SCHEDULE A – VERIFICATION BETWEEN YEARS
Real Estate

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

SCHEDULE B – VERIFICATION BETWEEN YEARS
Mortgage Loans

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

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SCHEDULE BA – VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

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

SCHEDULE D – VERIFICATION BETWEEN YEARS

Bonds and Stocks

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

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SCHEDULE D – SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States 2. Canada 3. Other Countries				
	4. Totals				
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their their political subdivisions	7. Totals				
Industrial and Miscellaneous and Hybrid Securities (unaffiliated)	8. United States 9. Canada 10. Other Countries				
	11. Totals				
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds				
PREFERRED STOCKS Industrial and Miscellaneous (unaffiliated)	14. United States 15. Canada 16. Other Countries				
	17. Totals				
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks				
COMMON STOCKS Industrial and Miscellaneous (unaffiliated)	20. United States 21. Canada 22. Other Countries				
	23. Totals				
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks				
	26. Total Stocks				
	27. Total Bonds and Stocks				

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SCHEDULE D – PART 1A – SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 NAIC 1											
1.2 NAIC 2											
1.3 NAIC 3											
1.4 NAIC 4											
1.5 NAIC 5											
1.6 NAIC 6											
1.7 Totals											
2. All Other Governments											
2.1 NAIC 1											
2.2 NAIC 2											
2.3 NAIC 3											
2.4 NAIC 4											
2.5 NAIC 5											
2.6 NAIC 6											
2.7 Totals											
3. U.S. States, Territories and Possessions, etc., Guaranteed											
3.1 NAIC 1											
3.2 NAIC 2											
3.3 NAIC 3											
3.4 NAIC 4											
3.5 NAIC 5											
3.6 NAIC 6											
3.7 Totals											
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 NAIC 1											
4.2 NAIC 2											
4.3 NAIC 3											
4.4 NAIC 4											
4.5 NAIC 5											
4.6 NAIC 6											
4.7 Totals											
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 NAIC 1											
5.2 NAIC 2											
5.3 NAIC 3											
5.4 NAIC 4											
5.5 NAIC 5											
5.6 NAIC 6											
5.7 Totals											

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SCHEDULE D – PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 NAIC 1											
6.2 NAIC 2											
6.3 NAIC 3											
6.4 NAIC 4											
6.5 NAIC 5											
6.6 NAIC 6											
6.7 Totals											
7. Hybrid Securities											
7.1 NAIC 1											
7.2 NAIC 2											
7.3 NAIC 3											
7.4 NAIC 4											
7.5 NAIC 5											
7.6 NAIC 6											
7.7 Totals											
8. Parent, Subsidiaries and Affiliates											
8.1 NAIC 1											
8.2 NAIC 2											
8.3 NAIC 3											
8.4 NAIC 4											
8.5 NAIC 5											
8.6 NAIC 6											
8.7 Totals											

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SCHEDULE D – PART 1A – SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
9 Total Bonds Current Year											
9.1 NAIC 1	(d)							XXX	XXX		
9.2 NAIC 2	(d)							XXX	XXX		
9.3 NAIC 3	(d)							XXX	XXX		
9.4 NAIC 4	(d)							XXX	XXX		
9.5 NAIC 5	(d)					(c)		XXX	XXX		
9.6 NAIC 6	(d)					(c)		XXX	XXX		
9.7 Totals						(b)		XXX	XXX		
9.8 Line 9.7 as a % of Col. 6							XXX	XXX	XXX		
10. Total Bonds Prior Year											
10.1 NAIC 1						XXX	XXX				
10.2 NAIC 2						XXX	XXX				
10.3 NAIC 3						XXX	XXX				
10.4 NAIC 4						XXX	XXX				
10.5 NAIC 5						XXX	XXX	(c)			
10.6 NAIC 6						XXX	XXX	(c)			
10.7 Totals						XXX	XXX	(b)			
10.8 Line 10.7 as a % of Col. 8						XXX	XXX		XXX		
11. Total Publicly Traded Bonds											
11.1 NAIC 1											XXX
11.2 NAIC 2											XXX
11.3 NAIC 3											XXX
11.4 NAIC 4											XXX
11.5 NAIC 5											XXX
11.6 NAIC 6											XXX
11.7 Totals											XXX
11.8 Line 11.7 as a % of Col. 6							XXX	XXX	XXX		XXX
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9							XXX	XXX	XXX		XXX
12. Total Privately Placed Bonds											
12.1 NAIC 1										XXX	
12.2 NAIC 2										XXX	
12.3 NAIC 3										XXX	
12.4 NAIC 4										XXX	
12.5 NAIC 5										XXX	
12.6 NAIC 6										XXX	
12.7 Totals										XXX	
12.8 Line 12.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9							XXX	XXX	XXX	XXX	

(a) Includes $_____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $_____ current year, $_____ prior year of bonds with Z designations and $_____ current year, $_____ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

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

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

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SCHEDULE D – PART 1A – SECTION 2

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations											
1.2 Residential Mortgage-Backed Securities											
1.3 Commercial Mortgage-Backed Securities											
1.4 Other Loan-Backed and Structured Securities											
1.5 Totals											
2. All Other Governments											
2.1 Issuer Obligations											
2.2 Residential Mortgage-Backed Securities											
2.3 Commercial Mortgage-Backed Securities											
2.4 Other Loan-Backed and Structured Securities											
2.5 Totals											
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations											
3.2 Residential Mortgage-Backed Securities											
3.3 Commercial Mortgage-Backed Securities											
3.4 Other Loan-Backed and Structured Securities											
3.5 Totals											
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations											
4.2 Residential Mortgage-Backed Securities											
4.3 Commercial Mortgage-Backed Securities											
4.4 Other Loan-Backed and Structured Securities											
4.5 Totals											
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Issuer Obligations											
5.2 Residential Mortgage-Backed Securities											
5.3 Commercial Mortgage-Backed Securities											
5.4 Other Loan-Backed and Structured Securities											
5.5 Totals											
6. Industrial and Miscellaneous											
6.1 Issuer Obligations											
6.2 Residential Mortgage-Backed Securities											
6.3 Commercial Mortgage-Backed Securities											
6.4 Other Loan-Backed and Structured Securities											
6.5 Totals											
7. Hybrid Securities											
7.1 Issuer Obligations											
7.2 Residential Mortgage-Backed Securities											
7.3 Commercial Mortgage-Backed Securities											
7.4 Other Loan-Backed and Structured Securities											
7.5 Totals											
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations											
8.2 Residential Mortgage-Backed Securities											
8.3 Commercial Mortgage-Backed Securities											
8.4 Other Loan-Backed and Structured Securities											
8.5 Totals											

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SCHEDULE D – PART 1A – SECTION 2 (Continued)

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

	Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9	Total Bonds Current Year											
	9.1 Issuer Obligations								XXX	XXX		
	9.2 Residential Mortgage-Backed Securities								XXX	XXX		
	9.3 Commercial Mortgage-Backed Securities								XXX	XXX		
	9.4 Other Loan-Backed and Structured Securities								XXX	XXX		
	9.5 Totals								XXX	XXX		
	9.6 Lines 9.5 as a % Col. 6							XXX	XXX	XXX		
10	Total Bonds Prior Year											
	10.1 Issuer Obligations						XXX	XXX				
	10.2 Residential Mortgage-Backed Securities						XXX	XXX				
	10.3 Commercial Mortgage-Backed Securities						XXX	XXX				
	10.4 Other Loan-Backed and Structured Securities						XXX	XXX				
	10.5 Totals						XXX	XXX				
	10.6 Line 10.5 as a % of Col. 8						XXX	XXX		XXX		
11	Total Publicly Traded Bonds											
	11.1 Issuer Obligations											XXX
	11.2 Residential Mortgage-Backed Securities											XXX
	11.3 Commercial Mortgage-Backed Securities											XXX
	11.4 Other Loan-Backed and Structured Securities											XXX
	11.5 Totals											XXX
	11.6 Line 11.5 as a % of Col. 6							XXX	XXX	XXX		XXX
	11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9							XXX	XXX	XXX		XXX
12	Total Privately Placed Bonds											
	12.1 Issuer Obligations										XXX	
	12.2 Residential Mortgage-Backed Securities										XXX	
	12.3 Commercial Mortgage-Backed Securities										XXX	
	12.4 Other Loan-Backed and Structured Securities										XXX	
	12.5 Totals										XXX	
	12.6 Line 12.5 as a % of Col. 6							XXX	XXX	XXX	XXX	
	12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9							XXX	XXX	XXX	XXX	

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SCHEDULE DA – VERIFICATION BETWEEN YEARS

Short-Term Investments

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

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

SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS

Options, Caps, Floors, Collars, Swaps and Forwards

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

SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS

Futures Contracts

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

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SCHEDULE DB – PART C – SECTION 1

Replication (Synthetic Asset) Transactions Open as of December 31 of Current Year

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

SCHEDULE DB – PART C – SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1 Beginning Inventory										
2 Add: Opened or Acquired Transactions										
3 Add: Increases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
4 Less: Closed or Disposed of Transactions										
5 Less: Positions Disposed of for Failing Effectiveness Criteria										
6 Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX		XXX		XXX		XXX		XXX	
7 Ending Inventory										

SCHEDULE DB – VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

		Book/Adjusted Carrying Value Check	
1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance		
3.	Total (Line 1 plus Line 2)		
4.	Part D, Section 1, Column 5		
5.	Part D, Section 1, Column 6		
6.	Total (Line 3 minus Line 4 minus Line 5)		

		Fair Value Check	
7.	Part A, Section 1, Column 16		
8.	Part B, Section 1, Column 13		
9.	Total (Line 7 plus Line 8)		
10.	Part D, Section 1, Column 8		
11.	Part D, Section 1, Column 9		
12.	Total (Line 9 minus Line 10 minus Line 11)		

		Potential Exposure Check	
13.	Part A, Section 1, Column 21		
14.	Part B, Section 1, Column 20		
15.	Part D, Section 1, Column 11		
16.	Total (Lines 13 plus Line 14 minus Line 15)		

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SCHEDULE E – VERIFICATION BETWEEN YEARS
(Cash Equivalents)

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

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

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SCHEDULE A – PART 1

Showing All Real Estate OWNED December 31 of Current Year

1	2	Location		5	6	7	8	9	10	Change in Book/Adjusted Carrying Value Less Encumbrances					16	17
		3	4							11	12	13	14	15		
Description of Property	Code	City	State	Date Acquired	Date of Last Appraisal	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value Less Encumbrances	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A C V (13-11-12)	Total Foreign Exchange Change in B/A C V	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred
0699999 Totals																

SCHEDULE A – PART 2

Showing All Real Estate ACQUIRED and Additions Made During the Year

1	Location		4	5	6	7	8	9
	2	3					Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances		
0399999 Totals								

SCHEDULE A – PART 3

Showing All Real Estate DISPOSED During the Year, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/ Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A C V (11-9-10)	Total Foreign Exchange Change in B/A C V	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
0199999 Totals																			

SCHEDULE B – PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

1	2	Location		5	6	7	8	Change in Book Value/Recorded Investment					14	15
		3	4					9	10	11	12	13		
Loan Number	Code	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/ Recorded Investment Excluding Accrued Interest	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Foreign Exchange Change in Book Value	Value of Land and Buildings	Date of Last Appraisal or Valuation
3399999 Totals														XXX

General Interrogatory:

1. Mortgages in good standing $..... unpaid taxes $..... interest due and unpaid.
2. Restructured mortgages $..... unpaid taxes $..... interest due and unpaid.
3. Mortgages with overdue interest over 90 days not in process of foreclosure $..... unpaid taxes $..... interest due and unpaid.
4. Mortgages in process of foreclosure $..... unpaid taxes $ ..... interest due and unpaid.

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SCHEDULE B – PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Year

1	Location		4	5	6	7	8	9
	2	3				Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Value of Land and Buildings
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest			
3399999 Totals								

SCHEDULE B – PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Year

1	Location		4	5	6	7	Change in Book Value/Recorded Investment						14	15	16	17	18
	2	3					8	9	10	11	12	13					
Loan Number	City	State	Loan Type	Date Acquired	Disposal Date	Book Value/Recorded Investment Excluding Accrued Interest Prior Year	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Capitalized Deferred Interest and Other	Total Change in Book Value (8+9-10+11)	Total Foreign Exchange Change in Book Value	Book Value/Recorded Investment Excluding Accrued Interest on Disposal	Consideration	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal
0599999	Totals																

SCHEDULE BA – PART 1

Showing Other Long-Term Invested Assets OWNED December 31 of Current Year

1	2	3	Location		6	7	8	9	10	11	12	Change in Book/Adjusted Carrying Value					18	19	20
CUSIP Identification	Name or Description	Code	4 City	5 State	Name of Vendor or General Partner	NAIC Designation	Date Originally Acquired	Type and Strategy	Actual Cost	Fair Value	Book/ Adjusted Carrying Value Less Encumbrances	13 Unrealized Valuation Increase (Decrease)	14 Current Year's (Depreciation) or (Amortization)/ Accretion	15 Current Year's Other-Than-Temporary Impairment Recognized	16 Capitalized Deferred Interest and Other	17 Total Foreign Exchange Change in B./A.C.V.	Investment Income	Commitment for Additional Investment	Percentage of Ownership
4699999 Totals																			XXX

SCHEDULE BA – PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE December 31 of Current Year

1	2	Location		5	6	7	8	9	10	11
CUSIP Identification	Name or Description	3 City	4 State	Name of Vendor or General Partner	Date Originally Acquired	Type and Strategy	Actual Cost at Time of Acquisition	Additional Investment Made After Acquisition	Amount of Encumbrances	Percentage of Ownership
4699999 Totals										XXX

SCHEDULE BA – PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Year

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

SCHEDULE D – PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in B/A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
8399999 Total Bonds							XXX								XXX	XXX	XXX			XXX	XXX

SCHEDULE D – PART 2 – SECTION 1

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Fair Value		11	Dividends			Change in Book/Adjusted Carrying Value					20	21
		3	4					9	10		12	13	14	15	16	17	18	19		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V (15+16-17)	Total Foreign Exchange Change in B./A.C.V.	NAIC Designation	Date Acquired
8999999	Total Preferred Stocks							XXX											XXX	XXX

SCHEDULE D – PART 2 – SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Book/Adjusted Carrying Value	Rate per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B /A.C.V (13-14)	Total Foreign Exchange Change in B /A.C.V	NAIC Market Indicator (a)	Date Acquired
97999999	Total Common Stocks					XXX										XXX	XXX
9899999	Total Preferred and Common Stocks					XXX										XXX	XXX

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

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SCHEDULE D – PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
9999999 Totals							XXX	

SCHEDULE D – PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

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

SCHEDULE D – PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) or Number of Shares (Stock)	Actual Cost	Consideration	Book/ Adjusted Carrying Value at Disposal	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (12+13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
	BONDS																			
8399997	Subtotal - Bonds																			
	STOCKS																			
9899999	Subtotal - Stocks																			
9999999	Totals																			

SCHEDULE D – PART 6 – SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

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

1 Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: $

2 Total amount of intangible assets nonadmitted $

SCHEDULE D – PART 6 – SECTION 2

1	2	3	4	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identification	Name of Lower-Tier Company	Name of Company Listed in Section 1 Which Controls Lower-Tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Number of Shares	% of Outstanding
0399999 Total				XXX	XXX

SCHEDULE DA – PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest						21
CUSIP Identification	Description	3 Code	4 Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/Adjusted Carrying Value	9 Unrealized Valuation Increase/(Decrease)	10 Current Year's (Amortization)/Accretion	11 Current Year's Other-Than-Temporary Impairment Recognized	12 Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	15 Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default	16 Non-Admitted Due and Accrued	17 Rate of	18 Effective Rate of	19 When Paid	20 Amount Received During Year	Paid for Accrued Interest
9199999 Totals												XXX				XXX	XXX	XXX		

SCHEDULE DB – PART A – SECTION 1

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

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule/ Exhibit Identifier	4 Type(s) of Risk(s) (a)	5 Exchange, Counterparty or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 Notional Amount	10 Strike Price, Rate or Index Received (Paid)	11 Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	12 Current Year Initial Cost of Premium (Received) Paid	13 Current Year Income	14 Book/ Adjusted Carrying Value	15 Code	16 Fair Value	17 Unrealized Valuation Increase/ (Decrease)	18 Total Foreign Exchange Change in B./A.C.V.	19 Current Year's (Amortization)/ Accretion	20 Adjustment to Carrying Value of Hedged Item	21 Potential Exposure	22 Credit Quality of Reference Entity	23 Hedge Effectiveness At Inception and at Year-end (b)
1399999	Subtotal - Hedging Effective													XXX							XXX	XXX
1409999	Subtotal - Hedging Other													XXX							XXX	XXX
1419999	Subtotal - Replication													XXX							XXX	XXX
1429999	Subtotal - Income Generation													XXX							XXX	XXX
1439999	Subtotal - Other													XXX							XXX	XXX
1449999	Totals													XXX							XXX	XXX

(a)

Code	Description of Hedged Risk(s)

(b)

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

SCHEDULE DB – PART A – SECTION 2

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Terminated During Current Year

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

(a)

Code	Description of Hedged Risk(s)

(b)

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

SCHEDULE DB – PART B – SECTION 1

Future Contracts Open December 31 of Current Year

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

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

(a)

Code	Description of Hedged Risk(s)

(b)

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

SCHEDULE DB – PART B – SECTION 2

Future Contracts Terminated December 31 of Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Change in Variation Margin			19	20
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Termination Date	Termination Price	Indicate Exercise, Expiration, Maturity or Sale	Cumulative Variation Margin at Termination	16 Gain (Loss) Recognized in Current Year	17 Gain (Loss) Used to Adjust Basis of Hedged Item	18 Deferred	Hedge Effectiveness at Inception/ and at Termination (b)	Value of One (1) Point
1399999	Subtotal - Hedging Effective																	XXX	XXX
1409999	Subtotal - Hedging Other																	XXX	XXX
1419999	Subtotal - Replication																	XXX	XXX
1429999	Subtotal - Income Generation																	XXX	XXX
1439999	Subtotal - Other																	XXX	XXX
1449999	Totals																	XXX	XXX

(a)

Code	Description of Hedged Risk(s)

(b)

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

SCHEDULE DB – PART D – SECTION 1

Counterparty Exposure for Derivative Instruments Open December 31 of Current Year

1	2	3	4	Book/Adjusted Carrying Value			Fair Value			11	12
				5	6	7	8	9	10		
Description of Exchange, Counterparty or Central Clearinghouse	Master Agreement (Y or N)	Credit Support Annex (Y or N)	Fair Value of Acceptable Collateral	Contracts With Book/Adjusted Carrying Value >0	Contracts With Book/Adjusted Carrying Value <0	Exposure Net of Collateral	Contracts With Fair Value >0	Contracts With Fair Value <0	Exposure Net of Collateral	Potential Exposure	Off-Balance Sheet Exposure
0999999 Gross Totals											
1 Offset per SSAP No. 64											
2 Net after right of offset per SSAP No. 64											

SCHEDULE DB – PART D – SECTION 2

Collateral for Derivative Instruments Open December 31 of Current Year

Collateral Pledged by Reporting Entity

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

Collateral Pledged to Reporting Entity

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

SCHEDULE DL – PART 1
SECURITIES LENDING COLLATERAL ASSETS
Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
9999999 Totals						XXX

General Interrogatories:
1. Total activity for the year Fair Value $ .... Book/Adjusted Carrying Value $ ....
2. Average balance for the year Fair Value $ .... Book/Adjusted Carrying Value $ ....
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:

NAIC 1 $_______; NAIC 2 $_______; NAIC 3 $_______; NAIC 4 $_______; NAIC 5 $_______; NAIC 6 $_______.

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SCHEDULE DL – PART 2
SECURITIES LENDING COLLATERAL ASSETS
Reinvested Collateral Assets Owned December 31 Current Year

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Date
9999999 Totals						XXX

General Interrogatories:

1. Total activity for the year Fair Value $ .... Book/Adjusted Carrying Value $ ....
2. Average balance for the year Fair Value $ .... Book/Adjusted Carrying Value $ ....

SCHEDULE E – PART 1 – CASH

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
OPEN DEPOSITORIES						
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
						XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions)-open depositories	XXX	XXX				XXX
0199999 Totals – Open Depositories	XXX	XXX				XXX
SUSPENDED DEPOSITORIES						
0299998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions)-suspended depositories	XXX	XXX				XXX
0299999 Totals – Suspended Depositories	XXX	XXX				XXX
0399999 Total Cash on Deposit	XXX	XXX				XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
0599999 Total Cash	XXX	XXX				XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January		4. April		7. July		10. October	
2. February		5. May		8. August		11. November	
3. March		6. June		9. September		12. December	

SCHEDULE E – PART 2 – CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due& Accrued	8 Amount Received During Year
8699999 Total Cash Equivalents							

SCHEDULE E – PART 3 – SPECIAL DEPOSITS

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

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SUPPLEMENT FOR THE YEAR OF THE

Affix Bar Code Above

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

PART 1 – INTERROGATORIES

1 The reporting insurer is a member of a group of insurers or other holding company system: ____ yes ____ no If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [ ]; or 2) allocation to each insurer: Yes [ ]

2 Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ ]

3 Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [ ] No [ ]

PART 2 – OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current: 1 Principal Executive Officer	2015 2014 2013								
Current: 2 Principal Financial Officer	2015 2014 2013								
3	2015 2014 2013								
4.	2015 2014 2013								
5.	2015 2014 2013								
6	2015 2014 2013								
7	2015 2014 2013								
8	2015 2014 2013								
9	2015 2014 2013								
10.	2015 2014 2013								

PART 3 – DIRECTOR COMPENSATION

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

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PART 4 – NARRATIVE DESCRIPTION OF MATERIAL FACTORS

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

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SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2015
(To Be Filed by April 1)

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

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

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

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $.....

2. Ten largest exposures to a single issuer/borrower/investment.

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

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

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

4. Assets held in foreign investments:

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

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

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

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

		1	2
5.01	Countries designated NAIC 1	$.....	.....%
5.02	Countries designated NAIC 2	$.....	.....%
5.03	Countries designated NAIC 3 or below	$.....	.....%

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

		1	2
	Countries designated NAIC 1:		
6.01	Country 1:	$.....	.....%
6.02	Country 2:	$.....	.....%
	Countries designated NAIC 2:		
6.03	Country 1:	$.....	.....%
6.04	Country 2:	$.....	.....%
	Countries designated NAIC 3 or below:		
6.05	Country 1:	$.....	.....%
6.06	Country 2:	$.....	.....%

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

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

		1	2
8.01	Countries designated NAIC 1	$.....	.....%
8.02	Countries designated NAIC 2	$.....	.....%
8.03	Countries designated NAIC 3 or below	$.....	.....%

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

		1	2
	Countries designated NAIC 1:		
9.01	Country 1:	$.....	.....%
9.02	Country 2:	$.....	.....%
	Countries designated NAIC 2:		
9.03	Country 1:	$.....	.....%
9.04	Country 2:	$.....	.....%
	Countries designated NAIC 3 or below:		
9.05	Country 1:	$.....	.....%
9.06	Country 2:	$.....	.....%

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

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

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

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

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

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

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

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

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

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

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

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

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

	1 Issuer	2	3
13.02	.....	$	..... %
13.03	.....	$	..... %
13.04	.....	$	..... %
13.05	.....	$	..... %
13.06	.....	$	..... %
13.07	.....	$	..... %
13.08	.....	$	..... %
13.09	.....	$	..... %
13.10	.....	$	..... %
13.11	.....	$	..... %

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Description 1	2	3
18.02	.....	$.....	.....%
18.03	.....	$.....	.....%
18.04	.....	$.....	.....%
18.05	.....	$.....	.....%
18.06	.....	$.....	.....%

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

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

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

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$	.....%

Largest three investments held in mezzanine real estate loans:

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

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

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

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

		Owned		Written	
		1	2	3	4
21.01	Hedging	$	%	$	%
21.02	Income generation	$	%	$	%
21.03	Other	$	%	$	%

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

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

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

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

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SUPPLEMENT FOR THE YEAR OF THE

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2015
(To Be Filed by April 1)

NAIC Group Code NAIC Company Code

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

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SUPPLEMENT FOR THE YEAR OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

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SUPPLEMENT FOR THE YEAR OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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

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SUPPLEMENT FOR THE YEAR OF THE

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 – INDIVIDUAL POLICIES
SUMMARY PAGE

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

PART 2 – GROUP POLICIES
SUMMARY

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

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

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

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

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

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SUPPLEMENT FOR THE YEAR OF THE

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MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015

(To Be Filed by March 1)

FOR THE STATE OF _____

NAIC Group Code _____ NAIC Company Code _____

Address (City, State and Zip Code) _____

Person Completing This Exhibit _____

Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details _____
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
   - 2.1 Address: _____
   - 2.2 Contact Person and Phone Number: _____
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(b) (3) (B)
   - 3.1 Address: _____
   - 3.2 Contact Person and Phone Number: _____
4. Explain any policies identified above as policy type "O" _____

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NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

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

TO ANNUAL STATEMENT OF THE

_____

COMPANY

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FINANCIAL REPORTING TO STOCKHOLDERS

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

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

3. If an Annual Report to stockholders was distributed for the previous year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect to the Annual Meeting?
   Answer... .....
   If the answer is "No" explain in detail below. Attach separate sheet if necessary.

   (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A		Column B	
	Yes	No	Yes	No
To be answered by Life and A & H Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Summary of Operations				
c. Surplus Account				
To be answered by Property and Casualty Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income -- Underwriting and Investment Exhibit				
c. Capital and Surplus Account				
To be answered by Title Insurance Companies:				
a. Statement of Assets, Liabilities, Surplus and Other Funds				
b. Statement of Income -- Operations and Investment Exhibit				
c. Capital and Surplus Account				
To be answered by Health Insurance Companies:				
a. Statement of Assets, Liabilities, Capital and Surplus				
b. Statement of Revenue and Expenses				
c. Capital and Surplus Account				

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SUPPLEMENT FOR THE YEAR OF THE

INFORMATION REGARDING MANAGEMENT AND DIRECTORS

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

1	2	3	4	Benefits Accrued or Set Aside During Year		Est Annual Benefits Upon Retirement	
				5	6	7	8
Name and Title	Principal Occupation or Employment	Served as Director From	Aggregate Direct Remuneration	Retirement Plan	Other Emp Benefits	Retirement Plan	Other Emp Benefits

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

A Information as to any material interest, direct or indirect, on the part of such individual during the year in any material transaction or any material proposed transaction as to which the Company, or any of its subsidiaries, was or is to be a party

B Information as to all options to purchase securities of the Company granted to or exercised by each such individual during the year

2 Answer "yes" or "no" in each column as to whether or not the information in Item 1 above has been, or will be, furnished to stockholders in any proxy statement relating to (i) the election of directors, (ii) any bonus, profit sharing or other remuneration plan, contract or arrangement in which any director, nominee for election as a director, or officer of the Company will participate, (iii) any pension or retirement plan in which any such person will participate, or (iv) the granting or extension to any such person of any options, warrants, or rights to purchase any securities, other than warrants or rights issued to security holders, as such, on a pro rata basis If any answer is "no" explain in detail on a separate sheet.

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

xxx	xxx	xxx					

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

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

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

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

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

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SUPPLEMENT FOR THE YEAR OF THE

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1	2	3	Number of Shares					
			4	5	Disposed of During Current Year		8	9
					6	7		
Name and Title of (a) Each Director and Each Officer with Any Ownership and (b) Any Other Owner of More Than 10%	Title of Security	Nature of Ownership	Owned at End of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year	Percentage of Voting Stock Directly and Indirectly Owned or Controlled at the End of the Current Year

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid Officers whose aggregate direct remuneration exceeded $100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise

Answer ..... If answer is "no" explain in detail on separate sheet

State the number of stockholders of record of the company at the end of the year. Answer .....

Has the state of domicile granted an exemption or disclaimer of control? Answer .....

If answer is "yes" explain: .....

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MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

NAIC Company Code

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

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SUPPLEMENT FOR THE YEAR OF THE

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LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

REPORTING YEAR 20__

(To Be Filed By April 1)

NAIC Group Code_____ NAIC Company Code_____

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

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SUPPLEMENT FOR THE YEAR OF THE

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

NAIC Group Code_____ NAIC Company Code _____

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

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SUPPLEMENT FOR THE YEAR OF THE

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

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

NAIC Group Code_____ NAIC Company Code _____

Incurred Year	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015
A. Individual								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 3 – Transferred Reserves								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Incurred Year	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015
B. Group								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 3 – Transferred Reserves								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Incurred Year	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015
C. Summary								
PART 1 – Total (Direct and Transferred) Amount Paid Policyholders								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 2 – Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 3 – Transferred Reserves								
1. Prior								
2. 2008								
3. 2009	XXX							
4 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 4 – Present Value of Incurred Claims								
1. Prior								
2. 2008								
3. 2009	XXX							
4. 2010	XXX	XXX						
5. 2011	XXX	XXX	XXX					
6. 2012	XXX	XXX	XXX	XXX				
7. 2013	XXX	XXX	XXX	XXX	XXX			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

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

NAIC Group Code _____ NAIC Company Code _____

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

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

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LONG-TERM CARE EXPERIENCE REPORTING FORM 5

EXPERIENCE IN THE STATE OF _____

REPORTING YEAR 20____

(To Be Filed By April 1)

NAIC Group Code_____ NAIC Company Code _____

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

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LIFE SUPPLEMENTS

For the Year Ended December 31, 2015
(To Be Filed By March 1)

Of The ..... Insurance Company

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

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

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EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
LIFE INSURANCE					
0199997 Totals (Gross)					
0199998 Reinsurance ceded					
0199999 Totals (Net)					
ANNUITIES (excluding supplementary contracts with life contingencies):		XXX		XXX	
0299997 Totals (Gross)		XXX		XXX	
0299998 Reinsurance ceded		XXX		XXX	
0299999 Totals (Net)		XXX		XXX	
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:					
0399997 Totals (Gross)					
0399998 Reinsurance ceded					
0399999 Totals (Net)					
ACCIDENTAL DEATH BENEFITS:					
0499997 Totals (Gross)					
0499998 Reinsurance ceded					
0499999 Totals (Net)					
DISABILITY—ACTIVE LIVES:					
0599997 Totals (Gross)					
0599998 Reinsurance ceded					
0599999 Totals (Net)					
DISABILITY—DISABLED LIVES:					
0699997 Totals (Gross)					
0699998 Reinsurance ceded					
0699999 Totals (Net)					
MISCELLANEOUS RESERVES:					
0799997 Totals (Gross)					
0799998 Reinsurance ceded					
0799999 Totals (Net)					
9999999 Totals (Net)					

EXHIBIT 5 – INTERROGATORIES

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

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EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

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

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SCHEDULE S – PART 1 – SECTION 1

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

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

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SCHEDULE S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

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

SUPPLEMENT FOR THE YEAR OF THE

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DIRECT BUSINESS IN THE STATE OF DURING THE YEAR

NAIC Group Code

LIFE INSURANCE

NAIC Company Code

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance					
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium paying period					
6.4	Other					
6.5	Totals (sum of Lines 6.1 to 6.4)					
	Annuities					
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10	Matured endowments					
11	Annuity benefits					
12	Surrender values and withdrawals for life contracts					
13	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14	All other benefits, except accident and health					
15	Totals					
	DETAILS OF WRITE-INS					
1301						
1302						
1303						
1398	Summary of remaining write-ins for Line 13 from overflow page					
1399	Total (Lines 1301 through 1303 + 1398) (Line 13 above)					

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary 1 No	Ordinary 2 Amount	Credit Life (Group and Individual) 3 No. of Ind. Pols. & Gr. Certifs	Credit Life (Group and Individual) 4 Amount	Group 5 No. of Certifs.	Group 6 Amount	Industrial 7 No	Industrial 8 Amount	Total 9 No	Total 10 Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	Reductions by compromise										
18.5	Amounts rejected										
18.6	Total settlements										
19	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policies					
20	In force December 31, prior year				(a)						
21	Issued during year										
22	Other changes to in force (Net)										
23	In force December 31 of current year				(a)						

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

ACCIDENT AND HEALTH INSURANCE

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

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

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