
21. 5th Prior									
22. Form Inception-to-Date									
23. Total Inception-to-Date									
B. Group									
Comprehensive:									
1. Current									
2. 2nd Prior									
3. 3rd Prior									
4. 4th Prior									
5. 5th Prior									
6. Form Inception-to-Date									
7. Total Inception-to-Date									
Institutional Only:									
9. Current									
10. 2nd Prior									
11. 3rd Prior									
12. 4th Prior									
13. 5th Prior									
14. Form Inception-to-Date									
15. Total Inception-to-Date									
Non-Institutional Only:									
17. Current									
18. 2nd Prior									
19. 3rd Prior									
20. 4th Prior									
21. 5th Prior									
22. Form Inception-to-Date									
23. Total Inception-to-Date									
C. Summary									
1. Form Inception to Date									
2. Total Inception to Date									



SUBJECT MATTER FOR THE YEAR OF THE

Affix Bar Code Above

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

NAIC Group Code _____ NAIC Company Code _____

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

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

REPORTING YEAR 20____
(To Be Filled By April 1)

NAIC Group Code _____ NAIC Company Code _____

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

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SUBJECT MATTER FOR THE YEAR OF THE

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

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

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

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

**LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS**

REPORTING YEAR 20____
(To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

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

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

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

NAIC Group Code _____

NAIC Company Code _____

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

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.....
Affix Bar Code Above

LIFE SUPPLEMENTS
For the Year Ended December 31, 2017
(To Be Filed By March 1)

Of The..... Insurance Company

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

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

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EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
LIFE INSURANCE					
.....					
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EXHIBIT 5 – INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR OF THE

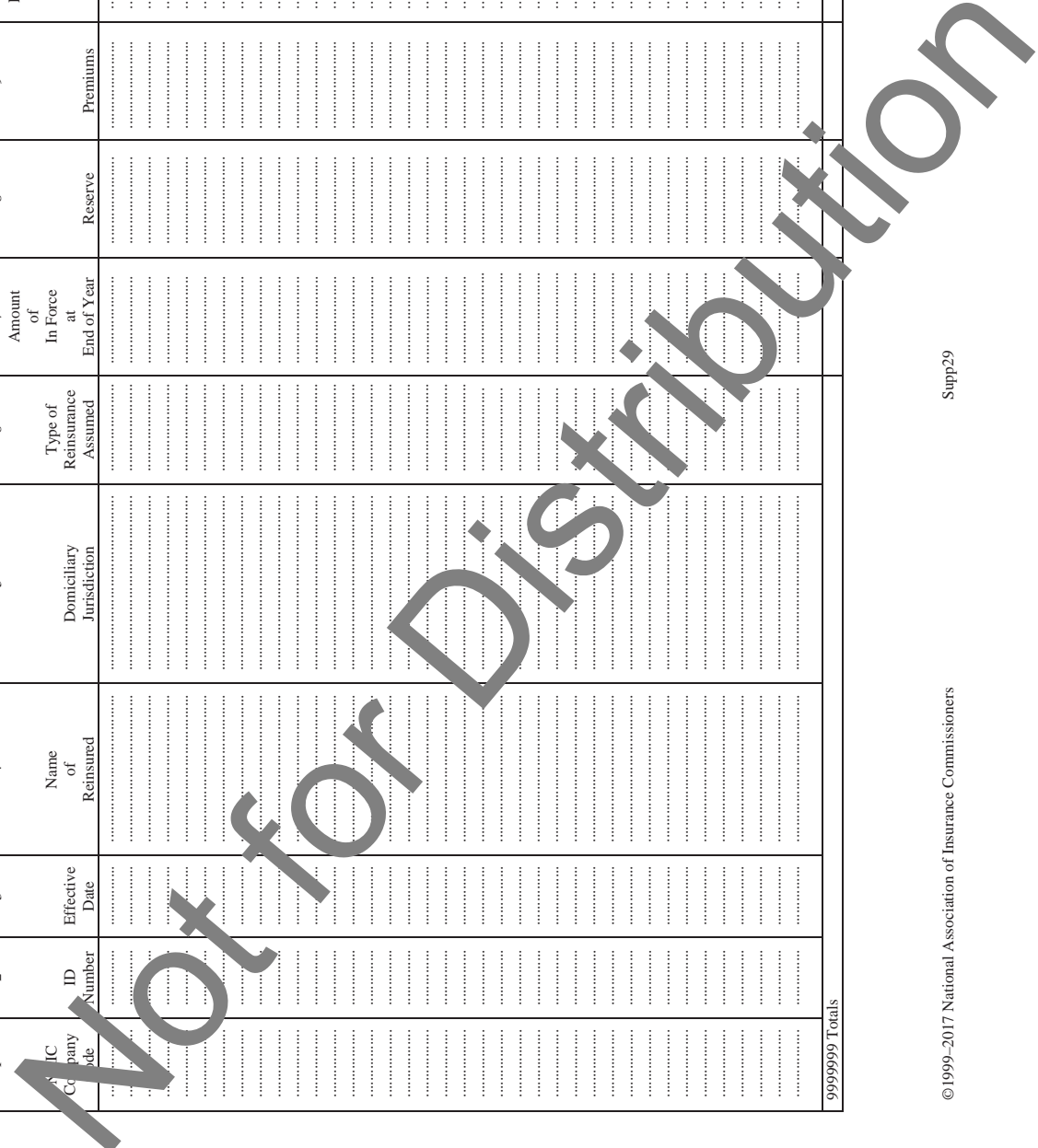
EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

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

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 Totals											



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

SUBJECT TO THE PROVISIONS OF THE

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	9 Reserve Credit Taken		11 Premiums	12 Outstanding Surplus Relief		14 Modified Conscience Reserve	15 Funds Withheld Under Conscience
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
9999999 Totals														

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE

NAIC Company Code.....

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT
ASSESSMENT BASE RECONCILIATION EXHIBIT
 For Year Ended December 31, 2017
 (To Be Filed by April 1)

OF THE NAIC COMPANY CODE.....

Direct Business in the State of

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

OVERFLOW PAGE FOR WRITE-INS

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

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

OF THE NAIC COMPANY CODE.....

Direct Business in the State of

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

OVERFLOW PAGE FOR WRITE-INS

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ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

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

	Group										
	1	2	3	4	5	6	7	8	9	10	11
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities
1. Premiums and annuity considerations for life and accident and health contracts (a)											
2. Net income from supplementary contracts with life contingencies											
3. Amortization of Investment Management Reserve (IMR)											
4. Separate Accounts net gains from operations excluding unrealized gains or losses											
5. Commissions and expense allowances on reinsurance ceded											
6. Reserves on reinsurance ceded											
7. Miscellaneous income											
8. Total (Lines 1 to 8.3)											
8.1 Fees associated with income from investments, 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. Total (Lines 1 to 8.3)											
10. Maturity benefits (excluding interest payments)											
11. Annuity benefits											
12. Disability benefits and benefits under accident and health contracts											
13. Coupons, guaranteed annual pure endowments and similar benefits											
14. Surrender benefits and withdrawals for life contracts											
15. Group conversions											
16. Payments on contract deposit-type contracts											
17. Payments on supplementary contracts with life contingencies											
18. Increase in aggregate reserves for life and accident and health contracts											
19. Total (Lines 10 to 19)											
20. Commissions on premiums, annuity considerations and deposit-type contract fees (direct business only)											
21. General insurance and expense allowances on reinsurance assumed											
22. Insurance taxes, licenses and fees, excluding federal income taxes											
23. Increase in loading on deferred and uncollected premiums											
24. Net transfers to or (from) Separate Accounts net of reinsurance											
25. Aggregate write-ins for deductions											
26. Total (Lines 20 to 27)											
27. Net gain from operations before dividends and federal income taxes (Line 94 plus Line 26)											
28. Dividends to policyholders											
29. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 28)											
30. Federal income taxes incurred (excluding tax on capital gains)											
31. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) (b)											
32. Policies/certificates in force end of year											
33. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)											
34. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)											
DETAILS OF WRITE-INS											
08.301											
08.302											
08.303											
08.398											
08.399											
2701											
2702											
2703											
2798											
2799											

(a) Premiums and annuity considerations for life and accident and health contracts includes \$_____ for individual variable annuities not associated with guarantees, \$_____ for individual variable annuities associated with guarantees, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.
 (b) Net gain from operations after dividends to policyholders and before realized capital gains or (losses) includes \$_____ for individual variable annuities not associated with guarantees, \$_____ for individual variable annuities associated with guarantees, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.

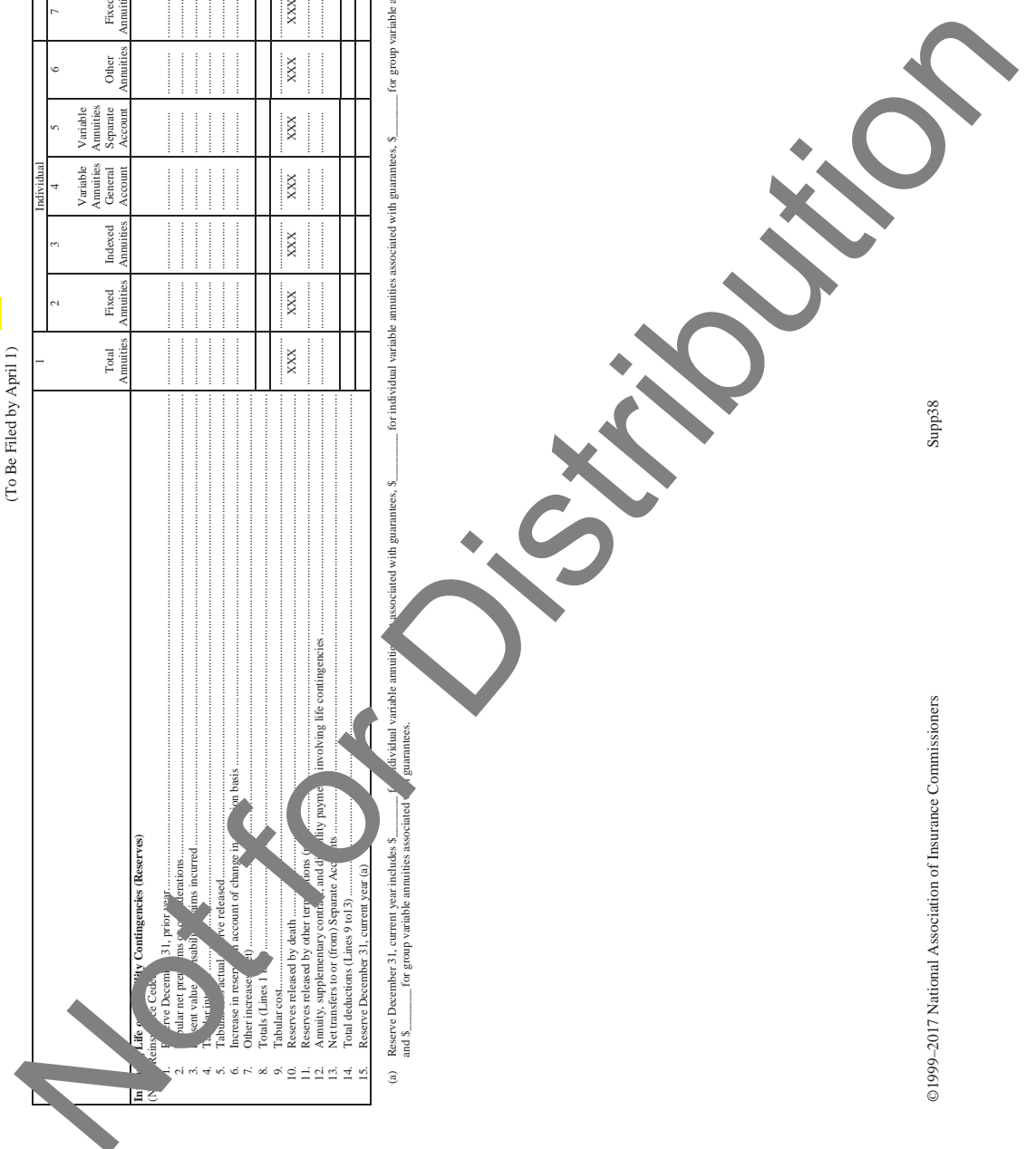
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ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR
 For the Year Ended December 31, 2017
 (To Be Filed by April 1)

	Group										
	1	2	3	4	5	6	7	8	9	10	11
	Total Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities	Fixed Annuities	Indexed Annuities	Variable Annuities General Account	Variable Annuities Separate Account	Other Annuities
Individual Contingencies (Reserves)											
1. Reserve for December 31, prior year											
2. Regular net premium considerations											
3. Present value of liabilities incurred											
4. Tabular cost											
5. Tabular actual cost											
6. Increase in reserve on account of change in valuation basis											
7. Other increase (decrease)											
8. Totals (Lines 1 to 7)											
9. Tabular cost											
10. Reserves released by death											
11. Reserves released by other terminations (including maturity payments)											
12. Annuity, supplementary contract, and disability payments											
13. Net transfers to or (from) Separate Accounts											
14. Total deductions (Lines 9 to 13)											
15. Reserve December 31, current year (a)											

(a) Reserve December 31, current year includes \$_____ for individual variable annuities associated with guarantees, \$_____ for individual variable annuities associated with guarantees, \$_____ for group variable annuities not associated with guarantees, and \$_____ for group variable annuities associated with guarantees.



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SUPPLEMENT FOR THE YEAR OF THE

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

	Business Subject to MLR										15			
	Comprehensive Health Coverage			Mini-Med Plans				Exempt Plans						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Subject to ACA	School (C06-1 thru 12)	Uninsured Plans
10. General and Administrative (G&A) Expenses:														
10.1 Direct sales salaries and benefits														
10.2 Officers and directors and committee members' salaries and benefits														
10.3 Other general and administrative expenses (Lines 10.1 through 10.2)														
10.4 Other general and administrative expenses														
10.4a Community Benefit Expenditures (informational only)														
10.5 Total, general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)														
11. Underwriting Gain/Loss (Lines 11.2 – 8.7 – 8.3 – 10.5)														
12. Net Investment and Other Gain/Loss														
13. Federal Income Taxes (excluding taxes on Line 1.5 above)														
14. Net Gain or Loss (Lines 1 + 2 + 13 – 14)														
15. ICD-10 Implementation Expenses (informational only; already included in general expenses in lines 10.1 through 10.5)														
16. ICD-10 Implementation Expenses (informational only; already included in Line 6.5)														
1. Number of Covered Lives														
2. Number of Groups														
3. Member Months														
4. Member Months														

Is non-off business reported in Columns 1 through 9 or 12? Yes [] No []

If yes, show the amount of premiums and claims included: Premiums \$ Claims \$

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

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

(To Be Filed By April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION

(LOCATION)

Group Code BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Company Code

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

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

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

SUBMIT FOR THE YEAR OF THE

ARTICLE 1, CORPORATION

2.

(LOCATION)

NAIC Group Code _____ BUSINESS IN THE STATE OF _____

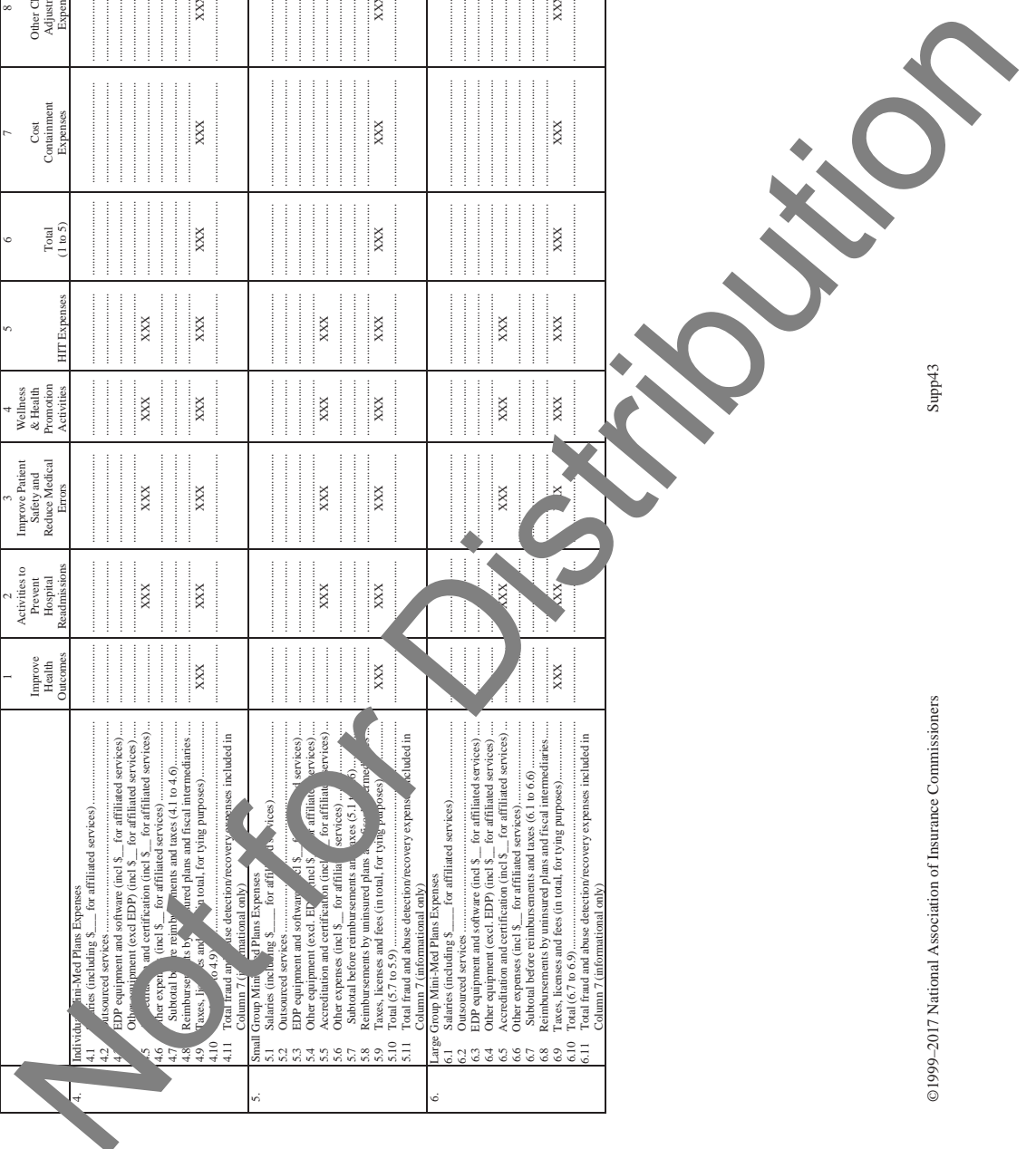
DURING THE YEAR _____

NAIC Company Code _____

1.	ALL EXPENSES									
	1	2	3	4	5	6	7	8	9	10
	Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$_____ for affiliated services)									
1.2	Outsourced services									
1.3	EDP equipment and software (incl \$_____ for affiliated services)									
1.4	Other equipment (excl. EDP) (incl \$_____ for affiliated services)									
1.5	Accreditation and certification (incl \$_____ for affiliated services)				XXX					
1.6	Other expenses (incl \$_____ for affiliated services)									
1.7	Subtotal before reimbursements and taxes (2.1 to 1.6)									
1.8	Reimbursements by uninsured plans and fiscal intermediaries									
1.9	Taxes, licenses and fees (in total, for tying purposes)									
1.10	Total (1.1 to 1.9)									
1.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$_____ for affiliated services)									
2.2	Outsourced Services									
2.3	EDP equipment and software (incl \$_____ for affiliated services)									
2.4	Other equipment (excl. EDP) (incl \$_____ for affiliated services)									
2.5	Accreditation and certification (incl \$_____ for affiliated services)									
2.6	Other expenses (incl \$_____ for affiliated services)									
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)									
2.8	Reimbursements by uninsured plans and fiscal intermediaries									
2.9	Taxes, licenses and fees (in total, for tying purposes)									
2.10	Total (2.7 to 2.9)									
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									
Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$_____ for affiliated services)									
3.2	Outsourced services									
3.3	EDP equipment and software (incl \$_____ for affiliated services)									
3.4	Other equipment (excl. EDP) (incl \$_____ for affiliated services)									
3.5	Accreditation and certification (incl \$_____ for affiliated services)									
3.6	Other expenses (incl \$_____ for affiliated services)									
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)									
3.8	Reimbursements by uninsured plans and fiscal intermediaries									
3.9	Taxes, licenses and fees (in total, for tying purposes)									
3.10	Total (3.7 to 3.9)									
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)									

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

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



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

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

SUPPLEMENTAL HEALTH CARE EXHIBIT'S EXPENSE ALLOCATION REPORT

(To Be Filed by April 1)

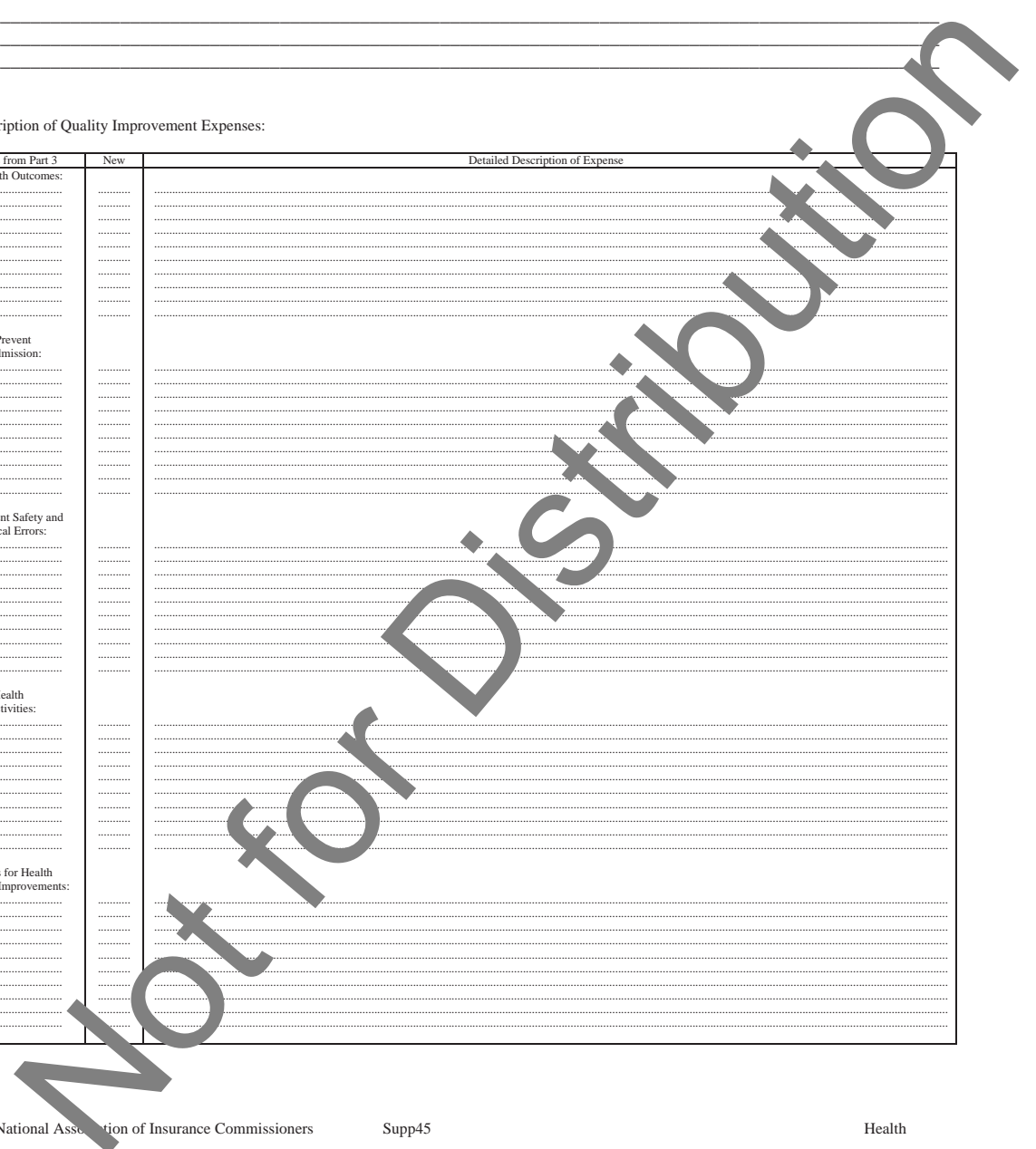
NAIC Group Code: _____

NAIC Company Code: _____

Description of allocation methodology:

Detailed Description of Quality Improvement Expenses:

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



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Not for Distribution

Not for Distribution

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