GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1. Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? [ ] Yes [ ] No [ ]

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

2.2 If yes, date of change: ______________________

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

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? [ ] Yes [ ] No [ ] N/A [ ]

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

6.2 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ________________

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

6.4 By what department or departments? ...........................................................................................................................................................................

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

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

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

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

7.2 If yes, give full information.........................................................................................................................................................................................

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

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

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

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

<table>
<thead>
<tr>
<th>Affiliate Name</th>
<th>Location (City, State)</th>
<th>FRB</th>
<th>OCC</th>
<th>FDIC</th>
<th>SEC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

©1999–2013 National Association of Insurance Commissioners Q11

Rev. 12/11/13

Health – Quarterly 2014