

**Capital Adequacy (E) Task Force**  
**RBC Proposal Form**

- Capital Adequacy (E) Task Force       Health RBC (E) Working Group       Life RBC (E) Working Group
- Catastrophe Risk (E) Subgroup       Investment RBC (E) Working Group       SMI RBC (E) Subgroup
- C3 Phase II/ AG43 (E/A) Subgroup       P/C RBC (E) Working Group       Stress Testing (E) Subgroup

<b>DATE:</b> <u>12-3-18</u>	<b><u>FOR NAIC USE ONLY</u></b>
<b>CONTACT PERSON:</b> <u>Crystal Brown</u>	Agenda Item # <u>2018-17-CA</u>
<b>TELEPHONE:</b> <u>816-783-8146</u>	Year <u>2020</u>
<b>EMAIL ADDRESS:</b> <u>cbrown@naic.org</u>	<b><u>DISPOSITION</u></b>
<b>ON BEHALF OF:</b> <u>Health RBC (E) Working Group</u>	<input type="checkbox"/> ADOPTED _____
<b>NAME:</b> <u>Patrick McNaughton</u>	<input type="checkbox"/> REJECTED _____
<b>TITLE:</b> <u>Chief Financial Examiner/Chair</u>	<input type="checkbox"/> DEFERRED TO _____
<b>AFFILIATION:</b> <u>WA Office of Insurance Commissioner</u>	<input checked="" type="checkbox"/> REFERRED TO OTHER NAIC GROUP
<b>ADDRESS:</b> <u>PO Box 40255</u>	<input type="checkbox"/> EXPOSED _____
<u>Olympia, WA 98504-0255</u>	<input type="checkbox"/> OTHER (SPECIFY) _____

**IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED**

- Health RBC Blanks       Property/Casualty RBC Blanks       Life RBC Instructions
- Fraternal RBC Blanks       Health RBC Instructions       Property/Casualty RBC Instructions
- Life RBC Blanks       Fraternal RBC Instructions       OTHER \_\_\_\_\_

**DESCRIPTION OF CHANGE(S)**

Make the Capitation Tables included in the forecasting files of the Health, Life, Fraternal and P/C to be captured electronically.

**REASON OR JUSTIFICATION FOR CHANGE \*\***

Making the capitation tables electronic capture only, would allow for greater transparency and analysis of the data. It would also allow for the addition of crosschecks.

**Additional Staff Comments:**

12-3-18 cgb The WG agreed to refer the proposal to the Capital Adequacy Task Force for exposure.

\*\* This section must be completed on all forms.

## ASSET CONCENTRATION XR011

The purpose of the asset concentration calculation is to reflect the additional risk of high concentrations of certain types of assets in single exposures, termed “issuers.” An issuer is a single entity, such as IBM or the Ford Motor Company. When the reporting entity has a large portion of its asset portfolio concentrated in only a few issuers, there is a heightened risk of insolvency if one of those issuers should default. An issuer may be represented in the reporting entity’s investment portfolio by a single security designation, such as a large block of NAIC 02 bonds, or a combination of various securities, such as common stocks, preferred stocks, and bonds. The additional RBC for asset concentration is applied to the ten largest issuers.

Concentrated investments in certain types of assets are not expected to represent an additional risk over and above the general risk of the asset itself. Therefore, prior to determining the ten largest issuers, you should exclude those assets that are exempt from the asset concentration factor. Asset types that are excluded from the calculation include: NAIC 06 bonds, ~~and unaffiliated~~ preferred stock ~~and hybrids~~; affiliated common stock; affiliated preferred stock; ~~affiliated bonds~~; property and equipment; U.S. government guaranteed bonds; NAIC 01 bonds, ~~unaffiliated~~ preferred stock and hybrids; any other asset categories with risk-based capital factors less than 1 percent, and investment companies (mutual funds) and common trust funds that are diversified within the meaning of the federal Investment Company Act of 1940 [Section 5(b) (1)]. The pro rata share of individual securities within an investment company (mutual fund) or common trust fund are to be included in the determination of concentrated investments, subject to the exclusions identified.

With respect to investment companies (mutual funds) and common trust funds, the reporting entity is responsible for maintaining the appropriate documentation as evidence that such is diversified within the meaning of the federal Investment Company Act and providing this information upon request of the Commissioner, Director or Superintendent of the Department of Insurance. The reporting entity is also responsible for maintaining a listing of the individual securities and corresponding book/adjusted carrying values making up its investment companies (mutual funds) and common trust funds portfolio, in order to determine whether a concentration charge is necessary. This information should be provided to the Commissioner, Director or Superintendent upon request.

The assets that **ARE INCLUDED** in the calculation when determining the 10 largest issuers are as follows:

- NAIC 02 ~~Unaffiliated~~ Bonds
- NAIC 03 ~~Unaffiliated~~ Bonds
- NAIC 04 ~~Unaffiliated~~ Bonds
- NAIC 05 ~~Unaffiliated~~ Bonds
- Collateral Loans
- Mortgage Loans
- NAIC 02 Unaffiliated Preferred Stock
- NAIC 03 Unaffiliated Preferred Stock
- NAIC 04 Unaffiliated Preferred Stock
- NAIC 05 Unaffiliated Preferred Stock
- NAIC 02 Hybrids
- NAIC 03 Hybrids
- NAIC 04 Hybrids
- NAIC 05 Hybrids
- Other Long-Term Assets
- NAIC 02 Working Capital Finance Investments
- Federal Guaranteed Low Income Housing Tax Credits

Federal Non-Guaranteed Low Income Housing Tax Credits  
State Guaranteed Low Income Housing Tax Credits  
State Non-Guaranteed Low Income Housing Tax Credits  
All Other Low Income Housing Tax Credits  
Unaffiliated Common Stock

The concentration factor basically doubles the risk-based capital factor (up to a maximum of 30 percent) for assets held in the 10 largest issuers. Since the risk-based capital of the assets included in the concentration factor has already been counted once in the basic formula, this factor itself only serves to add an additional risk-based capital requirement on these assets.

The name of each of the largest 10 issuers is entered at the top of the table and the appropriate statement amounts are entered in Column (2), Lines (1) through (22). Aggregate all similar asset types before entering the amount in Column (2). To determine the 10 largest issuers, first pool all of the assets subject to the concentration factor. From this pool, aggregate the various securities by issuer. The aggregate book/adjusted carrying values for the assets are computed, and the 10 largest are subject to the concentration factor. For example, an organization might own \$10,000,000 in NAIC 02 bonds of IBM plus \$5,000,000 of common stock. The total investment in that issuer is \$15,000,000. If that is the largest issuer, then the identifier (“IBM Corporation”) would be entered in the space allowed for the first Issuer Name, and the \$10,000,000 would be entered under the book/adjusted carrying value column for Line (1) (NAIC 02 unaffiliated bonds) and the \$5,000,000 would be entered on Line (22) (unaffiliated common stock).

Replicated assets other than synthetically created indices should be included in the asset concentration calculation in the same manner as other assets.

Capitations Paid Directly to Providers

No.	Name of Provider	Paid Capitations During Year	Letter of Credit Amount	Funds Withheld	Protection Percentage	Exempt Capitations
1					#VALUE!	
2					#VALUE!	
3					#VALUE!	
4					#VALUE!	
5					#VALUE!	
6					#VALUE!	
7					#VALUE!	
8					#VALUE!	
9					#VALUE!	
10					#VALUE!	
11					#VALUE!	
12					#VALUE!	
13					#VALUE!	
14					#VALUE!	
15					#VALUE!	
16					#VALUE!	
17					#VALUE!	
18					#VALUE!	
19					#VALUE!	
20					#VALUE!	
21					#VALUE!	
22					#VALUE!	
23					#VALUE!	
24					#VALUE!	
25					#VALUE!	
26					#VALUE!	
27					#VALUE!	
28					#VALUE!	
29					#VALUE!	
30					#VALUE!	
31					#VALUE!	
32					#VALUE!	
33					#VALUE!	
34					#VALUE!	
35					#VALUE!	
36					#VALUE!	
37					#VALUE!	
38					#VALUE!	
39					#VALUE!	
40					#VALUE!	
41					#VALUE!	
42					#VALUE!	
43					#VALUE!	
44					#VALUE!	
45					#VALUE!	
46					#VALUE!	
47					#VALUE!	
48					#VALUE!	
49					#VALUE!	
50					#VALUE!	
###	Total to Providers	-	XXX	XXX	XXX	-

ELECTRONIC ONLY TABLE

<a href="#">Go back to the beginning of page</a>	<a href="#">Go to Regulated</a>
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Capitations Paid to Unregulated Intermediaries

Num	Name of Provider	Paid Capitations During Year	Letter of Credit Amount	Funds Withheld	Protection Percentage	Exempt Capitations
1					#VALUE!	
2					#VALUE!	
3					#VALUE!	
4					#VALUE!	
5					#VALUE!	
6					#VALUE!	
7					#VALUE!	
8					#VALUE!	
9					#VALUE!	
10					#VALUE!	
11					#VALUE!	
12					#VALUE!	
13					#VALUE!	
14					#VALUE!	
15					#VALUE!	
16					#VALUE!	
17					#VALUE!	
18					#VALUE!	
19					#VALUE!	
20					#VALUE!	
21					#VALUE!	
22					#VALUE!	
23					#VALUE!	
24					#VALUE!	
25					#VALUE!	
26					#VALUE!	
27					#VALUE!	
28					#VALUE!	
29					#VALUE!	
30					#VALUE!	
31					#VALUE!	
32					#VALUE!	
33					#VALUE!	
34					#VALUE!	
35					#VALUE!	
36					#VALUE!	
37					#VALUE!	
38					#VALUE!	
39					#VALUE!	
40					#VALUE!	
41					#VALUE!	
42					#VALUE!	
43					#VALUE!	
44					#VALUE!	
45					#VALUE!	
46					#VALUE!	
47					#VALUE!	
48					#VALUE!	
49					#VALUE!	
50					#VALUE!	
###	Total to Unregulated Intermediaries	-	XXXX	XXXX	XXXX	-

ELECTRONIC ONLY TABLE

Go back to the beginning of page

Capitations Paid to Regulated Intermediaries

Num	Name of Provider	Paid Capitations During Year	Domiciliary State	Exempt Capitations
1				-
2				-
3				-
4				-
5				-
6				-
7				-
8				-
9				-
10				-
11				-
12				-
13				-
14				-
15				-
16				-
17				-
18				-
19				-
20				-
21				-
22				-
23				-
24				-
25				-
26				-
27				-
28				-
29				-
30				-
31				-
32				-
33				-
34				-
35				-
36				-
37				-
38				-
39				-
40				-
41				-
42				-
43				-
44				-
45				-
46				-
47				-
48				-
49				-
50				-
###	Total to Regulated Intermediaries	-	XXX	-
###	Total	-	XXX	-

ELECTRONIC ONLY TABLE

CAPITATIONS WORKSHEETS

Company Name

Cocode: 00000

Capitations Paid Directly to Providers

	(1)	(2)	(3)	(4)	(5)	(6)
	Name of Provider	Paid Capitations During Year	Letter of Credit Amount	Funds Withheld	Protection Percentage	Exempt Capitations
1		\$0	\$0	\$0	#VALUE!	
2		\$0	\$0	\$0	#VALUE!	
3		\$0	\$0	\$0	#VALUE!	
4		\$0	\$0	\$0	#VALUE!	
5		\$0	\$0	\$0	#VALUE!	
6		\$0	\$0	\$0	#VALUE!	
7		\$0	\$0	\$0	#VALUE!	
8		\$0	\$0	\$0	#VALUE!	
9		\$0	\$0	\$0	#VALUE!	
10		\$0	\$0	\$0	#VALUE!	
11		\$0	\$0	\$0	#VALUE!	
12		\$0	\$0	\$0	#VALUE!	
13		\$0	\$0	\$0	#VALUE!	
14		\$0	\$0	\$0	#VALUE!	
15		\$0	\$0	\$0	#VALUE!	
16		\$0	\$0	\$0	#VALUE!	
17		\$0	\$0	\$0	#VALUE!	
18		\$0	\$0	\$0	#VALUE!	
19		\$0	\$0	\$0	#VALUE!	
20		\$0	\$0	\$0	#VALUE!	
21		\$0	\$0	\$0	#VALUE!	
22		\$0	\$0	\$0	#VALUE!	
23		\$0	\$0	\$0	#VALUE!	
24		\$0	\$0	\$0	#VALUE!	
25		\$0	\$0	\$0	#VALUE!	
26		\$0	\$0	\$0	#VALUE!	
27		\$0	\$0	\$0	#VALUE!	
28		\$0	\$0	\$0	#VALUE!	
29		\$0	\$0	\$0	#VALUE!	
30		\$0	\$0	\$0	#VALUE!	
31		\$0	\$0	\$0	#VALUE!	
32		\$0	\$0	\$0	#VALUE!	
33		\$0	\$0	\$0	#VALUE!	
34		\$0	\$0	\$0	#VALUE!	
35		\$0	\$0	\$0	#VALUE!	
36		\$0	\$0	\$0	#VALUE!	
37		\$0	\$0	\$0	#VALUE!	
38		\$0	\$0	\$0	#VALUE!	
39		\$0	\$0	\$0	#VALUE!	
40		\$0	\$0	\$0	#VALUE!	
41		\$0	\$0	\$0	#VALUE!	
42		\$0	\$0	\$0	#VALUE!	
43		\$0	\$0	\$0	#VALUE!	
44		\$0	\$0	\$0	#VALUE!	
45		\$0	\$0	\$0	#VALUE!	
46		\$0	\$0	\$0	#VALUE!	
47		\$0	\$0	\$0	#VALUE!	
48		\$0	\$0	\$0	#VALUE!	
49		\$0	\$0	\$0	#VALUE!	
50		\$0	\$0	\$0	#VALUE!	
1999999	Total to Providers	-	XXXX	XXXX	XXXX	-

ELECTRONIC ONLY TABLE

Capitations Paid to Unregulated Intermediaries

	(1)	(2)	(3)	(4)	(5)	(6)
Number	Name of Provider	Paid Capitations During Year	Letter of Credit Amount	Funds Withheld	Protection Percentage	Exempt Capitations
1		\$0	\$0	\$0	#VALUE!	
2		\$0	\$0	\$0	#VALUE!	
3		\$0	\$0	\$0	#VALUE!	
4		\$0	\$0	\$0	#VALUE!	
5		\$0	\$0	\$0	#VALUE!	
6		\$0	\$0	\$0	#VALUE!	
7		\$0	\$0	\$0	#VALUE!	
8		\$0	\$0	\$0	#VALUE!	
9		\$0	\$0	\$0	#VALUE!	
10		\$0	\$0	\$0	#VALUE!	
11		\$0	\$0	\$0	#VALUE!	
12		\$0	\$0	\$0	#VALUE!	
13		\$0	\$0	\$0	#VALUE!	
14		\$0	\$0	\$0	#VALUE!	
15		\$0	\$0	\$0	#VALUE!	
16		\$0	\$0	\$0	#VALUE!	
17		\$0	\$0	\$0	#VALUE!	
18		\$0	\$0	\$0	#VALUE!	
19		\$0	\$0	\$0	#VALUE!	
20		\$0	\$0	\$0	#VALUE!	
21		\$0	\$0	\$0	#VALUE!	
22		\$0	\$0	\$0	#VALUE!	
23		\$0	\$0	\$0	#VALUE!	
24		\$0	\$0	\$0	#VALUE!	
25		\$0	\$0	\$0	#VALUE!	
26		\$0	\$0	\$0	#VALUE!	
27		\$0	\$0	\$0	#VALUE!	
28		\$0	\$0	\$0	#VALUE!	
29		\$0	\$0	\$0	#VALUE!	
30		\$0	\$0	\$0	#VALUE!	
31		\$0	\$0	\$0	#VALUE!	
32		\$0	\$0	\$0	#VALUE!	
33		\$0	\$0	\$0	#VALUE!	
34		\$0	\$0	\$0	#VALUE!	
35		\$0	\$0	\$0	#VALUE!	
36		\$0	\$0	\$0	#VALUE!	
37		\$0	\$0	\$0	#VALUE!	
38		\$0	\$0	\$0	#VALUE!	
39		\$0	\$0	\$0	#VALUE!	
40		\$0	\$0	\$0	#VALUE!	
41		\$0	\$0	\$0	#VALUE!	
42		\$0	\$0	\$0	#VALUE!	
43		\$0	\$0	\$0	#VALUE!	
44		\$0	\$0	\$0	#VALUE!	
45		\$0	\$0	\$0	#VALUE!	
46		\$0	\$0	\$0	#VALUE!	
47		\$0	\$0	\$0	#VALUE!	
48		\$0	\$0	\$0	#VALUE!	
49		\$0	\$0	\$0	#VALUE!	
50		\$0	\$0	\$0	#VALUE!	
2999999	Total to Unregulated Intermediaries	-	XXXX	XXXX	XXXX	-

ELECTRONIC ONLY TABLE



Capitations Paid to Regulated Intermediaries

	(1)	(2)	(3)	(4)
Number	Name of Provider	Paid Capitations During Year	Domiciliary State	Exempt Capitations
1		\$0		-
2		\$0		-
3		\$0		-
4		\$0		-
5		\$0		-
6		\$0		-
7		\$0		-
8		\$0		-
9		\$0		-
10		\$0		-
11		\$0		-
12		\$0		-
13				-
14				-
15				-
16				-
17				-
18		\$0		-
19		\$0		-
20		\$0		-
21		\$0		-
22		\$0		-
23		\$0		-
24		\$0		-
25		\$0		-
26		\$0		-
27		\$0		-
28		\$0		-
29		\$0		-
30		\$0		-
31		\$0		-
32		\$0		-
33		\$0		-
34		\$0		-
35		\$0		-
36		\$0		-
37		\$0		-
38		\$0		-
39		\$0		-
40		\$0		-
41		\$0		-
42		\$0		-
43		\$0		-
44		\$0		-
45		\$0		-
46		\$0		-
47		\$0		-
48		\$0		-
49		\$0		-
50		\$0		-
3999999	Total to Regulated Intermediaries	-	XXXX	-
9999999	Total	-	XXXX	-

ELECTRONIC ONLY TABLE

CAPITATIONS PRCPPT

Capitations Paid Directly to Providers

	(1)	(2)	(3)	(4)	(5)	(6)
Number	Name of Provider	Paid Capitations During Year	Letter of Credit Amount	Funds Withheld	Protection Percentage	Exempt Capitations
1		\$0	\$0	\$0	#VALUE!	
2		\$0	\$0	\$0	#VALUE!	
3		\$0	\$0	\$0	#VALUE!	
4		\$0	\$0	\$0	#VALUE!	
5		\$0	\$0	\$0	#VALUE!	
6		\$0	\$0	\$0	#VALUE!	
7		\$0	\$0	\$0	#VALUE!	
8		\$0	\$0	\$0	#VALUE!	
9		\$0	\$0	\$0	#VALUE!	
10		\$0	\$0	\$0	#VALUE!	
11		\$0	\$0	\$0	#VALUE!	
12		\$0	\$0	\$0	#VALUE!	
13		\$0	\$0	\$0	#VALUE!	
14		\$0	\$0	\$0	#VALUE!	
15		\$0	\$0	\$0	#VALUE!	
16		\$0	\$0	\$0	#VALUE!	
17		\$0	\$0	\$0	#VALUE!	
18		\$0	\$0	\$0	#VALUE!	
19		\$0	\$0	\$0	#VALUE!	
20		\$0	\$0	\$0	#VALUE!	
21		\$0	\$0	\$0	#VALUE!	
22		\$0	\$0	\$0	#VALUE!	
23		\$0	\$0	\$0	#VALUE!	
24		\$0	\$0	\$0	#VALUE!	
25		\$0	\$0	\$0	#VALUE!	
26		\$0	\$0	\$0	#VALUE!	
27		\$0	\$0	\$0	#VALUE!	
28		\$0	\$0	\$0	#VALUE!	
29		\$0	\$0	\$0	#VALUE!	
30		\$0	\$0	\$0	#VALUE!	
31		\$0	\$0	\$0	#VALUE!	
32		\$0	\$0	\$0	#VALUE!	
33		\$0	\$0	\$0	#VALUE!	
34		\$0	\$0	\$0	#VALUE!	
35		\$0	\$0	\$0	#VALUE!	
36		\$0	\$0	\$0	#VALUE!	
37		\$0	\$0	\$0	#VALUE!	
38		\$0	\$0	\$0	#VALUE!	
39		\$0	\$0	\$0	#VALUE!	
40		\$0	\$0	\$0	#VALUE!	
41		\$0	\$0	\$0	#VALUE!	
42		\$0	\$0	\$0	#VALUE!	
43		\$0	\$0	\$0	#VALUE!	
44		\$0	\$0	\$0	#VALUE!	
45		\$0	\$0	\$0	#VALUE!	
46		\$0	\$0	\$0	#VALUE!	
47		\$0	\$0	\$0	#VALUE!	
48		\$0	\$0	\$0	#VALUE!	
49		\$0	\$0	\$0	#VALUE!	
50		\$0	\$0	\$0	#VALUE!	
1999999	Total to Providers	-	XXXX	XXXX	XXXX	-

ELECTRONIC ONLY TABLE

Capitations Paid to Unregulated Intermediaries

	(1)	(2)	(3)	(4)	(5)	(6)
Number	Name of Provider	Paid Capitations During Year	Letter of Credit Amount	Funds Withheld	Protection Percentage	Exempt Capitations
1		\$0	\$0	\$0	#VALUE!	
2		\$0	\$0	\$0	#VALUE!	
3		\$0	\$0	\$0	#VALUE!	
4		\$0	\$0	\$0	#VALUE!	
5		\$0	\$0	\$0	#VALUE!	
6		\$0	\$0	\$0	#VALUE!	
7		\$0	\$0	\$0	#VALUE!	
8		\$0	\$0	\$0	#VALUE!	
9		\$0	\$0	\$0	#VALUE!	
10		\$0	\$0	\$0	#VALUE!	
11		\$0	\$0	\$0	#VALUE!	
12		\$0	\$0	\$0	#VALUE!	
13		\$0	\$0	\$0	#VALUE!	
14		\$0	\$0	\$0	#VALUE!	
15		\$0	\$0	\$0	#VALUE!	
16		\$0	\$0	\$0	#VALUE!	
17		\$0	\$0	\$0	#VALUE!	
18		\$0	\$0	\$0	#VALUE!	
19		\$0	\$0	\$0	#VALUE!	
20		\$0	\$0	\$0	#VALUE!	
21		\$0	\$0	\$0	#VALUE!	
22		\$0	\$0	\$0	#VALUE!	
23		\$0	\$0	\$0	#VALUE!	
24		\$0	\$0	\$0	#VALUE!	
25		\$0	\$0	\$0	#VALUE!	
26		\$0	\$0	\$0	#VALUE!	
27		\$0	\$0	\$0	#VALUE!	
28		\$0	\$0	\$0	#VALUE!	
29		\$0	\$0	\$0	#VALUE!	
30		\$0	\$0	\$0	#VALUE!	
31		\$0	\$0	\$0	#VALUE!	
32		\$0	\$0	\$0	#VALUE!	
33		\$0	\$0	\$0	#VALUE!	
34		\$0	\$0	\$0	#VALUE!	
35		\$0	\$0	\$0	#VALUE!	
36		\$0	\$0	\$0	#VALUE!	
37		\$0	\$0	\$0	#VALUE!	
38		\$0	\$0	\$0	#VALUE!	
39		\$0	\$0	\$0	#VALUE!	
40		\$0	\$0	\$0	#VALUE!	
41		\$0	\$0	\$0	#VALUE!	
42		\$0	\$0	\$0	#VALUE!	
43		\$0	\$0	\$0	#VALUE!	
44		\$0	\$0	\$0	#VALUE!	
45		\$0	\$0	\$0	#VALUE!	
46		\$0	\$0	\$0	#VALUE!	
47		\$0	\$0	\$0	#VALUE!	
48		\$0	\$0	\$0	#VALUE!	
49		\$0	\$0	\$0	#VALUE!	
50		\$0	\$0	\$0	#VALUE!	
2999999	Total to Unregulated Intermediaries	-	XXXX	XXXX	XXXX	-

ELECTRONIC ONLY TABLE

Capitations Paid to Regulated Intermediaries


	(1)	(2)	(3)	(4)
Number	Name of Provider	Paid Capitations During Year	Domiciliary State	Exempt Capitations
1			\$0	-
2			\$0	-
3			\$0	-
4			\$0	-
5			\$0	-
6			\$0	-
7			\$0	-
8			\$0	-
9			\$0	-
10			\$0	-
11			\$0	-
12			\$0	-
13			\$0	-
14			\$0	-
15			\$0	-
16			\$0	-
17			\$0	-
18			\$0	-
19			\$0	-
20			\$0	-
21			\$0	-
22			\$0	-
23			\$0	-
24			\$0	-
25			\$0	-
26			\$0	-
27			\$0	-
28			\$0	-
29			\$0	-
30			\$0	-
31			\$0	-
32			\$0	-
33			\$0	-
34			\$0	-
35			\$0	-
36			\$0	-
37			\$0	-
38			\$0	-
39			\$0	-
40			\$0	-
41			\$0	-
42			\$0	-
43			\$0	-
44			\$0	-
45			\$0	-
46			\$0	-
47			\$0	-
48			\$0	-
49			\$0	-
50			\$0	-
3999999	Total to Regulated Intermediaries		-	XXXX
9999999	Total		-	XXXX

ELECTRONIC ONLY TABLE

**ASSET CONCENTRATION**

	(1)	(2)	(3)
	Issuer Name	Bk/Adj Carrying Value	Factor Additional RBC
(1) NAIC 02 <b>Unaffiliated</b> Bonds			0.0100
(2) NAIC 03 <b>Unaffiliated</b> Bonds			0.0200
(3) NAIC 04 <b>Unaffiliated</b> Bonds			0.0450
(4) NAIC 05 <b>Unaffiliated</b> Bonds			0.1000
(5) Collateral Loans			0.0500
(6) Mortgages			0.0500
(7) NAIC 02 <b>Unaffiliated</b> Preferred Stock			0.0100
(8) NAIC 03 <b>Unaffiliated</b> Preferred Stock			0.0200
(9) NAIC 04 <b>Unaffiliated</b> Preferred Stock			0.0450
(10) NAIC 05 <b>Unaffiliated</b> Preferred Stock			0.1000
(11) NAIC 02 Hybrid Securities			0.0100
(12) NAIC 03 Hybrid Securities			0.0200
(13) NAIC 04 Hybrid Securities			0.0450
(14) NAIC 05 Hybrid Securities			0.1000
(15) Other Long-Term Invested Assets			0.1000
(16) NAIC 02 Working Capital Finance Investments			0.0125
(17) Federal Guaranteed Low Income Housing Tax Credits			0.0014
(18) Federal Non-Guaranteed Low Income Housing Tax Credits			0.0260
(19) State Guaranteed Low Income Housing Tax Credits			0.0014
(20) State Non-Guaranteed Low Income Housing Tax Credits			0.0260
(21) All Other Low Income Housing Tax Credits			0.0150
(22) Unaffiliated Common Stock			0.1500
(23) Total of Issuer = Lines (1) through (22)			

Note: Ten issuer sections and a grand total page will be available on the filing software. The grand total page is calculated as the sum of issuers 1-10 by asset type.

 Denotes items that must be manually entered on filing software.

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