



SUPPLEMENT TO ANNUAL STATEMENT AND HOLDING COMPANY REPORT - FEES BETWEEN INSURERS AND AFFILIATES

| COMPANY | | [Place bar code here] | | | |
|----------------|---|-----------------------|------------------------|------------------------------|----------------------------|
| STATEMENT DATE | | | | | |
| FILING NO. | AGREEMENT TITLE (LIST ORIGINAL AGREEMENT AND AMENDMENTS AND REVISIONS SEPARATELY) (1) | EFFECTIVE DATES | DIFP APPROVAL DATE (2) | AMOUNT INCURRED (EARNED) (3) | AMOUNT PAID (RECEIVED) (4) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | \$ | \$ |

INSTRUCTIONS

(1) Include information that will identify agreements as reported in the Form B filing, Item 5 (e) of 20 CSR 200-11.101. Photocopy and attach additional pages as needed.

(2) HMOs should first report the approval date by Managed Care, if applicable, and then the date Financial Regulation granted approved.

(3) Include only amounts relating to the current reporting period. If necessary, attach a reconciliation or other additional information to explain differences between the total amount reported here and on the supporting Schedule Y - Part 2, Column 8 and the footnote (a) found on page 12, Exhibit 2, General Expenses for the Life blank; page 14, Underwriting and Investment Exhibit of the Health blank; or page 11, Underwriting and Investment Exhibit of the Property and Casualty blank. Life insurers should also reconcile this supplement to the Part 2 - General Interrogatory item 4.1.

(4) Include all amounts paid or received during the current reporting period whether or not they were incurred or earned during the reporting period.