

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

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	Agenda Item # <u>2018-18BWG MOD</u> Year <u>2019</u> Changes to Existing Reporting [X] New Reporting Requirement []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
	No Impact [X] Modifies Required Disclosure []	DISPOSITION
	[] Rejected For Public Comment [] Referred To Another NAIC Group [] Received For Public Comment [X] Adopted Date <u>06/12/2018</u> [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK |
| <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS | |
| <input checked="" type="checkbox"/> Life and Accident & Health | <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Health |
| <input type="checkbox"/> Separate Accounts | <input checked="" type="checkbox"/> Fraternal | <input type="checkbox"/> Title |
| <input type="checkbox"/> Other Specify _____ | | |

Anticipated Effective Date: 1st Quarter 2019

IDENTIFICATION OF ITEM(S) TO CHANGE

Combine the annual and quarterly reporting for life and fraternal companies onto one blank. Combined blank will be based on changes to the existing life blank. Life blank pages that are not being modified but have additional lines or columns not present on the fraternal blank are provided in the proposal as a reference for fraternal companies. See next page for details.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The life and fraternal blanks are basically uniform except for a few fraternal specific lines and columns in the fraternal blank not found on a few pages of the blank and the lack of lines and columns for group business found in the life blank that are not included on some of the similar pages in the fraternal blank. There are also a few supplements only life companies file. A combined blank will eliminate the need to maintain two sets of instructions and blank pages along with reducing time spent on maintenance of tables, specs and validation rules.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

IDENTIFICATION OF ITEM(S) TO CHANGE (DETAIL)

The combined life and fraternal blank will be based on modifications to the existing life blank and instructions. Below details those changes to create the combined life and fraternal blank and instructions. Blank pages and instructions that are uniform between the life blank and the fraternal blank are not provided in this proposal.

For fraternal companies the page numbers where the schedules and exhibits are located within the financial statement will change starting with Exhibit 7. Fraternal specific lines, columns, interrogatory questions and footnotes on certain schedules and exhibits have been added as edits to the existing life blank. Where appropriate and attempt to identify any lines and columns in a schedule or exhibit that are not applicable to life or fraternal was made and notation was made in the instructions or the blank to indicate to which type of company the lines or columns were not applicable. There are also some differences in terminology used between life and fraternal companies. An attempt was made to identify and address those differences in the instructions and the blank.

Terminology Differences:

Life Blank & Instructions	Fraternal Blank & Instructions	Combined Blank & Instructions
Agent	Fieldworker	Using Agent
Policy	Certificate	Using Policy/Certificate
Policyholder	Member	Using both*
Dividends	Refunds	Using both*

* Policyholder and dividends usually used combined (e.g., policyholder dividends) in the life blank and instructions where member and refunds are usually used combined (e.g., member refunds) in the fraternal blank and instructions. In the combined blank and instructions will reference both (e.g., policyholder dividends/member refunds) as appropriate for the usage of those words.

Changes to Existing Life Blank:

Jurat (Annual & Quarterly)

Adding line to indicate if the reporting entity is a life or fraternal company

Liabilities, Surplus and Other Funds (Annual & Quarterly)

Terminology changes discussed above

Summary of Operations (Annual & Quarterly)

Terminology changes discussed above

Exhibit 1 (Quarterly)

Add a fraternal specific line

General Interrogatories Part 2 (Annual & Quarterly)

Add fraternal specific interrogatory questions

Rework question to group by those that apply to life and fraternal, those that apply to life only and those that apply to fraternal only

Trusted Surplus Statement (Annual & Quarterly)

Add fraternal specific interrogatories

Blank Cover Page (Annual)

Modify page so reporting entity can indicate if they are a life or fraternal company

Analysis of Operations by Lines of Business (Annual)

Terminology changes discussed above

Add two new columns (Subtotal for Columns 2 through 12 and Fraternal Column)

Indicate Columns 2 through 13 are “Insurance”

Add crosscheck for Column 1

Exhibit 1, Part 1 (Annual)

Add a new column (Fraternal Column)

Indicate Columns 2 through 11 are “Insurance”

Exhibit 1, Part 2 (Annual)

Add a new column (Fraternal Column)

Indicate Columns 2 through 11 are “Insurance”

Exhibit 2 (Annual)

Add new Fraternal Column

Add two fraternal specific lines

Add fraternal specific footnote

Exhibit 3 (Annual)

Add new Fraternal Column

Five-Year Historical Data (Annual)

Terminology changes discussed above

Add a new fraternal specific line

Edit crosscheck

Life Insurance – State Page (Annual)

Terminology changes discussed above

Exhibit of Life Insurance (Annual)

Indicate existing footnote is for life companies only

Add fraternal specific footnote

Schedule S, Part 6 (Annual)

Terminology changes discussed above

Schedule S, Part 7 (Annual)

Terminology changes discussed above

Supplemental Exhibits and Schedules Interrogatories (Annual)

Addition of references to schedules and exhibits are not applicable to fraternal companies

Interest Sensitive Life Insurance Products Report (Annual)

Modify cover page to indicate it is applicable to both life and fraternal

Changes to Existing Life Instructions:

Liabilities, Surplus and Other Funds (Annual & Quarterly)

- Terminology changes discussed above
- Addition of references to lines not applicable to fraternal companies
- Addition of instruction found in fraternal not found in life

Summary of Operations (Annual & Quarterly)

- Terminology changes discussed above
- Addition of references to lines not applicable to fraternal companies
- Addition of instruction found in fraternal not found in life

Exhibit 1 (Quarterly)

- Additional instruction indicating how the crosscheck should work for fraternal companies for 2019
- Addition of references to lines not applicable to fraternal companies
- Addition of instruction for a new fraternal line

General Interrogatories Part 2 (Annual & Quarterly)

- Add instruction for fraternal only interrogatory question

Trusteed Surplus Statement (Annual & Quarterly)

- Addition of reference to line not applicable to fraternal companies

Annual Statement General Instructions

- Add reference to fraternal companies
- Indicate health test only applies to life companies

Annual Audited Financial Reports

- Terminology change discussed above
- Addition of a line for "Collateral loans" found in fraternal and not life
- Fraternal companies should note that the life version of Schedule 1 has more detail than what is found in the fraternal version

Analysis of Operations by Lines of Business (Annual)

- Terminology changes discussed above
- Addition of references to column not applicable to fraternal companies
- Addition of instruction for new Fraternal Column

Analysis of Increase in Reserves during the Year (Annual)

- Addition of references to column not applicable to fraternal companies

Exhibit of Capital Gains (Losses) (Annual)

- Remove fraternal specific crosscheck and edit reference to life specific crosschecks to include fraternal

Exhibit 1, Part 1 (Annual)

- Addition of instructions found in the fraternal instructions not found in the life instructions.
- Addition of instruction for new Fraternal Column

Exhibit 1, Part 2 (Annual)

Addition of instruction for new Fraternal Column

Exhibit 2 (Annual)

Terminology changes discussed above

Addition of instruction for new Fraternal Column

Add new instruction for the fraternal specific lines.

Bring in additional instruction from the found in the appendix for general expenses

Exhibit 3 (Annual)

Addition of instruction for new Fraternal Column

Bring in additional instruction from the found in the appendix for general expenses

Exhibit 4 (Annual)

Terminology changes discussed above

Exhibit 6 (Annual)

Terminology changes discussed above

Exhibit 8 (Annual)

Terminology change discussed above

Addition of instructions found in the fraternal instruction not found in the life instructions.

Five-Year Historical Data (Annual)

Addition of instruction for a new fraternal specific line

Modify instructions regarding the source of amounts entered into each years column to reflect that the source for prior year amounts will be different for life and fraternal companies prior to the combining of the instructions and blank

Life Insurance – State Page (Annual)

Terminology changes discussed above

Addition of references to lines not applicable to fraternal companies

Add additional instruction found in fraternal instructions but not found in the life instructions

Exhibit of Life Insurance (Annual)

Terminology changes discussed above

Addition of references to columns not applicable to fraternal companies

Add additional instruction found in fraternal instructions but not found in the life instructions

Schedule H (Annual)

Terminology changes discussed above

Addition of references to columns not applicable to fraternal companies

Schedule S, Part 6 (Annual)

Addition of references to columns not applicable to fraternal companies

Expense definitions found in the appendix

Delete from appendix and move to Exhibits 2 and 3

Additional Changes of Note to Fraternal Companies:

The changes mentioned below represents detail found on life blank pages that are not found on the fraternal blank pages. Since the life blank is used as the starting point of the changes being tracked in this proposal, this additional detail is not shown with tracking (underlines and strike-throughs) in the proposal.

Liabilities, Surplus and Other Funds

Additional lines (e.g., federal income taxes, capital changes, dividends & etc.)

Line numbering differences

Summary of Operations

Additional lines (e.g., federal income taxes, capital changes, dividends & etc.)

Line numbering differences

Analysis of Operations by Lines of Business

Additional lines related to federal income taxes

Addition of columns related group business

More detailed columns for life and health business

Analysis of Increase in Reserves during the Year

Addition of columns related group business

More detailed columns for life business

Exhibit 1, Part 1

Addition of columns related group business

More detailed columns for life business

Exhibit 1, Part 2

Addition of columns related group business

More detailed columns for life business

Exhibit 6

Additional line for reserve for rate credits

Addition of columns related group business

More detailed columns for life business

Five-Year Historical Data

Additional lines (e.g., more detail on individual business and group business & etc.)

Line numbering differences

Life Insurance – State Page

Additional detailed columns on life and health business

Addition of columns related group business

Exhibit of Life Insurance (1st page)

Additional detailed columns on life and health business

Addition of columns related group business

Exhibit of Life Insurance (2nd page)

Entirely new to fraternal companies

Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values in Force for Supplementary Contracts, Annuities, Accident & Health and Other Policies

Change in presentation of the data with columns found on the fraternal blank shown as individual tables on the combined blank as done on the life blank

Additional detailed columns on supplementary contracts, annuities and health business

Addition of columns related group business

Addition of table for deposit funds and dividends accumulation

Schedule H

Addition of columns for group and credit business

Supplemental Exhibits and Schedules Interrogatories

Line numbering differences

Addition of schedules and exhibits that apply only to life companies

Analysis of Annuity Operations by Lines of Business

Addition of columns related group business

Analysis of Increase in Annuity Reserves during the Year

Additional detailed columns on annuity business

Addition of columns related group business

In addition to the changes noted above for the blank pages the combined instructions will reflect instructions for lines and columns found in the life instructions that are not found in the fraternal instructions. They have been included in this proposal but not tracked as changes as they are part of the existing life instructions. They are being provided to allow fraternal companies to see additional instructions that will be new to them but not the life companies.

QUARTERLY STATEMENT INSTRUCTIONS – LIFE

LIABILITIES, SURPLUS AND OTHER FUNDS

Information should be reported as of the end of current quarter.

Line 1 – Aggregate Reserve for Life Contracts

Exclude: Reserves relating to uninsured plans and the uninsured portions of partially insured plans.



Line 4.2 – Contract Claims – Accident and Health

Exclude: Liabilities relating to uninsured plans and the uninsured portions of partially insured plans.

Line 5 – Policyholders' Dividends/Refunds to Members and Coupons Due and Unpaid

Include: Coupons, guaranteed annual pure endowments not exceeding the annual premium and similar benefits contingent on payment of deferred and uncollected premiums, and dividends to policyholders/refunds to members contingent on payment of deferred and uncollected premiums.

Line 6 – Provision for Policyholders' Dividends, refunds to members and Coupons Payable in Following Calendar Year

Include: Coupons, guaranteed annual pure endowments not exceeding the annual premium and similar benefits contingent on payment of renewal premiums, and dividends to policyholders/refunds to members contingent on the payment of renewal premiums.



Line 9.2 – Provision for Experience Rating Refunds

Include: Accrued return retrospective premiums net of reinsurance; refer to *SSAP No. 66—Retrospectively Rated Contracts*, for accounting guidance. Per SSAP No. 66, retrospective premium adjustments shall be estimated based on the experience to date.

The first inset amount should be the accrual for all experience rating refunds for accident and health business. This will include any amount reported in the second inset, which is the amount of the accrual specifically for medical loss ratio rebates as provided for in Section 2718(b)(1)(a) of the Public Health Service Act net of reinsurance.



Line 12 – General Expenses Due or Accrued

Include: Expenses not yet incurred but that the reinsurer anticipates will be incurred in connection with accident and health claims and deposit-type funds at the end of the current quarter. Refer to *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses*, for accounting guidance.

Unfunded postretirement benefit obligation.

Detail Eliminated To Conserve Space

Line 14 – Taxes, Licenses and Fees Due or Accrued, Excluding Federal Income Taxes

Include: Guaranty fund assessments accrued in accordance with *SSAP No. 35R—Guaranty Fund and Other Assessments*.

Exclude: Any amounts withheld or retained by the entity acting as agents for others. (See instructions for Line 17.)

Income and excess profit taxes of any foreign country or of any possession of the U.S.

Line 15.1 – Current Federal & Foreign Income Taxes including \$_____ on realized capital gains (losses)

Include: Income and excess profit taxes of any foreign country or of any possession of the U.S.

Exclude: Income taxes recoverable.

Deferred tax liabilities.

Refer to *SSAP No. 101—Income Taxes*, for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.

Line 15.2 – Net Deferred Tax Liability

Refer to *SSAP No. 101—Income Taxes*, for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.

Line 16 – Unearned Investment Income

Report all unearned investment income.

Include: That portion of interest or income from any investment (bond, stock, real estate, etc.) that has been received but not earned as of the end of the current quarter.

Line 17 – Amounts Withheld or Retained by ~~Company~~ Reporting Entity as Agent or Trustee

Include: Employees' FICA and unemployment contributions, withholdings for purchase of savings bonds, taxes withheld at source and other withholdings, as well as amounts held in escrow for payment of taxes, insurance, etc., under F.H.A. or other mortgage loan investments or held for guarantee of contract performance and any other funds that the reporting entity holds in a fiduciary capacity for the account of others (excluding reinsurance funds held).

If, however, a reporting entity has separate bank accounts for exclusive use in connection with employee bond purchases or escrow F.H.A. payments or other amounts withheld or retained in a similar manner, or other assets deposited to guarantee performance, the related assets should be shown separately on the asset page and extended at zero value, unless such assets are income-producing for the reporting entity, in which case they should be shown both as assets and liabilities in the statement.

Exclude: Liabilities relating to uninsured accident and health plans and the uninsured portions of partially insured accident and health plans.

Refer to *SSAP No. 67—Other Liabilities*, for accounting guidance.



Detail Eliminated To Conserve Space

Line 23 – Dividends to Stockholders Declared and Unpaid

Include: The amount of dividends on outstanding shares of capital stock (excluding stock dividends of the company's own shares) that are declared by the board of directors but are unpaid at the balance sheet date.

This line is not applicable to Fraternal Benefit Societies.

Line 24.01 – Asset Valuation Reserve

The Asset Valuation Reserve as of the end of interim quarters should be computed in accordance with the annual statement worksheets except that only a proportionate part (25%, 50% or 75% for the year-to-date periods ending March 31, June 30 and September 30, respectively) should be used of the:

- a. Basic Contribution (Line 7)
- b. 20% applied (in Line 11) to the difference between the Reserve Objective (Line 10) and the Accumulated Balances (Line 8)



Detail Eliminated To Conserve Space

Line 24.06 – Liability for Amounts Held Under Uninsured Plans

The term uninsured plans includes the uninsured portion of partially insured plans.

Include: A liability for funds held by an administrator in its general assets for the benefit of an uninsured plan or for funds which may be owed by the administrator in connection with the administration of an uninsured plan.

Refer to *SSAP No. 47—Uninsured Plans*, for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.



Line 24.11 – Capital Notes

Report the unpaid balance outstanding at the end of the current quarter on any capital notes plus accrued interest and any unamortized premium or discount. Furnish pertinent information concerning conditions of repayment, redemption price, interest features, etc., in the Notes to Financial Statements.

This line is not applicable to Fraternal Benefit Societies.

Line 25 – Aggregate Write-ins for Liabilities

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 25 for Liabilities.

Line 27 – From Separate Accounts Statement

Report the total liabilities of the reporting entity's Separate Accounts.

Line 29 – Common Capital Stock

Should equal the par value per share multiplied by the number of issued shares, or in the case of no-par shares, the total stated value.

Authorized capital stock is the number of shares that the state has authorized a corporation to issue.

Outstanding capital stock is the number of authorized shares that have been issued and are presently held by stockholders (excludes treasury stock, as defined in the instructions for Line 36).

Issued capital stock is the cumulative total number of authorized shares that have been issued to date. The number of issued shares includes treasury stock.

Mutual companies should enter amount of Guaranty Capital, if any, with appropriate designation. Canadian companies should enter amount of Statutory Deposit with appropriate designation.

This line is not applicable to Fraternal Benefit Societies.

Line 30 – Preferred Capital Stock

Should equal the par value per share multiplied by the number of shares, or in the case of no-par shares, the total stated or liquidation value.

Authorized, outstanding and issued stocks have the same meaning as in Line 29.

This line is not applicable to Fraternal Benefit Societies.

Line 31 – Aggregate Write-ins for Other-Than-Special Surplus Funds

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 31 for Other-Than-Special Surplus Funds.



Detail Eliminated To Conserve Space

Line 33 – Gross Paid In and Contributed Surplus

Include: Amounts for quasi-reorganizations. Refer to *SSAP No. 72—Surplus and Quasi-Reorganizations*, for accounting guidance.

Line 34 – Aggregate Write-ins for Special Surplus Funds

Enter the total of write-ins listed in schedule Details of Write-ins Aggregated at Line 34 for Special Surplus Funds.

Line 35 – Unassigned Funds (Surplus)

Unassigned funds (surplus) are the undistributed and unappropriated amounts of surplus.

Include: Reductions for unearned employee stock ownership plan shares.

Amounts for quasi-reorganizations. Refer to *SSAP No. 72—Surplus and Quasi-Reorganizations*, for accounting guidance.

Line 36 – Treasury Stock, at Cost

Treasury stock is the corporation’s own shares that have been issued, fully paid, and reacquired by the issuing corporation but not canceled. Treasury stock is included in issued capital stock but is not part of outstanding stock.

Include: In the description, the number of shares and the value in the appropriate spaces provided in Lines 36.1 and 36.2 for the current year. Cost method of accounting should determine the cost basis of treasury stock acquired.

Cost of reacquired suspense shares of an employee stock ownership plan.

This line is not applicable to Fraternal Benefit Societies.

Line 37 – Surplus (including \$_____ in Separate Accounts Statement)

In the parenthetical portion of the caption, disclose the total amount of surplus funds from Separate Accounts.

Details of Write-ins Aggregated at Line 25 for Liabilities

List separately each category of liability for which there is no pre-printed line on Page 3.

- Include:
- Uncashed drafts and checks that are pending escheatment to a state.
 - Interest paid in advance on mortgage loans, rents paid in advance and retroactive reinsurance amounts, if any.
 - Estimated amount of rate credits to group policyholders on premiums earned to and including current statement date if not included elsewhere.
 - Servicing liabilities as described in *SSAP No. 103R—Transfers and Servicing of Financial Assets and Extinguishments of Liabilities*.
 - Unearned compensation for employee stock ownership plan stock options issued and stock purchase and award plans. Refer to *SSAP No. 12—Employee Stock Ownership Plans*, and *SSAP No. 104R—Share-Based Payments*, for accounting guidance.
- Exclude:
- Accumulations of coupons, guaranteed annual pure endowments not exceeding the annual premium and similar benefits.
 - All voluntary and general contingency reserves, group life contingency reserves, and other special surplus funds not in the nature of liabilities.

Details of Write-ins Aggregated at Line 31 for Items Other-Than-Special Surplus Funds

Enter separately by category the amount of guaranty fund notes, contribution certificates, statutory deposits of alien insurers or similar funds other than capital stock, with appropriate descriptions. The aggregate amount of all surplus notes required or which are a prerequisite for purchasing an insurance contract and are held by the policyholder should be listed as a separate item.

Details of Write-ins Aggregated at Line 34 for Special Surplus Funds

Enter separately only voluntary and general contingency reserves, group life contingency reserves and other special surplus funds that are not in the nature of liabilities.

- Include:
- Estimated subsequent year assessment for the federal Affordable Care Act (ACA) Section 9010 fee for the data year reclassified from unassigned surplus. See *SSAP No. 106—Affordable Care Act Section 9010 Assessment*, for accounting guidance.

SUMMARY OF OPERATIONS

Information should be reported for current year-to-date.

The purpose of the Summary of Operations is to identify earned income, incurred disbursements and increase in reserves, in order to calculate net gain from operations for the year-to-date. This summary should be completed on the accrual; i.e., earned and incurred basis. Certain items may be either positive or negative and should be entered accordingly. Profit and loss items must be itemized. The lists of items to be included in the various lines of the Summary of Operations are not intended to exclude analogous items that are omitted from the lists.

The results of the reporting entity’s discontinued operations and extraordinary items shall be reported consistently with the entity’s reporting of continuing operations (i.e., no separate line item presentation in the balance sheet or statement of operations aggregating current and future losses from the measurement date).

Include in the premium, deposit, benefit, withdrawal or other appropriate captioned lines of this Summary of Operations, all separate accounts premiums, deposits, benefit, withdrawal or other types of transactions that are transferred to or from Separate Accounts (Line 26).

Column 1 – Current Year to Date

Include all transactions from beginning of current year to end of current quarter.

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Line 17 – Interest and Adjustments on Contract or Deposit-type Contract Funds

Include: Interest credited to liabilities for funds held on deposit by the reporting entity where the deposits, withdrawals or other payments between the policy/certificate holder and the entity are recorded as balance sheet transactions. Refer to *SSAP No. 51R—Life Contracts*, and *SSAP No. 52—Deposit-Type Contracts*.

Change in reserves or other adjustments to deposit-type contracts.

Deduct: Discount on contract proceeds paid in advance.

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Line 26 – Net Transfers To or (From) Separate Accounts Net of Reinsurance

Include: The amount of decrease or (increase), if any, in the excess of policy/certificate holder account values as appropriate, over modified reserves such as the expense allowance provided by the use of CARVM or CRVM included in Line 13, Transfers to Separate Accounts Due or Accrued on the Liabilities page of the General Account Statement.

The change in reinsured expense allowances held in Separate Accounts of the ceding entity.

Exclude: Income from fees associated with investment management, administration and contract guarantees from separate accounts. Report such amounts as Fees Associated with Income from Investment Management, Administration and Contract Guarantees from Separate Accounts, on Line 8.1.

Line 27 – Aggregate Write-ins for Deductions
Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 27 for Deductions.

Line 30 – Dividends to Policyholders and Refunds to Members
Include: Dividends to life policyholders net of reinsurance ceded and dividends on Accident and Health Policies.
Exclude: Coupon, guaranteed annual pure endowment benefits that do not exceed the annual premium and similar benefits. These should be reported under Line 14.

Line 32 – Federal and Foreign Income Taxes Incurred
Include: Current year provisions for federal and foreign income taxes, and federal and foreign income taxes incurred or refunded during the year relating to prior periods.

Exclude: Taxes on capital gains and losses.

This line is not applicable to Fraternal Benefit Societies.

Line 34 – Net Realized Capital Gains (Losses)
Include: Realized investment-related foreign exchange gains/(losses).
Exclude: Unrealized capital gains (losses).
The realized capital gains (losses) transferred to the IMR.

CAPITAL AND SURPLUS ACCOUNT

The purpose of the Capital and Surplus Account is to delineate certain charges and credits not included in operations such as net capital gains and items pertaining to prior years, and to reconcile the change in capital and surplus during the year-to-date reporting period.

Line 38 – Change in Net Unrealized Capital Gains (Losses) Less Capital Gains Tax of \$_____

Include: Equity in undistributed income or loss of SCA entities, joint ventures, partnerships and limited liability companies as defined in *SSAP No. 97—Investments in Subsidiary, Controlled, and Affiliated Entities*; and *SSAP No. 48—Joint Ventures, Partnerships and Limited Liability Companies*.

Exclude: Realized capital gains (losses).

Line 39 – Change in Net Unrealized Foreign Exchange Capital Gain (Loss)

Include: Unrealized investment-related foreign exchange gains (losses).
Exclude: Realized investment-related foreign exchange gains (losses).
Refer to *SSAP No. 23—Foreign Currency Transactions and Translations*, for accounting guidance.

Line 40 – Change in Net Deferred Income Tax

Record the change in net deferred income tax. Refer to *SSAP No. 101—Income Taxes*, for accounting guidance. The amount shown on this line should represent the gross change in net deferred tax, with any change in the nonadmitted deferred tax asset reported on Line 41.

This line is not applicable to Fraternal Benefit Societies.

Line 42 – Change in Liability for Reinsurance in Unauthorized and Certified Companies

Report the change between reporting periods from the Liabilities, Surplus and Other Funds page, Reinsurance in Unauthorized and Certified Companies line.

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Line 45 – Change in Treasury Stock

Include: Change between years in ownership of treasury stock at cost.

This line is not applicable to Fraternal Benefit Societies.

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Line 50.1 – Paid in Capital

Include: The value attributable to stock purchase warrants.

Only when issued stock increases\((decreases) should this line increase\((decrease).
The amount included in this line will be the par value.

Refer to *SSAP No. 15—Debt and Holding Company Obligations*, and *SSAP No. 72—Surplus and Quasi-Reorganizations*, for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.

Line 50.2 – Capital Transferred From Surplus (Stock Dividend)

Report the increase in capital resulting from a stock dividend (corresponding to the decrease in surplus shown on Line 51.2).

This line is not applicable to Fraternal Benefit Societies.

NOTE: The sum of Lines 50.1 through 50.3 should equal the change between years from Liabilities page, Lines 29 and 30, current year minus prior year.

Line 51.1 – Surplus Adjustment Paid In

Include: Amounts paid over par for capital stock upon issuance.

Any other infusions of capital/surplus.

This should equal the change between years from Liabilities page, Line 33, Column 1 minus Column 2. Refer to *SSAP No. 72—Surplus and Quasi-Reorganizations*, for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.

Line 51.2 – Surplus Transferred to Capital (Stock Dividend)

Report the decrease in surplus resulting from a stock dividend (corresponding to the increase in Line 50.2).

This line is not applicable to Fraternal Benefit Societies.

Line 51.4 – Change in Surplus as a Result of Reinsurance

Report net increases and decreases in surplus from reinsurance ceded and reinsurance assumed in accordance with the accounting guidance described in *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance*, *SSAP No. 72—Surplus and Quasi-Reorganizations* and Appendix A-791.

Line 52 – Dividends to Stockholders

Include: Dividends paid in cash and dividends on allocated employee stock ownership plan shares.

Exclude: Dividends on unallocated employee stock ownership plan shares. Losses in surplus on account of stock dividends (show as a transfer to capital, Lines 50.2 and 51.2).

This line is not applicable to Fraternal Benefit Societies.

Line 53 – Aggregate Write-ins for Gains and Losses in Surplus

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 53 for Gains and Losses in Surplus.



Detail Eliminated To Conserve Space

Details of Write-ins Aggregated at Line 53 for Gains and Losses in Surplus

Report separately any other changes to Capital and Surplus, not included above, including amounts received for subordinated surplus debentures.

Include: The initial transition obligation for unfunded postretirement benefits obligation if a reporting entity elects to immediately recognize such obligation.

Corrections of errors in previously issued financial statements.

(Charges) or credits for investment reserve other than AVR.

Fraternal Benefit Societies Only

(Charges) or credits for extraordinary amounts of expenses paid or accrued in prior years.

Exclude: Cumulative effect of changes in accounting principles. The effect of changes in accounting principles should be reported on Line 49, Cumulative Effect of Changes in Accounting Principles.

Changes in accounting estimates. A change in accounting estimate should be included in the Summary of Operations.

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

Report the Total Direct Life and Accident and Health Premiums, Annuity Considerations and Deposit-Type Contracts on a gross basis.

- Include: Contract, membership and other fees, whether or not retained by agents.
- Exclude: Amounts attributable to uninsured plans and the uninsured portions of partially insured plans.
- Deduct: Refunds to policyholders for direct payment of industrial premiums.
Premiums and annuity considerations returned.

Column 2 – Prior Year to Date

Amounts in Lines 1 through 13 should agree with the prior year's corresponding quarterly statement Exhibit 1, Column 1.

Column 3 – Prior Year Ended December 31

Line 1 – Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 2.

This line is not applicable to Fraternal Benefit Societies.

Line 2 – Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 3.

For 2019 the amount for Fraternal Benefit Societies should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 2.

Line 3 – Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 4.

For 2019 the amount for Fraternal Benefit Societies should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 3.

Line 4 – Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 5.

This line is not applicable to Fraternal Benefit Societies.

Line 5 – Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 6.

This line is not applicable to Fraternal Benefit Societies.

Line 6 – Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 7.

This line is not applicable to Fraternal Benefit Societies.

Line 7 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 8.

This line is not applicable to Fraternal Benefit Societies.

Line 8 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 9.

This line is not applicable to Fraternal Benefit Societies.

Line 9 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 10.

For 2019 the amount for Fraternal Benefit Societies should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 4.

Line 10 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 11.

For 2019 the amount for Fraternal Benefit Societies should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 5.

Line 11 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Sum of Columns 4 through 11.

For 2019 the amount for Fraternal Benefit Societies should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 6.

~~Line 12 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 12.~~

~~For 2019 the amount for Fraternal Benefit Societies should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 7 plus Column 8.~~

This line is not applicable to Life Accident and Health Companies.

Line ~~12~~¹⁴ – Amount should agree with the prior year’s annual statement Schedule T, Line 95 Column 7, Totals (Direct Business).

PART 2 – LIFE INTERROGATORIES

2. Operating Percentages:

Calculation of the operating percentages should be net of reinsurance ceded, i.e., reinsurance assumed should be included and reinsurance ceded should be deducted.

- 2.1 A&H loss percent is (Incurred Claims plus Cost Containment Expenses plus Increase in Contract Reserves) divided by Premiums Earned for the Accident & Health lines of business.
- 2.2 A&H cost containment percent is Cost Containment Expenses divided by Premiums Earned for the Accident & Health lines of business.
- 2.3 A&H expense percent excluding cost containment expenses is (Commissions plus Other General Insurance Expense plus Taxes, Licenses and Fees) divided by Premiums Earned for the Accident & Health lines of business.

4. “YES” answer indicates the reporting entity is a multi-state company based on the information reported in Schedule T – Exhibit of Premiums Written.

If the sum of codes L, R, E and Q provided in Column 1 of Schedule T is greater than 1, the answer to Question 4 should be “YES.”

- 4.1 A “YES” answer indicates that while the reporting entity does not meet the criteria shown on Schedule T to be considered a multi-state insurer, the reporting entity’s assumption of business that covers risks in at least two states will qualify the entity as multi-state.

Fraternal Benefit Societies Only:

- 6.2 If there are multiple liens, they should be listed individually.

TRUSTEED SURPLUS STATEMENT

The Trusteed Surplus Statement must be completed by each United States branch of a non-U.S. insurer licensed to do any insurance business in any state. The Trusteed Surplus Statement shall be submitted together with its accompanying schedules and the inventory(ies) of trusteed assets. The Trusteed Surplus Statement shall be submitted together with the quarterly statement (showing business transacted by the U.S. branch of the non-U.S. insurer in the United States) on or before May 15, August 15 and November 15 for the first, second and third quarters, respectively.

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Page 3

Line 1 - Total Liabilities

Should agree with the amount reported on Page 3, Line 28 of the quarterly statement.

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Line 8 - Contract Loans and Premium Notes

Line 8.1 - Contract loans not exceeding reserves carried on such policies

Should agree with the amount reported on Page 2, Line 6, Column 3 minus the inside amount of the quarterly statement.

Line 8.2 - Premium notes

Should agree with the amount reported on Page 2, Line 6, inside amount of the quarterly statement.

This line is not applicable to Fraternal Benefit Societies.

Line 9 - Aggregate Write-ins for Other Deductions from Liabilities

Enter the total of write-ins listed in schedule Detail of Write-ins Aggregated at Line 9 for Other Deductions from Liabilities.

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ANNUAL STATEMENT INSTRUCTIONS – LIFE

INSTRUCTIONS

For Completing Life, Accident and Health Companies/Fraternal Benefit Societies Annual Statement Blank

FOREWORD

Line titles and column headings of the various statement items and lines are in general self-explanatory and as such constitute instructions. Specific further instructions are prescribed for items and lines about which there might be some question as to content. Make any entry for which no specific instruction appears in accordance with sound insurance accounting principles and in a manner consistent with related items and lines covered by specific instructions. The *Accounting Practices and Procedures Manual* is one reference for guidance concerning statutory accounting principles.

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GENERAL

The annual statement is to be completed in accordance with the *Annual Statement Instructions* and *Accounting Practices and Procedures Manual* except to the extent that state law, rules or regulations are in conflict with these publications. In cases of conflict, the life, accident and health annual statement will be filed pursuant to such state’s filing requirements. The domiciliary state’s insurance regulatory authority shall maintain full discretion in determining which NAIC annual statement blank must be filed. The annual statement blank filed with the domiciliary state shall be the blank submitted to, and maintained by, the NAIC, and barring conflict as described above, should be filed with all jurisdictions in which the reporting entity is licensed.

1. **Health Statement Test (Life, Accident and Health Companies Only):**

If a reporting entity is licensed as a life and health insurer and completes the life, accident and health annual statement for the reporting year, the reporting entity must complete the Health Statement Test.

The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers’ compensation, accidental death and dismemberment policies and long-term care policies.

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DRAFTING NOTE: Boxes have been put around parts of Schedule 1 that are found in the life version but not the fraternal version.

ANNUAL AUDITED FINANCIAL REPORTS

All states have a statute or regulation that requires an annual audit of their insurance companies by an independent certified public accountant based on the NAIC *Annual Financial Reporting Model Regulation* (#205). For guidance regarding this model, see Appendix G of the NAIC *Accounting Practices and Procedures Manual*.

The reporting entity shall require the independent certified public accountant to subject the information included in the Supplemental Schedule of Assets and Liabilities (illustrated below) to the auditing procedures applied in the audit of the current statutory financial statements to determine whether such information is fairly stated in all material respects in relation to the basic statutory financial statements taken as a whole and agrees to the reporting entity’s annual statement filed with the state insurance departments and the NAIC.

The supplemental schedule should be included with the audited annual statutory financial statements. The auditor should issue a report on the supplemental information as to whether the information is fairly stated in relation to the financial statements taken as a whole.

Example Insurance Entity
Annual Statement for the Year Ended December 31, 20____
Schedule 1 – Selected Financial Data

The following is a summary of certain financial data included in other exhibits and schedules subjected to audit procedures by independent auditors and utilized by actuaries in the determination of reserves.

Investment Income Earned:

U.S. Government Bonds	_____
Other bonds (unaffiliated)	_____
Bonds of affiliates	_____
Preferred stocks (unaffiliated)	_____
Preferred stocks of affiliates	_____
Common stocks (unaffiliated)	_____
Common stocks of affiliates	_____
Mortgages loans	_____
Real estate	_____
<u>Collateral loans</u>	_____
Premium notes, policy/certificate loans and liens	_____
Cash on hand and on deposit	_____
Short-term investments	_____
Other invested assets	_____
Derivative instruments	_____
Aggregate write-ins for investment income	_____
Gross Investment Income	_____
Real Estate Owned – Book Value less Encumbrances	_____

Mortgage Loans – Book Value:

Farm mortgages	_____
Residential mortgages	_____
Commercial mortgages	_____
Total mortgage loans	_____

Mortgage Loans By Standing – Book Value:

Good standing	_____
Good standing with restructured terms	_____
Interest overdue more than 90 days, not in foreclosure	_____
Foreclosure in process	_____

Other Long Term Assets – Statement Value _____

Collateral Loans _____

Bonds and Stocks of Parents, Subsidiaries and Affiliates – Book Value:

Bonds	_____
Preferred Stocks	_____
Common Stocks	_____

Bonds and Short-Term Investments by NAIC Designation and Maturity

Bonds by Maturity – Statement Value:

Due within one year less	_____
Over 1 year through 5 years	_____
Over 5 years through 10 years	_____
Over 10 years through 20 years	_____
Over 20 years	_____
Total by Maturity	_____

Bonds by NAIC Designation – Statement Value:

NAIC 1	_____
NAIC 2	_____
NAIC 3	_____
NAIC 4	_____
NAIC 5	_____
NAIC 6	_____
Total by NAIC Designation	_____
Total Bonds Publicly Traded	_____
Total Bonds Privately Placed	_____

Preferred Stocks – Statement Value _____

Common Stocks – Market Value _____

Short Term Investments – Book Value _____

Options, Caps & Floors Owned – Statement Value _____

Options, Caps & Floors Written and In Force – Statement Value _____

Collar, Swap & Forward Agreements Open – Statement Value _____

Futures Contracts Open – Current Value _____

Cash on Deposit _____

Life Insurance In Force:

Industrial	_____
Ordinary	_____
Credit Life	_____
Group Life	_____

Amount of Accidental Death Insurance In Force Under Ordinary Policies _____

Life Insurance Policies with Disability Provisions In Force:	
Industrial	_____
Ordinary	_____
Credit Life	_____
Group Life	_____

Supplementary Contracts In Force:

Ordinary – Not Involving Life Contingencies –

Amount on Deposit _____

Income Payable _____

Ordinary – Involving Life Contingencies –

Income Payable _____

Group – Not Involving Life Contingencies –

Amount of Deposit _____

Income Payable _____

Group – Involving Life Contingencies –

Income Payable _____

Annuities:

Ordinary –

Immediate – Amount of Income Payable _____

Deferred – Fully Paid Account Balance _____

Deferred – Not Fully Paid – Account Balance _____

Group –	
Amount of Income Payable	_____
Fully Paid Account Balance	_____
Not Fully Paid – Account Balance	_____

Accident and Health Insurance – Premiums In Force:	
Ordinary	_____
Group	_____
Credit	_____

Deposit Funds and Dividend Accumulations:

Deposit Funds – Account Balance	_____
Dividend Accumulations – Account Balance	_____

Claim Payments 20__:

Group Accident and Health – Year Ended December 31, 20__ –	
20__	_____
20__-1	_____
20__-2	_____
20__-3	_____
20__-4	_____
Prior	_____
Other Accident and Health –	
20__	_____
20__-1	_____
20__-2	_____
20__-3	_____
20__-4	_____
Prior	_____
Other Coverages that Use Developmental Methods to Calculate	
Claims Reserves:	
20__	_____
20__-1	_____
20__-2	_____
20__-3	_____
20__-4	_____
Prior	_____

LIABILITIES, SURPLUS AND OTHER FUNDS

Line 1 – Aggregate Reserve for Life Contracts
Exclude: Reserves relating to uninsured accident and health plans and the uninsured portions of partially insured accident and health plans.



Line 4.2 – Contract Claims – Accident and Health
Exclude: Liabilities relating to uninsured accident and health plans and the uninsured portions of partially insured accident and health plans.

Line 5 – Policyholders’ Dividends/Refunds to Members and Coupons Due and Unpaid
Include: Coupons, guaranteed annual pure endowments not exceeding the annual premium and similar benefits contingent on payment of deferred and uncollected premiums, and dividends to policyholders/refunds to members contingent on payment of deferred and uncollected premiums.

~~Certificate refunds contingent on payment of deferred and uncollected premiums.~~

Line 6 – Provision for Policyholders’ Dividends, Refunds to Members and Coupons Payable in Following Calendar Year
Include: Coupons, guaranteed annual pure endowments not exceeding the annual premium and similar benefits contingent on payment of renewal premiums, and dividends to policyholders/refunds to members contingent on the payment of renewal premiums.



Line 9.2 – Provision for Experience Rating Refunds
Include: Accrued return retrospective premiums net of reinsurance, refer to *SSAP No. 66—Retrospectively Rated Contracts* for accounting guidance. Per SSAP No. 66, retrospective premium adjustments shall be estimated based on the experience to date.

The first inset amount should be the accrual for all experience rating refunds for accident and health business. This will include any amount reported in the second inset, which is the amount of the accrual specifically for medical loss ratio rebates as provided for in Section 2718(b)(1)(a) of the Public Health Service Act net of reinsurance.

Inset amount #2 should equal Note 24, Retrospectively Rated Contracts & Contracts Subject to Redetermination, Line 24D(12), Column 5.

Detail Eliminated To Conserve Space

Line 12 – General Expenses Due or Accrued

Include: Expenses not yet incurred but that the reinsurer anticipates will be incurred in connection with accident and health claims and deposit-type funds at the year-end. Refer to *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses* for accounting guidance.

Unfunded postretirement benefit obligation.

Detail Eliminated To Conserve Space

Line 14 – Taxes, Licenses and Fees Due or Accrued, Excluding Federal Income Taxes

Include: Guaranty fund assessments accrued in accordance with *SSAP No. 35R—Guaranty Fund and Other Assessments*.

Exclude: Any amounts withheld or retained by the company acting as agents for others. (See instructions for Line 17.)

Income and excess profit taxes of any foreign country or of any possession of the U.S.

Line 15.1 – Current Federal & Foreign Income Taxes (including \$_____ on realized capital gains (losses))

Include: Income and excess profit taxes of any foreign country or of any possession of the U.S.

Exclude: Income taxes recoverable.

Deferred tax liabilities.

This line is not applicable to Fraternal Benefit Societies.

Refer to *SSAP No. 101—Income Taxes* for accounting guidance.

Line 15.2 – Net Deferred Tax Liability

Refer to *SSAP No. 101—Income Taxes* for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.

Line 16 – Unearned Investment Income

Report all unearned investment income.

Include: That portion of interest or income from any investment (bond, stock, real estate, etc.) that has been received but not earned as of year-end.

Line 17 – Amounts Withheld or Retained by ~~Company~~ Reporting Entity as Agent or Trustee

Include: Employees' FICA and unemployment contributions, withholdings for purchase of savings bonds, taxes withheld at source and other withholdings, as well as amounts held in escrow for payment of taxes, insurance, etc., under F.H.A. or other mortgage loan investments or held for guarantee of contract performance and any other funds that the reporting entity holds in a fiduciary capacity for the account of others (excluding reinsurance funds held).

If, however, a reporting entity has separate bank accounts for exclusive use in connection with employee bond purchases or escrow F.H.A. payments or other amounts withheld or retained in a similar manner, or other assets deposited to guarantee performance, the related assets should be shown separately on the asset page and extended at zero value, unless such assets are income-producing for the reporting entity, in which case they should be shown both as assets and liabilities in the statement.

Exclude: Liabilities relating to uninsured accident and health plans and the uninsured portions of partially insured accident and health plans.

Refer to *SSAP No. 67—Other Liabilities* for accounting guidance.



Line 23 – Dividends to Stockholders Declared and Unpaid

Include: The amount of dividends on outstanding shares of capital stock (excluding stock dividends of the company's own shares) that are declared by the board of directors but are unpaid at the balance sheet date.

This line is not applicable to Fraternal Benefit Societies.

Line 24.01 – Asset Valuation Reserve

Report the amount calculated on the Asset Valuation Reserve, Line 16, Column 7.



Line 24.06 – Liability for Amounts Held Under Uninsured Plans

The term uninsured plans includes the uninsured portion of partially insured plans.

Include: A liability for funds held by an administrator in its general assets for the benefit of an uninsured plan or for funds which may be owed by the administrator in connection with the administration of an uninsured plan.

Refer to *SSAP No. 47—Uninsured Plans* for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.



Line 24.11 – Capital Notes

Report the unpaid balance outstanding at year-end on any capital notes plus accrued interest and any unamortized premium or discount. Furnish pertinent information concerning conditions of repayment, redemption price, interest features, etc. in the Notes to Financial Statements.

This line is not applicable to Fraternal Benefit Societies.

Line 25 – Aggregate Write-ins for Liabilities

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 25 for Liabilities.

Line 27 – From Separate Accounts Statement

Report the total liabilities shown on the company's Separate Accounts Statement.

Line 29 – Common Capital Stock

Should equal the par value per share multiplied by the number of issued shares, or in the case of no-par shares, the total stated value.

Authorized capital stock is the number of shares that the state has authorized a corporation to issue.

Outstanding capital stock is the number of authorized shares that have been issued and are presently held by stockholders (excludes treasury stock, as defined in the instructions for Line 36).

Issued capital stock is the cumulative total number of authorized shares that have been issued to date. The number of issued shares includes treasury stock.

Mutual companies should enter amount of Guaranty Capital, if any, with appropriate designation. Canadian companies should enter amount of Statutory Deposit with appropriate designation.

This line is not applicable to Fraternal Benefit Societies.

Line 30 – Preferred Capital Stock

Should equal the par value per share multiplied by the number of shares, or in the case of no-par shares, the total stated or liquidation value.

Authorized, outstanding and issued stocks have the same meaning as in Line 29.

This line is not applicable to Fraternal Benefit Societies.

Line 31 – Aggregate Write-ins for Other-Than-Special Surplus Funds

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 31 for Other-Than-Special Surplus Funds.

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Line 33 – Gross Paid In and Contributed Surplus

Include: Amounts for quasi-reorganizations. Refer to *SSAP No. 72—Surplus and Quasi-Reorganizations* for accounting guidance.

Line 34 – Aggregate Write-ins for Special Surplus Funds
Enter the total of write-ins listed in schedule Details of Write-ins Aggregated at Line 34 for Special Surplus Funds.

Line 35 – Unassigned Funds (Surplus)
Unassigned funds (surplus) are the undistributed and unappropriated amounts of surplus.
Include: Reductions for unearned employee stock ownership plan shares.
Amounts for quasi-reorganizations. Refer to *SSAP No. 72—Surplus and Quasi-Reorganizations* for accounting guidance.
Changes in the additional minimum pension liability. Refer to *SSAP No. 102—Pensions* for accounting guidance.

Line 36 – Treasury Stock, at Cost
Treasury stock is the corporation’s own shares that have been issued, fully paid, and reacquired by the issuing corporation but not canceled. Treasury stock is included in issued capital stock but is not part of outstanding stock.
Include: In the description the number of shares and the value in the appropriate spaces provided in Lines 36.1 and 36.2 for the current year. Cost method of accounting should determine the cost basis of treasury stock acquired.
Cost of reacquired suspense shares of an employee stock ownership plan.

This line is not applicable to Fraternal Benefit Societies.

Line 37 – Surplus (including \$ _____ in Separate Accounts Statement)
In the parenthetical portion of the caption, disclose the total amount of surplus funds reported on Page 3, Line 21 of the Separate Accounts Statement.

Details of Write-ins Aggregated at Line 25 for Liabilities

List separately each category of liability for which there is no pre-printed line on Page 3.
Include: Uncashed drafts and checks that are pending escheatment to a state.
Interest paid in advance on mortgage loans, rents paid in advance and retroactive reinsurance amounts, if any.
Estimated amount of rate credits to group policyholders on premiums earned to and including December 31, if not included elsewhere.
Servicing liabilities as described in *SSAP No. 103R—Transfers and Servicing of Financial Assets and Extinguishments of Liabilities*.
Unearned compensation for employee stock ownership plan stock options issued and stock purchase and award plans. Refer to *SSAP No. 12—Employee Stock Ownership Plans* and *SSAP No. 104R—Share-Based Payments* for accounting guidance.
Amount recorded as required by the additional minimum liability calculation with a description of “additional pension liability.” See *SSAP No. 102—Pensions* for guidance.

Exclude: Accumulations of coupons, guaranteed annual pure endowments not exceeding the annual premium and similar benefits.

All voluntary and general contingency reserves, group life contingency reserves, and other special surplus funds not in the nature of liabilities.

Details of Write-ins Aggregated at Line 31 for Items Other-Than-Special Surplus Funds

Enter separately by category the amount of guaranty fund notes, contribution certificates, statutory deposits of alien insurers, or similar funds other than capital stock, with appropriate descriptions. The aggregate amount of all surplus notes required or which are a prerequisite for purchasing an insurance contract and are held by the policyholder should be listed as a separate item.

Details of Write-ins Aggregated at Line 34 for Special Surplus Funds

Enter separately only voluntary and general contingency reserves, group life contingency reserves, and other special surplus funds that are not in the nature of liabilities.

Include: Estimated subsequent year assessment for the federal Affordable Care Act (ACA) Section 9010 fee for the data year reclassified from unassigned surplus. See *SSAP No. 106—Affordable Care Act Section 9010 Assessment* for accounting guidance.

SUMMARY OF OPERATIONS

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Detail Eliminated To Conserve Space
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Include in the premium, deposit, benefit, withdrawal or other appropriate captioned lines of this Summary of Operations, all separate accounts premiums, deposits, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement (Line 26). Such transactions are also to be reported as premiums, deposits, benefits, withdrawals or other types of transactions in the Summary of Operations of the Separate Accounts Statement.

Lines 1 through 33 to agree to Analysis of Operations by Lines of Business, Lines 1 through 33, Column 1.

Line 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts

Report premium and annuity considerations for life and accident and health contracts including experience rating refunds, assumed reinsurance and net of reinsurance ceded. Refer to *SSAP No. 50— Classifications of Insurance or Managed Care Contracts*, *SSAP No. 51R—Life Contracts*, *SSAP No. 52—Deposit-Type Contracts*, *SSAP No. 54R—Individual and Group Accident and Health Contracts* for life, accident and health and deposit-type contract definitions, and *SSAP No. 66—Retrospectively Rated Contracts* for experience rating refunds.

Include: Accrued return premium adjustments for contracts subject to redetermination.

Deduct: Premiums and annuity considerations returned (other than cash surrender values) including amounts returned during the year due to rescission of certificates or contracts not taken, “free-look” provision, reformation of contract, other contractual return premium provisions, erroneously computed premiums or similar returns.

Exclude: Amounts attributable to uninsured accident and health plans and the uninsured portions of partially insured accident and health plans.

Changes in reserves for experience rating refunds.

Line 2 – Considerations for Supplementary Contracts With Life Contingencies

Include: Proceeds retained at death, disability or upon surrender or maturity of policy or annuity contract to be settled by a supplementary contract involving life contingencies.

Line 3 – Net Investment Income

Include: Investment income earned from all forms of investments, including investment fees earned relating to uninsured plans.

Dividends from SCA entities, Joint Ventures, Partnership, and Limited Liability Companies, less investment expenses, taxes (excluding federal income taxes), licenses, fees, depreciation on real estate, and other invested assets.

Investment income credited to uninsured plans.

Interest on borrowed money.

Exclude: Capital gains and losses on investments.

Equity in undistributed income or loss of SCA entities, Joint Ventures, Partnerships, and Limited Liability Companies as defined in *SSAP No. 97—Investments in Subsidiary, Controlled and Affiliated Entities* and *SSAP No. 48—Joint Ventures, Partnerships and Limited Liability Companies*.

Detail Eliminated To Conserve Space

Line 11 – Matured Endowments (excluding Guaranteed Annual Pure Endowments)

Exclude: Guaranteed annual pure endowments that do not exceed the annual premium and similar benefits. These should be reported under Line 14.

Line 12 – Annuity Benefits

Exclude: Matured endowment, disability or surrender benefits under annuity contracts. These should be reported on Lines 11, 13 and 15, respectively.

Line 13 – Disability Benefits and Benefits Under Accident and Health Contracts (Including \$..... Premiums Waived)

Exclude: Amounts attributable to uninsured accident and health plans and the uninsured portions of partially insured plans.

Detail Eliminated To Conserve Space

Line 23 – General Insurance Expenses and Fraternal Expenses

Enter the sum of Columns 1, 2, 3 and 4, Line 10 of Exhibit 2. Refer to *SSAP No. 70—Allocation of Expenses* for accounting guidance.

Line 24 – Insurance Taxes, Licenses and Fees, Excluding Federal Income Taxes

Report all guaranty fund assessments, insurance taxes (excluding federal income taxes), licenses and fees, net of reinsurance ceded.

Detail Eliminated To Conserve Space

Line 30 – Dividends to Policyholders and Refunds to Members

Include: Dividends to life policyholders net of reinsurance ceded and dividends on Accident and Health Policies.

Refunds to members net of reinsurance ceded.

Exclude: Coupon, guaranteed annual pure endowment benefits that do not exceed the annual premium and similar benefits. These should be reported under Line 14.

Line 32 – Federal and Foreign Income Taxes Incurred
Include: Current year provisions for federal and foreign income taxes, and federal and foreign income taxes incurred or refunded during the year relating to prior periods.

Exclude: Taxes on capital gains and losses.

This line is not applicable to Fraternal Benefit Societies.

Line 34 – Net Realized Capital Gains (Losses)

Include: Realized investment related foreign exchange gains/(losses).

Exclude: Unrealized capital gains (losses).

The realized capital gains (losses) transferred to the IMR.

CAPITAL AND SURPLUS ACCOUNT

The purpose of the Capital and Surplus Account is to delineate certain charges and credits not included in operations such as net capital gains and items pertaining to prior years and to reconcile the change in capital and surplus during the year.

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Line 40 – Change in Net Deferred Income Tax

Record the change in net deferred income tax. Refer to *SSAP No. 101—Income Taxes* for accounting guidance. The amount shown on this line should represent the gross change in net deferred tax, with any change in the nonadmitted deferred tax asset reported on Line 41.

This line is not applicable to Fraternal Benefit Societies.

Line 41 – Change in Nonadmitted Assets

Equals the amount on the Exhibit of Nonadmitted Assets, Line 28, Column 3.

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Line 45 – Change in Treasury Stock

Include: Change between years in ownership of treasury stock at cost.

This line is not applicable to Fraternal Benefit Societies.

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===== **Detail Eliminated To Conserve Space** =====
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Line 50.1 – Paid in Capital

Include: The value attributable to stock purchase warrants.

Only when issued stock increases\((decreases)\) should this line increase\((decrease)\). The amount included in this line will be the par value.

Refer to *SSAP No. 15—Debt and Holding Company Obligations* and *SSAP No. 72—Surplus and Quasi-Reorganizations* for accounting guidance.

This line is not applicable to Fraternal Benefit Societies.

Line 50.2 – Capital Transferred From Surplus (Stock Dividend)

Report the increase in capital resulting from a stock dividend (corresponding to the decrease in surplus shown on Line 51.2).

This line is not applicable to Fraternal Benefit Societies.

NOTE: The sum of lines 50.1 through 50.3 should equal the change between years from Liabilities page, lines 29 and 30, current year minus prior year.

Line 51.1 – Surplus Adjustment Paid In

Include: Amounts paid over par for capital stock upon issuance.

Any other infusions of capital/surplus.

This should equal the change between years from Liabilities page, Line 33, column 1 minus column 2. Refer to *SSAP No. 72—Surplus and Quasi-Reorganizations* for accounting guidance.

Line 51.2 – Surplus Transferred to Capital

Report the decrease in surplus resulting from a stock dividend (corresponding to the increase in Line 50.2).

This line is not applicable to Fraternal Benefit Societies.

Line 51.4 – Change in Surplus as a Result of Reinsurance

Report net increases and decreases in surplus from reinsurance ceded and reinsurance assumed in accordance with the accounting guidance described in *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance*, *SSAP No. 72—Surplus and Quasi-Reorganizations* and Appendix A-791.

Line 52 – Dividends to Stockholders

Include: Dividends paid in cash and dividends on allocated employee stock ownership plan shares.

Exclude: Dividends on unallocated employee stock ownership plan shares. Losses in surplus on account of stock dividends (show as a transfer to capital, Lines 50.2 and 51.2).

This line is not applicable to Fraternal Benefit Societies.

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Details of Write-ins Aggregated at Line 53 for Gains and Losses in Surplus

Report separately any other changes to Capital and Surplus, not included above, including amounts received for subordinated surplus debentures.

Include: The initial transition obligation for unfunded postretirement benefits obligation if a company elects to immediately recognize such obligation.

Corrections of errors in previously issued financial statements.

(Charges) or credits for investment reserve other than AVR.

Changes in the additional minimum pension liability. Refer to *SSAP No. 102—Pensions* for accounting guidance.

Fraternal Benefit Societies Only

(Charges) or credits for extraordinary amounts of expenses paid or accrued in prior years.

Exclude: Cumulative effect of changes in accounting principles. The effect of changes in accounting principles should be reported on Line 49, Cumulative Effect of Changes in Accounting Principles.

Changes in accounting estimates. A change in accounting estimate should be included in the Summary of Operations.

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

This exhibit shows Lines 1 through 33 of the Summary of Operations by Line of Business.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

For Fraternal Benefit Societies Only:

Companies operating on a one-fund basis may, at their option, omit the use of Columns 14 and/or 15 in which case fraternal and/or general expense disbursements in Lines 22, 23, 24, 25 and 26 must be distributed appropriately by line of insurance in Columns 2 through 11.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. Otherwise, the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 1 – Total

The lines in this column are to agree with Page 4, Column 1.

Column 6 – Credit Life (Group and Individual) and
Column 10 – Accident and Health Credit (Group and Individual) }

Include: Business not exceeding 120 months.

These columns are not applicable to Fraternal Benefit Societies.

Column 11 – Other Accident and Health

Include: All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.

Column 12 – Aggregate of All Other Lines of Business

A company that is engaged in one or more insurance businesses (other than life business, e.g., workers' compensation, aviation reinsurance) that cannot be reported in Columns 2 through 11 on Page 6 shall add the amounts for each additional line of business and shall enter the total in Column 12.

Include: On Line 3, investment income attributable to capital, gross paid in and contributed surplus and unassigned funds (Corporate Account).

Column 13 – Fraternal

Transactions related to the fraternal mission.



Detail Eliminated To Conserve Space

Line 5 – Separate Accounts Net Gain from Operations Excluding Unrealized Gains or Losses

Report the total net gain from operations shown on Page 4 of the Separate Accounts Statement, excluding the portion due to unrealized capital gains or losses.



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Line 16 – Group Conversions

Include: The customary charges, in the appropriate columns, to cover the excess cost arising from group conversions.

These columns are not applicable to Fraternal Benefit Societies.

Line 21 – Commissions on Premiums, Annuity Considerations and Deposit-type Contract Funds (Direct Business Only)

Columns 2, 3, 4, 6, 7, 8, 9, 10, 11 and 12 should agree with Exhibit 1 Part 2, Line 31, Columns 2 through 11 respectively.

Line 23 – General Insurance Expenses and Fraternal Expenses

Column 9 should agree with Schedule H, Part 1, Line 4 plus Line 8, Column 3.

Column 10 should agree with Schedule H, Part 1, Line 4 plus Line 8, Column 5.

Column 11 should agree with Schedule H, Part 1, Line 4 plus Line 8, Columns 7, 9, 11, 13, 15 and 17.

Line 24 – Insurance Taxes, Licenses and Fees, Excluding Federal Income Taxes

Column 9 should agree with Schedule H, Part 1, Line 9, Column 3.

Column 10 should agree with Schedule H, Part 1, Line 9, Column 5.

Column 11 should agree with Schedule H, Part 1, Line 9, Columns 7, 9, 11, 13, 15 and 17.

Line 27 – Aggregate Write-ins for Deductions

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 27 for Deductions.

| Line 30 – Dividends to Policyholders and Refunds to Members

Column 9 should agree with Schedule H, Part 1, Line 13, Column 3.

Column 10 should agree with Schedule H, Part 1, Line 13, Column 5.

Column 11 should agree with Schedule H, Part 1, Line 13, Columns 7, 9, 11, 13, 15 and 17.



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DRAFTING NOTE: While there are no changes tracked for the instructions below, they are being provided in the proposal to indicate for fraternal companies instructions found in the life instructions that are not found in the fraternal instructions.

INSTRUCTIONS FOR ALLOCATION OF RECEIPTS AND EXPENSES

SECTION A – PURPOSE


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SECTION C – LINES OF BUSINESS

1. Major Lines of Business

The major lines of business for allocation of receipts and expenses are as follows:

	<u>Annual Statement Page</u>	<u>Reference Columns</u>
Industrial Life	6	2
Ordinary	6	3,4,5
Credit Life (Group and Individual)	6	6
Group Life	6	7
Group Annuities	6	8
Group Accident and Health	6	9
Credit (Group and Individual) Accident and Health	6	10
Other Accident and Health	6	11

Allocations of receipts and expenses between companies shall be treated in the same manner as if made for major lines of business.

2. Secondary Lines of Ordinary Business

The secondary lines of business for allocation of receipts and expenses are as follows:

	<u>Annual Statement Page</u>	<u>Reference Columns</u>
Life Insurance	6	3
Individual Annuities	6	4
Supplementary Contracts	6	5


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4. Other Lines of Business

When Column 12 is utilized on Page 6 for reporting additional activities, the following modifications should also be made with appropriate descriptive designations:



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Exhibit 2 (Page 11)

Include any amounts in Column 4 (All Other Lines of Business) that is attributable to insurance but that is not reportable in Columns 1 (Life) or 2 + 3 (Accident and Health).

Exhibit 3 (Page 11)

Include any amounts in Column 3 (All Other Lines of Business) that is attributable to insurance but that is not reportable in Columns 1 (Life) or 2 (Accident and Health).

Exhibit of Nonadmitted Assets (Page 18)

Under Details of Write-ins Aggregated on Line 25 for Other than Invested Assets insert a line for:
Premiums Due and Unpaid Over Three Months for all Other Lines of Business, if nonadmitted.



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ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

This exhibit analyzes the development of life policy and contract reserves by showing how the reserve may be traced mathematically from one year-end to the next by taking account of its various theoretical components:

Reinsurance – Ordinarily, it will be satisfactory to compute all items net of reinsurance ceded. However, companies will generally find it more useful to compute gross and reinsurance ceded separately, unless the latter is not material.

Coinsurance – For the ceding company, all items are computed similarly to its own direct business. For the assuming company, all items are included with its direct business and are similarly computed.

Modified Coinsurance – For the ceding company, there is no deduction from reserves for reinsurance ceded.

Yearly Renewable Term Reinsurance – For the ceding company, items are computed on the same basis as its direct business. For the assuming company, all items are included with its direct business and are similarly reported.

A company shall not omit the columns for any lines of business in which it is not engaged. All figures for the ordinary or group variable life insurance business of the company, excluding separate accounts items, shall be included in Columns 3 or 7, as applicable.

This analysis applies to items reported in Exhibit 5.

Lines 2 through 6 and Lines 9 through 11 do not include amounts related to the VM-20 Deterministic/Stochastic portion of the reserves, which are reported on Line 6.1.

Refer to *SSAP No. 61R—Life, Deposit-Type and Accident and Health Reinsurance* for accounting guidance.

Column 6 – Credit Life (Group and Individual)

Include: Business not exceeding 120 months.

This column is not applicable to Fraternal Benefit Societies.

Line 1 – Reserve December 31 of Prior Year

Enter Total (Net) reserves from the Life Insurance Section through the Miscellaneous Reserves Section of Exhibit 5.

Include: Both active and disabled life reserves on Ordinary Life in Column 3 and on Ordinary Annuities in Column 4.

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Line 4 – Tabular Interest
Line 5 – Tabular Less Actual Reserve Released and
Line 9 – Tabular Cost } }

For these items either use formulas indicated below or derive them from basic data.

Indicate in the Notes to Financial Statements under Note 31 whether determination has been by formula or from basic data.

(1) Tabular Cost Minus Tabular Interest (C-I) on Life Insurance, Accidental Death Benefits and Disability, Active Lives

Line 1	-	Mean reserve Dec. 31 of prior year	_____
Line 2	-	Tabular premiums	_____
Line 7	-	Other increases	_____
		Total	_____

Deduct:

Line 15	-	Mean reserve Dec. 31 of current year	_____
Line 10	-	Terminal reserves released by death	_____
Line 11	-	Net reserves released by other terminations	_____
		Total deductions	_____
		Balance (C-I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
One-half year's interest on (C-I)	_____
One-half year's interest on terminal reserves released by death (life insurance only)	_____
Total equals tabular interest	_____

Tabular Cost:

C-I	_____
Add I	_____
Total equals tabular cost	_____

(2) Tabular Less Actual Reserve Released Plus Tabular Interest (T-A+I) on Annuities, Disability Annuities, and Supplementary Contracts with Life Contingencies

Line 15	-	Mean reserve Dec. 31 of current year	_____
Line 12	-	Benefits payable during year	_____
		Total	_____

Deduct:

Line 1	-	Mean reserve Dec. 31 of prior year	_____
Line 2	-	Tabular considerations for annuities and supplementary contracts (or present value of disability claims incurred)	_____
Line 7	-	Other increases net	_____
		Total deductions	_____
		Balance (T-A+I)	_____

Tabular Interest:

One-half year's interest on mean reserve Dec. 31, of prior year	_____
One-half year's interest on mean reserve Dec. 31, of current year	_____
Total	_____
Deduct one-half year's interest on (T-A+I)	_____
Balance equals tabular interest	_____

Tabular Less Actual Reserve Released:

T-A+I	_____
Deduct I	_____
Balance equals tabular less actual reserve released	_____

(3) Tabular Interest on Deposits and Contracts Without Life Contingencies

Mean Reserve December 31 of current year	_____
Payments Incurred during the year	_____
Total	_____

Deduct:

Mean Reserve December 31 of prior year	_____
Income during the year	_____
Other increases	_____
Total Deductions	_____
Balance equals tabular interest	_____

- Column 2 – Use Formula 1 for life insurance, accidental death benefits and disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.
- Column 3 – Use Formula 1 for life insurance, accidental death benefits and disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.
- Column 4 – Use Formula 2 for all annuities “with a life contingency” basis. Use Formula 1 for disability, active lives; Formula 2 for disabled lives; and Formula 3 for interest only benefits.
- Column 5 – Use Formula 2 for supplementary contracts with life contingencies, and Formula 3 for supplementary contracts without life contingencies.
- Column 6 – For yearly renewable term, use Formula 1 for (C-I), and use only the first two items in Formula 1 for calculating Tabular Interest, changing “One-half” to “Full” in each item; otherwise use Formula 1.

This column is not applicable to Fraternal Benefit Societies.

Column 7 – For yearly renewable term (life insurance and disability, active lives) use Formula 1 for (C-I) and use only the first two items in Formula 1 for calculating Tabular interest, changing “One-half” to “Full” in each item; use Formula 1 for group permanent. Use Formula 2 for disability, disabled lives. Companies including supplementary contracts under group contracts in this column should use Formula 2 for Group supplementary contracts with life contingencies. Use Formula 3 for benefits valued at interest only.

This column is not applicable to Fraternal Benefit Societies.

Column 8 – Use Formula 2 for Group Annuity contracts valued on a “with life contingencies” basis. Companies that include active life disability reserve under Group Annuity contracts in this column should use Formula 1 for such. Use Formula 3 for group annuity contracts valued on a “without life contingencies” basis if they are included in Exhibit 8.

This column is not applicable to Fraternal Benefit Societies.



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EXHIBIT OF CAPITAL GAINS (LOSSES)

Gains and losses may be offset against each other only where they apply to the same bond issue, property, etc. Only gains/losses pertaining to invested assets are to be included in this exhibit. Amounts in this exhibit shall be presented before federal and foreign income taxes.

Column 1 – Realized Gain (Loss) on Sales or Maturity

Exclude: Realized foreign exchange gain or loss.

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Line 10 – Total Capital Gains (Losses)

Column 3 total should agree with reported net realized capital gains (losses) before the tax effects.

Column 3, Line 10 should equal:

[Page 4, Line 10, Col 1 + Page 4, Line 10 inset amount for the PC statement]

[Page 4, Line 34, Col 1 + Page 4, Line 34, inset amount #1 + Page 28 IMR, Line 2, Col 1 + Page 28 IMR, Line 2, inset amount #2 for the ~~LAH~~Life and Fraternal statement]

[Page 4, Line 26, Col 2 + Page 4, Line 26 inset amount for the Health statement]

~~[Page 4, Line 30, Col 1 + Page 4, Line 30, inset amount #1 + Page 25 IMR, Line 2, Col 1 + Page 25 IMR, Line 2, inset amount #2 for the Fraternal statement]~~

[Page 4, Line 10, Col 1 + Page 4, Line 10 inset amount for the Title statement]

Column 4 total should agree with the change in unrealized capital gains or (losses) before taxes.

[Page 4, Line 24, Col 1 + Page 4, Line 24, inset amount for the PC statement]

[Page 4, Line 38, Col 1 + Page 4, Line 38, inset amount for the Life and Fraternal statement]

[Page 5, Line 36, Col 1, + Page 5, Line 36, inset amount for the Health statement]

~~[Page 4, Line 34, Col 1 + Page 4, Line 34, inset amount for the Fraternal statement]~~

[Page 4, Line 18, Col 1 + Page 4, Line 18, inset amount for the Title statement]

Details of Write-ins Aggregated at Line 9 for Capital Gains (Losses)

List separately each category of capital gains (losses) for which there is no pre-printed line in the Exhibit of Capital Gains (Losses).

Include: Capital gains from investments previously charged off.

Exclude: Capital gains and losses on extinguishment of debt related to employee stock option plans.

EXHIBIT 1 – PART 1 – PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Amounts reported should be reflected in U.S. dollars based on the foreign currency exchange rate. Refer to *SSAP No. 23—Foreign Currency Transactions and Translations* for accounting guidance. Any foreign currency exchange gain or loss is reported as a realized capital gain or loss.

The separation into first-year, single and renewal is required only for Columns 3 and 4.

- Include: Contract, membership and other fees whether or not retained by agents.

Experience rating refunds and accrued return retrospective premiums. Refer to *SSAP No. 66—Retrospectively Rated Contracts* for accounting guidance.
- Exclude: Amounts attributable to uninsured plans and the uninsured portions of partially insured plans.
- Deduct: Refunds to policyholders for direct payment of industrial premiums.

Premiums and annuity considerations returned.
- Do not deduct: Commissions and allowances on reinsurance premiums assumed and ceded.

A-~~The company-reporting entity~~ shall not omit the columns for any lines of business in which it is not engaged. All figures for the ordinary variable life insurance business of the ~~company-reporting entity~~, excluding separate accounts items, shall be included in Column 3.

Include premiums and annuity considerations that are transferred to the Separate Accounts Statement. They are also to be reported as premiums and annuity considerations in the Separate Accounts Statement.

Column 9 – Credit Accident and Health (Group and Individual)

- Include: Business not exceeding 120 months.

Column 10 – Other Accident and Health

- Include: All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.

Column 12 – Fraternal

Transactions related to the fraternal mission.

- Line 1 – Uncollected Premiums and Considerations First Year (Other Than Single) and
- Line 11 – Uncollected Premiums and Considerations Renewal



These are premiums and considerations on contracts in force which were due before the end of the year and unpaid on the valuation date or have not been recorded in the premium or consideration account.

The sum of Column 8, 9 and 10 should be included on Page 2, Line 15.1, Column 1.

- Line 2 – Deferred and Accrued Premiums and Considerations First Year (Other Than Single) and }
- Line 12 – Deferred and Accrued Premiums and Considerations Renewal }

These are premiums and considerations on policies in force which were due on policies in force extending from (and including) the modal (monthly, quarterly, semiannual) premium due date or dates following the valuation date to the next policy anniversary date when annualized premium was assumed to be collected in the reserve valuation.

Include: Change in experience rating refund liability and accrued return retrospective premiums.

- Line 4 – Advance Premiums and Considerations First Year (Other Than Single) and }
- Line 14 – Advance Premiums and Considerations Renewal }

Include: Premiums and considerations on certificates in force received by the reporting entity prior to the valuation date but which are due on or after the next certificate anniversary date.

Reporting entities may include here unearned premiums on accident and health business.

The total of these lines, excluding A&H unearned premium reserve, must balance to Page 3, Line 8, or to this item prior to deduction of discount depending upon the basis used for crediting advance premiums to the premium account.

Column 8 should agree with Schedule H, Part 2, Line A2, Column 2.

Column 9 should agree with Schedule H, Part 2, Line A2, Column 3.

Column 10 should agree with Schedule H, Part 2, Line A2, Columns 4 through 9.

- Line 6 – Collected During Year – First Year (Other Than Single)

Include: All premiums and considerations (other than single premiums) pertaining to the first contract year.

Experience rating refunds and return retrospective premiums received.

Deduct: Experience rating refunds and return retrospective premiums paid.

- Line 10 – Single Premiums and Considerations – Single

Include: All single premiums and considerations and dividends/refunds, coupons, guaranteed annual pure endowments and similar benefits applied to provide paid-up additions and annuities.

- Line 16 – Collected During Year - Renewal

Include: All other premiums and considerations including dividends/refunds, coupons, guaranteed annual pure endowments and similar benefits applied to pay renewal premiums and to shorten the endowment or premium-paying period.

Experience rating refunds and return retrospective premiums received.

Deduct: Experience rating refunds and return retrospective premiums paid.

- Line 20.4 – Net Total Premiums and Annuity Considerations – Total

Column 1 less Column 11 should agree with Summary of Operations, Line 1, and all appropriate columns should agree with Line 1 of Analysis of Operations by Lines of Business.

EXHIBIT 1 – PART 2 – DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED

The separation into first-year, single and renewal is required only for Columns 3 and 4.

Column 9 – Credit Accident and Health (Group and Individual)

Include: Business not exceeding 120 months.

Column 10 – Other Accident and Health

Include: All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.

Column 12 – Fraternal

Transactions related to the fraternal mission.

Line 22 – Dividends and Coupons Applied All Other

Include: Coupons, guaranteed annual pure endowments and similar benefits.

Line 26.1 – Reinsurance Ceded

Column 8 should agree with Schedule H, Part 4, Line B4, Column 2.

Column 9 should agree with Schedule H, Part 4, Line B4, Column 3.

Column 10 should agree with Schedule H, Part 4, Line B4, Columns 4 through 9.

Line 26.2 – Reinsurance Assumed

Column 8 should agree with Schedule H, Part 4, Line A4, Column 2.

Column 9 should agree with Schedule H, Part 4, Line A4, Column 3.

Column 10 should agree with Schedule H, Part 4, Line A4, Columns 4 through 9.

EXHIBIT 2 – GENERAL EXPENSES

General expense items must be itemized and entered in sufficient detail to indicate their precise nature. Expenses shall not be reported on a functional basis, except to the extent specifically permitted herein and only if: (1) services are independently organized, (2) rent, salaries and wages, and other major items of expense directly incident thereto, but not necessarily including the cost of employee benefit plans and Social Security taxes, are charged to function, and (3) adequate accounting thereof is maintained. Whenever personnel or facilities are used in common by two or more companies, or whenever the personnel or facilities of one company are used in the activities of two or more companies, each company shall assign its share of the expense to the same expense classification as if it had incurred the entire expense. This latter requirement shall not apply to activities such as administration of jointly underwritten group contracts and joint mortality and morbidity studies.

General expense items must be itemized and entered in sufficient detail to indicate their precise nature. General expenses include virtually all of the expenses of a life insurance company other than benefits to policyholders, commissions, and taxes, licenses and fees.

The statutory financial statement provides for two broad categories of general expenses (1) insurance, subdivided into life insurance, accident and health insurance, and all other lines of business, and (2) investment. In addition, the Analysis of Operations by Lines of business requires allocation of general expenses to more detailed lines of business. The Summary of Operations classifies the investment expense portion of general expenses as an offset to investment income while classifying general insurance expenses separately in the expense section of the summary.

General Expenses Due or Accrued

The amount included in the balance sheet under this caption represents the company's liability for general expenses applicable to the current year that are unpaid at year-end. There are a number of guidelines to consider with respect to whether an item represents a liability of the company at the statement date. Distinguish between (1) bills for items purchased or services rendered, and (2) the recognition of accruals for such things as payroll. With respect to accruals, the liability should be established so that each period bears its pro rata share of the expense even though no bill has been received. Accrual payroll, for example, represents the cost for the period from the last payroll to period-end.

Generally, the liability for purchases of supplies and materials should be established as of the receipt date or shipment date, if FOB. If a company has an irrevocable contract as of the statement date, the liability must be established even though the supplies or materials have not been received.

Functional Costs

General expenses are not to be reported on a functional basis unless specifically permitted and then only if (1) services are independently organized; (2) rent, salaries and wages, and other major items of direct expense are charted to the functions; and (3) adequate accounting for the functional classifications is maintained. Those expense classifications that companies may specifically report on a functional basis are rent, salaries and wages, other employee and agent welfare and printing and stationery.

Allocation of Expenses

As stated above, companies must allocate general expenses to life insurance, accident and health insurance or investment expense. The all other lines of business category should include the corporate overhead line of business where that normal designation exists. In addition, the Analysis of Operations by Lines of Business requires allocation of general insurance expenses to more detailed lines of business. The *Annual Statement Instructions* discuss the allocation of receipts and expenses to lines of business.

The *Annual Statement Instructions* state that the company shall employ those principles and methods that reflect the actual incidence of cost by lines of business. Companies should consider the relative time spent, the extent of usage, and the varying volume of work performed. The instructions further state that companies should base the allocations upon objective measurement rather than estimates unless the cost of the measurement clearly outweighs the benefit derived. Where estimates are used, individuals familiar with the nature of the activity should make these estimates and thoroughly responsible persons should review these estimates.

The Annual Statement Instructions also state that companies should not use general indices such as premium volume, number of policies and insurance in force unless the incidence of cost is closely related to the indices or there is no more appropriate basis. In no event should such indices be used to distribute claims costs to secondary lines of business.

Report expenses incurred by the reporting entity for uninsured accident and health plans on a gross basis by type of expense; however, administrative fees and expense reimbursements relating to uninsured business are reduced in the general expense and general insurance expenses are to be reported in the Summary of Operations net of such fees and reimbursements.

Expenses for accident and health activities must be allocated between cost containment expenses, Column 2 or all other, Column 3. For guidance on cost containment expenses, refer to *SSAP No. 55—Unpaid Claims, Losses and Loss Adjustment Expenses*.

Whenever personnel or facilities are used in common by two or more companies, or whenever the personnel or facilities of one company are used in the activities of two or more companies, each reporting entity shall assign its share of the expense to the same expense classification as if it had incurred the entire expense. This latter requirement shall not apply to activities such as administration of jointly underwritten group contracts and joint mortality and morbidity studies.

A company that pays any affiliated entity (including a managing general agent) for the management, administration, or service of all or part of its business or operations shall allocate these costs to the appropriate expense classification item (salaries, rent, postage, etc.) as if these costs had been borne directly by the company. Management, administration, or similar fees should not be reported as a one-line expense. The company may estimate these expense allocations based on a formula or other reasonable basis.

A company that pays any non-affiliated entity (including a managing general agent) for the management, administration, or service of all or part of its business or operations shall allocate these costs to the appropriate expense classification items as follows:

- a. Payments for claims handling or adjustment services shall be reported as Expense of Investigation and Settlement of Contract Claims, Line 4.5 and allocated to Life, Accident and Health, and/or All Other Lines of Business as appropriate (Columns 1, 2, 3 and/or 4) in Exhibit 2, General Expenses. If the total of such expenses incurred equals or exceeds 10 percent of the total General Expenses Incurred (Line 10), the company shall allocate these costs to the appropriate expense classification item as if these costs had been borne directly by the company.
- b. Payments for services other than claims handling or adjustment services shall be allocated to the appropriate expense classifications as if these costs had been borne directly by the company, if the total of such fees paid to the non-affiliate(s) equals or exceeds 10 percent of the total General Expenses Incurred (Line 10). If the total is less than 10 percent, the payments may be reported on Line 7.1.

The total management and service fees incurred attributable to affiliates and non-affiliates shall be reported in the footnote to Exhibit 2, General Expenses in the annual statement blank, and the method(s) used for allocation shall be disclosed in the Notes to Financial Statements. The company shall use the same method(s) on a consistent basis. Refer to *SSAP No. 70—Allocation of Expenses* for accounting guidance.

Column 6 – Fraternal

Transactions related to the fraternal mission.

Line 1 – Rent

Rent expense includes, in addition to rent paid for leased properties, an estimated amount that represents “rent” for properties owned and occupied by the company. Report the offset to this amount as investment income. Net rents received for property under sublease against rent expense.

Include: Rent for all premises occupied by the company, including any adequate rent for occupancy of its own buildings, in whole or in part, except to the extent that allocation to other expense classifications on a functional basis is permitted and used.

Expenses incurred as tenant for light, heat, water, fuel, interest, taxes, building maintenance, alterations and service, etc.

Amortization expense for leasehold improvements as lessee.

Deduct: Rent under sublease.

Line 2 – Salaries and Wages

Salaries and wages, in addition to virtually all direct payments of compensation to employees, salaries and wages should include all payments to directors for attendance at board or committee meetings.

Include: Salaries and wages, bonuses and incentive compensation to employees, overtime payments, continuation of salary during temporary short-term absences, dismissal allowances, payments to employees while in training and other compensation to employees not specifically designated herein, except to the extent that allocation to other expense classifications is permitted and used.

Fees and other compensation to directors for attendance at board or committee meetings and any other fees and compensation paid to them in their capacities as directors or committee members.

Agency compensation other than commissions.

=====**Detail Eliminated To Conserve Space**=====

Line 4.1 – Legal Fees and Expenses

Include: Cost of outside counsel as well as court ~~Court~~ costs to the extent that these costs do not relate to the claims or investment functions, penalties and all fees or retainers for legal services or expenses in connection with matters before administrative or legislative bodies.

Exclude: Salaries and expenses of company personnel.

Legal expenses in connection with investigation, litigation and settlement of contract claims.

Legal fees specifically associated with real estate transactions.

=====**Detail Eliminated To Conserve Space**=====

Line 5.2 – Advertising

Include: Advertising should include all costs relating to advertising for new insurance business except salaries and expenses of an advertising department.

Newspaper, magazine and trade journal advertising for the purpose of solicitation and conservation of business.

Billboard, sign and directory advertising.

Television, radio broadcasting and motion picture advertising, excluding subjects dealing wholly with health and welfare.

All canvassing or other literature, such as pamphlets, circulars, leaflets, contract/certificate illustration forms and other sales aids, printed material, etc., prepared for distribution to the public by agents or through the mail for purposes of solicitation and conservation of business.

All calendars, blotters, wallets, advertising novelties, etc., for distribution to the public.

Printing, paper stock, etc., in connection with advertising.

Prospect and mailing lists when used for advertising purposes.

Fees and expenses of advertising agencies related to advertising.

Exclude: Pamphlets on health, welfare and educational subjects.

Advertising required by law, regulation or ruling except to the extent that it substantially exceeds the space required for compliance.

Salaries and expenses of advertising department.

Help-wanted advertisements.

Advertising in connection with investments.

Line 5.3 – Postage, Express, Telegraph and Telephone

Include: Freight and cartage.

Cables, radiograms and teletype.

Charges for use, installation and maintenance of related equipment if not included elsewhere.

Line 5.4 – Printing and Stationery

Expenses included in this line may be reported on a functional basis.

Include: Contract/certificate forms, riders, supplementary contracts, applications, etc., rate books, instruction manuals, punch-cards, house organs, and all other printed material which is not required to be included in any other expense classification.

Office supplies.

Pamphlets on health, welfare and educational subjects.

Annual reports to policyholders/members and stockholders if not included in Line 5.2.

Line 5.5 – Cost or Depreciation of Furniture and Equipment

The general practice with respect to “Cost or depreciation of furniture and equipment” is to either (1) charge depreciation to this expense classification and write off the remaining asset balance to surplus as a nonadmitted asset; or (2) to charge expenditures for furniture and equipment directly to expense, in which case, those expenditures would be included in this classification.

Include: The cost or depreciation of office machines except for such charges as may be reported in Line 5.3.

Exclude: The cost or depreciation of equipment used by employees handling maintenance and repair work on company-occupied property.



Detail Eliminated To Conserve Space

Line 6.6 – Sundry General Expenses

Include: Direct expense of local agency meetings, luncheons and dinners.

Amounts paid to agents for administering group, credit, or individual blocks of business.

Tabulating service rendered by outside organizations.

Gifts and donations.

Any portion of commissions and expense allowances on reinsurance assumed for group business that represents specific reimbursement of expenses.

Reimbursement to another insurer for expense of jointly underwritten group contracts.

Exclude: Any one type of expense that would represent more than 25 percent of the total for this line. Such items should be reported on Line 9.3.

Deduct: Any portion of commissions and expense allowances on reinsurance ceded for group business that represents specific reimbursement of expenses.

Reimbursement from other insurers for expense of jointly underwritten group contracts.

Line 6.7 – Group Service and Administration Fees

Include: Administration fees, service fees, or any other form of allowance, reimbursement of expenses, or compensation (other than commissions) to agents, brokers, applicants, policyholders or third parties in connection with the solicitation, sale, issuance, service and administration of group business.

Line 6.8 – Reimbursements by Uninsured Plans

Report as a negative amount, administrative fees, direct reimbursement of expenses, or other similar receipts or credits attributable to uninsured plans and the uninsured portion of partially insured plans.



Detail Eliminated To Conserve Space

Line 8.1 – Official Publication (Fraternal Benefit Societies Only)

Expenses incurred by a fraternal benefit society for publications related to the society and its fraternal mission. Does not include publications related to the insurance operations.

Line 8.2 – Expense of Supreme Lodge Meetings (Fraternal Benefit Societies Only)

Expenses incurred by a fraternal benefit society for supreme lodge meetings of the society and its fraternal mission. Does not include meetings related to the insurance operations.



Detail Eliminated To Conserve Space

Details of Write-ins Aggregated on Line 9.3 for Expenses

List separately all expenses for which there is no pre-printed line on Exhibit 2.

Include: Any type of expense that would represent more than 25 percent of Line 6.6, Sundry General Expenses.

Adjustments due to fluctuations in foreign exchange rates.



Detail Eliminated To Conserve Space



Line 7 – Taxes, Licenses and Fees Incurred

Column 2 should agree with Schedule H, Part 1, Line 9, Column 1.

Column 4 should agree with Exhibit of Net Investment Income, Line 12, Column 2.

The sum of Columns 1, 2, 3 and ~~3~~5 should agree with Page 4, Line 24.

Line 10 – Taxes, Licenses and Fees Paid During Year

Line 10 should equal Line 7 + Line 8 – Line 9.

EXHIBIT 4 – DIVIDENDS OR REFUNDS

The term refund is limited to amounts declared by Fraternal Organizations, paid or payable, to its members. Experience rating refunds are excluded.

Dividends/refunds may include interest allowed in excess of guaranteed rate on supplementary contracts and dividend/refunds accumulations. This analysis is presented net of reinsurance, i.e., reinsurance assumed should be included and reinsurance ceded should be deducted. No deduction should be taken for dividends ceded under a modified coinsurance arrangement until a cash settlement is made with the reinsurer.

Line 8 – Aggregate Write-ins for Dividend or Refund Options

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated on Line 8 for Dividend or Refund Options.

Line 9 – Total Lines 5 through 8

Report on Lines 1 through 4 and 6 through 8, dividends that have been paid or credited according to the elected dividend/refunds option and recorded as such in respective ledger accounts.

Line 10 – Amount Due and Unpaid

Report dividends or refunds that do not exceed the annual premium and similar benefits contingent on payment of deferred and uncollected premiums, due during the current and prior years that have not been paid or credited to policyholders as of December 31 of the current year. Should agree with amount on the line for Dividends or Refunds Due and Unpaid, of the Liability page.

Line 11 – Provision for Dividends or Refunds Payable in the Following Calendar Year

Report policyholders' dividends or refunds payable in the following calendar year including dividends or refunds that do not exceed the annual premiums and similar benefits contingent on payment or renewal premiums.

Line 13 – Provision for Deferred Dividend Contracts

Include: Dividends contingent on payment of renewal premiums.

Line 17 – Total Dividends or Refunds

Include: Refunds and similar benefits.

Should agree with Summary of Operations (and also Analysis of Operations by Lines of Business) Line 30, Dividends to Policyholders and Refunds to Members plus Line 14 (in part for coupons).

Column 2 should agree with Schedule H, Part 1, Line 13, Column 1.

Details of Write-ins Aggregated on Line 8 for Dividend or Refund Options

List separately all dividends or refund options for which there is no pre-printed line on Exhibit of Dividends or Refunds.

EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

Refer to *SSAP No. 50—Classifications of Insurance or Managed Care Contracts*, for life, accident and health and deposit-type contract definitions and *SSAP No. 54R—Individual and Group Accident and Health Contracts* for guidance regarding the bases for such additional contract reserves. The net amount should agree with the appropriate items in Schedule H – Accident and Health, and also Page 3, Line 2.

Column 3 – Credit Accident and Health (Group and Individual)

Include: Business not exceeding 120 months.

Refer to *SSAP No. 59—Credit Life and Accident and Health Insurance Contracts* for accounting guidance.

This column is not applicable to Fraternal Benefit Societies.

Column 9 – All Other Individual Contracts

Include: All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.

Line 2 – Additional Contract Reserves

A reserve must be carried in this line for any contract or block of contracts:

- (i) with which level premiums are used, or
- (ii) with respect to which, due to the gross premium structure at issue, the value of future benefits exceeds the value of appropriate future valuation net premiums.

A reserve must be carried for any block of contracts for which future gross premiums when reduced by expenses for administration, commissions, and taxes will be insufficient to cover future claims or services.

A ~~company-reporting entity~~ that enters the entire active life reserve (other than the reserves required for Line 4) in a single sum must enter such amount in Line 2. Provide a statement as to the valuation standard used in calculating this reserve, specifying reserve bases, interest rates, and methods.

Line 3 – Additional Actuarial Reserves – Asset/Liability Analysis

Include: Premium deficiency reserves.

- Line 4 – Reserve for Future Contingent Benefits (Active Life Reserve) or
- Line 12 – Reserve for Future Contingent Benefits (Claim Reserve) }

A reserve must be carried in either of these lines or in Exhibit 8, Part 1, Line 3 for any contract/certificate that provides for the extension of benefits after termination of the contract/certificate or of any insurance thereunder. Such benefits, which actually accrue and are payable at some future date, are predicated on a condition or actual disability which exists at the termination of the insurance and which is usually not known to the insurance entity. These benefits are normally provided by contract provision but may be payable as a result of court decisions or of departmental rulings. This reserve is required in addition to the Present Value of Amounts Not Yet Due on Claims, Line 10.

An example of the type of benefit for which a reserve must be carried is the coverage for hospital confinement after the termination of an employee’s certificate but prior to the expiration of a stated period. This example is illustrative only and is not intended to limit the reserve to the benefits described. Some individual Accident and Health contracts may also provide benefits similar to those under the Extension of Benefits section of a group contract.

- Line 5 – Reserve for Rate Credits

Reserves for rate credits, or experience refund reserves, should be included in Page 3, Line 9.2 of the statement with a parenthetical “including \$ _____ on Accident and Health.”


Detail Eliminated To Conserve Space

Details of Write-ins Aggregated at Line 13 for Reserves

List all reserves for which there is no pre-printed line on Exhibit 6, Aggregate Accident and Health Reserves, Claim Reserves.

EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

Amounts relating to uninsured accident and health plans and the uninsured portion of partially insured accident and health plans should be excluded from this exhibit.

PART 1 – LIABILITY END OF CURRENT YEAR

This part of the exhibit provides an analysis of the contract liability reported in the balance sheet.

A reporting entity shall not omit the columns for any lines of business in which it is not engaged. All figures for the ordinary variable life insurance business of the reporting entity ~~society~~ excluding separate accounts items shall be included in Column 3 Fraternal benefit societies do not need to complete Columns 2, 6, 7, 8, 9 and 10 since the columns reflect lines of business not written by fraternal.

Exclude liabilities reported in the Separate Accounts Statement.

For each item:

Net = Direct + Reinsurance Assumed – Reinsurance Ceded

- Column 6 – Credit Life (Group and Individual) and
- Column 10 – Accident and Health Credit (Group and Individual) }

Include: Business not exceeding 120 months duration.

These columns are not applicable to Fraternal Benefit Societies.

- Column 11 – Other Accident and Health

Include: All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.

- Line 1 – Due and Unpaid

Include: Only claims which are complete except for the payment of the amount due, or the recording of the amount paid in the appropriate claims accounts.



- Line 3 – Incurred but Unreported

Report all contract claims incurred on or prior to December 31 of the statement year but not reported to the company until after that date. Only the portion of disability benefits which pertain to disability periods prior to January 1 of the year following the statement year should be reported; for example, the amount which would be payable for the elapsed period if disability were approved. The liability for unaccrued benefits is included in the Certificate and Contract Reserves liability (Page 3, Lines 1 and 2 and Exhibits 5 and 6).

- Line 4 – Totals

Line 4.1 = Line 1.1 + Line 2.11 + Line 2.21 + Line 3.1

Line 4.2 = Line 1.2 + Line 2.12 + Line 2.22 + Line 3.2

Line 4.3 = Line 1.3 + Line 2.13 + Line 2.23 + Line 3.3

Line 4.4 = Line 1.4 + Line 2.14 + Line 2.24 + Line 3.4

Line 4.4, Column 1 should agree with Page 3, the sum of Lines 4.1 and 4.2

Item	Description	Reporting Year Annual Statement Data	Prior Year Annual Statement Data
2.1	Premium Numerator	<p>Health Premium values listed in the statement value column (Column 1) of the reporting year's Life RBC report:</p> <p><u>Individual Lines:</u> Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Dental and Vision</p> <p><u>Group Lines:</u> Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Stop Loss and Minimum Premium Dental and Vision Federal Employee Health and Benefit Plan</p>	<p>Health Premium values listed in the statement value column (Column 1) of the reporting year's Life RBC report:</p> <p><u>Individual Lines:</u> Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Dental and Vision</p> <p><u>Group Lines:</u> Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Stop Loss and Minimum Premium Dental and Vision Federal Employee Health and Benefit Plan</p>
2.2	Premium Denominator	Premium and Annuity Considerations (Page 4, Line 1) of the reporting year's annual statement	Premium and Annuity Considerations (Page 4, Line 1) of the prior year's annual statement
2.3	Premium Ratio	2.1/2.2	2.1/2.2
2.4(a)	Reserve Numerator	Net A&H Policy and Contract Claims without Credit Health (Exhibit 8, Part 1, Line 4.4, Columns 9 and 11) plus Aggregate Reserves for A&H Policies without Credit Health (Exhibit 6, Column 1 less Column 3) for Unearned Premiums (Line 1) and Future Contingent Benefits (Line 4)	Net A&H Policy and Contract Claims without Credit Health (Exhibit 8, Part 1, Line 4.4, Columns 9 and 11) plus Aggregate Reserves for A&H Policies without Credit Health (Exhibit 6, Column 1 less Column 3) for Unearned Premiums (Line 1) and Future Contingent Benefits (Line 4)
2.5	Reserve Denominator	Aggregate Reserve (Page 3, Column 1, Lines 1+2+4.1+4.2) minus additional actuarial reserves (Exhibit 6, Column 1, Lines 3+11 plus Exhibit 5, Misc. Reserves Section, Line 0799999)	Aggregate Reserve (Page 3, Column 1, Lines 1+2+4.1+4.2) minus additional actuarial reserves (Exhibit 6, Column 1, Lines 3+11 plus Exhibit 5, Misc. Reserves Section, Line 0799999)
2.6	Reserve Ratio	2.4/2.5	2.4/2.5

(a) Alternative Reserve Numerator – Company records may be used to adjust the reserve numerator to provide consistency between the values reported in the reserve numerator (2.4) and the premium numerator (2.1).

~~323~~.3 The total amount of capital and surplus funds of the company, covered by assets in the company's Separate Accounts statement, is the sum of the amount accrued for expense allowances recognized in separate accounts reserves that is disclosed parenthetically as a negative amount in the caption for Page 3, Line 13 - Transfers to Separate Accounts due or accrued (net) (including \$_____ accrued for expense allowances recognized in reserves, net of reinsured expense allowances) adjusted to exclude any reinsurance assumed expense allowances, plus the amount of surplus in the Separate Accounts statement that is disclosed parenthetically in the caption for Page 3, Line 37 - Surplus (including \$_____ in Separate Accounts statement). Exclude any amounts accrued for expense allowances applicable to reinsurance assumed covered by assets in ceding companies' Separate Accounts statements. Such amounts are covered in Interrogatory ~~32~~.7.

In the response to this interrogatory, include only that portion of the above-described amount that the company is currently prohibited from distributing to the general account from the separate accounts. Include all surplus funds that the company is required by law, regulation or regulatory directive to maintain in its separate accounts.

Exclude all amounts that are currently distributable at the discretion of the company, including seed monies currently maintained in the Separate Accounts statement to support the development or growth of separate accounts business.

~~323~~.4 Cite applicable insurance statutes for the establishment of separate accounts.

~~323~~.7 Report the total amount accrued for reinsurance assumed expense allowances applicable to separate accounts' reserves held in ceding company Separate Accounts statements. Any such amount is included as a negative amount in both the total and parenthetical amounts reported for Page 3, Line 13, Transfers to Separate Accounts Due or Accrued (Net) (including \$_____ accrued for expense allowances recognized in reserves, net of reinsured allowances).

~~4.1~~ The response is "YES" if subsidiaries or affiliates use or provide personnel or facilities. Third party expenditures should be excluded.

~~4.2~~ Report the amount of expense paid this year by this company for services received in the paid line. Report the amount received by this company for services it provided in the received line.

~~8.1~~ Worker's compensation carve out business is defined as reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers compensation insurance.

~~934~~.1 Disclose the amount of reserves carried by the reporting entity because it has sold annuities with a claimant as payee and to the extent to which the reporting entity is liable for such amounts. Include only annuities for which the property and casualty insurer obtained a release of liability from the claimant as a result of the purchase of an annuity from the reporting entity.

~~934~~.2 Disclose the name and location of the insurance company (i.e., legal entity and not group) that purchased the annuities during the current year and the aggregate statement value of annuities purchased, to the extent that the aggregate value of those annuities equals or exceeds \$250,000. Include only annuities for which the property and casualty insurer obtained a release of liability from the claimant as a result of the purchase of an annuity from the reporting entity.

- | 1156.2 If the response to 1156.1 is “YES,” provide for the captive affiliate the company name, NAIC company code, domiciliary jurisdiction, reserve credit amount and the amounts supporting the reserve credit (letters of credit, trust agreements and other).

Reserve Credit: Report the amount by which the aggregate reserve for life contracts (Exhibit 5), deposit-type contracts (Exhibit 7) and accident and health contracts (Exhibit 6) has been reduced on account of reinsurance with authorized companies. The amounts by company should be the same as those shown for life reinsurance ceded in Schedule S, Part 3, Section 1, Columns 9 and 14 and for accident and health reinsurance ceded in Schedule S, Part 3, Section 2, Columns 9, 10 and 13.

- | 1267. Ordinary Life Insurance (U.S. business only) for the current year for Lines 1267.1, 1267.2 and 1267.3 (prior to reinsurance assumed or ceded)

U.S. business includes U.S. States, Territories and Possessions (composed of the 50 states, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). The method for determining which jurisdiction a contract or certificate is reported in should be the same method used for reporting on Schedule T.

Include:

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)

Exclude:

Credit Life
Simplified Issue/Guaranteed Issue (if it can be separated)
Worksite
Individually Solicited Group Life
Direct Response
Final Expense
Pre-need
Home Service
COLI/BOLI/CHOLI.

Refer to the *NAIC Valuation Manual* for additional guidance on what policies should be included.

- | 1378. A “YES” answer indicates the reporting entity is a multi-state company based on the information reported in Schedule T – Exhibit of Premiums Written.

| If the sum of codes L, R, E and Q provided in Column 1 of Schedule T is greater than 1, the answer to Question 1378 should be “YES.”

- | 1378.1 A “YES” answer indicates that while the reporting entity does not meet the criteria shown on Schedule T to be considered a multi-state insurer, the reporting entity’s assumption of business that covers risks in at least two states will qualify the entity as multi-state.

Life Accident and Health Companies Only:

~~8. This General Interrogatory is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers compensation, accidental death and dismemberment policies and long term care policies.~~

~~All reporting entities should file the test.~~

~~Premium and reserve information is obtained from the annual statement sources referenced on the form or from the related risk based capital report for the corresponding premium descriptions relating to the current and prior reporting periods.~~

Item	Description	Reporting Year Annual Statement Data	Prior Year Annual Statement Data
8.1	Premium Numerator	Health Premium values listed in the statement value column (Column 1) of the reporting year's Life RBC report: Individual Lines: Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Dental and Vision Group Lines: Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Stop Loss and Minimum Premium Dental and Vision Federal Employee Health and Benefit Plan	Health Premium values listed in the statement value column (Column 1) of the reporting year's Life RBC report: Individual Lines: Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Dental and Vision Group Lines: Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Stop Loss and Minimum Premium Dental and Vision Federal Employee Health and Benefit Plan
8.2	Premium Denominator	Premium and Annuity Considerations (Page 4, Line 1) of the reporting year's annual statement	Premium and Annuity Considerations (Page 4, Line 1) of the prior year's annual statement
8.3	Premium Ratio	$\frac{8.1}{8.2}$	$\frac{8.1}{8.2}$
8.4(a)	Reserve Numerator	Net A&H Policy and Contract Claims without Credit Health (Exhibit 8, Part 1, Line 4.4, Columns 9 and 11) plus Aggregate Reserves for A&H Policies without Credit Health (Exhibit 6, Column 1 less Column 3) for Unearned Premiums (Line 1) and Future Contingent Benefits (Line 4)	Net A&H Policy and Contract Claims without Credit Health (Exhibit 8, Part 1, Line 4.4, Columns 9 and 11) plus Aggregate Reserves for A&H Policies without Credit Health (Exhibit 6, Column 1 less Column 3) for Unearned Premiums (Line 1) and Future Contingent Benefits (Line 4)
8.5	Reserve Denominator	Aggregate Reserve (Page 3, Column 1, Lines 1+2+4.1+4.2) minus additional actuarial reserves (Exhibit 6, Column 1, Lines 3+11 plus Exhibit 5, Misc. Reserves Section, Line 0799999)	Aggregate Reserve (Page 3, Column 1, Lines 1+2+4.1+4.2) minus additional actuarial reserves (Exhibit 6, Column 1, Lines 3+11 plus Exhibit 5, Misc. Reserves Section, Line 0799999)
8.6	Reserve Ratio	$\frac{8.4}{8.5}$	$\frac{8.4}{8.5}$

~~(a) Alternative Reserve Numerator — Company records may be used to adjust the reserve numerator to provide consistency between the values reported in the reserve numerator (8.4) and the premium numerator (8.1).~~

- 9.1 The response is “YES” if subsidiaries or affiliates use or provide personnel or facilities. Third party expenditures should be excluded.
- 9.2 Report the amount of expense paid this year by this company for services received in the paid line. Report the amount received by this company for services it provided in the received line.
- 13.1 Worker’s compensation carve-out business is defined as reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers compensation insurance.

Fraternal Benefit Societies Only:

- 31.2 N/A is an acceptable response only if Interrogatory 21.1 was answered NO.
- 32.2 N/A is an acceptable response only if Interrogatory 22.1 was answered NO.

FIVE-YEAR HISTORICAL DATA

This exhibit is a display of key statistics extracted from the annual statements of the current year and each of the four preceding years. It displays recent trends in the movement of sales, in force, reserves, surplus, and other financial data. For the most part, each section of Five-Year Historical Data references data from a specific page in the annual statement, with certain “key” lines having been extracted from that page. Page and line references for the current year are shown on the Exhibit. If a page or line reference is different for a prior year or years, it is shown below. Percentages are shown to one decimal place (e.g., 17.6).

Report all amounts of insurance in thousands of dollars.

The derivation of each line on Five-Year Historical Data is indicated in the annual statement blank except that Lines 48 and 49 should be based upon the book/adjusted carrying value of the asset, which is consistent with the other affiliated investments.

Items from prior years should be included only if they are available from prior years’ statements.

Reporting entities that were part of a merger should refer to *SSAP No. 3—Accounting Changes and Corrections of Errors* for guidance on restatement of prior-year numbers and footnote disclosure requirements for this exhibit. Complete the footnote only if reporting entity was a party to a merger in the current reporting period.

Life Insurance In Force
(Exhibit of Life Insurance)

Line 1 – Ordinary – Whole Life and Endowment

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 34, Column 4

Fraternal Benefit Societies Only

2018..... Exhibit of Life Insurance, Line 34, Column 4

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 2 – Ordinary-Term

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 21, Column 4 less Line 34, Column 4

Fraternal Benefit Societies Only

2018..... Exhibit of Life Insurance, Line 21, Column 4 less Line 34, Column 4

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 3 – Credit Life

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 21, Column 6

This line is not applicable to Fraternal Benefit Societies

Line 4 – Group, Excluding FEGLI/SGLI

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 21, Column 9 less Lines 43 & 44, Column 4

This line is not applicable to Fraternal Benefit Societies

Line 5 – Industrial

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 21, Column 2

Fraternal Benefit Societies Only

2018..... Exhibit of Life Insurance, Line 21, Column 2

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 6 – FEGLI/SGLI

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Lines 43 & 44, Column 4

This line is not applicable to Fraternal Benefit Societies

New Business Issued
(Exhibit of Life Insurance)

Line 8 – Ordinary-Whole Life and Endowment

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 34, Column 2

Fraternal Benefit Societies Only

2018..... Exhibit of Life Insurance, Line 34, Column 2

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 9 – Ordinary-Term

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 2, Column 4 less Line 34, Column 2

Fraternal Benefit Societies Only

2018..... Exhibit of Life Insurance, Line 2, Column 4 less Line 34, Column 2

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 10 – Credit Life

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 2, Column 6

This line is not applicable to Fraternal Benefit Societies

Line 11 – Group

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 2, Column 9

This line is not applicable to Fraternal Benefit Societies

Line 12 – Industrial

Life and Accident and Health Companies Only

All years Exhibit of Life Insurance, Line 2, Column 2

Fraternal Benefit Societies Only

2018..... Exhibit of Life Insurance, Line 2, Column 2

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Premium Income - Lines of Business
(Exhibit 1 – Part 1)

Line 14 – Industrial Life

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 2

Fraternal Benefit Societies Only

2018..... Exhibit 1, Part 1, Line 20.4, Column 2

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 15.1 – Ordinary Life Insurance

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 3

Fraternal Benefit Societies Only

2018..... Exhibit 1, Part 1, Line 20.4, Column 3

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 15.2 – Ordinary Individual Annuities

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 4

Fraternal Benefit Societies Only

2018..... Exhibit 1, Part 1, Line 20.4, Column 4

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 16 – Credit Life (group and individual)

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 5

This line is not applicable to Fraternal Benefit Societies

Line 17.1 – Group Life Insurance

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 6

This line is not applicable to Fraternal Benefit Societies

Line 17.2 – Group Annuities

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 7

This line is not applicable to Fraternal Benefit Societies

Line 18.1 – A&H – Group

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 8

This line is not applicable to Fraternal Benefit Societies

Line 18.2 – A&H – Credit

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 9

This line is not applicable to Fraternal Benefit Societies

Line 18.3 – A&H – Other

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 10

Fraternal Benefit Societies Only

2018..... Exhibit 1, Part 1, Line 20.4, Column 10

2017 through 2014 Exhibit 1, Part 1, Line 20.4, Column 4

Line 19 – Aggregate of All Other Lines of Business

Life and Accident and Health Companies Only

All years Exhibit 1, Part 1, Line 20.4, Column 11

Fraternal Benefit Societies Only

2018..... Exhibit 1, Part 1, Line 20.4, Column 11

2017 through 2014 Exhibit 1, Part 1, Line 20.4, Column 5

Balance Sheet
(Pages 2 and 3)

Line 21 – Total Admitted Assets Excluding Separate Accounts Business

All years Page 2, Line 26, Column 3

Line 22 – Total Liabilities Excluding Separate Accounts Business

Life and Accident and Health Companies Only

All years Page 3, Line 26

Fraternal Benefit Societies Only

2018..... Page 3, Line 26

2017 through 2014 Page 3, Line 23

Line 23 – Aggregate Life Reserves

Life and Accident and Health Companies Only

All years Page 3, Line 1

Fraternal Benefit Societies Only

2018..... Page 3, Line 1

2017 through 2014 Page 3, Line 1

Line 24 – Aggregate A & H Reserves

Life and Accident and Health Companies Only

All years Page 3, Line 2

Fraternal Benefit Societies Only

2018..... Page 3, Line 2

2017 through 2014 Page 3, Line 2

Lines 25 – Deposit-type Contract Funds

Life and Accident and Health Companies Only

All years Page 3, Line 3

Fraternal Benefit Societies Only

2018..... Page 3, Line 3

2017 through 2014 Page 3, Line 3

Line 26 – Asset Valuation Reserve

Life and Accident and Health Companies Only

All years Page 3, Line 24.01

Fraternal Benefit Societies Only

2018..... Page 3, Line 24.01

2017 through 2014 Page 3, Line 21.1

Line 27 – Capital

Life and Accident and Health Companies Only

All years Page 3, Lines 29 and 30

This line is not applicable to Fraternal Benefit Societies

Line 28 – Surplus

Life and Accident and Health Companies Only

All years Page 3, Line 37

Fraternal Benefit Societies Only

2018..... Page 3, Line 37

2017 through 2014 Page 3, Line 30

Cash Flow (Page 5)

Line 29 – Net cash from operations

All years Line 11

Risk-Based Capital Analysis

Line 30 – Total Adjusted Capital

This amount must agree with the amount identified as the Total Adjusted Capital in the NAIC ~~Life~~-Risk-Based Capital Report.

Line 31 – Authorized Control Level Risk-Based Capital

This amount must agree with the amount identified as the Authorized Control Level Risk-Based Capital in the NAIC ~~Life~~-Risk-Based Capital Report.

Percentage Distribution of Cash, Cash Equivalents and Invested Assets

- All years (Page 2, Column 3) (Line No./Page 2, Line 12, Column 3) x 100.00
- Line 32 – Bonds
 - All years Page 2, Line 1
- Line 33 – Stocks
 - All years Page 2, Line 2.1 and 2.2
- Line 34 – Mortgage Loans on Real Estate
 - All years Page 2, Lines 3.1 and 3.2
- Line 35 – Real Estate
 - All years Page 2, Lines 4.1, 4.2 and 4.3
- Line 36 – Cash, Cash Equivalents and Short-term Investments
 - All years Page 2, Line 5
- Line 37 – Contract Loans
 - All years Page 2, Line 6
- Line 38 – Derivatives
 - All years Page 2, Line 7
- Line 39 – Other Invested Assets
 - All years Page 2, Line 8
- Line 40 – Receivables for Securities
 - All years Page 2, Line 9
- Line 41 – Securities Lending Reinvested Collateral Assets
 - All years Page 2, Line 10
- Line 42 – Aggregate Write-ins for Invested Assets
 - All years Page 2, Line 11
- Line 43 – Cash, Cash Equivalents and Invested Assets
 - All years Page 2, Line 12

Investments in Parent, Subsidiaries and Affiliates

Line 44 – Affiliated Bonds

All years Schedule D Summary, Line 12, Column 1

Line 45 – Affiliated Preferred Stocks

All years Schedule D Summary, Line 18, Column 1

Line 46 – Affiliated Common Stocks

All years Schedule D Summary, Line 24, Column 1

Line 47 – Affiliated Short-term Investments

All years Subtotal included in Schedule DA, Verification Between Years, Column 5, Line 10

Line 51 – Total Investment in Parent

Report the amount of investments reported in Lines 44 to 49 above that are in an immediate or indirect parent.

Total Nonadmitted and Admitted Assets

Line 52 – Total Nonadmitted Assets

All years Page 2, Line 28, Column 2

Line 53 – Total Admitted Assets

All years Page 2, Line 28, Column 3

Investment Data

Line 54 – Net Investment Income

All years Exhibit of Net Investment Income, Line 17

Line 55 – Realized Capital Gains (Losses)

Life and Accident and Health Companies Only

All years Summary of Operations, Line 34, Column 1

Fraternal Benefit Societies Only

2018..... Summary of Operations, Line 34, Column 1

2017 through 2014 Summary of Operations, Line 30, Column 1

Line 61 – Increases in A&H Reserves

Life and Accident and Health Companies Only

All years Line 19, Columns 9, 10 & 11

Fraternal Benefit Societies Only

2018..... Line 19, Columns 9, 10 & 11

2017 through 2014 Line 17, Column 5

Line 62 – Dividends to Policyholders and Refunds to Members

Life and Accident and Health Companies Only

All years Line 30, Column 1

Fraternal Benefit Societies Only

2018..... Line 30, Column 1

2017 through 2014 Line 28, Column 1

Operating Percentages

Line 63 – Insurance Expense Percent

Life and Accident and Health Companies Only

All years (Page 6, Column 1, Lines 21, 22 & 23 less Line 6) / (Page 6, Column 1, Line 1 plus Exhibit 7, Column 2, Line 2) x 100.00

Fraternal Benefit Societies Only

2018 (Page 6, Column 1, Lines 21, 22 & 23 less Line 6) / (Page 6, Column 1, Line 1 plus Exhibit 7, Column 2, Line 2) x 100.00

2017 through 2014 (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) / (Page 6, Column 1, Line 1) x 100.0

Line 64 – Lapse Percent (ordinary only)

Life and Accident and Health Companies Only

All years (Exhibit of Life Insurance, Column 4, Lines 14 & 15) / ½ (Exhibit of Life Insurance, Column 4, Lines 1 & 21) x 100.00

Fraternal Benefit Societies Only

2018 (Exhibit of Life Insurance, Column 4, Lines 14 & 15) / ½ (Exhibit of Life Insurance, Column 4, Lines 1 & 21) x 100.00

2017 through 2014 (Exhibit of Life Insurance, Column 2, Lines 14 & 15) divided ½ (Exhibit of Life Insurance, Column 2, Lines 1 & 21) x 100.0

Line 65 – A&H Loss Percent

Life and Accident and Health Companies Only

All years Schedule H, Part 1, Lines 5 & 6, Column 2

Fraternal Benefit Societies Only

2018..... Schedule H, Part 1, Lines 5 & 6, Column 2

2017 through 2014 Schedule H, Part 1, Lines 5 and 6, Column 2

Line 66 – A&H Cost Containment

Life and Accident and Health Companies Only

All years Schedule H, Part 1, Line 4, Column 2

Fraternal Benefit Societies Only

2018..... Schedule H, Part 1, Line 4, Column 2

2017 through 2014 Schedule H, Part 1, Line 4, Column 2

Line 67 – A&H Expense Percent Excluding Cost Containment Expenses

Life and Accident and Health Companies Only

All years Schedule H, Part 1, Line 10, Column 2

Fraternal Benefit Societies Only

2018..... Schedule H, Part 1, Line 10, Column 2

2017 through 2014 Schedule H, Part 1, Line 10, Column 2

A & H Claim Reserve Adequacy

Line 68 – Incurred Losses on Prior Years' Claims – Group Health

All years Schedule H, Part 3, Line 3.1, Column 2

This line is not applicable to Fraternal Benefit Societies

Line 69 – Prior Years’ Claim Liability and Reserve – Group Health

All years Schedule H, Part 3, Line 3.2, Column 2

This line is not applicable to Fraternal Benefit Societies

Line 70 – Incurred Losses on Prior Years’ Claims – Health Other than Group

All years Schedule H, Part 3, Line 3.1, Column 1 less Column 2

Fraternal Benefit Societies Only

2018..... Schedule H, Part 3, Line 3.1, Column 1 less Column 2

2017 through 2014 Schedule H, Part 3, Line 3.1, Column 1

Line 71 – Prior Years’ Claim Liability and Reserve – Health Other than Group

All years Schedule H, Part 3, Line 3.2, Column 1 less Column 2

Fraternal Benefit Societies Only

2018..... Schedule H, Part 3, Line 3.2, Column 1 less Column 2

2017 through 2014 Schedule H, Part 3, Line 3.2, Column 1

Net Gains From Operations After Dividends to Policyholders/Refunds to Members and Federal Income Taxes by Lines of Business

Line 72 – Industrial Life

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 2

Fraternal Benefit Societies Only

2018..... Page 6, Line 33, Column 2

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 73 – Ordinary – Life

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 3

Fraternal Benefit Societies Only

2018..... Page 6, Line 33, Column 3

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 74 – Ordinary – Individual Annuities

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 4

Fraternal Benefit Societies Only

2018..... Page 6, Line 33, Column 4

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 75 – Ordinary – Supplementary Contracts

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 5

Fraternal Benefit Societies Only

2018..... Page 6, Line 33, Column 5

2017 through 2014 This level of product detail was not reported previously by Fraternal Benefit Societies on the Exhibit of Life Insurance. Fraternal reporting entities should still provide retrospectively.

Line 76 – Credit Life

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 6

This line is not applicable to Fraternal Benefit Societies

Line 77 – Group Life

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 7

This line is not applicable to Fraternal Benefit Societies

Line 78 – Group Annuities

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 8

This line is not applicable to Fraternal Benefit Societies

Line 79 – A & H – Group

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 9

This line is not applicable to Fraternal Benefit Societies

Line 80 – A&H – Credit

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 10

This line is not applicable to Fraternal Benefit Societies

Line 81 – A&H – Other

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 11

Fraternal Benefit Societies Only

2018..... Page 6, Line 33, Column 11

2017 through 2014 Page 6, Line 29, Column 5

Line 82 – Aggregate of All Other Lines of Business

Life and Accident and Health Companies Only

All years Page 6, Line 33, Column 12

Fraternal Benefit Societies Only

2018..... Page 6, Line 33, Column 12

2017 through 2014 Page 6, Line 29, Column 6

Line 83 – Fraternal

This line is not applicable to Life and Accident and Health Companies

Fraternal Benefit Societies Only

2018..... Page 6, Line 29, Column 14

2017 through 2014 Page 6, Line 29, Column 8

STATE PAGE

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.

Direct premiums by state may be estimated by formula on the basis of countrywide ratios for the respective lines of business except where adjustments are required to recognize special situations.

Company's participation in the FEGLI and SGLI policies is shown in this exhibit as direct business.

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Column 2 – Credit Life (Group and Individual)

Include: Business not exceeding 120 months duration.

This column is not applicable to Fraternal Benefit Societies.

Column 5 – Total

Line 1 – Direct Premiums for Life Contracts Excluding Reinsurance Assumed
and Without Deduction of Reinsurance Ceded
Line 2 – Direct Annuity Considerations for Life Contracts Excluding Reinsurance
Assumed and Without Deduction of Reinsurance Ceded

and }
}

Should equal Schedule T, Columns 2 and 3, by State.

Line 3 – Deposit-type Contract Funds

Report all deposits, and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 7.

Line 2 – Annuity Considerations

Should equal Schedule T, Column 3 by State.

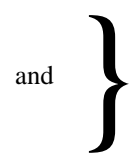
Line 3 – Deposit-type Contracts Funds

Report all deposits and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 7.

Line 4 – Other Considerations

Include: Unallocated annuity considerations and other unallocated deposits that incorporate any mortality or morbidity risk and are not reported on Line 1, Line 2 or Line 3. The amounts reported should be consistent with those reported on Schedule T, Column 5. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities in Line 2.

- | Line 6 – Life Insurance Direct Dividends to Policyholders/Refunds to Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded
- | Line 7 – Annuity Direct Dividends to Policyholders/Refunds to Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded



Report dividends to policyholders/refunds to members paid or left on deposit, dividends to policyholders/refunds to members applied to pay premiums or considerations, or applied to provide paid-up additions or annuities. Also report dividends to policyholders/refunds to members used to shorten the endowment or premium paying period.

- Line 13 – Aggregate Write-ins for Miscellaneous Direct Claims and Benefits Paid
Enter the total of the write-ins listed in schedule Detail of Write-ins Aggregated at Line 13 for Miscellaneous Direct Claims and Benefits Paid.

- Lines 24 to 26 – Accident and Health Insurance
Report health premiums collected during the year, excluding reinsurance accepted and without deduction of reinsurance ceded.
Report on Line 24.1 those premiums, dividends and losses allocable to the Federal Employees Health Benefits Program premiums that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.
For Line 24.2, include business not exceeding 120 months' duration.
For Line 25, the development of data into various health policy categories should be done by inventory of the policy records.

- Line 24.4 – Medicare Title XVIII Exempt from State Taxes or Fees
Report Medicare Title XVIII premiums that are exempted from state taxes or other fees by Section 1854(g) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This includes but is not limited to premiums written under a Medicare Advantage product, a Medicare PPO product, or a stand-alone Medicare part D product.

Details of Write-ins Aggregated on Line 13 for Miscellaneous Direct Claims and Benefits Paid
List separately each category of direct claims and benefits paid for which there is no pre-printed line on the state page.

For Health Business: Complete the information below the Accident and Health block regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to a higher level of benefits whenever participating provider networks are used.

DRAFTING NOTE: Boxes have been put around instructions for lines that are found in the life version but not the fraternal version.

EXHIBIT OF LIFE INSURANCE

This exhibit displays current year information on increases and decreases to the life insurance in force at the beginning of the year. Data is reported on an incurred basis, that is, policies (or certificates) are considered issued when the first premium is paid and are considered terminated as closely as possible to the time when the event occurs rather than when actual cash payment is made.

For policies and riders that provide a level amount of insurance payable in installments in the event of death, the commuted value of the installments should be used as the amount of insurance. Include variable life insurance business.

Report all amounts of insurance in thousands of dollars (omit \$000).

Columns 5
and 6

– Credit Life (Group and Individual)

Include: Business not exceeding 120 months duration.

This column is not applicable to Fraternal Benefit Societies.

Line 1 – In Force End of Prior Year

This amount equals the amount reported on Line 21 in the prior year's annual statement.

Line 2 – Issued During Year

Include: Permanent insurance issued as conversions of individual or family term insurance or group insurance. For group insurance include original issues and additional new business consisting of extensions to new classes and upward revisions of amount of insurance.

Exclude: New dividend additions issued (reported on Line 7).

Line 3 – Reinsurance Assumed

Report all reinsurance assumed including modified coinsurance. If a block of business has been assumed during the year, a footnote should be added showing the figures for each column for each such transaction.

Fraternal Benefit Societies Only:

Include: Reinsurance of the entire business of a company, including modified coinsurance, or of its business in a state or section of the country but is not to include reinsurance of individual risks. In the case of a society which has accepted such reinsurance, include the business assumed in Line 3, and in the case of a society that has ceded its business, include the business so ceded in Line 22.

Line 4 – Revived During Year

Report reinstatements of policies lapsed prior to the statement year.

Exclude: Reinstatement data for policies lapsed in the statement year (this information is part of net lapse data reported on Line 15).

- Line 5 – Increased During Year (Net) and
- Line 17 – Decreased (Net)



Enter as a positive figure in either Line 5 or Line 17, the net of increases and decreases for number of policies, number of certificates and amount of insurance. This data is treated independently and it is possible for one or more of these figures to increase while the others decrease. In determining the net for Group business, add new persons covered who are not included in Line 2 or Line 3, and deduct those withdrawing. The net figures for number of policies, for number of certificates, and for amount of insurance may not necessarily be on the same line.

- Line 7 – Additions by Dividends During Year

Report additions to life insurance in force as the result of application of dividends on participating policies to purchase paid-up additional insurance.

- Line 8 – Aggregate Write-ins for Increases

Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Line 8 for Increases.”

- Line 10 – Death and
- Line 11 – Maturity



These lines are self-explanatory. Amounts reported must be those that had been previously reported as being in force.

- Line 12 – Disability

Report the full in force amounts as canceled for those policies/certificates where approval and payment of disability benefits result in the automatic termination of the policy itself and any life insurance it was to provide.

Exclude: Disability benefits of any nature unless the policy provision stipulates a reduction of the face amount of insurance on account of disability.

- Line 13 – Expiry

Report those cancellations from in force where coverage was provided by term insurance (term policies/certificates, extended insurance term riders) where the term has expired and the policy/certificate or rider is of no further value.

- Line 14 – Surrender

Report the cancellation from in force of the face amounts (or adjusted amounts of insurance) for policies/certificates that were surrendered by the owners for their cash value, or where a policy/certificate loan indebtedness (loan principal plus accrued interest) reached or exceeded the reserve value causing termination of insurance coverage.

- Line 15 – Lapse

Report cancellation from in force of insurance without nonforfeiture provisions as the result of nonpayment of premiums prior to the normal expiration date of such insurance coverage.

- Line 16 – Conversion

Report only individual or family term insurance converted to permanent insurance.

Line 18 – Reinsurance

Report discontinuance of reinsurance assumed by transfer of risk to the original or other insurer. If one or more blocks of business have been ceded by reinsurance during the year, it should be reported in this line with a footnote showing the figures for each column for each such cession. Do not include reinsurance ceded on individual risks.

Line 19 – Aggregate Write-ins for Decreases

Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated on Line 19 for Decreases.”

Line 22 – Reinsurance Ceded, End of Year

Report all reinsurance ceded including modified coinsurance.

Line 23 – Line 21 minus Line 22

Report the in force at the end of the year less ceded.

Line 24 – Additions by Dividends

Report the total acquired by Line 7 transactions since inception in force at the end of the year.

Line 25 – Other Paid-Up Insurance

Report all non-premium-paying insurance (single premium, fully paid-up, reduced paid-up and extended term) except additions by dividends.

Line 26 – Debit Ordinary Insurance

Report that portion of ordinary in force that is maintained by a debit premium collection system.

Lines 27 to 30 – Additional Information on Ordinary Insurance

Amounts of term insurance on wives and children under family policies should be included in Lines 29 and 30 and excluded from Lines 27 and 28.

Lines 36 to 40 – Classification of Amount of Insurance by Participating Status

Totals should prove to Lines 2 and 21, Column 10.

Line 38 – Credit Life (Group and Individual)

Include: Business not exceeding 120 months duration.

Lines 41 to 45 – Additional Information on Credit Life and Group Insurance

Columns 1 and 2 should include business not exceeding 120 months duration.

Line 42 – Number In Force End of Year if the Number Under Shared Groups is Counted on a Pro-rata Basis

If part of the insurance on each life in a group is provided by policies of other insurance companies (except for the Federal Employees' Group Life Insurance Policy and the Servicemen's Group Life Insurance Policy), report in Line 42 the adjusted total number of group life certificates in force at end of year. The adjusted total should include for each such policy the number of certificates in force multiplied by the proportion of insurance provided by the company. If none of the group insurance in force at the end of the year is in a shared group, the figure in this line should be the same as that in Line 21, Column 8. Adjust credit life number in a similar manner.

Line 46 – Amount of Additional Accidental Death Benefits in Force End of Year Under Ordinary Policies

Exclude: Amounts payable only in event of death resulting from specific types of accidents, such as travel accidents.

Lines 48
to 52 – Policies with Disability Provisions

Report the face amounts of the insurance policies to which the disability provision apply.

Detail of Items Aggregated on Line 8 for Other Increases

List separately each increase for which there is no pre-printed line on this exhibit.

Detail of Items Aggregated on Line 19 for Other Decreases

List separately each decrease for which there is no pre-printed line on this exhibit.

DRAFTING NOTE: Fraternal companies should note that the category list from the life instructions is more detailed than found in the fraternal instructions.

SCHEDULE F

DEATH CLAIMS RESISTED OR COMPROMISED

If a reporting entity has any detail lines reported for any of the following required groups, categories, or subcategories, it shall report the subtotal amount of the corresponding group, category, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

<u>Group or Category</u>	<u>Line Number</u>
Claims Disposed of During Current Year:	
Death Claims:	
Ordinary	0199999
Credit.....	0299999
Group	0399999
Industrial	0499999
Subtotals – Disposed – Death Claims	0599999
Additional Accidental Death Benefit Claims:	
Ordinary	0699999
Credit.....	0799999
Group	0899999
Industrial	0999999
Subtotals – Disposed – Add'l Acc. Death Benefit	1099999
Disability Benefit Claims:	
Ordinary	1199999
Credit.....	1299999
Group	1399999
Industrial	1499999
Subtotals – Disposed – Disability Benefit Claims	1599999
Matured Endowment Claims:	
Ordinary	1699999
Credit.....	1799999
Group	1899999
Industrial	1999999
Subtotals – Disposed – Matured Endowment Claims	2099999
Annuities With Life Contingencies Claims:	
Ordinary	2199999
Credit.....	2299999
Group	2399999
Industrial	2499999
Subtotals – Disposed – Annuities with Life Contin.	2599999
Subtotals – Claims Disposed of During Current Year	2699999

Activity for resisted claims incurred on direct business should be classified in the following categories:

Claims Resisted During Current Year:	
Death Claims:	
Ordinary	2799999
Credit.....	2899999
Group	2999999
Industrial	3099999
Subtotals – Resisted – Death Claims	3199999
Additional Accidental Death Benefit Claims:	
Ordinary	3299999
Credit.....	3399999
Group	3499999
Industrial	3599999
Subtotals – Resisted – Add'l Acc. Death Benefit	3699999
Disability Benefit Claims:	
Ordinary	3799999
Credit.....	3899999
Group	3999999
Industrial	4099999
Subtotals – Resisted – Disability Benefit Claims	4199999
Matured Endowment Claims:	
Ordinary	4299999
Credit.....	4399999
Group	4499999
Industrial	4599999
Subtotals – Resisted – Matured Endowment Claims	4699999
Annuities With Life Contingencies Claims:	
Ordinary	4799999
Credit.....	4899999
Group	4999999
Industrial	5099999
Subtotals – Resisted – Annuities with Life Contin.	5199999
Subtotals – Claims Resisted During Current Year.....	5299999
Totals	5399999

This exhibit provides a summary of resisted claims on life insurance policies. Claims under accident and health policies need not be reported in this schedule.

A claim is considered resisted when it is in dispute and not resolved on the statement date. Where the company is holding up payment for sufficient evidence or where a beneficiary has made a claim and then withdraws it, such items should be considered as in the course of settlement.

- Column 4 – Year of Claim for Death or Disability
 Claims resisted and not settled or dismissed by a competent court at the end of the statement year should be carried forward to the next year.
- Column 5 – Amount Claimed
 The amount claimed (not the amount paid) on resisted claims that have been settled during the current year.
- Column 7 – Amount Resisted December 31 of Current Year
 Statement year liability should agree with Exhibit 8, Part 1, Column 1, Line 2.11.

SCHEDULE H

ACCIDENT AND HEALTH EXHIBIT

“Appropriately” where used in the Instructions for Schedule H, means the appropriate accident and health portions of referenced data. Reconciliation with figures drawn from other parts of the statement may only be possible with respect to Group Accident and Health (Column 3), Credit (Group and Individual) Accident and Health (Column 5) and Other Accident and Health (the combination of Columns 7 through 17), and, in some cases, may only be possible with respect to Total Accident and Health (Column 1) of Schedule H – Accident and Health Exhibit.

All amounts reportable in Parts 1 through 3 are net of reinsurance ceded, i.e., reinsurance assumed should be included, reinsurance ceded should be deducted, and net figures entered in the statement. Part 4, “Reinsurance,” displays the reinsurance assumed and ceded components.

Column 5 – Credit Accident and Health (Group and Individual)

Include: Business not exceeding 120 months duration.

This column is not applicable to Fraternal Benefit Societies.

Column 7 – Collectively Renewable

Include: Amounts pertaining to policies/certificates which are made available to groups of persons under a plan sponsored by an employer, or an association or a union of affiliated associations or unions, or a group of individuals supplying materials to a central point of collection or handling a common product or commodity, under which the reporting entity has agreed with respect to such policies/certificates that renewal will not be refused, subject to any specified age limit, while the reporting entity remains a member of the group specified in the agreement unless the reporting entity simultaneously refuses renewal to all other policies/certificates in the same group. A sponsored plan shall not include any arrangement where a reporting entity’s customary individual policies/certificates are made available without special underwriting considerations, and where the employer’s participation is limited to arranging for salary allotment premium payments with or without contribution by the employer. Such plans are sometimes referred to as payroll budget or salary allotment plans. A sponsored plan may be administered by an agent or trustee.

Amounts pertaining to policies/certificates issued by a company or group of companies under a plan, other than a group insurance plan, authorized by special legislation for the exclusive benefit of the aged through mass enrollment.

Amounts pertaining to policies/certificates issued under mass enrollment procedures to older people, such as those age 65 and over, in some geographic region or regions under which the reporting entity has agreed with respect to such policies/certificates that renewal will not be refused unless the reporting entity simultaneously refuses renewal to all other policies/certificates specified in the agreement.

Column 9 – Non-cancelable

Include: Amounts pertaining to policies/certificates that are guaranteed renewable for life or to a specified age, such as 60 or 65, at guaranteed premium rates.

Column 11 – Guaranteed Renewable

Include: Amounts pertaining to policies/certificates which are guaranteed renewable for life or to a specified age, such as 60 or 65, but under which the reporting entity reserves the right to change the scale of premium rates.

Column 13 – Non-renewable for Stated Reasons Only

Include: Amounts pertaining to policies/certificates in which the reporting entity has reserved the right to cancel or refuse renewal for one or more stated reasons, but has agreed implicitly or explicitly that, prior to a specified time or age, it will not cancel or decline renewal solely because of deterioration of health after issue.

Column 17 – All Other

Include: Any other accident and health coverages not specifically required in other columns. All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.

  **Detail Eliminated To Conserve Space**  

PART 2 – RESERVES AND LIABILITIES

SECTION A – PREMIUM RESERVES

Line 1 – Unearned Premiums

Should agree appropriately with Exhibit 6, Line 1, net of applicable reinsurance ceded.

Line 2 – Advance Premiums

Should agree appropriately with the sum of Exhibit 1, Part 1, Lines 4 and 14.

Line 3 – Reserve for Rate Credits

Should agree appropriately with the net of Exhibit 6, Line 5, net of applicable reinsurance ceded, plus Page 3, Line 9.2 parenthetical amount #1 minus Page 2, Line 15.3, Column 3, accident and health portion.

Not applicable to Fraternal Benefit Societies.

Line 4 – Total Premium Reserves, Current Year

Sum of Lines 1, 2 and 3.

Line 5 – Total Premium Reserves, Prior Year

Line 4 from prior year.

Line 6 – Increase in Total Premium Reserves

Line 4 minus Line 5.

SECTION B – CONTRACT RESERVES

Line 1 – Additional Reserves

Refer to *SSAP No. 54R—Individual and Group Accident and Health Contracts* for accounting guidance.

Include: Premium deficiency reserve.

Companies must carry a reserve in this line for any policy or block of policies:

- (i) With which level premiums are used, or
- (ii) With respect to which, due to the gross premium structure at issue, the value of future benefits exceeds the value of appropriate future valuation net premiums.

Companies must carry a reserve for any block of contracts for which future gross premiums when reduced by expenses for administration, commissions, and taxes will be insufficient to cover future claims or services.

Line 2 – Reserve for Future Contingent Benefits

Companies must carry a reserve on this line that provides for the extension of benefits after termination of the policy or of any insurance thereunder. Such benefits, that actually accrue and are payable at some future date, are predicated on a condition or actual disability that exists at the termination of the insurance and that is usually not known to the insurance company. These benefits are normally provided by contract provision but may be payable because of court decisions or of departmental rulings.

An example of the type of benefit for which a reserve must be carried is the coverage for hospital confinement after the termination of an employee’s certificate but prior to the expiration of a stated period. This example is illustrative only and is not intended to limit the reserve to the benefits described. Some individual Accident and Health policies may also provide benefits similar to those under the “Extension of Benefits” section of a group policy.

Line 3 – Total Contract Reserves, Current Year

Sum of Lines 1 and 2.

Line 4 – Total Contract Reserves, Prior Year

Line 3 from prior year.

Line 5 – Increase in Contract Reserves

Line 3 minus Line 4.

 **Detail Eliminated To Conserve Space** 

SCHEDULE S – PART 6

FIVE-YEAR EXHIBIT OF REINSURANCE CEDED BUSINESS

A. Operations Items:

Line 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts

Exhibit 1, Part 1, Line 20.3.

↓ **====** **Detail Eliminated To Conserve Space** **====** ↓

Line 5 – Dividends to Policyholders and Refunds to Members

Reinsurance ceded portion of Page 4, Line 30.

↓ **====** **Detail Eliminated To Conserve Space** **====** ↓

B. Balance Sheet Items:

Line 8 – Premiums and Annuity Considerations for Life and Accident and Health Contracts Deferred and Uncollected

Exhibit 1, Part 1, Lines 3.3 plus 13.3.

↓ **====** **Detail Eliminated To Conserve Space** **====** ↓

Line 13 – Experience Rating Refunds Due or Unpaid

Amount included on Page 2, Line 16.3, Column 3.

Line 14 – Policyholders' Dividends and Refunds to Members

Reinsurance ceded portion of Page 3, Lines 5, 6 and 7.

↓ **====** **Detail Eliminated To Conserve Space** **====** ↓

GENERAL EXPENSES AND TAXES, LICENSES AND FEES

General expenses include virtually all of the expenses of a life insurance company other than benefits to policyholders, commissions, and taxes, licenses and fees.

The statutory financial statement provides for two broad categories of general expenses (1) insurance, subdivided into life insurance, accident and health insurance, and all other lines of business, and (2) investment. In addition, the Analysis of Operations by Lines of business requires allocation of general expenses to more detailed lines of business. The Summary of Operations classifies the investment expense portion of general expenses as an offset to investment income while classifying general insurance expenses separately in the expense section of the summary.

Report expenses incurred by the reporting entity for uninsured accident and health plans on a gross basis by type of expense; however, administrative fees and expense reimbursements relating to uninsured business are reduced in the general expense and general insurance expenses are to be reported in the Summary of Operations net of such fees and reimbursements.

Classification of Expenses

Note the following points with respect to specific classifications of expenses:

Exhibit 2 – General Expenses

Line 1 ————— Rent

Rent expense includes, in addition to rent paid for leased properties, an estimated amount that represents “rent” for properties owned and occupied by the company. Report the offset to this amount as investment income. Net rents received for property under sublease against rent expense.

Line 2 ————— Salaries and Wages

Salaries and wages, in addition to virtually all direct payments of compensation to employees, salaries and wages should include all payments to directors for attendance at board or committee meetings.

Line 3 ————— Contributions for Benefit Plans for Employees and Agents

The instructions for “Contributions for benefit plans for employees and agents” provide for payments of past service cost to be excluded from general expenses, if reported in surplus. This relates to the practice followed by some companies of reporting past service cost as a surplus item rather than as an expense. The alternative treatment still exists.

Line 4.1 ————— Legal Fees and Expenses

Legal fees and expenses should include the cost of outside counsel as well as court costs and similar payments to the extent that these costs do not relate to the claims or investment functions. Exclude salaries and expenses of in-house counsel.

Line 4.2 ————— Medical Examination Fees

Medical examination fees relate to costs incurred in connection with the issuance of policies, reinstatements, policy changes, and applications for employment, but not to medical fees incurred in connection with the welfare of employees or the settlement of claims.

~~Line 4.5 Expense of Investigation and Settlement of Policy Claims~~

~~The classification entitled “Expense of investigation and settlement of policy claims” relates to payments to outsiders for adjusting and settling claims. It does not include payments to employees engaged in this function.~~

~~Line 5.1 Traveling Expenses~~

~~Exclude from “Traveling expenses” those expenses properly chargeable to the caption “Real estate expenses” or those expenses that the reporting entity would properly classify as agency expenses. Include costs relating to company owned automobiles, including depreciation.~~

~~Line 5.2 Advertising~~

~~Advertising should include all costs relating to advertising for new insurance business except salaries and expenses of an advertising department.~~

~~Line 5.5 Cost or Depreciation of Furniture and Equipment~~

~~The general practice with respect to “Cost or depreciation of furniture and equipment” is to either (1) charge depreciation to this expense classification and write off the remaining asset balance to surplus as a nonadmitted asset; or (2) to charge expenditures for furniture and equipment directly to expense, in which case, those expenditures would be included in this classification.~~

~~Line 6.6 Sundry General Expenses~~

~~Report as general expenses, amounts paid to agents for administering group, credit, or individual blocks of business.~~

~~Line 9.1 Real Estate Expenses~~

~~Real estate expenses include all costs except salaries and wages of company employees that relate to real estate, whether occupied by the company or not.~~

~~Exhibit 3 – Taxes, Licenses and Fees~~

~~Taxes, licenses and fees general include all payments to federal, state, local and foreign governments with the exception of federal income taxes.~~

Functional Costs

~~General expenses are not to be reported on a functional basis unless specifically permitted and then only if (1) services are independently organized; (2) rent, salaries and wages, and other major items of direct expense are charted to the functions; and (3) adequate accounting for the functional classifications is maintained. Those expense classifications that companies may specifically report on a functional basis are rent, salaries and wages, other employee and agent welfare and printing and stationery.~~

Allocation of Expenses

As stated above, companies must allocate general expenses to life insurance, accident and health insurance or investment expense. The all other lines of business category should include the corporate overhead line of business where that normal designation exists. In addition, the Analysis of Operations by Lines of Business requires allocation of general insurance expenses to more detailed lines of business. The *Annual Statement Instructions* discuss the allocation of receipts and expenses to lines of business.

The *Annual Statement Instructions* state that the company shall employ those principles and methods that reflect the actual incidence of cost by lines of business. Companies should consider the relative time spent, the extent of usage, and the varying volume of work performed. The instructions further state that companies should base the allocations upon objective measurement rather than estimates unless the cost of the measurement clearly outweighs the benefit derived. Where estimates are used, individuals familiar with the nature of the activity should make these estimates and thoroughly responsible persons should review these estimates.

The *Annual Statement Instructions* also state that companies should not use general indices such as premium volume, number of policies and insurance in force unless the incidence of cost is closely related to the indices or there is no more appropriate basis. In no event should such indices be used to distribute claims costs to secondary lines of business.

Taxes, licenses and fees are generally allocated to the same line of business as the items to which the specific tax, license or fee relates. For examples, premium taxes would follow the allocation of premiums while real estate taxes would be classified as an investment expenditure. As with general expense, the overriding allocation principle should be that of reasonableness.

General Expenses Due or Accrued

The amount included in the balance sheet under this caption represents the company's liability for general expenses applicable to the current year that are unpaid at year end. There are a number of guidelines to consider with respect to whether an item represents a liability of the company at the statement date. Distinguish between (1) bills for items purchased or services rendered, and (2) the recognition of accruals for such things as payroll. With respect to accruals, the liability should be established so that each period bears its pro rata share of the expense even though no bill has been received. Accrual payroll, for example, represents the cost for the period from the last payroll to period end.

Generally, the liability for purchases of supplies and materials should be established as of the receipt date or shipment date, if FOB. If a company has an irrevocable contract as of the statement date, the liability must be established even though the supplies or materials have not been received.

Taxes, Licenses and Fees Due or Accrued

Taxes, licenses and fees that are unpaid but applicable to the accounting period should be accrued and reported as a liability in the balance sheet. With respect to premium taxes and state income taxes, the amount accrued should relate to the related premiums or taxable income recorded in the period, less prepayments of those taxes. Payroll taxes accrued should include all unpaid taxes applicable to salaries and wages that have been paid, plus taxes applicable to accrued payroll.

DRAFTING NOTE: Instructions below have references for Group Life which are not applicable to Fraternal Benefit Societies.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS
INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT

Filing date: This exhibit is to be filed no later than April 1.

This exhibit shows Lines 1 through 33 of the Life and Accident and Health Blank, Analysis of Operations by Line of Business, for interest and non-interest sensitive life insurance products. The purpose of this exhibit is to reflect the amount of revenue and expense attributable to each of these classifications.

An interest sensitive life insurance product is any product under the provisions of which separately identified interest credits are made to the product. They are distinguished by the existence of an indeterminate product value from which specified periodic charges are deducted and to which specified periodic interest is credited at a rate not determined at issue.

For purposes of the classification of products between interest and non-interest sensitive products, apply the definition to the base policy. The allocation of amounts not directly allocable should follow the instructions for Analysis of Operations by Lines of Business page. Allocation of receipts and expenses between interest and non-interest sensitive products should be consistent with the primary line of business allocations.

The columns on the Interest Sensitive Life Insurance Products Report for the Analysis of Operations by Lines of Business are labeled as follows:

(References to present annual statement page totals are listed as needed.)

			<u>Page</u>	<u>Column</u>
Ordinary Life	–	Interest Sensitive	6s	1
	–	Non-Interest Sensitive	6s	2
	–	Total (Page 6, Column 3)	6s	3
Group Life	–	Interest Sensitive	6s	4
	–	Non-Interest Sensitive	6s	5
	–	Total (Page 6, Column 7)	6s	6

DRAFTING NOTE: Instructions below have references for Group Life which are not applicable to Fraternal Benefit Societies.

ANALYSIS OF INCREASE IN RESERVES
INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT

Filing date: This exhibit is to be filed no later than April 1.

This exhibit analyzes the development of life insurance policy reserves for interest and non-interest sensitive products by showing how the reserve may be traced mathematically from one year-end to the next.

An interest sensitive life insurance product is any product under the provisions of which separately identified interest credits are made to the product. They are distinguished by the existence of an indeterminate product value from which specified periodic charges are deducted and to which specified periodic interest is credited at a rate not determined at issue.

For purposes of the classification of products between interest and non-interest sensitive life insurance products, apply the definition to the base policy. The allocation of amounts not directly allocable should follow the instructions from Analysis of Increase in Reserves During the Year.

The columns on the Interest Sensitive Life Insurance Products Report for the Analysis of Increase in Reserves are labeled as follows:

(References to annual statement page totals are listed as needed.)

			<u>Column</u>
Ordinary Life	–	Interest Sensitive	1
	–	Non-Interest Sensitive	2
	–	Total (Page 7, Column 3)	3
Group Life	–	Interest Sensitive	4
	–	Non-Interest Sensitive	5
	–	Total (Page 7, Column 7)	6

Lines 2 through 6 and Lines 9 through 11 do not include amounts related to the VM-20 Deterministic/Stochastic portion of the reserves, which are reported on Line 6.1.

- Line 6 – Increase in Reserve on Account of Change in Valuation Basis
 Enter appropriate amounts from Part A of Exhibit 5A, Changes in Bases of Valuation During the Year.
- Line 6.1 – Change in Excess of VM-20 Deterministic/Stochastic Reserve over Net Premium Reserve
 As the line item describes, this is the change in excess of any Deterministic/Stochastic reserve over the amount of the VM-20 Net Premium Reserve.
- Line 10 – Reserves Released by Death
 Entries should be made only in the columns involving life insurance. Enter terminal reserves released.
 Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Death
- Line 11 – Reserves Released by Other Terminations (Net)
 Enter reserves released by all causes in and other than by death in. The computation should be on a net basis so as to take account of revivals, increases, changes, etc.
 Exclude Deterministic/Stochastic Reserves from the reporting of Reserves Released by Other Terminations (Net)

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

Detail Eliminated To Conserve Space

SUMMARY

Part 1

Columns 1 and 2 should agree to Schedule H – Part 1, Column 1 minus the sum of Columns 3 and 5, Lines 2 and 3, respectively.

Part 2

Columns 1 and 2 should agree to Schedule H – Part 1, Column 3, Lines 2 and 3, respectively.

Not applicable to Fraternal Benefit Societies.

Part 3

Columns 1 and 2 should agree to Schedule H – Part 1, Column 5, Lines 2 and 3, respectively.

Not applicable to Fraternal Benefit Societies.

Part 4

Columns 1 and 2 should agree to Schedule H – Part 1, Column 1, Lines 2 and 3, respectively. Column 3 should agree to Schedule H – Part 1 Line 6 less the change in premium deficiency reserve Footnote (a) Schedule H Part 2 current year minus prior year.

Not applicable to Fraternal Benefit Societies.

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

This exhibit is required to be filed no later than April 1.

This exhibit shows Lines 1 through 15 of the Analysis of Increase in Reserves During the Year. Columns 4 and 8 of the Analysis of Increase in Reserves During the Year are segregated on this schedule into fixed annuities, indexed annuities, variable annuities general account, variable annuities separate account, and other annuities.

This exhibit analyzes the development of life policy and contract reserves by showing how the reserve may be traced mathematically from one year-end to the next by taking account of its various theoretical components.

A company shall not omit the columns for any lines of business in which it is not engaged.

Definitions:

Fixed Annuity: A fixed annuity is a policy or contract that has a specified crediting rate periodically and unilaterally adjusted by the company not below minimum contract rate. Include market value adjusted annuities.

A market value adjusted annuity is a fixed annuity with a provision that changes in the interest environment are taken into account if the annuity is surrendered.

Variable Annuity: A variable annuity is a policy or contract that provides for annuity benefits that vary according to the investment experience of a separate account or accounts maintained by the insurer as to the policy or contract.

Indexed Annuity: An indexed annuity is a policy or contract that is not a variable annuity and that contains a benefit in which the value of the benefit is determined using an interest crediting based on the performance of an index and contract parameters.

Other Annuity: An annuity not included in the definition of fixed, variable or indexed above.

Column 1 – Total

The lines in this column are to agree with Analysis of Increase in Reserves During the Year, Column 4 + 8 and the sum of Columns 2 through 11 of this exhibit.

Column 2 & 7 – Individual Fixed Annuities and Group Fixed Annuities

Include: Market Value Adjusted Annuities

Column 7 not applicable to Fraternal Benefit Societies.

Column 6 & 11 – Individual Other Annuities and Group Other Annuities

Exclude: Market Value Adjusted Annuities

Column 11 not applicable to Fraternal Benefit Societies.

Line 15 – Reserves December 31, Current Year

The sum of Columns 2 through 6 for Line 15 should equal Line 15, Column 4 of the Analysis of Increase in Reserves During the Year.

The sum of Columns 7 through 11 for Line 15 should equal Line 15, Column 8 of the Analysis of Increase in Reserves During the Year.

NOTE: Line 10 is not applicable to annuities but is presented on the schedule for consistency with Analysis of Increase in Reserves During the Year.

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

This exhibit is required to be filed no later than April 1.

This exhibit shows Lines 1 through 33 of the Analysis of Operations by Lines of Business. Columns 4 and 8 of the Analysis of Operations by Lines of Business are segregated on this schedule into fixed annuities, indexed annuities, variable annuities general account, variable annuities separate account, and other annuities.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

Definitions:

Fixed Annuity: A fixed annuity is a policy or contract that has a specified crediting rate periodically and unilaterally adjusted by the company not below minimum contract rate. Include market value adjusted annuities.

A market value adjusted annuity is a fixed annuity with a provision that changes in the interest environment are taken into account if the annuity is surrendered.

Variable Annuity: A variable annuity is a policy or contract that provides for annuity benefits that vary according to the investment experience of a separate account or accounts maintained by the insurer as to the policy or contract.

Indexed Annuity: An indexed annuity is a policy or contract that is not a variable annuity and that contains a benefit in which the value of the benefit is determined using an interest crediting based on the performance of an index and contract parameters.

Other Annuity: An annuity not included in the definition of fixed, variable or indexed above.

Column 1 – Total

The lines in this column are to agree with Analysis of Operations by Lines of Business, Column 4 + 8 and the sum of Columns 2 through 11 of this exhibit.

Column 2 & 7 – Individual Fixed Annuities and Group Fixed Annuities

Include: Market Value Adjusted Annuities

Column 7 not applicable to Fraternal Benefit Societies.

Column 6 & 11 – Individual Other Annuities and Group Other Annuities

Exclude: Market Value Adjusted Annuities

Column 11 not applicable to Fraternal Benefit Societies.

- Line 33 – Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses)
- The sum of Columns 2 through 6 for Line 33 should equal Line 33, Column 4 of the Analysis of Operations by Lines of Business.
- The sum of Columns 7 through 11 for Line 33 should equal Line 33, Column 8 of the Analysis of Operations by Lines of Business.
- Line 34 – Policies/certificates in force end of year
- In force for Individual (Columns 2 through 6) refers to number of policies
In force for Group (Columns 7 through 11) refers to number of certificates
- Column 1 should equal Line 9, Columns 1 plus 2 plus 4 of the Annuities Section of the Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values In Force for Supplementary Contracts, Annuities, Accident and Health and Other Policies.

C-3 RBC CERTIFICATIONS REQUIRED UNDER C-3 PHASE I

Instructions for C-3 RBC Certifications state: “The risk-based capital submission is to be accompanied by a statement from the appointed actuary certifying that in his or her opinion the assumptions used for these calculations are not unreasonable for the products, scenarios and purpose being tested. This C-3 assumption Statement is required from the appointed actuary even if the cash flow testing for C-3 RBC is done by a different actuary.”

For Life and Accident and Health Companies:

This certification should be submitted with the state of domicile and electronically with the NAIC no later than March 1.

For Fraternal Benefit Societies:

~~This certification should be submitted with the state of domicile no later than March 1.~~

C-3 RBC CERTIFICATIONS REQUIRED UNDER C-3 PHASE II

The C-3 Phase II RBC instructions state the following: “Certification of the work done to set the RBC level will be required to be submitted with the RBC filing. Refer to Appendices 10 and 11 of the AAA LCAS C-3 Phase II RBC Report (June 2005) for further details of the certification requirements. The certification should specify that the actuary is not opining on the adequacy of the company’s surplus or its future financial condition. The actuary will also note any material change in the model or assumptions from that used previously and the impact of such changes (excluding changes due to a change in these NAIC instructions. Changes will require regulatory disclosure and may be subject to regulatory review and approval.”

For Life and Accident and Health Companies:

The certification(s) should be submitted with the state of domicile and electronically with the NAIC no later than March 1.

For Fraternal Benefit Societies:

~~This certification should be submitted with the state of domicile no later than March 1.~~

QUARTERLY STATEMENT BLANK – LIFE

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

.....
Affix Bar Code Above

QUARTERLY STATEMENT

AS OF _____, 2019

OF THE CONDITION AND AFFAIRS OF THE

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

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

Licensed as business type: Life, Accident & Health Fraternal Benefit Societies
 Incorporated/Organized _____ Commenced Business _____
 Statutory Home Office _____, _____
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Web Site Address _____, _____, _____
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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 ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from 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 by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ <small>(Signature)</small>	_____ <small>(Signature)</small>	_____ <small>(Signature)</small>
_____ <small>(Printed Name)</small> 1.	_____ <small>(Printed Name)</small> 2.	_____ <small>(Printed Name)</small> 3.
_____ <small>(Title)</small>	_____ <small>(Title)</small>	_____ <small>(Title)</small>

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

a. Is this an original filing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If no:	
1. State the amendment number	.....
2. Date filed	.....
3. Number of pages attached	.....

LIABILITIES, SURPLUS AND OTHER FUNDS

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

SUMMARY OF OPERATIONS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts			
2. Considerations for supplementary contracts with life contingencies			
3. Net investment income			
4. Amortization of Interest Maintenance Reserve (IMR)			
5. Separate Accounts net gain from operations excluding unrealized gains or losses			
6. Commissions and expense allowances on reinsurance ceded			
7. Reserve adjustments on reinsurance ceded			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts			
8.2 Charges and fees for deposit-type contracts			
8.3 Aggregate write-ins for miscellaneous income			
9. Totals (Lines 1 to 8.3)			
10. Death benefits			
11. Matured endowments (excluding guaranteed annual pure endowments)			
12. Annuity benefits			
13. Disability benefits and benefits under accident and health contracts (including \$..... premiums waived)			
14. Coupons, guaranteed annual pure endowments and similar benefits			
15. Surrender benefits and withdrawals for life contracts			
16. Group conversions			
17. Interest and adjustments on contract or deposit-type contract funds			
18. Payments on supplementary contracts with life contingencies			
19. Increase in aggregate reserves for life and accident and health contracts			
20. Totals (Lines 10 to 19)			
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only)			
22. Commissions and expense allowances on reinsurance assumed			
23. General insurance expenses and fraternal expenses			
24. Insurance taxes, licenses and fees, excluding federal income taxes			
25. Increase in loading on deferred and uncollected premiums			
26. Net transfers to or (from) Separate Accounts net of reinsurance			
27. Aggregate write-ins for deductions			
28. Totals (Lines 20 to 27)			
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)			
30. Dividends to policyholders and refunds to members			
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)			
32. Federal and foreign income taxes incurred (excluding tax on capital gains)			
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)			
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....(excluding taxes of \$..... transferred to the IMR)			
35. Net income (Line 33 plus Line 34)			
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year			
37. Net income (Line 35)			
38. Change in net unrealized capital gains (losses) less capital gains tax of \$			
39. Change in net unrealized foreign exchange capital gain (loss)			
40. Change in net deferred income tax			
41. Change in nonadmitted assets			
42. Change in liability for reinsurance in unauthorized and certified companies			
43. Change in reserve on account of change in valuation basis, (increase) or decrease			
44. Change in asset valuation reserve			
45. Change in treasury stock			
46. Surplus (contributed to) withdrawn from Separate Accounts during period			
47. Other changes in surplus in Separate Accounts Statement			
48. Change in surplus notes			
49. Cumulative effect of changes in accounting principles			
50. Capital changes:			
50.1 Paid in			
50.2 Transferred from surplus (Stock Dividend)			
50.3 Transferred to surplus			
51. Surplus adjustment:			
51.1 Paid in			
51.2 Transferred to capital (Stock Dividend)			
51.3 Transferred from capital			
51.4 Change in surplus as a result of reinsurance			
52. Dividends to stockholders			
53. Aggregate write-ins for gains and losses in surplus			
54. Net change in capital and surplus (Lines 37 through 53)			
55. Capital and surplus as of statement date (Lines 36 + 54)			
DETAILS OF WRITE-INS			
08.301			
08.302			
08.303			
08.398 Summary of remaining write-ins for Line 8.3 from overflow page			
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)			
2701.			
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)			
5301.			
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page			
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)			

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

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

GENERAL INTERROGATORIES

PART 2 – LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES LIFE & HEALTH

Life and Accident Health Companies/Fraternal Benefit Societies:

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

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

Fraternal Benefit Societies Only:

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

**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

INTERROGATORIES (To be completed by fraternal benefit societies only)

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

ANNUAL STATEMENT

OF THE

of _____

in the state of _____

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2018

LIFE AND ACCIDENT AND HEALTH FRATERNAL BENEFIT SOCIETIES

2019

.....
Affix Bar Code Above

ANNUAL STATEMENT

For the Year Ended December 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

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

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

Licensed as business type: Life, Accident & Health Fraternal Benefit Societies

Incorporated/Organized _____ Commenced Business _____
Statutory Home Office _____, _____
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office _____
(Street and Number)

_____ (City or Town, State, Country and Zip Code) _____ (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)

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 ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions 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 by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature)	_____ (Signature)	_____ (Signature)
_____ (Printed Name) 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

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ (Exhibit 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)		
2. Aggregate reserve for accident and health contracts (including \$ Modco Reserve)		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)		
5. Policyholders' dividends/refunds to members \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)		
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year—estimated amounts:		
6.1 Policyholders' Dividends-dividends and refunds to members apportioned for payment (including \$ Modco)		
6.2 Policyholders' Dividends-dividends and refunds to members not yet apportioned (including \$ Modco)		
6.3 Coupons and similar benefits (including \$ Modco)		
7. Amount provisionally held for deferred dividend policies not included in Line 6		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts		
9.2 Provision for experience rating refunds, including the liability of \$ accident and health experience rating refunds of which \$ is for medical loss ratio rebate per the Public Health Service Act		
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded		
9.4 Interest Maintenance Reserve (IMR, Line 6)		
10. Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$		
11. Commissions and expense allowances payable on reinsurance assumed		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6)		
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)		
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses)		
15.2 Net deferred tax liability		
16. Unearned investment income		
17. Amounts withheld or retained by reporting entity/company as agent or trustee		
18. Amounts held for agents' account, including \$ agents' credit balances		
19. Remittances and items not allocated		
20. Net adjustment in assets and liabilities due to foreign exchange rates		
21. Liability for benefits for employees and agents if not included above		
22. Borrowed money \$ and interest thereon \$		
23. Dividends to stockholders declared and unpaid		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7)		
24.02 Reinsurance in unauthorized and certified (\$) companies		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers		
24.04 Payable to parent, subsidiaries and affiliates		
24.05 Drafts outstanding		
24.06 Liability for amounts held under uninsured plans		
24.07 Funds held under coinsurance		
24.08 Derivatives		
24.09 Payable for securities		
24.10 Payable for securities lending		
24.11 Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)		
27. From Separate Accounts statement		
28. Total liabilities (Lines 26 and 27)		
29. Common capital stock		
30. Preferred capital stock		
31. Aggregate write-ins for other-than-special surplus funds		
32. Surplus notes		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)		
34. Aggregate write-ins for special surplus funds		
35. Unassigned funds (surplus)		
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)		
36.2 shares preferred (value included in Line 30 \$)		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$ in Separate Accounts Statement)		
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)		
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)		
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page		
3199. Totals (Lines 3101 through 3103 plus 3198) (Line 31 above)		
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page		
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)		

SUMMARY OF OPERATIONS

	1	2
	Current Year	Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1 less Col. 11).....		
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)		
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)		
5. Separate Accounts net gain from operations excluding unrealized gains or losses		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....		
9. Totals (Lines 1 to 8.3)		
10. Death benefits.....		
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)		
13. Disability benefits and benefits under accident and health contracts (including \$..... premiums waived)		
14. Coupons, guaranteed annual pure endowments and similar benefits.....		
15. Surrender benefits and withdrawals for life contracts.....		
16. Group conversions.....		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies.....		
19. Increase in aggregate reserves for life and accident and health contracts.....		
20. Totals (Lines 10 to 19)		
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 46).....		
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5).....		
25. Increase in loading on deferred and uncollected premiums.....		
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions		
28. Totals (Lines 20 to 27)		
29. Net gain from operations before dividends to policyholders, <u>refunds to members</u> and federal income taxes (Line 9 minus Line 28)		
30. Dividends to policyholders <u>and refunds to members</u>		
31. Net gain from operations after dividends to policyholders, <u>refunds to members</u> and before federal income taxes (Line 29 minus Line 30)		
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....		
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....		
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$..... (excluding taxes of \$..... transferred to the IMR).....		
35. Net income (Line 33 plus Line 34)		
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)		
37. Net income (Line 35)		
38. Change in net unrealized capital gains (losses) less capital gains tax of \$		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		
41. Change in nonadmitted assets		
42. Change in liability for reinsurance in unauthorized and certified companies.....		
43. Change in reserve on account of change in valuation basis (increase) or decrease		
44. Change in asset valuation reserve		
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1).....		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts statement		
48. Change in surplus notes.....		
49. Cumulative effect of changes in accounting principles.....		
50. Capital changes:		
50.1 Paid in.....		
50.2 Transferred from surplus (Stock Dividend).....		
50.3 Transferred to surplus.....		
51. Surplus adjustment:		
51.1 Paid in.....		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus.....		
54. Net change in capital and surplus for the year (Lines 37 through 53)		
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)		
DETAILS OF WRITE-INS		
08.301		
08.302		
08.303		
08.398 Summary of remaining write-ins for Line 8.3 from overflow page.....		
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)		
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page.....		
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page.....		
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total (Cols. 13 +14)	Insurance										12 Aggregate of All Other Lines of Business	13 Total (Cols. 2 through 12)	14 Fraternal (Fraternal Benefit Societies Only)
		2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health					
			3 Life Insurance	4 Individual Annuities	5 Supple- mentary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other			
1. Premiums and annuity considerations for life and accident and health contracts														
2. Considerations for supplementary contracts with life contingencies														
3. Net investment income														
4. Amortization of Interest Maintenance Reserve (IMR).....														
5. Separate Accounts net gain from operations excluding unrealized gains or losses														
6. Commissions and expense allowances on reinsurance ceded														
7. Reserve adjustments on reinsurance ceded														
8. Miscellaneous Income:														
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts														
8.2 Charges and fees for deposit-type contracts.....														
8.3 Aggregate write-ins for miscellaneous income														
9. Totals (Lines 1 to 8.3)														
10. Death benefits														
11. Matured endowments (excluding guaranteed annual pure endowments)														
12. Annuity benefits														
13. Disability benefits and benefits under accident and health contracts														
14. Coupons, guaranteed annual pure endowments and similar benefits														
15. Surrender benefits and withdrawals for life contracts														
16. Group conversions														
17. Interest and adjustments on contract or deposit-type contract funds														
18. Payments on supplementary contracts with life contingencies														
19. Increase in aggregate reserves for life and accident and health contracts														
20. Totals (Lines 10 to 19)														
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)														
22. Commissions and expense allowances on reinsurance assumed.....														
23. General insurance expenses and fraternal expenses														
24. Insurance taxes, licenses and fees, excluding federal income taxes.....														
25. Increase in loading on deferred and uncollected premiums														
26. Net transfers to or (from) Separate Accounts net of reinsurance														
27. Aggregate write-ins for deductions														
28. Totals (Lines 20 to 27)														
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)														
30. Dividends to policyholders and refunds to members														
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)														
32. Federal income taxes incurred (excluding tax on capital gains)														
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)														
DETAILS OF WRITE-INS														
08.301														
08.302														
08.303														
08.398. Summary of remaining write-ins for Line 8.3 from overflow page														
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)														
2701.														
2702.														
2703.														
2798. Summary of remaining write-ins for Line 27 from overflow page														
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)														

(a) Includes the following amounts for FEGLI/SGLI: Line 1..... Line 10..... Line 16..... Line 23..... Line 24.....

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional column that will be in the combined blank that are not in the fraternal blank.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group	
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)								
1. Reserve December 31, prior year.....
2. Tabular net premiums or considerations.....
3. Present value of disability claims incurred.....	XXX	.....	.....	.....
4. Tabular interest.....
5. Tabular less actual reserve released.....
6. Increase in reserve on account of change in valuation basis.....
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve.....	XXX	.....	XXX	XXX	XXX	XXX	XXX
7. Other increases (net).....
8. Totals (Lines 1 to 7).....	XXX	.....	.....	.....
9. Tabular cost.....	XXX	.....	.....	.....
10. Reserves released by death.....	XXX	XXX	.....	.....	XXX
11. Reserves released by other terminations (net).....
12. Annuity, supplementary contract, and disability payments involving life contingencies.....
13. Net transfers to or (from) Separate Accounts.....
14. Total deductions (Lines 9 to 13).....
15. Reserve December 31, current year.....

EXHIBIT 1 – PART 1 – PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Insurance Group		Accident and Health			11 Aggregate of All Other Lines of Business	12 Fraternal (Fraternal Benefit Societies Only)
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other		
FIRST YEAR (other than single)												
1.	Uncollected.....											
2.	Deferred and accrued.....											
3.	Deferred, accrued and uncollected:											
3.1	Direct.....											
3.2	Reinsurance assumed.....											
3.3	Reinsurance ceded.....											
3.4	Net (Line 1 + Line 2).....											
4.	Advance.....											
5.	Line 3.4 - Line 4.....											
6.	Collected during year:											
6.1	Direct.....											
6.2	Reinsurance assumed.....											
6.3	Reinsurance ceded.....											
6.4	Net.....											
7.	Line 5 + Line 6.4.....											
8.	Prior year (uncollected + deferred and accrued - advance).....											
9.	First year premiums and considerations:											
9.1	Direct.....											
9.2	Reinsurance assumed.....											
9.3	Reinsurance ceded.....											
9.4	Net (Line 7 - Line 8).....											
SINGLE												
10.	Single premiums and considerations:											
10.1	Direct.....											
10.2	Reinsurance assumed.....											
10.3	Reinsurance ceded.....											
10.4	Net.....											
RENEWAL												
11.	Uncollected.....											
12.	Deferred and accrued.....											
13.	Deferred, accrued and uncollected:											
13.1	Direct.....											
13.2	Reinsurance assumed.....											
13.3	Reinsurance ceded.....											
13.4	Net (Line 11 + Line 12).....											
14.	Advance.....											
15.	Line 13.4 - Line 14.....											
16.	Collected during year:											
16.1	Direct.....											
16.2	Reinsurance assumed.....											
16.3	Reinsurance ceded.....											
16.4	Net.....											
17.	Line 15 + Line 16.4.....											
18.	Prior year (uncollected + deferred and accrued - advance).....											
19.	Renewal premiums and considerations:											
19.1	Direct.....											
19.2	Reinsurance assumed.....											
19.3	Reinsurance ceded.....											
19.4	Net (Line 17 - Line 18).....											
TOTAL												
20.	Total premiums and annuity considerations:											
20.1	Direct.....											
20.2	Reinsurance assumed.....											
20.3	Reinsurance ceded.....											
20.4	Net (Lines 9.4 + 10.4 + 19.4).....											

**EXHIBIT 1 – PART 2 – DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE
ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)**

	1 Total	Insurance									11 Aggregate of All Other Lines of Business	12 Fraternal (Fraternal Benefit Societies Only)
		2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health				
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other		
DIVIDENDS AND COUPONS APPLIED (included in Part 1)												
21.To pay renewal premiums												
22.All other												
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED												
23.First year (other than single):												
23.1 Reinsurance ceded.....												
23.2 Reinsurance assumed												
23.3 Net ceded less assumed												
24.Single:												
24.1 Reinsurance ceded.....												
24.2 Reinsurance assumed												
24.3 Net ceded less assumed												
25.Renewal:												
25.1 Reinsurance ceded.....												
25.2 Reinsurance assumed												
25.3 Net ceded less assumed												
26.Totals:												
26.1 Reinsurance ceded (Page 6, Line 6)												
26.2 Reinsurance assumed (Page 6, Line 22).....												
26.3 Net ceded less assumed												
COMMISSIONS INCURRED (direct business only)												
27.First year (other than single)												
28.Single												
29. Renewal												
30.Deposit-type contract funds												
31.Totals (to agree with Page 6, Line 21)												

EXHIBIT 2 – GENERAL EXPENSES

	Insurance						67 Total
	1 Life	2 Accident and Health		4 All Other Lines of Business	5 Investment	6 Fraternal	
		2 Cost Containment	3 All Other				
1. Rent.....							
2. Salaries and wages.....							
3.11 Contributions for benefit plans for employees.....							
3.12 Contributions for benefit plans for agents.....							
3.21 Payments to employees under non-funded benefit plans.....							
3.22 Payments to agents under non-funded benefit plans.....							
3.31 Other employee welfare.....							
3.32 Other agent welfare.....							
4.1 Legal fees and expenses.....							
4.2 Medical examination fees.....							
4.3 Inspection report fees.....							
4.4 Fees of public accountants and consulting actuaries.....							
4.5 Expense of investigation and settlement of policy claims.....							
5.1 Traveling expenses.....							
5.2 Advertising.....							
5.3 Postage, express, telegraph and telephone.....							
5.4 Printing and stationery.....							
5.5 Cost or depreciation of furniture and equipment.....							
5.6 Rental of equipment.....							
5.7 Cost or depreciation of EDP equipment and software.....							
6.1 Books and periodicals.....							
6.2 Bureau and association fees.....							
6.3 Insurance, except on real estate.....							
6.4 Miscellaneous losses.....							
6.5 Collection and bank service charges.....							
6.6 Sundry general expenses.....							
6.7 Group service and administration fees.....							
6.8 Reimbursements by uninsured plans.....							
7.1 Agency expense allowance.....							
7.2 Agents' balances charged off (less \$..... recovered).....							
7.3 Agency conferences other than local meetings.....							
8.1 Official publication (Fraternal Benefit Societies Only).....	XXX	XXX	XXX	XXX	XXX		
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only).....	XXX	XXX	XXX	XXX	XXX		
9.1 Real estate expenses.....							
9.2 Investment expenses not included elsewhere.....							
9.3 Aggregate write-ins for expenses.....							
10. General expenses incurred.....							(a)
11. General expenses unpaid December 31, prior year.....							
12. General expenses unpaid December 31, current year.....							
13. Amounts receivable relating to uninsured plans, prior year.....							
14. Amounts receivable relating to uninsured plans, current year.....							
15. General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14)							
DETAILS OF WRITE-INS							
09.301.....							
09.302.....							
09.303.....							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....							
09.399. Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above)							

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

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable \$.....	2. Institutional \$.....	3. Recreational and Health \$.....	4. Educational \$.....
5. Religious \$.....	6. Membership \$.....	7. Other \$.....	8. Total \$.....

EXHIBIT 3 – TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health				
		3 All Other Lines of Business				
1. Real estate taxes.....						
2. State insurance department licenses and fees.....						
3. State taxes on premiums.....						
4. Other state taxes, incl. \$..... for employee benefits.....						
5. U.S. Social Security taxes.....						
6. All other taxes.....						
7. Taxes, licenses and fees incurred.....						
8. Taxes, licenses and fees unpaid December 31, prior year.....						
9. Taxes, licenses and fees unpaid December 31, current year.....						
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)						

EXHIBIT 4 – DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums.....	
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
4. Applied to provide paid-up annuities.....		
5. Total Lines 1 through 4.....		
6. Paid-in cash.....		
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund options.....		
9. Total Lines 5 through 8.....		
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total Lines 10 through 14.....		
16. Total from prior year.....		
17. Total dividends or refunds (Lines 9 + 15 - 16)		
DETAILS OF WRITE-INS		
0801.....		
0802.....		
0803.....		
0898. Summary of remaining write-ins for Line 8 from overflow page.....		
0899. Totals (Line 0801 through 0803 + 0898) (Line 8 above)		

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional detail that will be in the combined blank that are not in the fraternal blank.

EXHIBIT 6 – AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non- Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves.....									
2. Additional contract reserves (a)									
3. Additional actuarial reserves - Asset/Liability analysis.....									
4. Reserve for future contingent benefits.....									
5. Reserve for rate credits.....									
6. Aggregate write-ins for reserves									
7. Totals (Gross).....									
8. Reinsurance ceded.....									
9. Totals (Net)									
CLAIM RESERVE									
10. Present value of amounts not yet due on claims									
11. Additional actuarial reserves-Asset/Liability analysis.....									
12. Reserve for future contingent benefits.....									
13. Aggregate write-ins for reserves									
14. Totals (Gross)									
15. Reinsurance ceded									
16. Totals (Net)									
17. TOTAL (Net)									
18. TABULAR FUND INTEREST									
DETAILS OF WRITE-INS									
0601.									
0602.									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page									
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)									
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow page									
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)									

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

GENERAL INTERROGATORIES

PART 2 – LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES ~~LIFE~~ INTERROGATORIES

Life Accident and Health Companies/Fraternal Benefit Societies:

- 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		2	
	Current Year		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)	_____		_____	

- ~~323.1~~ Does this reporting entity have Separate Accounts? Yes No
- ~~323.2~~ If yes, has a Separate Accounts statement been filed with this Department? Yes No N/A
- ~~323.3~~ What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$ _____
- ~~323.4~~ State the authority under which Separate Accounts are maintained:
- ~~323.5~~ Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes No
- ~~323.6~~ Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes No
- ~~323.7~~ If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" \$ _____
- ~~4.1~~ Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes No
- ~~4.2~~ Net reimbursement of such expenses between reporting entities:
- ~~4.21~~ Paid \$ _____
- ~~4.22~~ Received \$ _____
- ~~5.1~~ Does the reporting entity write any guaranteed interest contracts? Yes No
- ~~5.2~~ If yes, what amount pertaining to these items is included in:
- ~~5.21~~ Page 3, Line 1 \$ _____
- ~~5.22~~ Page 4, Line 1 \$ _____
- ~~6.~~ For stock reporting entities only:
- ~~6.1~~ Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$ _____
- ~~7.~~ Total dividends paid stockholders since organization of the reporting entity:
- ~~7.11~~ Cash \$ _____
- ~~7.12~~ Stock \$ _____

GENERAL INTERROGATORIES

8.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance. Yes No

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes No

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

		1	2	3
		Reinsurance Assumed	Reinsurance Ceded	Net Retained
8.31	Earned premium.....	.....	.....	.....
8.32	Paid claims.....	.....	.....	.....
8.33	Claim liability and reserve (beginning of year).....	.....	.....	.....
8.34	Claim liability and reserve (end of year).....	.....	.....	.....
8.35	Incurred claims.....	.....	.....	.....

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41	<\$25,000	.....	.....
8.42	\$25,000 — 99,999	.....	.....
8.43	\$100,000 — 249,999	.....	.....
8.44	\$250,000 — 999,999	.....	.....
8.45	\$1,000,000 or more	.....	.....

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools? \$ _____

934. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

934.1 Amount of loss reserves established by these annuities during the current year: \$ _____

934.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$
	\$
	\$
	\$

1045.1 Do you act as a custodian for health savings accounts? Yes No

1045.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____

1045.3 Do you act as an administrator for health savings accounts? Yes No

1045.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____

GENERAL INTERROGATORIES

1156.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes No NA

1156.2 If the answer to 11.1 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

1267. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

<u>1267.1</u> Direct Premium Written	\$	_____
<u>1267.2</u> Total Incurred Claims	\$	_____
<u>1267.3</u> 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)

1378. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes No

1378.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes No

GENERAL INTERROGATORIES

Life Accident and Health Companies Only:

<u>8. Health Test:</u>	<u>1</u>	<u>2</u>
	Current Year	Prior Year
8.1 Premium Numerator	\$	\$
8.2 Premium Denominator	\$	\$
8.3 Premium Ratio (2.1/2.2)		
8.4 Reserve Numerator	\$	\$
8.5 Reserve Denominator	\$	\$
8.6 Reserve Ratio (2.4/2.5)		

- 9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?" Yes No
- 9.2 Net reimbursement of such expenses between reporting entities:
- | | | |
|--|---------------|----|
| | 9.21 Paid | \$ |
| | 9.22 Received | \$ |
- 10.1 Does the reporting entity write any guaranteed interest contracts? Yes No
- 10.2 If yes, what amount pertaining to these items is included in:
- | | | |
|--|----------------------|----|
| | 10.21 Page 3, Line 1 | \$ |
| | 10.22 Page 4, Line 1 | \$ |
11. For stock reporting entities only:
- 11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$
12. Total dividends paid stockholders since organization of the reporting entity:
- | | | |
|--|-------------|----|
| | 12.11 Cash | \$ |
| | 12.12 Stock | \$ |
- 13.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:
Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance. Yes No
- 13.2 If yes, has the reporting entity completed the *Workers' Compensation Carve-Out Supplement* to the Annual Statement? Yes No
- 13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:
- | | <u>1</u> | <u>2</u> | <u>3</u> |
|--|------------------------|----------------------|-----------------|
| | Reinsurance
Assumed | Reinsurance
Ceded | Net
Retained |
| 13.31 Earned premium..... | | | |
| 13.32 Paid claims..... | | | |
| 13.33 Claim liability and reserve (beginning of year)..... | | | |
| 13.34 Claim liability and reserve (end of year)..... | | | |
| 13.35 Incurred claims..... | | | |
- 13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:
- | | <u>1</u> | | <u>2</u> |
|--------------------------------|---------------------|-------------------|--------------------------------|
| | Attachment
Point | Earned
Premium | Claim Liability
and Reserve |
| 13.41 <\$25,000..... | | | |
| 13.42 \$25,000 — 99,999..... | | | |
| 13.43 \$100,000 — 249,999..... | | | |
| 13.44 \$250,000 — 999,999..... | | | |
| 13.45 \$1,000,000 or more..... | | | |
- 13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools? \$

GENERAL INTERROGATORIES

Fraternal Benefit Societies Only:

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes No
15. How often are meetings of the subordinate branches required to be held?.....
16. How are the subordinate branches represented in the supreme or governing body?
17. What is the basis of representation in the governing body?.....
- 18.1 How often are regular meetings of the governing body held?.....
- 18.2 When was the last regular meeting of the governing body held? _____
- 18.3 When and where will the next regular or special meeting of the governing body be held?
- 18.4 How many members of the governing body attended the last regular meeting? _____
- 18.5 How many of the same were delegates of the subordinate branches? _____
19. How are the expenses of the governing body defrayed?
19. When and by whom are the officers and directors elected?
-
20. What are the qualifications for membership?
21. What are the limiting ages for admission?.....
22. What is the minimum and maximum insurance that may be issued on any one life?.....
23. Is a medical examination required before issuing a benefit certificate to applicants? Yes No
24. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes No
- 25.1 Are notices of the payments required sent to the members? Yes No N/A
- 25.2 If yes, do the notices state the purpose for which the money is to be used? Yes No
26. What proportion of first and subsequent year's payments may be used for management expenses?
- 26.11 First Year _____ %
- 26.12 Subsequent Years _____ %
- 27.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes No
- 27.2 If so, what amount and for what purpose?.....
- 28.1 Does the reporting entity pay an old age disability benefit? Yes No
- 28.2 If yes, at what age does the benefit commence? _____
- 29.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes No
- 29.2 If yes, when?
30. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes No
- 31.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes No N/A
- 31.2 If so, was an additional reserve included in Exhibit 5? Yes No
- 31.3 If yes, explain
- 32.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes No
- 32.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes No N/A
33. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes No

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6
\$000 omitted for amounts of life insurance

	1 2019	2 2018	3 2017	4 2016	5 2015
Life Insurance in Force					
(Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Col. 4)					
2. Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4)					
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10)					
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....			XXX	XXX	XXX
New Business Issued					
(Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Col. 2)					
9. Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2)					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10)					
Premium Income-Lines of Business					
(Exhibit 1 – Part 1)					
14. Industrial life (Line 20.4, Col. 2)					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....					
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life, (group and individual) (Line 20.4, Col. 5)					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7)					
18.1 A & H-group (Line 20.4, Col. 8)					
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)					
18.3 A & H-other (Line 20.4, Col. 10)					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total					
Balance Sheet					
(Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)					
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....					
23. Aggregate life reserves (Page 3, Line 1).....					
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1.....			XXX	XXX	XXX
24. Aggregate A & H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.01)					
27. Capital (Page 3, Lines 29 & 30).....					
28. Surplus (Page 3, Line 37).....					
Cash Flow (Page 5)					
29. Net cash from operations (Line 11)					
Risk-Based Capital Analysis					
30. Total adjusted capital					
31. Authorized control level risk-based capital					
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Line No./Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1).....					
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2)					
35. Real estate (Lines 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5)					
37. Contract loans (Line 6)					
38. Derivatives (Page 2, Line 7)					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9)					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11)					
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2019	2 2018	3 2017	4 2016	5 2015
<u>Investments in Parent, Subsidiaries and Affiliates</u>					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate					
49. All other affiliated.....					
50. Total of above Lines 44 to 49					
51. Total investment in parent included in Lines 44 to 49 above.....					
<u>Total Nonadmitted and Admitted Assets</u>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....					
53. Total admitted assets (Page 2, Line 28, Col. 3).....					
<u>Investment Data</u>					
54. Net investment income (Exhibit of Net Investment Income).....					
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....					
57. Total of above Lines 54, 55 and 56.....					
<u>Benefits and Reserve Increase (Page 6)</u>					
58. Total contract/certificate benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col. 1-13 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 and 11).....					
59. Total contract/certificate benefits-A & H (Lines 13 & 14, Cols. 9, 10 & 11).....					
60. Increase in life reserves-other than group and annuities (Line 19, Cols. 2 & 3).....					
61. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11).....					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1).....					
<u>Operating Percentages</u>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00					
64. Lapse percent (ordinary only) [Exhibit of Life Insurance, Column 4, Lines 14 & 15] / ½ (Exhibit of Life Insurance, Column 4, Lines 1 & 21) x 100.00.....					
65. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
66. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
<u>A & H Claim Reserve Adequacy</u>					
68. Incurred losses on prior years' claims-group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve-group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2)					
71. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2)					
<u>Net Gains From Operations After Dividends to Policyholders/Members Refunds and Federal Income Taxes by Lines of Business</u> (Page 6, Line 33)					
72. Industrial life (Col. 2).....					
73. Ordinary-life (Col. 3).....					
74. Ordinary-individual annuities (Col. 4).....					
75. Ordinary-supplementary contracts (Col. 5)					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....					
78. Group annuities (Col. 8).....					
79. A & H-group (Col. 9).....					
80. A & H-credit (Col. 10).....					
81. A & H-other (Col. 11).....					
82. Aggregate of all other lines of business (Col. 12)					
83. Fraternal (Column 14)					
8384. Total (Col. 1)					

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 Correction of Errors? Yes [] No []
If no, please explain

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/REFUNDS TO MEMBERS										
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)										
	Ordinary		Credit Life (Group and Individual)		Group	Industrial		Total		
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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)	No. of Policies					
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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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 _____.

EXHIBIT OF LIFE INSURANCE
(\$000 Omitted for Amounts of Life Insurance)

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance	Number of		9 Amount of Insurance	
							7 Policies	8 Certificates		
1. In force end of prior year.....										
2. Issued during year										
3. Reinsurance assumed										
4. Revived during year										
5. Increased during year (net).....										
6. Subtotals, Lines 2 to 5										
7. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX		
8. Aggregate write-ins for increases.....										
9. Totals (Lines 1 and 6 to 8)										
Deductions during year:										
10. Death							XXX			
11. Maturity							XXX			
12. Disability							XXX			
13. Expiry										
14. Surrender										
15. Lapse										
16. Conversion							XXX	XXX	XXX	
17. Decreased (net).....										
18. Reinsurance										
19. Aggregate write-ins for decreases										
20. Totals (Lines 10 to 19)										
21. In force end of year (b) (Line 9 minus Line 20)										
22. Reinsurance ceded end of year.....	XXX		XXX		XXX		XXX	XXX		
23. Line 21 minus Line 22	XXX		XXX		XXX	(a)	XXX	XXX		
DETAILS OF WRITE-INS										
0801.										
0802.										
0803.										
0898. Summary of remaining write-ins for Line 8 from overflow page										
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)										
1901.										
1902.										
1903.										
1998. Summary of remaining write-ins for Line 19 from overflow page										
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)										

Life Accident and Health Companies Only:

(a) Group \$.....; Individual \$.....

Fraternal Benefit Societies Only:

(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates Amount \$.....
Additional accidental death benefits included in life certificates were in amount \$..... Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? YES NO If not, how
are such expenses met?.....

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional detail that will be in the combined blank that are not in the fraternal blank.

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
24. Additions by dividends	XXX		XXX	
25. Other paid-up insurance				
26. Debit ordinary insurance	XXX	XXX		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance
27. Term policies-decreasing				
28. Term policies-other				
29. Other term insurance-decreasing	XXX		XXX	
30. Other term insurance	XXX		XXX	
31. Totals, (Lines 27 to 30)				
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	
33. Totals, extended term insurance	XXX	XXX		
34. Totals, whole life and endowment				
35. Totals (Lines 31 to 34)				

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial				
37. Ordinary				
38. Credit Life (Group and Individual)				
39. Group				
40. Totals (Lines 36 to 39)				

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance	3 Number of Certificates	4 Amount of Insurance
41. Amount of insurance included in Line 2 ceded to other companies	XXX		XXX	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21				
45. Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies	
---	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.
47.1
47.2

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 Amount of Insurance
48. Waiver of Premium								
49. Disability Income								
50. Extended Benefits			XXX	XXX				
51. Other								
52. Total		(a)		(a)		(a)		(a)

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional detail that will be in the combined blank that are not in the fraternal blank.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....	.....	.....	.....	.....
2. Issued during year .....	.....	.....	.....	.....
3. Reinsurance assumed .....	.....	.....	.....	.....
4. Increased during year (net).....	.....	.....	.....	.....
5. Total (Lines 1 to 4).....	.....	.....	.....	.....
Deductions during year:				
6. Decreased (net).....	.....	.....	.....	.....
7. Reinsurance ceded.....	.....	.....	.....	.....
8. Totals (Lines 6 and 7).....	.....	.....	.....	.....
9. In force end of year .....	.....	.....	.....	.....
10. Amount on deposit.....	(a).....	.....	.....	(a).....
11. Income now payable.....	.....	.....	.....	.....
12. Amount of income payable	(a)	(a)	(a)	(a)

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....	.....	.....	.....	.....
2. Issued during year .....	.....	.....	.....	.....
3. Reinsurance assumed .....	.....	.....	.....	.....
4. Increased during year (net).....	.....	.....	.....	.....
5. Totals (Lines 1 to 4).....	.....	.....	.....	.....
Deductions during year:				
6. Decreased (net).....	.....	.....	.....	.....
7. Reinsurance ceded.....	.....	.....	.....	.....
8. Totals (Lines 6 and 7).....	.....	.....	.....	.....
9. In force end of year .....	.....	.....	.....	.....
Income now payable:				
10. Amount of income payable.....	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance.....	XXX	(a)	XXX	(a)
Deferred not fully paid:				
12. Account balance	XXX	(a)	XXX	(a)

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year.....
2. Issued during year
3. Reinsurance assumed
4. Increased during year (net).....	XXX	.....	XXX	.....	XXX
5. Totals (Lines 1 to 4).....	XXX	.....	XXX	.....	XXX
Deductions during year:						
6. Conversions.....	XXX	XXX	XXX	XXX	XXX
7. Decreased (net).....	XXX	.....	XXX	.....	XXX
8. Reinsurance ceded.....	XXX	.....	XXX	.....	XXX
9. Totals (Lines 6 to 8).....	XXX	.....	XXX	.....	XXX
10. In force end of year	(a)	.....	(a)	.....	(a)

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year.....
2. Issued during year
3. Reinsurance assumed
4. Increased during year (net).....
5. Totals (Lines 1 to 4).....
Deductions during year:		
6. Decreased (net).....
7. Reinsurance ceded.....
8. Totals (Lines 6 and 7).....
9. In force end of year
10. Amount of account balance	(a)	(a)

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional detail that will be in the combined blank that are not in the fraternal blank.

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident And Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable For Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx
2. Premiums earned	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx	.....	xxx
3. Incurred claims
4. Cost containment expenses
5. Incurred claims and cost containment expenses (Lines 3 and 4)
6. Increase in contract reserves
7. Commissions (a)
8. Other general insurance expenses
9. Taxes, licenses and fees
10. Total other expenses incurred
11. Aggregate write-ins for deductions
12. Gain from underwriting before dividends or refunds
13. Dividends or refunds
14. Gain from underwriting after dividends or refunds
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)

(a) Includes \$..... reported as "Contract, membership and other fees retained by agents."

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional detail that will be in the combined blank that are not in the fraternal blank.

SCHEDULE H – ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 – RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums
2. Advance premiums
3. Reserve for rate credits
4. Total premium reserves, current year
5. Total premium reserves, prior year
6. Increase in total premium reserves
B. Contract Reserves:									
1. Additional reserves (a).....
2. Reserve for future contingent benefits
3. Total contract reserves, current year
4. Total contract reserves, prior year
5. Increase in contract reserves
C. Claim Reserves and Liabilities:									
1. Total current year.....
2. Total prior year
3. Increase
PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year
1.2 On claims incurred during current year
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year
2.2 On claims incurred during current year
3. Test:									
3.1 Lines 1.1 and 2.1
3.2 Claim reserves and liabilities, December 31 prior year
3.3 Line 3.1 minus Line 3.2
PART 4 – REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written
2. Premiums earned
3. Incurred claims
4. Commissions
B. Reinsurance Ceded:									
1. Premiums written
2. Premiums earned
3. Incurred claims
4. Commissions

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

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts					
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....					
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders and refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid					
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with Certified Reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

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. Reinsurance (Line 16)			
3. Premiums and considerations (Line 15).....			
4. Net credit for ceded reinsurance.....	XXX		
5. All other admitted assets (balance).....			
6. Total assets excluding Separate Accounts (Line 26)			
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)			
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....			
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)			
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....			
13. Premium & annuity considerations received in advance (Line 8).....			
14. Other contract liabilities (Line 9)			
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount).....			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount).....			
19. All other liabilities (balance).....			
20. Total liabilities excluding Separate Accounts (Line 26).....			
21. Separate Account liabilities (Line 27).....			
22. Total liabilities (Line 28).....			
23. Capital & surplus (Line 38).....		XXX	
24. Total liabilities, capital & surplus (Line 39)			
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves			
26. Claim reserves			
27. Policyholder dividends/reserves.....			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets.....			
32. Other ceded reinsurance recoverables.....			
33. Total ceded reinsurance recoverables.....			
34. Premiums and considerations			
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers.....			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets.....			
41. Total net credit for ceded reinsurance			

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.

Responses

MARCH FILING

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

APRIL FILING

- | | | |
|----|---|-------|
| 5. | Will Management's Discussion and Analysis be filed by April 1? | ..... |
| 6. | Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? <u>(Not applicable to fraternal benefit societies)</u> | ..... |
| 7. | Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? <u>(Not applicable to fraternal benefit societies)</u> | ..... |
| 8. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | ..... |

JUNE FILING

- | | | |
|-----|---|-------|
| 9. | Will an audited financial report be filed by June 1? | ..... |
| 10. | Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | ..... |

AUGUST FILING

- | | | |
|-----|---|-------|
| 11. | 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 annual 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

- | | | |
|-----|--|-------|
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? <u>(Not applicable to fraternal benefit societies)</u> | ..... |
| 13. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | ..... |
| 14. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | ..... |
| 15. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 16. | Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 17. | Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 18. | Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 19. | Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 20. | Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 21. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 22. | Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 23. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 24. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |
| 25. | Will the C-3 RBC Certifications required under C-3 Phase 1 be filed with the state of domicile and electronically with the NAIC by March 1? | ..... |

**SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES**

- 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?
- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?
- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 31. Will the Management Certification That the Valuation Reflects Management’s Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
- 33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
- 34. Will the Workers’ Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)
- 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? (Not applicable to fraternal benefit societies)
- 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
- 37. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
- 38. 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?
- 39. 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?
- 40. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?
- 41. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

- 42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
- 43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
- 44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)
- 45. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
- 46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?
- 47. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?
- 48. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
- 49. 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?
- 50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
- 51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
- 52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

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

Explanation:

Bar code:

**TRUSTEED SURPLUS STATEMENT
LIABILITIES AND TRUSTEED SURPLUS**

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

INTERROGATORIES (To be completed by fraternal benefit societies only)

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

LIFE AND ACCIDENT AND HEALTH COMPANIES AND FRATERNAL BENEFIT SOCIETIES
INTEREST SENSITIVE LIFE INSURANCE
PRODUCTS REPORT

For The Year Ended December 31, 2019
(To Be Filed by April 1)

Of The Insurance Company

Address (City, State and Zip Code)

.....

NAIC Group Code . NAIC Company Code Employer's I.D. Number.....

Drafting Note: From Interest Sensitive Report

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	Ordinary Life Insurance			Group Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1 & 2)	4 Interest Sensitive	5 Non-Interest Sensitive	6 Total (Columns 4 & 5)
1. Premiums and annuity consideration for life and accident and health contracts						
2. Considerations for supplementary contracts with life contingencies						
3. Net investment income						
4. Amortization of Interest Maintenance Reserve (IMR)						
5. Separate Accounts net gain from operations excluding unrealized gains or losses						
6. Commissions and expense allowances on reinsurance ceded						
7. Reserve adjustments on reinsurance ceded						
8. Miscellaneous income:						
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts						
8.2 Charges and fees for deposit-type contracts						
8.3 Aggregate write-ins for miscellaneous income						
9. Totals (Lines 1 through 8.3)						
10. Death benefits						
11. Matured endowments (excluding guaranteed annual pure endowments)						
12. Annuity benefits						
13. Disability benefits and benefits under accident and health contracts						
14. Coupons, guaranteed annual pure endowments and similar benefits						
15. Surrender benefits and withdrawals for life contracts						
16. Group conversions						
17. Interest and adjustments on policy or deposit-type contract funds						
18. Payments on supplementary contracts with life contingencies						
19. Increase in aggregate reserves for life and accident and health contracts						
20. Totals (Lines 10 through 19)						
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)						
22. Commissions and expense allowances on reinsurance assumed						
23. General insurance expenses and fraternal expenses						
24. Insurance taxes, licenses and fees, excluding federal income taxes						
25. Increase in loading on deferred and uncollected premiums						
26. Net transfers to or (from) Separate Accounts net of reinsurance						
27. Aggregate write-ins for deductions						
28. Totals (Lines 20 through 27)						
29. Net gain from operations before dividends to policyholders, <u>refunds to members</u> and federal income taxes (Line 9 minus Line 28)						
30. Dividends to policyholders and <u>refunds to members</u>						
31. Net gain from operations after dividends to policyholders, <u>refunds to members</u> and before federal income taxes (Line 29 minus Line 30)						
32. Federal income taxes incurred (excluding tax on capital gains)						
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)						
DETAILS OF WRITE-INS						
08.301.						
08.302.						
08.303.						
08.398. Summary of remaining write-ins for Line 08.3 from overflow page						
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 08.3 above)						
2701.						
2702.						
2703.						
2798. Summary of remaining write-ins for Line 27 from overflow page						
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)						

Drafting Note: From Interest Sensitive Report

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	Ordinary Life Insurance			Group Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total (Columns 1 & 2)	4 Interest Sensitive	5 Non-Interest Sensitive	6 Total (Columns 4 & 5)
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)						
1. Reserve December 31, prior year.....
2. Tabular net premiums or considerations.....
3. Present value of disability claims incurred.....
4. Tabular interest.....
5. Tabular less actual reserve released.....
6. Increase in reserve on account of change in valuation basis.....
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve.....	XXX	XXX	XXX
7. Other increases (Net).....
8. Totals (Lines 1 through 7).....
9. Tabular cost.....
10. Reserves released by death.....
11. Reserves released by other terminations (net).....
12. Annuity, supplementary contract, and disability payments involving life contingencies.....
13. Net transfers to or (from) Separate Accounts.....
14. Total deductions (Lines 9 through 13).....
15. Reserve December 31, current year

ANALYSIS OF ANNUITY OPERATIONS BY LINES OF BUSINESS

For the Year Ended December 31, 2019

(To Be Filed by April 1)

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

- (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, refunds to members and federal income taxes 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.

DRAFTING NOTE:

No changes have been shown on the exhibit below. It has been provided to allow fraternal filers to see the additional detail that will be in the combined blank that are not in the fraternal blank.

ANALYSIS OF INCREASE IN ANNUITY RESERVES DURING THE YEAR

For the Year Ended December 31, 2019

(To Be Filed by April 1)

	1 Total Annuities	Individual					Group				
		2 Fixed Annuities	3 Indexed Annuities	4 Variable Annuities General Account	5 Variable Annuities Separate Account	6 Other Annuities	7 Fixed Annuities	8 Indexed Annuities	9 Variable Annuities General Account	10 Variable Annuities Separate Account	11 Other Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....											
2. Tabular net premiums or considerations.....											
3. Present value of disability claims incurred.....											
4. Tabular interest.....											
5. Tabular less actual reserve released.....											
6. Increase in reserve on account of change in valuation basis.....											
7. Other increases (net).....											
8. Totals (Lines 1 to 7).....											
9. Tabular cost.....											
10. Reserves released by death.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. Reserves released by other terminations (net).....											
12. Annuity, supplementary contract, and disability payments involving life contingencies.....											
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 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.