Official NAIC
Annual Statement Blank

Health

For the 2006 reporting year

National Association
Of Insurance Commissioners
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ANNUAL STATEMENT

OF THE


of

in the state of

TO THE

Insurance Department

OF THE

STATE OF

FOR THE YEAR ENDED
DECEMBER 31, 2006
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ANNUAL STATEMENT

FOR THE YEAR ENDING

(Month) (Day) (Year)

OF THE CONDITION AND AFFAIRS OF THE

(Name)

NAIC Group Code ___________________, ________________

NAIC Company Code ______________________

Employer’s ID Number _______________________

Organized under the Laws of _______________________, State of Domicile or Port of Entry ________________

Country of Domicile ______________________________________

Licensed as business type: Life, Accident & Health [ ]

Property/Casualty [ ]

Dental Service Corporation [ ]

Vision Service Corporation [ ]

Other [ ]

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized ________________

Commenced Business ________________

Statutory Home Office _______________________

Main Administrative Office _______________________

Mail Address _______________________

Primary Location of Books and Records _______________________

Internet Website Address _______________________

Statutory Statement Contact _______________________

Policyowner Relations Contact _______________________

OFFICERS

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<th>Title</th>
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</table>

DIRECTORS OR TRUSTEES

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Subscribed and sworn to before me this .......... day of ........, 2000

........................................

........................................

........................................

........................................

GUIDELINES:

a. Is this an original filing?

b. If no:

1. State the amendment number ________________

2. Date filed ________________

3. Number of pages attached ________________

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<th>Total</th>
<th>Prior Year</th>
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<tr>
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<td><strong>3. Change in unearned premium reserves and reserve for rate credits</strong></td>
<td>XXX</td>
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<tr>
<td><strong>4. Fee-for-service (net of $……… medical expenses)</strong></td>
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<td><strong>5. Risk revenue</strong></td>
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<td><strong>6. Aggregate write-ins for other health care related revenues</strong></td>
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<tr>
<td><strong>7. Aggregate write-ins for other non-health revenues</strong></td>
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<tr>
<td><strong>8. Total revenues (Lines 2 to 7)</strong></td>
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<td><strong>9. Hospital and Medical:</strong></td>
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<td><strong>10. Other professional services</strong></td>
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<td><strong>11. Outside referrals</strong></td>
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<td><strong>12. Emergency room and out-of-area</strong></td>
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<td><strong>13. Prescription drugs</strong></td>
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<td><strong>14. Aggregate write-ins for other hospital and medical</strong></td>
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<td><strong>15. Incentive pool, withhold adjustments and bonus amounts</strong></td>
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<td><strong>16. Subtotal (Lines 9 to 15)</strong></td>
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<td><strong>9. Less:</strong></td>
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<td><strong>17. Net reinsurance recoveries</strong></td>
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<td><strong>18. Total hospital and medical (Lines 16 minus 17)</strong></td>
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<tr>
<td><strong>19. Non-health claims (net)</strong></td>
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<tr>
<td><strong>20. Claims adjustment expenses, including $……… cost containment expenses</strong></td>
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<tr>
<td><strong>21. General administrative expenses</strong></td>
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<td><strong>22. Increase in reserves for life and accident and health contracts (including $……… increase in reserves for life only)</strong></td>
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<td><strong>23. Total underwriting deductions (Lines 18 through 22)</strong></td>
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<tr>
<td><strong>24. Net investment income earned (Exhibit of Net Investment Income, Line 17)</strong></td>
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<td><strong>25. Net realized capital gains (losses) less capital gains tax of $</strong></td>
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<td><strong>26. Net gain or (loss) from agents’ or premium balances charged off [(amount recovered $………) (amount charged off $………)]]</strong></td>
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<td><strong>27. Aggregate write-ins for other income or expenses</strong></td>
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<td><strong>30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)</strong></td>
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<td><strong>31. Federal and foreign income taxes incurred</strong></td>
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<td><strong>32. Net income (loss) (Lines 30 minus 31)</strong></td>
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<tr>
<th><strong>DETAILS OF WRITE-INS</strong></th>
<th>Uncovered</th>
<th>Total</th>
<th>Prior Year</th>
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<td><strong>0603.</strong></td>
<td>XXX</td>
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<td><strong>0698. Summary of remaining write-ins for Line 6 from overflow page</strong></td>
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<tr>
<td><strong>0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)</strong></td>
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<td><strong>0701.</strong></td>
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<td><strong>0702.</strong></td>
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<td><strong>0703.</strong></td>
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<td><strong>0798. Summary of remaining write-ins for Line 7 from overflow page</strong></td>
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<tr>
<td><strong>0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)</strong></td>
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<tr>
<td><strong>1401.</strong></td>
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<td><strong>1402.</strong></td>
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<td><strong>1403.</strong></td>
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<td><strong>1498. Summary of remaining write-ins for Line 14 from overflow page</strong></td>
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<td><strong>1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)</strong></td>
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<td><strong>2901.</strong></td>
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<td><strong>2902.</strong></td>
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<td><strong>2903.</strong></td>
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<td><strong>2998. Summary of remaining write-ins for Line 29 from overflow page</strong></td>
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<td><strong>2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)</strong></td>
<td>XXX</td>
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</table>
### STATEMENT OF REVENUE AND EXPENSES (continued)

#### CAPITAL & SURPLUS ACCOUNT

<table>
<thead>
<tr>
<th>33.</th>
<th>Capital and surplus prior reporting year .................................................................</th>
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<tbody>
<tr>
<td>34.</td>
<td>Net income or (loss) from Line 32 ...........................................................................</td>
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<td>35.</td>
<td>Change in valuation basis of aggregate policy and claim reserves ..........................</td>
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<td>36.</td>
<td>Change in net unrealized capital gains (losses) less capital gains tax of $ .............</td>
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<td>37.</td>
<td>Change in net unrealized foreign exchange capital gain or (loss) ............................</td>
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<td>38.</td>
<td>Change in net deferred income tax ............................................................................</td>
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<td>39.</td>
<td>Change in nonadmitted assets ..................................................................................</td>
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<td>40.</td>
<td>Change in unauthorized reinsurance ......................................................................</td>
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<td>41.</td>
<td>Change in treasury stock .......................................................................................</td>
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<td>42.</td>
<td>Change in surplus notes .........................................................................................</td>
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<tr>
<td>43.</td>
<td>Cumulative effect of changes in accounting principles ..........................................</td>
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<td>44.</td>
<td>Capital Changes:</td>
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<td>Paid in .......................................................................................................................</td>
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<td>44.2</td>
<td>Transferred from surplus (Stock Dividend) ..............................................................</td>
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<td>44.3</td>
<td>Transferred to surplus .............................................................................................</td>
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<td>45.</td>
<td>Surplus adjustments:</td>
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<td>45.1</td>
<td>Paid in .......................................................................................................................</td>
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<tr>
<td>45.2</td>
<td>Transferred to capital (Stock Dividend) ..................................................................</td>
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</tr>
<tr>
<td>45.3</td>
<td>Transferred from capital .........................................................................................</td>
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<tr>
<td>46.</td>
<td>Dividends to stockholders ......................................................................................</td>
<td></td>
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</tr>
<tr>
<td>47.</td>
<td>Aggregate write-ins for gains or (losses) in surplus ...............................................</td>
<td></td>
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<tr>
<td>48.</td>
<td>Net change in capital and surplus (Lines 34 to 47) ...............................................</td>
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<tr>
<td>49.</td>
<td>Capital and surplus end of reporting year (Line 33 plus 48) ................................</td>
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</tbody>
</table>

#### DETAILS OF WRITE-INS

| 4701. | ......................................................................................................................... |  |  |
| 4702. | ......................................................................................................................... |  |  |
| 4703. | ......................................................................................................................... |  |  |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page ........................... |  |  |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above) ............................... |  |  |
## CASH FLOW

<table>
<thead>
<tr>
<th>Cash from Operations</th>
<th>1 Current Year</th>
<th>2 Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Premiums collected net of reinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Net investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Miscellaneous income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total (Lines 1 through 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Benefit and loss related payments</td>
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<td></td>
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<tr>
<td>6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts</td>
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<td></td>
</tr>
<tr>
<td>7. Commissions, expenses paid and aggregate write-ins for deductions</td>
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</tr>
<tr>
<td>8. Dividends paid to policyholders</td>
<td></td>
<td></td>
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<tr>
<td>9. Federal and foreign income taxes paid (recovered) $5,300 net of tax on capital gains (losses)</td>
<td></td>
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<tr>
<td>10. Total (Lines 5 through 9)</td>
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<tr>
<td>11. Net cash from operations (Line 4 minus Line 10)</td>
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</table>

### Cash from Investments

<table>
<thead>
<tr>
<th>12. Proceeds from investments sold, matured or repaid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Bonds</td>
</tr>
<tr>
<td>12.2 Stocks</td>
</tr>
<tr>
<td>12.3 Mortgage loans</td>
</tr>
<tr>
<td>12.4 Real estate</td>
</tr>
<tr>
<td>12.5 Other invested assets</td>
</tr>
<tr>
<td>12.6 Net gains or (losses) on cash, cash equivalents and short-term investments</td>
</tr>
<tr>
<td>12.7 Miscellaneous proceeds</td>
</tr>
<tr>
<td>12.8 Total investment proceeds (Lines 12.1 to 12.7)</td>
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</table>

### Cost of investments acquired (long-term only):

<table>
<thead>
<tr>
<th>13. Cost of investments acquired (Lines 13 to 13.6)</th>
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</thead>
<tbody>
<tr>
<td>13.1 Bonds</td>
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<tr>
<td>13.2 Stocks</td>
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</tr>
<tr>
<td>13.3 Mortgage loans</td>
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</tr>
<tr>
<td>13.4 Real estate</td>
<td></td>
</tr>
<tr>
<td>13.5 Other invested assets</td>
<td></td>
</tr>
<tr>
<td>13.6 Miscellaneous applications</td>
<td></td>
</tr>
<tr>
<td>13.7 Total investments acquired (Lines 13.1 to 13.6)</td>
<td></td>
</tr>
</tbody>
</table>

### Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14):

| 14. Net increase (decrease) in contract loans and premium notes | | |

### Cash from Financing and Miscellaneous Sources

| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | | |

### RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS

<table>
<thead>
<tr>
<th>16. Cash provided (applied):</th>
</tr>
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<tbody>
<tr>
<td>16.1 Surplus notes, capital notes</td>
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<tr>
<td>16.2 Capital and paid in surplus, less treasury stock</td>
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<tr>
<td>16.3 Borrowed funds</td>
</tr>
<tr>
<td>16.4 Net deposits on deposit-type contracts and other insurance liabilities</td>
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<tr>
<td>16.5 Dividends to stockholders</td>
</tr>
<tr>
<td>16.6 Other cash provided (applied)</td>
</tr>
<tr>
<td>17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)</td>
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</tbody>
</table>

| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | | |

<table>
<thead>
<tr>
<th>19. Cash, cash equivalents and short-term investments:</th>
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</thead>
<tbody>
<tr>
<td>19.1 Beginning of year</td>
</tr>
<tr>
<td>19.2 End of year (Line 18 plus Line 19.1)</td>
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</tbody>
</table>

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| 20.0001 | 20.0002 | 20.0003 | 20.0996 |
### ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>1</td>
<td>Net premium income</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Change in unearned premium reserves and reserve for rate credit</td>
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</tr>
<tr>
<td>3</td>
<td>Fax for service (net of $ __________ medical expenses)</td>
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</tr>
<tr>
<td>4</td>
<td>Other revenue</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Aggregate write-ins for other health care related revenues</td>
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</tr>
<tr>
<td>6</td>
<td>Aggregate write-ins for other non-health care related revenues</td>
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</tr>
<tr>
<td>7</td>
<td>Total revenues (Lines 1 to 6)</td>
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</tr>
<tr>
<td>8</td>
<td>Hospital/medical benefits</td>
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</tr>
<tr>
<td>9</td>
<td>Other professional services</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Outside</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Emergency room and out-of-area</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Prescription drugs</td>
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<tr>
<td>13</td>
<td>Aggregate write-ins for other hospital and medical</td>
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<tr>
<td>14</td>
<td>Incentive pool, withhold adjustments and bonus amounts</td>
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</tr>
<tr>
<td>15</td>
<td>Total (Lines 8 to 16)</td>
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<tr>
<td>16</td>
<td>Net insurance recoveries</td>
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</tr>
<tr>
<td>17</td>
<td>Total hospital and medical (Lines 15 minus 16)</td>
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</tr>
<tr>
<td>18</td>
<td>Non-health claims (net)</td>
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</tr>
<tr>
<td>19</td>
<td>Claims adjustment expenses including $ __________ cost containment expenses</td>
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<tr>
<td>20</td>
<td>General administrative expenses</td>
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</tr>
<tr>
<td>21</td>
<td>Increase in reserves for accident and health contracts</td>
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</tr>
<tr>
<td>22</td>
<td>Increase in reserves for life contracts</td>
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</tr>
<tr>
<td>23</td>
<td>Total underwriting deductions (Lines 17 to 22)</td>
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<tr>
<td>24</td>
<td>Net underwriting gain or (loss) (Line 7 minus Line 23)</td>
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</tbody>
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**DETAILS OF WRITE-INS**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
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<td>0503</td>
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<td>0598</td>
<td>Summary of remaining write-ins for Line 5 from overflow page</td>
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<tr>
<td>0599</td>
<td>Total (Lines 0501 through 0503 plus 0598) (Line 5 above)</td>
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<tr>
<td>0601</td>
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<td>0602</td>
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<td>0603</td>
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<tr>
<td>0698</td>
<td>Summary of remaining write-ins for Line 6 from overflow page</td>
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<tr>
<td>0699</td>
<td>Total (Lines 0601 through 0603 plus 0698) (Line 6 above)</td>
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<td>1301</td>
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<td>1302</td>
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<td>1303</td>
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<tr>
<td>1398</td>
<td>Summary of remaining write-ins for Line 13 from overflow page</td>
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<tr>
<td>1399</td>
<td>Total (Lines 1301 through 1303 plus 1398) (Line 13 above)</td>
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### UNDERWRITING AND INVESTMENT EXHIBIT
#### PART 1 – PREMIUMS

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<th>Line of Business</th>
<th>1</th>
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<tbody>
<tr>
<td>2. Medicare Supplement</td>
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<td>3. Dental only</td>
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<tr>
<td>4. Vision only</td>
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<td>5. Federal Employees Health Benefits Plan</td>
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<td>6. Title XVIII – Medicare</td>
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<td>8. Stop loss</td>
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### UNDERWRITING AND INVESTMENT EXHIBIT

#### PART 2 – CLAIMS INCURRED DURING THE YEAR

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(a) Excludes $………. loans or advances to providers not yet expensed.
### UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

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Health
### UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE**

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(a) Excludes $……….. loans or advances to providers not yet expensed.
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### Section B – Incurred Health Claims

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### Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

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<td>Unpaid Claims Adjustment Expenses</td>
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<td>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) Percent</td>
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UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

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<td>1. Unearned premium reserves</td>
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<td>3. Reserve for future contingent benefits</td>
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<td>4. Reserve for rate credits or experience rating refunds (including $____ for investment income)</td>
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<td>8. Totals (Net) (Page 3, Line 4)</td>
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<td>9. Present value of amounts not yet due on claims</td>
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<td>13. Reinsurance ceded</td>
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<td>14. Totals (Net) (Page 3, Line 7)</td>
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DETAILS OF WRITE-INS

| 0601. |   |   |   |   |   |   |   |   |    |    |    |
| 0602. |   |   |   |   |   |   |   |   |    |    |    |
| 0603. |   |   |   |   |   |   |   |   |    |    |    |
| 0604. Summary of remaining write-ins for Line 5 from overflow page |   |   |   |   |   |   |   |   |    |    |    |
| 0599. Totals (Lines 0595 through 0598) (Line 5 above) |   |   |   |   |   |   |   |   |    |    |    |
| 1191. |   |   |   |   |   |   |   |   |    |    |    |
| 1192. |   |   |   |   |   |   |   |   |    |    |    |
| 1193. |   |   |   |   |   |   |   |   |    |    |    |
| 1194. Summary of remaining write-ins for Line 11 from overflow page |   |   |   |   |   |   |   |   |    |    |    |
| 1199. Totals (Lines 1105 through 1108) (Line 11 above) |   |   |   |   |   |   |   |   |    |    |    |

16) Includes $____ premium deficiency reserve.

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Health
# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 – ANALYSIS OF EXPENSES

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>1: Claim Adjustment Expenses</th>
<th>2: Other Claim Adjustment Expenses</th>
<th>3: General Administrative Expenses</th>
<th>4: Investment Expenses</th>
<th>5: Total</th>
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<tbody>
<tr>
<td></td>
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<td>Cost Containment Expenses</td>
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<td>1</td>
<td>Rent ($……….. for occupancy of own building)</td>
<td>$9,000.00</td>
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<td>2</td>
<td>Salaries, wages and other benefits</td>
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<td>Commissions (less $........ceded plus $........ assumed)</td>
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<td>4</td>
<td>Legal fees and expenses</td>
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<td>Certifications and accreditation fees</td>
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<td>6</td>
<td>Auditing, actuarial and other consulting services</td>
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<td>Traveling expenses</td>
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<td>Marketing and advertising</td>
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<td>Postage, express and telephone</td>
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<td>Printing and office supplies</td>
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<td>Occupancy, depreciation and amortization</td>
<td>$10,000.00</td>
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<td>Equipment</td>
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<td>Cost or depreciation of EDP equipment and software</td>
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<td>Outsourced services including EDP, claims, and other services</td>
<td>$13,000.00</td>
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<td>15</td>
<td>Boards, bureaus and association fees</td>
<td>$14,000.00</td>
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<td>16</td>
<td>Insurance, except on real estate</td>
<td>$15,000.00</td>
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<td>17</td>
<td>Collection and bank service charges</td>
<td>$16,000.00</td>
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<td>Group service and administration fees</td>
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<td>19</td>
<td>Reimbursements by uninsured plans</td>
<td>$18,000.00</td>
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<td>20</td>
<td>Reimbursements from fiscal intermediaries</td>
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<td>21</td>
<td>Real estate expenses</td>
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<td>22</td>
<td>Real estate taxes</td>
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<td>23</td>
<td>Taxes, licenses and fees:</td>
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<td>23.1</td>
<td>State and local insurance taxes</td>
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<td>State premium taxes</td>
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<td>23.3</td>
<td>Regulatory authority licenses and fees</td>
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<td>23.4</td>
<td>Payroll taxes</td>
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<td>23.5</td>
<td>Other (excluding federal income and real estate taxes)</td>
<td>$26,000.00</td>
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<td>24</td>
<td>Investment expenses not included elsewhere</td>
<td>$27,000.00</td>
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<td>25</td>
<td>Aggregate write-ins for expenses</td>
<td>$28,000.00</td>
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<td>26</td>
<td>Total expenses incurred (Lines 1 to 25)</td>
<td>$51,000.00</td>
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<td>27</td>
<td>Less expenses unpaid December 31, current year</td>
<td>$29,000.00</td>
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<tr>
<td>28</td>
<td>Add expenses unpaid December 31, prior year</td>
<td>$30,000.00</td>
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<tr>
<td>29</td>
<td>Amounts receivable relating to uninsured plans, prior year</td>
<td>$31,000.00</td>
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<td>30</td>
<td>Amounts receivable relating to uninsured plans, current year</td>
<td>$32,000.00</td>
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<td>31</td>
<td>Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)</td>
<td>$43,000.00</td>
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## DETAIL OF WRITE-INS

- **2501.**
- **2502.**
- **2503.**
- **2598.** Summary of remaining write-ins for Line 25 from overflow page
- **2599.** Totals (Line 2501 through 2503 + 2598) (Line 25 above)

(a) Includes management fees of $............. to affiliates and $............. to non-affiliates.
### EXHIBIT OF NET INVESTMENT INCOME

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<th>Details of Write-Ins</th>
<th>1 Collected During Year</th>
<th>2 Earned During Year</th>
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<td>1. U.S. Government bonds</td>
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<tr>
<td>1.1 Bonds exempt from U.S. tax</td>
<td>(a)</td>
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</tr>
<tr>
<td>1.2 Other bonds (unaffiliated)</td>
<td>(a)</td>
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<tr>
<td>1.3 Bonds of affiliates</td>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>2.1 Preferred stocks (unaffiliated)</td>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>2.11 Preferred stocks of affiliates</td>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>2.2 Common stocks (unaffiliated)</td>
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<td></td>
</tr>
<tr>
<td>2.21 Common stocks of affiliates</td>
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<td></td>
</tr>
<tr>
<td>3. Mortgage loans</td>
<td>(c)</td>
<td></td>
</tr>
<tr>
<td>4. Real estate</td>
<td>(d)</td>
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<tr>
<td>5. Contract loans</td>
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<td></td>
</tr>
<tr>
<td>6. Cash, cash equivalents and short-term investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Derivative instruments</td>
<td>(e)</td>
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</tr>
<tr>
<td>8. Other invested assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Aggregate write-ins for investment income</td>
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</tr>
<tr>
<td>10. Total gross investment income</td>
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</table>

11. Investment expenses
12. Investment taxes, licenses and fees, excluding federal income taxes
13. Interest expense
14. Depreciation on real estate and other invested assets
15. Aggregate write-ins for deductions from investment income
16. Total deductions (Lines 11 through 15)
17. Net investment income (Line 10 minus Line 16)

#### DETAILS OF WRITE-INS

- **0901.**
- **0902.**
- **0903.**
- **0998.** Summary of remaining write-ins for Line 9 from overflow page
- **0999.** Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)
- **1501.**
- **1502.**
- **1503.**
- **1598.** Summary of remaining write-ins for Line 15 from overflow page
- **1599.** Totals (Lines 1501 through 1503) plus 1598 (Line 15, above)

(a) Includes $_____ accrual of discount less $_____ amortization of premium and less $_____ paid for accrued interest on purchases.
(b) Includes $_____ accrual of discount less $_____ amortization of premium and less $_____ paid for accrued dividends on purchases.
(c) Includes $_____ accrual of discount less $_____ amortization of premium and less $_____ paid for accrued interest on purchases.
(d) Includes $_____ amortization of premium and less $_____ paid for accrued dividends on purchases.
(e) Includes $_____ amortization of premium and less $_____ paid for accrued interest on purchases.
(f) Includes $_____ amortization of premium.
(g) Includes $_____ investment expenses and $_____ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and separate accounts.
(h) Includes $_____ interest on surplus notes and $_____ interest on capital notes.
(i) Includes $_____ depreciation on real estate and $_____ depreciation on other invested assets.

### EXHIBIT OF CAPITAL GAINS (LOSSES)

<table>
<thead>
<tr>
<th>Details of Write-Ins</th>
<th>1 Realized Gain (Loss)</th>
<th>2 Other Realized Adjustments</th>
<th>3 Unrealized Increases (Decreases) by Adjustment</th>
<th>4 Total</th>
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<tr>
<td>1. U.S. Government bonds</td>
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<td></td>
</tr>
<tr>
<td>1.1 Bonds exempt from U.S. tax</td>
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<td></td>
</tr>
<tr>
<td>1.2 Other bonds (unaffiliated)</td>
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</tr>
<tr>
<td>1.3 Bonds of affiliates</td>
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</tr>
<tr>
<td>2.1 Preferred stocks (unaffiliated)</td>
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<td></td>
</tr>
<tr>
<td>2.11 Preferred stocks of affiliates</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Common stocks (unaffiliated)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.21 Common stocks of affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mortgage loans</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Real estate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Contract loans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cash, cash equivalents and short-term investments</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Derivative instruments</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. Other invested assets</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9. Aggregate write-ins for capital gains (losses)</td>
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</tr>
<tr>
<td>10. Total capital gains (losses)</td>
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</tbody>
</table>

#### DETAILS OF WRITE-INS

- **0901.**
- **0902.**
- **0903.**
- **0998.** Summary of remaining write-ins for Line 9 from overflow page
- **0999.** Totals (Lines 0901 through 0903) plus 0998 (Line 9, above)
## EXHIBIT OF NONADMITTED ASSETS

<table>
<thead>
<tr>
<th>Details of Write-Ins</th>
<th>1 Current Year Total Nonadmitted Assets</th>
<th>2 Prior Year Total Nonadmitted Assets</th>
<th>3 Change in Total Nonadmitted Assets (Col. 2–Col. 1)</th>
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<tbody>
<tr>
<td>Bonds (Schedule D)</td>
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<td>Stocks (Schedule D):</td>
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<td>..................................................</td>
<td>..................................................</td>
</tr>
<tr>
<td>2.1 Preferred stocks</td>
<td>..................................................</td>
<td>..................................................</td>
<td>..................................................</td>
</tr>
<tr>
<td>2.2 Common stocks</td>
<td>..................................................</td>
<td>..................................................</td>
<td>..................................................</td>
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<td>Mortgages loans on real estate (Schedule B):</td>
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<tr>
<td>3.1 First liens</td>
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<tr>
<td>3.2 Other than first liens</td>
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<td>Real estate (Schedule A):</td>
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<td>4.1 Properties occupied by the company</td>
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<td>4.2 Properties held for the production of income</td>
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<tr>
<td>4.3 Properties held for sale</td>
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<tr>
<td>Cash (Schedule E-Part 1).</td>
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<tr>
<td>Other than invested assets</td>
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<td>Receivables for securities</td>
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<tr>
<td>Aggregate write-ins for invested assets</td>
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<td>Contract loans</td>
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<td>Other invested assets (Schedule BA)</td>
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<td>Subtotals, cash and invested assets (Lines 1 to 9)</td>
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<td>Title plants (for Title insurers only)</td>
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<td>Investment income due and accrued</td>
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<td>Premiums and considerations:</td>
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<tr>
<td>13.1 Uncollected premiums and agents' balances in the course of collection</td>
<td>..................................................</td>
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<td>13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due</td>
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<tr>
<td>13.3 Accrued retrospective premiums</td>
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<td>Reinsurance:</td>
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<td>14.1 Amounts receivable from reinsurers</td>
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<tr>
<td>14.2 Funds held by or deposited with reinsured companies</td>
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<tr>
<td>14.3 Other amounts receivable under reinsurance contracts</td>
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<tr>
<td>Amortization receivable relating to uninsured plans</td>
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<td>Current federal and foreign income tax recoverable and interest thereon</td>
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<tr>
<td>Net deferred tax asset</td>
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<tr>
<td>Guaranty funds receivable or on deposit</td>
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<td>Electronic data processing equipment and software</td>
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</tr>
<tr>
<td>Furniture and equipment, including health care delivery assets</td>
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</tr>
<tr>
<td>Net adjustment in assets and liabilities due to foreign exchange rates</td>
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<td>Receivables from parent, subsidiaries and affiliates</td>
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<td>Health care and other amounts receivable</td>
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<td>Aggregate write-ins for other than invested assets</td>
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<tr>
<td>Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)</td>
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<tr>
<td>From Separate Accounts, Segregated Accounts and Protected Cell Accounts</td>
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<td>Total (Lines 24 and 25)</td>
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<td>Change in Total (Col. 2–Col. 1)</td>
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Health
## EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

<table>
<thead>
<tr>
<th>Source of Enrollment</th>
<th>1 Prior Year</th>
<th>2 First Quarter</th>
<th>3 Second Quarter</th>
<th>4 Third Quarter</th>
<th>5 Current Year</th>
<th>6 Current Year Member Months</th>
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<tr>
<td>1. Health Maintenance Organizations</td>
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<td>2. Provider Service Organizations</td>
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<td>3. Preferred Provider Organizations</td>
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<td>4. Point of Service</td>
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<td>5. Indemnity Only</td>
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<tr>
<td>6. Aggregate write-ins for other lines of business</td>
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<td>7. Total</td>
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</table>

### DETAILS OF WRITE-INS

| 0601 |                    |                 |                 |                |               |                             |
| 0602 |                    |                 |                 |                |               |                             |
| 0603 |                    |                 |                 |                |               |                             |
| 0698 | Summary of remaining write-ins for Line 6 from overflow page |             |                 |                |               |                             |
| 0699 | Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) |             |                 |                |               |                             |
## EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

<table>
<thead>
<tr>
<th>Name of Debtor</th>
<th>1 1 - 30 Days</th>
<th>2 31 - 60 Days</th>
<th>3 61 - 90 Days</th>
<th>4 Over 90 Days</th>
<th>5 Nonadmitted</th>
<th>6 Admitted</th>
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<tbody>
<tr>
<td>0199999 Total individuals</td>
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<td>0299998 Premiums due and unpaid not individually listed</td>
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<td>0299999 Total group</td>
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<tr>
<td>0399999 Premiums due and unpaid from Medicare entities</td>
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<td>0499999 Premiums due and unpaid from Medicaid entities</td>
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<td>0599999 Accident and health premiums due and unpaid (Page 2, Line 13)</td>
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Regulator Use Only
<table>
<thead>
<tr>
<th>Name of Debtor</th>
<th>1 - 30 Days</th>
<th>31 - 60 Days</th>
<th>61 - 90 Days</th>
<th>Over 90 Days</th>
<th>Nonadmitted</th>
<th>Admitted</th>
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</table>
# EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

## Aging Analysis of Unpaid Claims

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<thead>
<tr>
<th>Account</th>
<th>1 - 30 Days</th>
<th>31 - 60 Days</th>
<th>61 - 90 Days</th>
<th>91 - 120 Days</th>
<th>Over 120 Days</th>
<th>Total</th>
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<td>Claims Unpaid (Reported)</td>
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<td>01 99999 Individually listed claims unpaid</td>
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<td>03 99999 Aggregate accounts not individually listed - covered</td>
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<td>04 99999 Subtotals</td>
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<td>05 99999 Unreported claims and other claim reserves</td>
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<td>06 99999 Total amounts withheld</td>
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<td>07 99999 Total claims unpaid</td>
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<td>08 99999 Accrued medical incentive pool and bonus amounts</td>
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</table>
# Exhibit 5 – Amounts Due from Parent, Subsidiaries and Affiliates

<table>
<thead>
<tr>
<th>Name of Affiliate</th>
<th>1 - 30 Days</th>
<th>31 - 60 Days</th>
<th>61 - 90 Days</th>
<th>Over 90 Days</th>
<th>Nonadmitted</th>
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<tbody>
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</tbody>
</table>

*Individually listed receivables*

*Receivables not individually listed*

*Total gross amounts receivable*
## EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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<td>Amount</td>
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<td>Non-Current</td>
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<tr>
<td>0299999</td>
<td>Payables not individually listed</td>
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<tr>
<td>0399999</td>
<td>Total gross payables</td>
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Regulator Use Only
### EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

<table>
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<td></td>
<td>Direct Medical Expense Payment</td>
<td>Column 1 as a % of Total Payments</td>
<td>Total Members Covered</td>
<td>Column 3 as a % of Total Members</td>
<td>Column 1 Expenses Paid to Affiliated Providers</td>
<td>Column 1 Expenses Paid to Non-Affiliated Providers</td>
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<td>Capitation Payments:</td>
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<td>1. Medical groups</td>
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<tr>
<td>3. All other providers</td>
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<td>4. Total capitation payments</td>
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<td>Other Payments:</td>
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<td>5. Fee-for-service</td>
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<td>6. Contractual fee payments</td>
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<tr>
<td>7. Bonus/withhold arrangements – fee-for-service</td>
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<tr>
<td>8. Bonus/withhold arrangements – contractual fee payments</td>
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<td>9. Non-contingent salaries</td>
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<tr>
<td>10. Aggregate cost arrangements</td>
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<tr>
<td>11. All other payments</td>
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<td>12. Total other payments</td>
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<tr>
<td>13. Total (Line 4 plus Line 12)</td>
<td>100%</td>
<td>XXX</td>
<td>XXX</td>
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</tr>
</tbody>
</table>

### EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

<table>
<thead>
<tr>
<th>1 NAIC Code</th>
<th>2 Name of Intermediary</th>
<th>3 Capitation Paid</th>
<th>4 Average Monthly Capitation</th>
<th>5 Intermediary’s Total Adjusted Capital</th>
<th>6 Intermediary’s Authorized Control Level RBC</th>
</tr>
</thead>
<tbody>
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<tr>
<td>999999999999 Totals</td>
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<td>XXX</td>
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</tbody>
</table>

©1999–2006 National Association of Insurance Commissioners
## Exhibit 8 – Furniture, Equipment and Supplies Owned

<table>
<thead>
<tr>
<th>Description</th>
<th>1 Cost</th>
<th>2 Improvements</th>
<th>3 Accumulated Depreciation</th>
<th>4 Book Value Less Encumbrances</th>
<th>5 Assets Not Admitted</th>
<th>6 Net Admitted Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative furniture and equipment</td>
<td></td>
<td></td>
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<tr>
<td>2. Medical furniture, equipment and fixtures</td>
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<tr>
<td>3. Pharmaceuticals and surgical supplies</td>
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<td>4. Durable medical equipment</td>
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<td>5. Other property and equipment</td>
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<td>6. Total</td>
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<tr>
<td>Investment Categories</td>
<td>Gross Investment Holdings</td>
<td>Admitted Assets as Reported in the Annual Statement</td>
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<tr>
<td>1. Bonds:</td>
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<tr>
<td>1.1 U.S. treasury securities (excluding mortgage-backed securities):</td>
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<td>1.2 U.S. government agency obligations:</td>
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<tr>
<td>1.21 Issued by U.S. government agencies</td>
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<tr>
<td>1.22 Issued by U.S. government sponsored agencies</td>
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<tr>
<td>1.3 Foreign government (excluding Canada, excluding mortgage-backed securities):</td>
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<tr>
<td>1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:</td>
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<tr>
<td>1.41 States, territories and possessions general obligations</td>
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<tr>
<td>1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations</td>
<td></td>
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<tr>
<td>1.43 Revenue and assessment obligations</td>
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<tr>
<td>1.44 Industrial development and similar obligations</td>
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<tr>
<td>1.5 Mortgage-backed securities (includes residential and commercial MBS):</td>
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<td>1.51 Pass-through securities:</td>
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<tr>
<td>1.511 Issued or guaranteed by GNMA</td>
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<tr>
<td>1.512 Issued or guaranteed by FNMA and FHLMC</td>
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<td>1.513 All other</td>
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<tr>
<td>1.52 CMOs and REMICs:</td>
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<tr>
<td>1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA</td>
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<tr>
<td>1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521</td>
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<td>1.523 All other</td>
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<td>2. Other debt and other fixed income securities (excluding short term):</td>
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<tr>
<td>2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)</td>
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<td>2.2 Unaffiliated foreign securities</td>
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<tr>
<td>2.3 Affiliated securities</td>
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<td>3. Equity interests:</td>
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<td>3.1 Investments in mutual funds</td>
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<tr>
<td>3.2 Preferred stocks:</td>
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<td>3.21 Affiliated</td>
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<td>3.22 Unaffiliated</td>
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<tr>
<td>3.3 Publicly traded equity securities (excluding preferred stocks):</td>
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<td>3.31 Affiliated</td>
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<td>3.32 Unaffiliated</td>
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<td>3.4 Other equity securities:</td>
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<tr>
<td>3.41 Affiliated</td>
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<td>3.42 Unaffiliated</td>
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<tr>
<td>3.5 Other equity interests including tangible personal property under lease:</td>
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<tr>
<td>3.51 Affiliated</td>
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<tr>
<td>3.52 Unaffiliated</td>
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<td>4. Mortgage loans:</td>
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<tr>
<td>4.1 Construction and land development</td>
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<tr>
<td>4.2 Agricultural</td>
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<td>4.3 Single family residential properties</td>
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<tr>
<td>4.4 Multifamily residential properties</td>
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<tr>
<td>4.5 Commercial loans</td>
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<td>4.6 Mezzanine real estate loans</td>
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<td>5. Real estate investments:</td>
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<td>5.1 Property occupied by company</td>
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<td>5.2 Property held for production of income (including $………… of property acquired in satisfaction of debt)</td>
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<td>5.3 Property held for sale (including $…………property acquired in satisfaction of debt)</td>
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<td>6. Contract loans</td>
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<tr>
<td>7. Receivables for securities</td>
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<tr>
<td>8. Cash, cash equivalents and short-term investments</td>
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<td>9. Other invested assets</td>
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<tr>
<td>10. Total invested assets</td>
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</tbody>
</table>
GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

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

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  
   Yes [   ] No [   ] N/A [   ]

1.3 State Regulating?  ___________________________

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

2.2 If yes, date of change:  ___________________________

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

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

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

3.4 By what department or departments?  ....................................................................................... .............................................................................

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control receive credit or commissions for control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
   4.11 sales of new business?  
   Yes [   ] No [   ]
   4.12 renewals?  
   Yes [   ] No [   ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
   4.21 sales of new business?  
   Yes [   ] No [   ]
   4.22 renewals?  
   Yes [   ] No [   ]

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

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>NAIC Company Code</th>
<th>State of Domicile</th>
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</thead>
<tbody>
<tr>
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</table>

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

6.2 If yes, give full information............................................................................................. ...........................................................................................

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  
   Yes [   ] No [   ]

7.2 If yes,
   7.21 State the percentage of foreign control  
   ___________________________

   7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Type of Entity</th>
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<tbody>
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GENERAL INTERROGATORIES

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

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

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

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

<table>
<thead>
<tr>
<th>1 Affiliate Name</th>
<th>2 Location (City, State)</th>
<th>3 FRB</th>
<th>4 OCC</th>
<th>5 OTS</th>
<th>6 FDIC</th>
<th>7 SEC</th>
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</table>

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?..............

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?.................................................................

11. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ ]

11.1 Name of real estate holding company
11.2 Number of parcels involved
11.3 Total book/adjusted carrying value $ ______________

11.4 If yes, provide explanation:........................................................................................................................................................................

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?..............

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

12.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

BOARD OF DIRECTORS

13. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ ] No [ ]

14. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ ] No [ ]

15. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ ] No [ ]

FINANCIAL

16.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

16.11 To directors or other officers $ ______________
16.12 To stockholders not officers $ ______________
16.13 Trustees, supreme or grand (Fraternal only) $ ______________

16.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

16.21 To directors or other officers $ ______________
16.22 To stockholders not officers $ ______________
16.23 Trustees, supreme or grand (Fraternal only) $ ______________

17.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ ]

17.2 If yes, state the amount thereof at December 31 of the current year:

17.21 Rented from others $ ______________
17.22 Borrowed from others $ ______________
17.23 Leased from others $ ______________
17.24 Other $ ______________

18.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ ]

18.2 If answer is yes:

18.21 Amount paid as losses or risk adjustment $ ______________
18.22 Amount paid as expenses $ ______________
18.23 Other amounts paid $ ______________

19.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ ]

19.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ ______________
GENERAL INTERROGATORIES
INVESTMENT

20.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E – Part 3 – Special Deposits? [ ] Yes [ ] No

20.2 If no, give full and complete information, relating thereto: ..............................................................................................................................................

21.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on Schedule E – Part 3 – Special Deposits, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 17.1). [ ] Yes [ ] No

21.2 If yes, state the amount thereof at December 31 of the current year:

<table>
<thead>
<tr>
<th>Nature of Restriction</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.21</td>
<td>Loaned to others</td>
<td>$</td>
</tr>
<tr>
<td>21.22</td>
<td>Subject to repurchase agreements</td>
<td>$</td>
</tr>
<tr>
<td>21.23</td>
<td>Subject to reverse repurchase agreements</td>
<td>$</td>
</tr>
<tr>
<td>21.24</td>
<td>Subject to dollar repurchase agreements</td>
<td>$</td>
</tr>
<tr>
<td>21.25</td>
<td>Subject to reverse dollar repurchase agreements</td>
<td>$</td>
</tr>
<tr>
<td>21.26</td>
<td>Pledged as collateral</td>
<td>$</td>
</tr>
<tr>
<td>21.27</td>
<td>Placed under option agreements</td>
<td>$</td>
</tr>
<tr>
<td>21.28</td>
<td>Letter stock or securities restricted as to sale</td>
<td>$</td>
</tr>
<tr>
<td>21.29</td>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

21.3 For category (21.28) provide the following:

<table>
<thead>
<tr>
<th>1 Nature of Restriction</th>
<th>2 Description</th>
<th>3 Amount</th>
</tr>
</thead>
</table>

22.1 Does the reporting entity have any hedging transactions reported on Schedule DB? [ ] Yes [ ] No

22.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? [ ] Yes [ ] No [ ] N/A

23.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? [ ] Yes [ ] No

23.2 If yes, state the amount thereof at December 31 of the current year. $
GENERAL INTERROGATORIES

24. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 – General, Section IV.H – Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook? Yes [ ] No [ ]

24.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Custodian(s)</td>
<td>Custodian’s Address</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s)</td>
<td>Location(s)</td>
<td>Complete Explanation(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24.03 Have there been any changes, including name changes, in the custodian(s) identified in 24.01 during the current year? Yes [ ] No [ ]

24.04 If yes, give full and complete information relating thereto:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Custodian</td>
<td>New Custodian</td>
<td>Date of Change</td>
<td>Reason</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Registration Depository Number(s)</td>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25.1 Does the reporting entity have any diversified mutual funds reported in Schedule D – Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 (Section 5 (b) (1)))? Yes [ ] No [ ]

25.2 If yes, complete the following schedule:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSIP #</td>
<td>Name of Mutual Fund</td>
<td>Book/Adjusted Carrying Value</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25.2999 TOTAL

25.3 For each mutual fund listed in the table above, complete the following schedule:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Mutual Fund (from above table)</td>
<td>Name of Significant Holding of the Mutual Fund</td>
<td>Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding</td>
<td>Date of Valuation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL INTERROGATORIES

26. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statement (Admitted) Value</td>
<td>Fair Value</td>
<td>Excess of Statement over Fair Value (–), or Fair Value over Statement (+)</td>
</tr>
<tr>
<td>26.1</td>
<td>Bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.2</td>
<td>Preferred stocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.3</td>
<td>Totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26.4 Describe the sources or methods utilized in determining the fair values:

..........................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................

27.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [ ] No [ ]
27.2 If no, list exceptions:

..........................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................
..........................................................................................................................................................................................................................................

OTHER

28.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $________________________
28.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount Paid</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

29.1 Amount of payments for legal expenses, if any? $________________________
29.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount Paid</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

30.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $________________________
30.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount Paid</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
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<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [ ]

1.2 If yes, indicate premium earned on U.S. business only. $ __________

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ __________

1.31 Reason for excluding........................................................................................................................................................................

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $ __________

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ __________

1.6 Individual policies:

Most current three years:
- 1.61 Total premium earned $ __________
- 1.62 Total incurred claims $ __________
- 1.63 Number of covered lives

All years prior to most current three years:
- 1.64 Total premium earned $ __________
- 1.65 Total incurred claims $ __________
- 1.66 Number of covered lives

1.7 Group policies:

Most current three years:
- 1.71 Total premium earned $ __________
- 1.72 Total incurred claims $ __________
- 1.73 Number of covered lives

All years prior to most current three years:
- 1.74 Total premium earned $ __________
- 1.75 Total incurred claims $ __________
- 1.76 Number of covered lives

2. Health Test:

<table>
<thead>
<tr>
<th>Current Year</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Premium Numerator</td>
<td>$ __________</td>
</tr>
<tr>
<td>2.2 Premium Denominator</td>
<td>$ __________</td>
</tr>
<tr>
<td>2.3 Premium Ratio (2.1/2.2)</td>
<td>$ __________</td>
</tr>
<tr>
<td>2.4 Reserve Numerator</td>
<td>$ __________</td>
</tr>
<tr>
<td>2.5 Reserve Denominator</td>
<td>$ __________</td>
</tr>
<tr>
<td>2.6 Reserve Ratio (2.4/2.5)</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [ ]

3.2 If yes, give particulars: ........................................................................................................................................................................

4.1 Have copies of all agreements stating the period and nature of hospitals’, physicians’, and dentists’ care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [ ] No [ ]

4.2 If not previously filed furnish herewith a copy of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [ ]

5.2 If no, explain: .......................................................................................................................................................................................

5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical $ __________
- 5.32 Medical Only $ __________
- 5.33 Medicare Supplement $ __________
- 5.34 Dental $ __________
- 5.35 Other Limited Benefit Plan $ __________
- 5.36 Other $ __________

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: ........................................................................................................................................................................................................

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [ ] No [ ]

7.2 If no, give details ..............................................................................................................................................................................................................

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year
8.2 Number of providers at end of reporting year

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [ ]

9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months
- 9.22 Business with rate guarantees over 36 months

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GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?  
10.2 If yes:

10.21 Maximum amount payable bonuses  
10.22 Amount actually paid for year bonuses  
10.23 Maximum amount payable withholds  
10.24 Amount actually paid for year withholds

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,  
11.13 An Individual Practice Association (IPA), or,  
11.14 A Mixed Model (combination of above)?

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?  
11.3 If yes, show the name of the state requiring such net worth.  
11.4 If yes, show the amount required.  
11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?  
11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

<table>
<thead>
<tr>
<th>Name of Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
## Balances Sheet (Pages 2 and 3)
1. Total admitted assets (Page 2, Line 26)
2. Total liabilities (Page 3, Line 22)
3. Statutory surplus
4. Total capital and surplus (Page 3, Line 31)

## Income Statement (Page 4)
5. Total revenues (Line 8)
6. Total medical and hospital expenses (Line 18)
7. Claims adjustment expenses (Line 20)
8. Total administrative expenses (Line 21)
9. Net underwriting gain (loss) (Line 24)
10. Net investment gain (loss) (Line 27)
11. Total other income (Lines 28 plus 29)
12. Net income or (loss) (Line 32)

## Risk-Based Capital Analysis
13. Total adjusted capital
14. Authorized control level risk-based capital

## Enrollment (Exhibit 1)
15. Total members at end of period (Column 5, Line 7)
16. Total members months (Column 6, Line 7)

## Operating Percentage (Page 4)
17. Total members months (Column 6, Line 7)
18. Total hospital and medical plus other non-health (Lines 18 plus Line 19)
19. Cost containment expenses
20. Other claims adjustment expenses
21. Total underwriting deductions (Line 23)
22. Total underwriting gain (loss) (Line 24)

## Unpaid Claims Analysis
(U&I Exhibit, Part 2B)
23. Total claims incurred for prior years (Line 13, Col. 5)
24. Estimated liability of unpaid claims-[prior year (Line 24, Col. 6)]

## Investments In Parent, Subsidiaries and Affiliates
25. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)
26. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)
27. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2)
28. Affiliated short-term investments (subtotal included in Sch. DA, Part 5, Line 11)
29. Affiliated mortgage loans on real estate
30. All other affiliated
31. Total of above Lines 25 to 30

## Five-Year Historical Data

<table>
<thead>
<tr>
<th>Balance Sheet (Pages 2 and 3)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total admitted assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Total liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Statutory surplus</td>
<td></td>
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<tr>
<td>4. Total capital and surplus</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Income Statement (Page 4)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total revenues</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Total medical and hospital expenses</td>
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<td></td>
</tr>
<tr>
<td>7. Claims adjustment expenses</td>
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<td></td>
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<tr>
<td>8. Total administrative expenses</td>
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<td></td>
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<tr>
<td>9. Net underwriting gain</td>
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<td></td>
</tr>
<tr>
<td>10. Net investment gain</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11. Total other income</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12. Net income or (loss)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk-Based Capital Analysis</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Total adjusted capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14. Authorized control level</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment (Exhibit 1)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Total members at end of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>period (Column 5, Line 7)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>16. Total members months</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Percentage (Page 4)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Total members months</td>
<td></td>
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<td></td>
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<tr>
<td>18. Total hospital and medical plus other non-health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Cost containment expenses</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20. Other claims adjustment expenses</td>
<td></td>
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</tr>
<tr>
<td>21. Total underwriting deduct</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>22. Total underwriting gain</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Unpaid Claims Analysis</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Total claims incurred</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Estimated liability</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Investments In Parent, Subsidiaries and Affiliates</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Affiliated bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Affiliated preferred stocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Affiliated common stocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Affiliated short-term investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Affiliated mortgage loans on real estate</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. All other affiliated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Total of above Lines 25 to 30</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

**REPORT FOR:**

1. CORPORATION ____________________________________________________

2. ___________________________________________________________

(LOCATION)

<table>
<thead>
<tr>
<th>NAIC Group Code</th>
<th>BUSINESS IN THE STATE OF</th>
<th>DURING THE YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIC Company Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<td>17. Amount Paid for Provision of Health Care Services</td>
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*(a) For health business: number of persons insured under PPO managed care products ________ and number of persons insured under indemnity only products ________.*
### SCHEDULE A – VERIFICATION BETWEEN YEARS

**Real Estate**

1. Book/adjusted carrying value, December 31, prior year
2. Increase (decrease) by adjustment:
   - 2.1 Totals, Part 1, Column 11
   - 2.2 Totals, Part 3, Column 7
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))
4. Cost of additions and permanent improvements:
   - 4.1 Totals, Part 1, Column 14
   - 4.2 Totals, Part 3, Column 9
5. Total profit (loss) on sales, Part 3, Column 14
6. Increase (decrease) by foreign exchange adjustment:
   - 6.1 Totals, Part 1, Column 12
   - 6.2 Totals, Part 3, Column 8
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13
8. Book/adjusted carrying value at the end of current period
9. Total valuation allowance
10. Subtotal (Lines 9 plus 10)
11. Total nonadmitted amounts
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)

### SCHEDULE B – VERIFICATION BETWEEN YEARS

**Mortgage Loans**

1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year
2. Amount loaned during year:
   - 2.1 Actual cost at time of acquisitions
   - 2.2 Additional investment made after acquisitions
3. Accrual of discount and mortgage interest points and commitment fees
4. Increase (decrease) by adjustment
5. Total profit (loss) on sale
6. Amounts paid on account or in full during the year
7. Amortization of premium
8. Increase (decrease) by foreign exchange adjustment
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10. Total valuation allowance
11. Subtotal (Lines 9 plus 10)
12. Total nonadmitted amounts
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

### SCHEDULE BA – VERIFICATION BETWEEN YEARS

**Long-Term Invested Assets**

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year
2. Cost of acquisitions during year:
   - 2.1 Actual cost at time of acquisitions
   - 2.2 Additional investment made after acquisitions
3. Accrual of discount
4. Increase (decrease) by adjustment
5. Total profit (loss) on sale
6. Amounts paid on account or in full during the year
7. Amortization of premium
8. Increase (decrease) by foreign exchange adjustment
9. Book/adjusted carrying value of long-term invested assets at end of current period
10. Total valuation allowance
11. Subtotal (Lines 9 plus 10)
12. Total nonadmitted amounts
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)
## SCHEDULE D – SUMMARY BY COUNTRY
Long-Term Bonds and Stocks OWNED December 31 of Current Year

<table>
<thead>
<tr>
<th>Description</th>
<th>1 Book/Adjusted Carrying Value</th>
<th>2 Fair Value</th>
<th>3 Actual Cost</th>
<th>4 Par Value of Bonds</th>
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<td>Governments (Including all obligations guaranteed by governments)</td>
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<td>1. United States</td>
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<td>4. Totals</td>
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<td>States, Territories and Possessions (Direct and guaranteed)</td>
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<td>Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions</td>
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<td>56. Total Bonds and Stocks</td>
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## SCHEDULE D – VERIFICATION BETWEEN YEARS

### Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year
2. Cost of bonds and stocks acquired, Column 7, Part 3
3. Accrual of discount
4. Increase (decrease) by adjustment:
   4.1 Columns 12 – 14, Part 2, Section 1
   4.2 Columns 15 – 17, Part 2, Section 1
   4.3 Columns 15, Part 2, Section 2
   4.4 Columns 11 – 13, Part 4
5. Total gain (loss), Column 19, Part 4
6. Deduct consideration for bonds and stocks disposed of Column 7, Part 6
7. Amortization of premium
8. Foreign Exchange Adjustment:
   8.1 Column 15, Part 1
   8.2 Column 19, Part 2, Section 1
   8.3 Column 16, Part 2, Section 2
   8.4 Column 15, Part 4
9. Book/adjusted carrying value at end of current period
10. Total valuation allowance
11. Subtotal (Line 9 plus Line 10)
12. Total nonadmitted amounts
13. Statement value of bonds and stocks, current period
### 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

<table>
<thead>
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<th>Quality Rating per the NAIC Designation</th>
<th>1 Over 1 Year or Less</th>
<th>2 Over 1 Year Through 5 Years</th>
<th>3 Over 5 Years Through 10 Years</th>
<th>4 Over 10 Years Through 20 Years</th>
<th>5 Over 20 Years</th>
<th>6 Total Current Year</th>
<th>7 Col. 6 as a % of Line 10.7</th>
<th>8 Total from Col. 6 Prior Year</th>
<th>9 % From Col. 7</th>
<th>10 Total Publicly Traded</th>
<th>11 Total Privately Placed</th>
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<tbody>
<tr>
<td>1. U.S. Governments, Schedules D &amp; DA (Group 1)</td>
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<td>1.1 Class 1</td>
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Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

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

(b) Includes $______________________ prior year of bonds with Z designations and $______________________ prior year of bonds with 5* 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.
### 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

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<th>Distribution by Type</th>
<th>1 Year or Less</th>
<th>Over 1 Year Through 5 Years</th>
<th>Over 5 Years Through 10 Years</th>
<th>Over 10 Years Through 20 Years</th>
<th>Over 20 Years</th>
<th>Total Current Year</th>
<th>Col. 6 as % of Total from Col. 6 Prior Year</th>
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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

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<th>Distribution by Type</th>
<th>1 Year or Less</th>
<th>Over 1 Year Through 5 Years</th>
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<th>Over 10 Years Through 20 Years</th>
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<th>% From Col. 7 Prior Year</th>
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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

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<th>Total from Col. 6 Prior Year</th>
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### SCHEDULE DA – PART 2 – VERIFICATION BETWEEN YEARS

**Short-Term Investments**

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<tr>
<td>3.</td>
<td>Increase (decrease) by adjustment</td>
<td></td>
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<tr>
<td>4.</td>
<td>Increase (decrease) by foreign exchange adjustment</td>
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<tr>
<td>5.</td>
<td>Total profit (loss) on disposal of short-term investments</td>
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<tr>
<td>6.</td>
<td>Consideration received on disposal of short-term investments</td>
<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Book/adjusted carrying value, current year</td>
<td></td>
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</tr>
<tr>
<td>8.</td>
<td>Total valuation allowance</td>
<td></td>
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</tr>
<tr>
<td>9.</td>
<td>Subtotal (Lines 7 plus 8)</td>
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<tr>
<td>10.</td>
<td>Total nonadmitted amounts</td>
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<tr>
<td>11.</td>
<td>Statement value (Lines 9 minus 10)</td>
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<tr>
<td>12.</td>
<td>Income collected during year</td>
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<tr>
<td>13.</td>
<td>Income earned during year</td>
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</table>

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

Regulator Use Only
### SCHEDULE DB – PART A – VERIFICATION BETWEEN YEARS
Options, Caps, Floors and Insurance Futures Options Owned

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Book value, December 31, prior year (Line 8, prior year)</td>
</tr>
<tr>
<td>2.</td>
<td>Cost/Option Premium (Section 2, Column 7)</td>
</tr>
<tr>
<td>3.</td>
<td>Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)</td>
</tr>
<tr>
<td>4.</td>
<td>Gain/(Loss) on Termination:</td>
</tr>
<tr>
<td>4.1</td>
<td>Recognized (Sec. 3, Column 14)</td>
</tr>
<tr>
<td>4.2</td>
<td>Used to Adjust Basis of Hedged Item (Section 3, Column 15)</td>
</tr>
<tr>
<td>5.</td>
<td>Consideration Received on Terminations (Section 3, Column 12)</td>
</tr>
<tr>
<td>6.</td>
<td>Used to Adjust Basis on Open Contracts (Sec. 1, Column 13)</td>
</tr>
<tr>
<td>7.</td>
<td>Disposition of Deferred Amount on Contracts Terminated in Prior Year:</td>
</tr>
<tr>
<td>7.1</td>
<td>Recognized</td>
</tr>
<tr>
<td>7.2</td>
<td>Used to Adjust Basis</td>
</tr>
<tr>
<td>8.</td>
<td>Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)</td>
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### SCHEDULE DB – PART B – VERIFICATION BETWEEN YEARS
Options, Caps, Floors and Insurance Futures Options Written

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Book value, December 31, prior year (Line 8, prior year)</td>
</tr>
<tr>
<td>2.</td>
<td>Consideration received (Section 2, Column 7)</td>
</tr>
<tr>
<td>3.</td>
<td>Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)</td>
</tr>
<tr>
<td>4.</td>
<td>Gain/(Loss) on Termination:</td>
</tr>
<tr>
<td>4.1</td>
<td>Recognized (Section 3, Column 14)</td>
</tr>
<tr>
<td>4.2</td>
<td>Used to Adjust Basis (Section 3, Column 15)</td>
</tr>
<tr>
<td>5.</td>
<td>Consideration Paid on Terminations (Section 3, Column 12)</td>
</tr>
<tr>
<td>6.</td>
<td>Used to Adjust Basis on Open Contracts (Section 1, Column 13)</td>
</tr>
<tr>
<td>7.</td>
<td>Disposition of Deferred Amount on Contracts Terminated in Prior Year:</td>
</tr>
<tr>
<td>7.1</td>
<td>Recognized</td>
</tr>
<tr>
<td>7.2</td>
<td>Used to Adjust Basis</td>
</tr>
<tr>
<td>8.</td>
<td>Book value, December 31, current year</td>
</tr>
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</table>
**SCHEDULE DB – PART C – VERIFICATION BETWEEN YEARS**

*Swaps and Forwards*

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Calculation</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Book value, December 31, prior year (Line 8, prior year)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Cost or (Consideration Received) (Section 2, Column 7)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Gain/(Loss) on Termination:</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Recognized (Section 3, Column 14)</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Used to Adjust Basis of Hedged Item (Section 3, Column 15)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Consideration Received (or Paid) on Terminations (Section 3, Column 12)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Disposition of Deferred Amount on Contracts Terminated in Prior Year:</td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Recognized</td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Used to Adjust Basis of Hedged Item</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)</td>
<td></td>
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</tbody>
</table>

**SCHEDULE DB – PART D – VERIFICATION BETWEEN YEARS**

*Futures Contracts and Insurance Futures Contracts*

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Book value, December 31, prior year (Line 8, prior year)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)</td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>4.2.1</td>
<td>Gain/(Loss) Recognized in Current Year (Section 3, Column 11)</td>
<td></td>
</tr>
<tr>
<td>4.2.2</td>
<td>Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Subtotal (Line 4.1 minus Line 4.2)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Net Additions to Cash Deposits (Section 2, Column 7)</td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Net Reductions to Cash Deposits (Sec. 3, Column 9)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Subtotal (Lines 1-2+3.1+3.2-4.3+5.2)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Disposition of Gain / (Loss) on Contracts Terminated in Prior Year:</td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Recognized</td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Used to Adjust Basis of Hedged Item</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Book value, December 31, current year (Lines 6 + 7.1 -7.2)</td>
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</tbody>
</table>

**SCHEDULE DB – PART E – VERIFICATION**

*Statement Value and Fair Value of Open Contracts*

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Part A, Section 1, Column 10</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Part B, Section 1, Column 10</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Part C, Section 1, Column 10</td>
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</tr>
<tr>
<td>4.</td>
<td>Part D, Section 1, Column 9 – 12</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Lines (1) - (2) + (3) + (4)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Part E, Section 1, Column 4</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Part E, Section 1, Column 5</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Lines (5) – (6) – (7)</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Part A, Section 1, Column 11</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Part B, Section 1, Column 11</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Part C, Section 1, Column 11</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Part D, Section 1, Column 9</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Lines (9) - (10) + (11) + (12)</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Part E, Section 1, Column 7</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Part E, Section 1, Column 8</td>
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<tr>
<td>16.</td>
<td>Lines (13) - (14) - (15)</td>
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**Statement Value**

**Fair Value**
### SCHEDULE DB – PART F – SECTION 1

Replicated (Synthetic) Asset Components of the Replicated (Synthetic) Asset

<table>
<thead>
<tr>
<th>Replicated (Synthetic) Asset</th>
<th>Components of the Replicated (Synthetic) Asset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Replication Number</td>
<td>2: NAIC Designation or Other Description</td>
</tr>
<tr>
<td>6: Cash Instrument(s) Held</td>
<td>7: Fair Value</td>
</tr>
</tbody>
</table>

| Totals | xxx | xxx | xxx | xxx | xxx | xxx |

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Health
### SCHEDULE DB – PART F – SECTION 2
Reconciliation of Replicated (Synthetic) Assets Open

<table>
<thead>
<tr>
<th></th>
<th>First Quarter</th>
<th>Second Quarter</th>
<th>Third Quarter</th>
<th>Fourth Quarter</th>
<th>Year To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Beginning Inventory</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Add: Opened or Acquired Transactions</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. Add: Increases in Replicated Asset Statement Value</td>
<td>XXX</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Less: Closed or Disposed of Transactions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Less: Positions Disposed of for Failing Effectiveness Criteria</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Less: Decreases in Replicated (Synthetic) Asset Statement Value</td>
<td>XXX</td>
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</tr>
<tr>
<td>7. Ending Inventory</td>
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Regulator Use Only
<table>
<thead>
<tr>
<th></th>
<th>NAIC Company Code</th>
<th>Federal ID Number</th>
<th>Effective Date</th>
<th>Name of Reinsured</th>
<th>Location</th>
<th>Type of Reinsurance Assumed</th>
<th>Premiums</th>
<th>Unearned Premiums</th>
<th>Reserve Liability Other Than For Unearned Premiums</th>
<th>Reinsurance Payable on Paid and Unpaid Losses</th>
<th>Modified Coinsurance Reserve</th>
<th>Funds Withheld Under Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0399999</td>
<td><strong>Totals</strong></td>
<td></td>
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</table>

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# SCHEDULE S – PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

<table>
<thead>
<tr>
<th>1 NAIC Company Code</th>
<th>2 Federal ID Number</th>
<th>3 Effective Date</th>
<th>4 Name of Company</th>
<th>5 Location</th>
<th>6 Paid Losses</th>
<th>7 Unpaid Losses</th>
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</thead>
<tbody>
<tr>
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</table>

0799999 Totals—Life, Annuity and Accident and Health
### SCHEDULE S – PART 3 – SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIC Company Code</td>
<td>Federal ID Number</td>
<td>Effective Date</td>
<td>Name of Company</td>
<td>Location</td>
<td>Type</td>
<td>Premiums</td>
<td>Unearned Premiums (Estimated)</td>
<td>Reserve Credit Taken Other than for Unearned Premiums</td>
<td>Outstanding Surplus Relief</td>
<td>Current Year</td>
<td>Prior Year</td>
<td>Modified Coinsurance Reserve</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td>Total</td>
<td></td>
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</table>

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Health
### SCHEDULE S – PART 4
Reinsurance Ceded To Unauthorized Companies

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
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<th>6</th>
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<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIC Company Code</td>
<td>Federal ID Number</td>
<td>Effective Date</td>
<td>Name of Reinsurer</td>
<td>Reserve Credit Taken</td>
<td>Paid and Unpaid Losses Recoverable (Debit)</td>
<td>Other Debits</td>
<td>Total (Cols. 5+6+7)</td>
<td>Letters of Credit</td>
<td>Trust Agreements</td>
<td>Funds Deposited by and Withheld from Reinsurers</td>
<td>Other</td>
<td>Miscellaneous Balances (Credit)</td>
<td>Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8</td>
</tr>
<tr>
<td>1199999 Total</td>
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</table>

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## SCHEDULE S – PART 5
Five – Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

<table>
<thead>
<tr>
<th>A. OPERATIONS ITEMS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Premiums</td>
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<td></td>
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</tr>
<tr>
<td>2. Title XVIII-Medicare</td>
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</tr>
<tr>
<td>3. Title XIX-Medicaid</td>
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</tr>
<tr>
<td>4. Commissions and reinsurance expense allowance</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total hospital and medical expenses</td>
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</table>

<table>
<thead>
<tr>
<th>B. BALANCE SHEET ITEMS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Premiums receivable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>7. Claims payable</td>
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## SCHEDULE S – PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

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Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of yes responses except for Canada and other Alien.
### SCHEDULE T – PART 2

**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

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<td>52. American Samoa</td>
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<td>53. Guam</td>
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<td>56. Northern Mariana Islands</td>
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</table>
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>NAIC Company Code</td>
<td>Federal ID Number</td>
<td>Names of Insurers and Parent, Subsidiaries or Affiliates</td>
<td>Shareholder Dividends</td>
<td>Capital Contributions</td>
<td>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments</td>
<td>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)</td>
<td>Management Agreements and Service Contracts</td>
<td>Income/ (Disbursements) Incurred Under Reinsurance Agreements</td>
<td>*</td>
<td>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business</td>
<td>Totals</td>
<td>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)</td>
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<td>9999999</td>
<td>Control Totals</td>
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</table>
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

<table>
<thead>
<tr>
<th>Interrogatory</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>2. Will an actuarial opinion be filed by March 1?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>3. Will the Risk-based Capital Report be filed with the NAIC by March 1?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?</td>
<td>..................................................................................................................</td>
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</tbody>
</table>

**APRIL FILING**

<table>
<thead>
<tr>
<th>Interrogatory</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Will Management’s Discussion and Analysis be filed by April 1?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?</td>
<td>..................................................................................................................</td>
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<tr>
<td>7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?</td>
<td>..................................................................................................................</td>
</tr>
</tbody>
</table>

**JUNE FILING**

<table>
<thead>
<tr>
<th>Interrogatory</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>8. Will an audited financial report be filed by June 1?</td>
<td>..................................................................................................................</td>
</tr>
</tbody>
</table>

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

<table>
<thead>
<tr>
<th>Interrogatory</th>
<th>Response</th>
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<tbody>
<tr>
<td>9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?</td>
<td>..................................................................................................................</td>
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<tr>
<td>11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?</td>
<td>..................................................................................................................</td>
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<tr>
<td>12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?</td>
<td>..................................................................................................................</td>
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<tr>
<td>13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?</td>
<td>..................................................................................................................</td>
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</table>

**APRIL FILING**

<table>
<thead>
<tr>
<th>Interrogatory</th>
<th>Response</th>
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<tbody>
<tr>
<td>14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?</td>
<td>..................................................................................................................</td>
</tr>
<tr>
<td>16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?</td>
<td>..................................................................................................................</td>
</tr>
</tbody>
</table>

**Explanation:**

Bar code:
### SCHEDULE A - PART 1

**Showing All Real Estate OWNED December 31 of Current Year**

<table>
<thead>
<tr>
<th>Description of Property</th>
<th>Code</th>
<th>City</th>
<th>State</th>
<th>Date Acquired</th>
<th>Actual Cost</th>
<th>Amount of Encumbrances</th>
<th>Book/Adjusted Carrying Value Less Encumbrances</th>
<th>Fair Value Less Encumbrances</th>
<th>Increase (Decrease) by Adjustment</th>
<th>Increase (Decrease) by Foreign Exchange Adjustment</th>
<th>Amounts Received During Year</th>
<th>Expended for Additions, Permanent Improvements and Changes in Encumbrances During Year</th>
<th>Gross Income Earned Less Interest Incurred on Encumbrances</th>
<th>Taxes, Repairs and Expenses Incurred</th>
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<tbody>
<tr>
<td><strong>Totals</strong></td>
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</table>
### SCHEDULE A – PART 2
Showing All Real Estate ACQUIRED During the Year

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<th>Description of Property</th>
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<th>State</th>
<th>Date Acquired</th>
<th>Name of Vendor</th>
<th>Actual Cost</th>
<th>Book/Adjusted Carrying Value</th>
<th>Less Encumbrances</th>
<th>Expended for Additions and Permanent Improvements</th>
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9999999 Totals
## SCHEDULE A – PART 3

Showing All Real Estate SOLD During the Year, Including Payments During the Final Year on “Sales Under Contract”

<table>
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<th>Description of Property</th>
<th>City</th>
<th>State</th>
<th>Disposal Date</th>
<th>Name of Purchaser</th>
<th>Actual Cost</th>
<th>Increase (Decrease) by Adjustment</th>
<th>Expenses Expended for Additions, Permanent Improvements and Changes in Encumbrances</th>
<th>Book/Adjusted Carrying Value Less Encumbrances</th>
<th>Amounts Received</th>
<th>Realized Profit (Loss) on Sale</th>
<th>Total Profit (Loss) on Sale</th>
<th>Gross Income Earned Less Interest Incurred on Encumbrances</th>
<th>Taxes, Repairs and Expenses Incurred</th>
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## SCHEDULE B – PART 1

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### SCHEDULE B – PART 2

Showing All Mortgage Loans SOLD, Transferred or Paid in Full During the Year

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<th>Location</th>
<th>Loan Number</th>
<th>Loan Type</th>
<th>Date Acquired</th>
<th>Book Value/Recorded Investment Excluding Accrued Interest Prior Year</th>
<th>Increase (Decrease) by Foreign Exchange Adjustment</th>
<th>Book Value/Recorded Investment Excluding Accrued Interest at Disposition</th>
<th>Consideration Received</th>
<th>Foreign Exchange Profit (Loss) on Sale</th>
<th>Realized Profit (Loss) on Sale</th>
<th>Total Profit (Loss) on Sale</th>
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**9999999 Totals**
SCHEDULE BA – PART 1

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

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<th>CUSIP Identification</th>
<th>Name or Description</th>
<th>Code</th>
<th>City</th>
<th>State</th>
<th>NAIC Designation</th>
<th>Date Originally Acquired</th>
<th>Type and Strategy</th>
<th>Actual Cost</th>
<th>Additional Investment During Year</th>
<th>Fair Value</th>
<th>Amount of Encumbrances</th>
<th>Increase (Decrease) by Foreign Exchange Adjustment</th>
<th>Foreign Exchange Adjustment</th>
<th>Commitment for Additional Investment</th>
<th>Percentage of Ownership</th>
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| Totals               |                     |      |      |       |                  |                          |                       |            |                                  |            |                      |                                 |                          |                          | XXX                       |

©1999–2006 National Association of Insurance Commissioners
### SCHEDULE BA – PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Year

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<td>Name or Description</td>
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<td>Name of Purchaser or Nature of Disposal</td>
<td>Date Originally Acquired</td>
<td>Book/Adjusted Carrying Value Less Encumbrances, Prior Year</td>
<td>Increase (Decrease) by Foreign Exchange Adjustment</td>
<td>Increase (Decrease)</td>
<td>Book/Adjusted Carrying Value Less Encumbrances on Disposal</td>
<td>Consideration Received</td>
<td>Foreign Exchange Gain (Loss) on Disposal</td>
<td>Realized Gain (Loss) on Disposal</td>
<td>Total Gain (Loss) on Disposal</td>
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# ANNUAL STATEMENT FOR THE YEAR 2006 OF THE

## SCHEDULE D – PART 1
Showing All Long-Term BONDS Owned December 31 of Current Year

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<th>CUSIP</th>
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<th>Bonds</th>
<th>NAIC Designation</th>
<th>Actual Cost</th>
<th>Fair Value</th>
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<th>Book/Adjusted Carrying Value</th>
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### SCHEDULE D – PART 2 – SECTION 1
Showing All PREFERRED STOCKS Owned December 31 of Current Year

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<th>Code</th>
<th>Description</th>
<th>Number</th>
<th>Par Value Per Share</th>
<th>Rate Per Share</th>
<th>Fair Value</th>
<th>Adjusted Carrying Value</th>
<th>Book</th>
<th>Rate</th>
<th>Fair Value</th>
<th>Actual Cost</th>
<th>Dividends</th>
<th>Unrealized Valuation Increase/Decrease</th>
<th>Current Year's Other Than Temporary Impairment Accretion</th>
<th>Realized Unrealized</th>
<th>Change in Book/Adjusted Carrying Value</th>
<th>Total Foreign Exchange Change in B/A.C.V.</th>
<th>Total Change in B/A.C.V.</th>
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<th>Date Acquired</th>
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**Total Preferred Stock** XXX

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E09

Investment
**SCHEDULE D – PART 2 – SECTION 2**

Showing all **COMMON STOCKS** Owned December 31 of Current Year

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<tbody>
<tr>
<td>CUSIP</td>
<td>Description</td>
<td>Code</td>
<td>Identification</td>
<td>Number of Shares</td>
<td>Book/Adjusted Carrying Value</td>
<td>Fair Value</td>
<td>Fair Value</td>
<td>Rate per Share Used to Obtain Fair Value</td>
<td>Fair Value</td>
<td>Declared but Unpaid</td>
<td>Amount Received During Year</td>
<td>Nonadmitted Declared but Unpaid</td>
<td>Unrealized Valuation Increase/Decrease</td>
<td>Total Changes in B/A/C.V. (13-14)</td>
<td>Total Foreign Exchange Change in B/A/C.V.</td>
<td>NAC Market Indicator (a)</td>
<td>Date Acquired</td>
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<td>72999990</td>
<td>Total Common Stocks</td>
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<td>Total Preferred and Common Stocks</td>
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</table>

(a) For all common stocks bearing the NAC 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

<table>
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<tr>
<th>CUSIP Identification</th>
<th>Description</th>
<th>Foreign</th>
<th>Date Acquired</th>
<th>Name of Vendor</th>
<th>Number of Shares of Stock</th>
<th>Actual Cost</th>
<th>Par Value</th>
<th>Paid for Accrued Interest and Dividends</th>
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</table>

7499999 Totals

Regulator Use Only
SCHEDULE D – PART 4

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

| CUSIP Identification | Description | Date of Disposition | Number of Shares or Stock Received | Number of Shares or Stock Cancelled | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's Other Than Temporary Impairment Recognized | Current Year's Gain/(Loss) on Carrying Value | Foreign Exchange Change in B./A.C.V. | Total Change in B./A.C.V. | Year's Gain/(Loss) on Disposal | Total Gain/(Loss) on Disposal | Maturity Date | Interest/Dividends Received During Year |
|----------------------|-------------|---------------------|------------------------------------|-------------------------------------|-----------|------------|---------------------------------------|------------------------------------------|------------------------------------------------|---------------------------------|---------------------------------|------------------------|--------------------------|---------------------------|-----------------------------|-----------------|----------------------------------|
| ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES | ADDED MULTIPLE TIMES |

| 74999999 | Totals | 888 | 2 |

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Regulator Use Only
### SCHEDULE D – PART 5

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

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</thead>
<tbody>
<tr>
<td><strong>Costs: Adjustments</strong></td>
<td>Description</td>
<td>Foreign Date Acquired</td>
<td>Name of Vendor</td>
<td>Disposal Date</td>
<td>Name of Purchaser</td>
<td>Par Value (Bonds) or Number of Shares (Stocks)</td>
<td>Actual Cost</td>
<td>Consideration</td>
<td>Par Value</td>
<td>Adjusted Carrying Value</td>
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<td><strong>Exchange Rate, Adjusted Carrying Value &amp; Disposal Date</strong></td>
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<td><strong>Unrealized Valuation (Amortization) &amp; Loss on Foreign Exchange Disposal Date</strong></td>
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<td><strong>Current Year’s Other Than Temporary Impairment Recognized</strong></td>
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<td><strong>Total Change in B/A/C/V (12/31/04)</strong></td>
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<td><strong>Foreign Exchange Gain (Loss) on Disposal</strong></td>
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<td><strong>Realized Gain (Loss) on Disposal</strong></td>
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<td><strong>Total Gain (Loss) on Disposal, Interest and Dividends Received During Year, Paid for and Interest and Dividends</strong></td>
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<thead>
<tr>
<th><strong>Total Cost</strong></th>
<th>Paid for</th>
<th>16</th>
<th>(Loss) on Foreign Exchange Disposal</th>
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<td><strong>Subtotal Bonds:</strong></td>
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<td><strong>Subtotal Stocks:</strong></td>
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<td><strong>Total:</strong></td>
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Investment E13
### SCHEDULE D – PART 6 – SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

<table>
<thead>
<tr>
<th>CUSIP Identification</th>
<th>Description Name of Subsidiary, Controlled or Affiliated Company</th>
<th>NAIC Company Code or Alien Insurer Identification Number</th>
<th>NAIC Valuation Method (See SVO Purposes and Procedures Manual)</th>
<th>Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?</th>
<th>Total Amount of Such Intangible Assets</th>
<th>Book/Adjusted Carrying Value</th>
<th>Number of Shares</th>
<th>% of Outstanding</th>
<th>Stock of Such Company Owned by Insurer on Statement Date</th>
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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

<table>
<thead>
<tr>
<th>CUSIP Identification</th>
<th>Name of Lower-Tier Company</th>
<th>Name of Company Listed in Section 1 Which Controls Lower-Tier Company</th>
<th>Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1</th>
<th>Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date</th>
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<table>
<thead>
<tr>
<th>Number of Shares</th>
<th>% of Outstanding</th>
</tr>
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|               | XXX             | XXX             |

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### SCHEDULE DA – PART 1

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

<table>
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<th>Code</th>
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<tbody>
<tr>
<td></td>
<td>Description</td>
<td>Code</td>
<td>Date Acquired</td>
<td>Name of Vendor</td>
<td>Maturity Date</td>
<td>Book/Adjusted Carrying Value</td>
<td>Unrealized Valuation Increase/Decrease</td>
<td>Current Year’s Other Than Temporary Impairment Recognized</td>
<td>Total Foreign Exchange Change in B/A/C/V</td>
<td>Par Value</td>
<td>Actual Cost</td>
<td>Interest</td>
<td>Amount Due and Accrued Dec 31 of Current Year on Bond Not in Default</td>
<td>Non-Admitted Due and Accrued</td>
<td>Rate of Effective Rate of Return</td>
<td>How Paid</td>
<td>Gross Amount Accrued</td>
<td>Paid for Accrued Interest</td>
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### SCHEDULE DB – PART A – SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned December 31 of Current Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Contracts or Notional Amount</th>
<th>Date of Maturity, Expiry, or Settlement</th>
<th>Strike Price, Rate or Index</th>
<th>Date of Acquisition</th>
<th>Exchange or Counterparty</th>
<th>Cost/Option Premium</th>
<th>Book Value</th>
<th>*</th>
<th>Statement Value</th>
<th>Fair Value</th>
<th>Increase/(Decrease) by Adjustment</th>
<th>Other Investment/Miscellaneous Income</th>
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</tr>
</tbody>
</table>

*259,999 Subtotal – Hedging Transactions

*259,999 Subtotal – Other Derivative Transactions

*999,999 Total

### SCHEDULE DB – PART A – SECTION 2

Showing all Options, Caps, Floors and Insurance Futures Options Acquired During Current Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Contracts or Notional Amount</th>
<th>Date of Maturity, Expiry, or Settlement</th>
<th>Strike Price, Rate or Index</th>
<th>Date of Acquisition</th>
<th>Exchange or Counterparty</th>
<th>Cost/Option Premium</th>
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*259,999 Subtotal – Hedging Transactions

*259,999 Subtotal – Other Derivative Transactions

*999,999 Total
### SCHEDULE DB – PART A – SECTION 3

Showing all Owned Options, Caps, Floors and Insurance Futures Options Terminated During Current Year

<table>
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<th>13</th>
<th>Gain (Loss) on Termination</th>
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<td>Strike Price, Rate or Index</td>
<td>Date of Acquisition</td>
<td>Exchange or Counterparty</td>
<td>Cost/Option Premium</td>
<td>Indicate Exercise, Expiration, Maturity or Sale</td>
<td>Termination Date</td>
<td>Book Value</td>
<td>Consideration Received on Terminations</td>
<td>Increase/(Decrease) by Adjustment</td>
<td>Used to Adjust Basis of Hedged Item</td>
<td>Other Investment/Miscellaneous Income</td>
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<td>xxx</td>
<td>xxx</td>
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</table>

### SCHEDULE DB – PART B – SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force December 31 of Current Year

| Description | Number of Contracts or Notional Amount | Date of Maturity, Expiry, or Settlement | Strike Price, Rate or Index | Date of Acquisition/Purchase | Exchange or Counterparty | Consideration Received on Terminations | Book Value | Increase/(Decrease) by Adjustment | Used to Adjust Basis of Hedged Item | Other Investment/Miscellaneous Income |

| 2599999 | Subtotal – Hedging Transactions | xxx |
| 2699999 | Subtotal – Income Generation Transactions | xxx |
| 2799999 | Subtotal – Other Derivative Transactions | xxx |
| 9999999 | Totals | xxx |
## SCHEDULE DB – PART B – SECTION 2

**Showing all Options, Caps, Floors and Insurance Futures Options Written During Current Year**

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</thead>
<tbody>
<tr>
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<td>Date of Maturity, Expiry, or Settlement</td>
<td>Strike Price, Rate or Index</td>
<td>Date of Issuance/Purchase</td>
<td>Exchange or Counterparty</td>
<td>Consideration Received</td>
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<tr>
<td>2699999 Subtotal – Income Generation Transactions</td>
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<tr>
<td>2799999 Subtotal – Other Derivative Transactions</td>
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<tr>
<td>9999999 Total</td>
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## SCHEDULE DB – PART B – SECTION 3

**Showing all Written Options, Caps, Floors and Insurance Futures Options Terminated During Current Year**

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<tbody>
<tr>
<td>Description</td>
<td>Number of Contracts or Notional Amount</td>
<td>Date of Maturity, Expiry, or Settlement</td>
<td>Strike Price, Rate or Index</td>
<td>Date of Purchase</td>
<td>Exchange or Counterparty</td>
<td>Consideration Received</td>
<td>Indicate Exercise,Expiration,Maturity or Closing</td>
<td>Purchase Transaction</td>
<td>Termination Date</td>
<td>Book Value</td>
<td>*</td>
<td>Consideration Paid on Terminations</td>
<td>Increase/(Decrease) by Adjustment</td>
<td>Recognized</td>
<td>Adjusted</td>
<td>Deferred</td>
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<td>2599999 Subtotal – Hedging Transactions</td>
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<tr>
<td>2799999 Subtotal – Other Derivative Transactions</td>
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<td>9999999 Total</td>
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</table>
### SCHEDULE DB – PART C – SECTION 1

Showing all Collar, Swap and Forwards Open December 31 of Current Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Notional Amount</th>
<th>Date of Maturity</th>
<th>Strike Price, Rate or Index Rec (Pay)</th>
<th>Exchange or Counterparty</th>
<th>Cost or (Consideration Received)</th>
<th>Book Value</th>
<th>*</th>
<th>Statement Value</th>
<th>Fair Value</th>
<th>Increase/Decrease by Adjustment</th>
<th>Other Investment/Miscellaneous Income</th>
<th>Potential Exposure</th>
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</thead>
<tbody>
<tr>
<td>Subtotal – Hedging Transactions</td>
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<tr>
<td>Subtotal – Other Derivative Transactions</td>
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</table>

2599999 Subtotal – Hedging Transactions

2799999 Subtotal – Other Derivative Transactions

999999 Totals

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### SCHEDULE DB – PART C – SECTION 2

Showing all Collar, Swap and Forwards Opened During Current Year

<table>
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<tr>
<th>Description</th>
<th>Notional Amount</th>
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<th>Strike Price, Rate or Index Rec (Pay)</th>
<th>Exchange or Counterparty</th>
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2599999 Subtotal – Hedging Transactions

2799999 Subtotal – Other Derivative Transactions

999999 Totals

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## SCHEDULE DB – PART C – SECTION 3
### Showing all Collar, Swap and Forwards Terminated During Current Year

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<th>Strike Price, Rate or Index Rec (Pay)</th>
<th>Date of Opening Position or Agreement</th>
<th>Exchange or Counterparty</th>
<th>Cost or (Consideration Received)</th>
<th>Indicate Exercise, Expiration, Maturity or Sale</th>
<th>Termination Date</th>
<th>Book Value</th>
<th>Consideration Received or (Paid) on Terminations</th>
<th>Increase (Decrease) by Adjustment</th>
<th>Recognition</th>
<th>*</th>
<th>Gain/(Loss) on Termination</th>
<th>Used to Adjust Basis of Hedged Item</th>
<th>Deferred</th>
<th>Other Investment / Miscellaneous Income</th>
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2399999 Subtotal - Hedging Transactions

2399999 Subtotal - Other Derivative Transactions

2999999 Totals

## SCHEDULE DB – PART D – SECTION 1
### Showing all Futures Contracts and Insurance Futures Contracts Open December 31 of Current Year

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<th>Maturity Date</th>
<th>Original Value</th>
<th>Current Value</th>
<th>Variation Margin</th>
<th>Date of Opening Position</th>
<th>Exchange or Counterparty</th>
<th>Cash Deposited</th>
<th>Recognition</th>
<th>Used to Adjust Basis of Hedged Item</th>
<th>Deferred</th>
<th>Potential Exposure</th>
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2399999 Subtotal - Hedging Transactions

2399999 Subtotal - Other Derivative Transactions

9999999 Totals

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### SCHEDULE DB – PART D – SECTION 2
Showing all Futures Contracts and Insurance Futures Contracts Opened During Current Year

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<td>Description</td>
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<td>Maturity Date</td>
<td>Original Value</td>
<td>Date of Opening Position</td>
<td>Exchange or Counterparty</td>
<td>Net Additions to Cash Deposits</td>
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#### Variation Margin Information

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<th>Exchange Value</th>
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<th>Termination Date</th>
<th>Gain (Loss) Recognized</th>
<th>Gain (Loss) Used to Adjust Basis of Hedged Item</th>
<th>Gain (Loss) Deferred</th>
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<td>Other Derivative Transactions</td>
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### SCHEDULE DB – PART D – SECTION 3
Showing all Futures Contracts and Insurance Futures Contracts Terminated During Current Year

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<td>Termination Value</td>
<td>Date of Opening Position</td>
<td>Exchange Value</td>
<td>Net Reduction to Cash Deposits</td>
<td>Termination Date</td>
<td>Gain (Loss) Recognized</td>
<td>Gain (Loss) Used to Adjust Basis of Hedged Item</td>
<td>Gain (Loss) Deferred</td>
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#### Variation Margin Information

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<th>Termination Value</th>
<th>Exchange Value</th>
<th>Net Reduction to Cash Deposits</th>
<th>Termination Date</th>
<th>Gain (Loss) Recognized</th>
<th>Gain (Loss) Used to Adjust Basis of Hedged Item</th>
<th>Gain (Loss) Deferred</th>
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©1999–2006 National Association of Insurance Commissioners Investment
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<th>Master Agreement (Y or N)</th>
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# SCHEDULE E – PART 1 – CASH

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<th>Amount of Interest Received During Year</th>
<th>Amount of Interest Accrued December 31 of Current Year</th>
<th>Balance</th>
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<tr>
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<td>XXX XXX XXX XXX XXX</td>
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<tr>
<td>SUSPENDED DEPOSITORIES</td>
<td>XXX XXX XXX XXX XXX</td>
<td>XXX XXX XXX XXX XXX</td>
<td>XXX XXX XXX XXX XXX</td>
<td>XXX XXX XXX XXX XXX</td>
<td>XXX XXX XXX XXX XXX</td>
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</tbody>
</table>

0199998 Deposits in ............depositories that do not exceed the allowable limit in any one depository (See Instructions)-open depositories ..........

0199999 Totals-Open Depositories ...........................................

0299998 Deposits in ............depositories that do not exceed the allowable limit in any one depository (See Instructions)-suspended depositories ..........

0299999 Totals – Suspended Depositories ...........................................

0399999 Total Cash on Deposit ...........................................

0499999 Cash in Company’s Office ...........................................

0599999 Total Cash ...........................................

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Balance</th>
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<tbody>
<tr>
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<td>XXX XXX XXX XXX XXX</td>
</tr>
<tr>
<td>2. February</td>
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<tr>
<td>3. March</td>
<td>XXX XXX XXX XXX XXX</td>
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<td>4. April</td>
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<td>12. December</td>
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### SCHEDULE E – PART 2 – CASH EQUIVALENTS
Show Investments Owned December 31 of Current Year

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<tbody>
<tr>
<td>CUSIP Identification</td>
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<td>Date Acquired</td>
<td>Rate of Interest</td>
<td>Maturity Date</td>
<td>Book/Adjusted Carrying Value</td>
<td>Amount of Interest Due &amp; Accrued</td>
<td>Gross Investment Income</td>
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</tbody>
</table>

©1999–2006 National Association of Insurance Commissioners
### SCHEDULE E – PART 3 – SPECIAL DEPOSITS

<table>
<thead>
<tr>
<th>States, Etc.</th>
<th>Type of Deposit</th>
<th>Purpose of Deposit</th>
<th>Deposits with the State of Domicile For the Benefit of All Policyholders</th>
<th>All Other Special Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Book/Adjusted Carrying Value</td>
<td>Fair Value</td>
</tr>
<tr>
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<td>AL</td>
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<tr>
<td>2. Alaska</td>
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<td>3. Arizona</td>
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<tr>
<td>5. California</td>
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<td>7. Connecticut</td>
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<td>10. Florida</td>
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<tr>
<td>18. Kentucky</td>
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<tr>
<td>19. Louisiana</td>
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<tr>
<td>20. Maine</td>
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<td>21. Maryland</td>
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<tr>
<td>22. Massachusetts</td>
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<td>24. Minnesota</td>
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<tr>
<td>32. New Mexico</td>
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<td>33. New York</td>
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<tr>
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<tr>
<td>40. Rhode Island</td>
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<tr>
<td>41. South Carolina</td>
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<td>42. South Dakota</td>
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<tr>
<td>43. Tennessee</td>
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<td>44. Texas</td>
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<td>45. Utah</td>
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<tr>
<td>46. Vermont</td>
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<td>47. Virginia</td>
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<tr>
<td>48. Washington</td>
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<td>53. Guam</td>
<td>GU</td>
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<td>54. Puerto Rico</td>
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<td>59. Total</td>
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### DETAILS OF WRITE-INS

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<th>Description</th>
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<th>xxx</th>
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<td>5801</td>
<td>Sum of Remaining Write-ins</td>
<td>xxx</td>
<td>xxx</td>
</tr>
<tr>
<td>5802</td>
<td>Sum of Write-ins for Line 5801</td>
<td>xxx</td>
<td>xxx</td>
</tr>
<tr>
<td>5803</td>
<td>Total Write-ins</td>
<td>xxx</td>
<td>xxx</td>
</tr>
<tr>
<td>5898</td>
<td>Sum of Write-ins for Line 5803</td>
<td>xxx</td>
<td>xxx</td>
</tr>
<tr>
<td>5899</td>
<td>Total Write-ins</td>
<td>xxx</td>
<td>xxx</td>
</tr>
</tbody>
</table>
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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

<table>
<thead>
<tr>
<th>Name and Principal Position</th>
<th>Year</th>
<th>3 Salary</th>
<th>4 Bonus</th>
<th>5 All Other Compensation</th>
<th>6 Totals</th>
</tr>
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<tbody>
<tr>
<td>Chief Executive Officer</td>
<td>2004</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td>2006</td>
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<tr>
<td>1.</td>
<td>2004</td>
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<td>6.</td>
<td>2004</td>
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<td>7.</td>
<td>2004</td>
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<td>8.</td>
<td>2004</td>
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<tr>
<td>9.</td>
<td>2004</td>
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</tbody>
</table>

PART 3 – DIRECTOR COMPENSATION

<table>
<thead>
<tr>
<th>Name and Principal Position or Occupation</th>
<th>Compensation Paid or Deferred for Services as Director</th>
<th>All Other Compensation Paid or Deferred</th>
<th>4 Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES
For The Year Ended December 31, 2006
(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.

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Description of Exposure</th>
<th>Amount</th>
<th>Percentage of Total Admitted Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01</td>
<td></td>
<td>$.................</td>
<td>..................................%</td>
</tr>
<tr>
<td>2.02</td>
<td></td>
<td>$.................</td>
<td>..................................%</td>
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<tr>
<td>2.03</td>
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<td>$.................</td>
<td>..................................%</td>
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<tr>
<td>2.04</td>
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<td>$.................</td>
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<tr>
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<td>$.................</td>
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<td>2.06</td>
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<td>$.................</td>
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<td>..................................%</td>
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<td>$.................</td>
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<tr>
<td>2.09</td>
<td></td>
<td>$.................</td>
<td>..................................%</td>
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<tr>
<td>2.10</td>
<td></td>
<td>$.................</td>
<td>..................................%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Bonds</th>
<th>1</th>
<th>2</th>
<th>Preferred Stocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.01</td>
<td>NAIC-1</td>
<td>$.................</td>
<td>3.07</td>
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<tr>
<td>3.02</td>
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<td>NAIC-5</td>
<td>$.................</td>
<td>3.11</td>
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<tr>
<td>3.06</td>
<td>NAIC-6</td>
<td>$.................</td>
<td>3.12</td>
</tr>
</tbody>
</table>

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 $................. %
5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:

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

6. Two largest foreign investment exposures in a single country, categorized by the country’s NAIC sovereign rating:

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

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

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

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

9. Two largest unhedged foreign currency exposures to a single country, categorized by the country’s NAIC sovereign rating:

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Issuer</td>
<td>NAIC Rating</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>10.01</td>
<td></td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>10.02</td>
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<td>$</td>
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<td>10.03</td>
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<tr>
<td>10.10</td>
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<td>%</td>
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</tbody>
</table>
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.

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.

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.

13.02  ................................................................. $ ..................................... ..  ......................................%
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.

14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities

1

2

3

% 

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.

15.02 Aggregate statement value of investments held in general partnership interests

1

2

3

% 

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.

16.02 Type (Residential, Commercial, Agricultural)

1

2

3

% 

16.03 .......................................................... $.................................................. %
16.04 .......................................................... $.................................................. %
16.05 .......................................................... $.................................................. %
16.06 .......................................................... $.................................................. %
16.07 .......................................................... $.................................................. %
16.08 .......................................................... $.................................................. %
16.09 .......................................................... $.................................................. %
16.10 .......................................................... $.................................................. %
16.11 .......................................................... $.................................................. %
Amount and percentage of the reporting entity’s total admitted assets held in the following categories of mortgage loans:

<table>
<thead>
<tr>
<th>Category</th>
<th>Loans</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.12 Construction loans</td>
<td>$................. ...................... %</td>
</tr>
<tr>
<td>16.13 Mortgage loans over 90 days past due</td>
<td>$................. ...................... %</td>
</tr>
<tr>
<td>16.14 Mortgage loans in the process of foreclosure</td>
<td>$................. ...................... %</td>
</tr>
<tr>
<td>16.15 Mortgage loans foreclosed</td>
<td>$................. ...................... %</td>
</tr>
<tr>
<td>16.16 Restructured mortgage loans</td>
<td>$................. ...................... %</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Loan-to-Value</th>
<th>Residential 1</th>
<th>2</th>
<th>Commercial 3</th>
<th>4</th>
<th>Agricultural 5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.01 above 95%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>....%</td>
</tr>
<tr>
<td>17.02 91% to 95%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>....%</td>
</tr>
<tr>
<td>17.03 81% to 90%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>....%</td>
</tr>
<tr>
<td>17.04 71% to 80%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>....%</td>
</tr>
<tr>
<td>17.05 below 70%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>........%</td>
<td>$...............</td>
<td>....%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.02</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
<tr>
<td>18.03</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
<tr>
<td>18.04</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
<tr>
<td>18.05</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
<tr>
<td>18.06</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.02</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
</tbody>
</table>

Largest three investments held in mezzanine real estate loans:

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.03</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
<tr>
<td>19.04</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
<tr>
<td>19.05</td>
<td>$...............</td>
<td>........%</td>
<td></td>
</tr>
</tbody>
</table>
20. Amounts and percentages of the reporting entity’s total admitted assets subject to the following types of agreements:

<table>
<thead>
<tr>
<th>At Year-end</th>
<th>1st Qtr</th>
<th>At End of Each Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

| 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:

<table>
<thead>
<tr>
<th>Owned</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.01 Hedging</td>
<td>$...............</td>
<td>............%</td>
<td>$...............</td>
</tr>
<tr>
<td>21.02 Income generation</td>
<td>$...............</td>
<td>............%</td>
<td>$...............</td>
</tr>
<tr>
<td>21.03 Other</td>
<td>$...............</td>
<td>............%</td>
<td>$...............</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>At Year-end</th>
<th>1st Qtr</th>
<th>At End of Each Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

| 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:

<table>
<thead>
<tr>
<th>At Year-end</th>
<th>1st Qtr</th>
<th>At End of Each Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<p>| 23.01 Hedging | $............ | ............% | $............ | $............ | $............ |
| 23.02 Income generation | $............ | ............% | $............ | $............ | $............ |
| 23.03 Replications | $............ | ............% | $............ | $............ | $............ |
| 23.04 Other | $............ | ............% | $............ | $............ | $............ |</p>
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Premiums Earned</td>
<td>Incurred Claims Amount</td>
<td>Change in Contract Reserves</td>
<td>Loss Ratio (2/3)/1</td>
<td>Number of Policies or Certificates as of Dec. 31</td>
<td>Number of Covered Lives as of Dec. 31</td>
<td>Member Months</td>
</tr>
<tr>
<td>A. INDIVIDUAL BUSINESS</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>1. Comprehensive Major Medical</td>
<td></td>
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<tr>
<td>1.1 With Contract Reserves</td>
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<tr>
<td>1.2 Without Contract Reserves</td>
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<tr>
<td>1.3 Subtotal</td>
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<tr>
<td>2. Short-Term Medical</td>
<td></td>
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<tr>
<td>2.1 With Contract Reserves</td>
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<tr>
<td>2.2 Without Contract Reserves</td>
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<tr>
<td>3. Other Medical (Non-Comprehensive)</td>
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<tr>
<td>3.1 With Contract Reserves</td>
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<td>3.2 Without Contract Reserves</td>
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<td>3.3 Subtotal</td>
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<tr>
<td>4. Specified/Named Disease</td>
<td></td>
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<tr>
<td>4.1 With Contract Reserves</td>
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<td>4.3 Subtotal</td>
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<tr>
<td>5. Limited Benefit</td>
<td></td>
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<tr>
<td>5.1 With Contract Reserves</td>
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<td>5.2 Without Contract Reserves</td>
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<tr>
<td>6. Student</td>
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<tr>
<td>6.1 With Contract Reserves</td>
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<td>7. Accident Only or AD&amp;D</td>
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<td>7.1 With Contract Reserves</td>
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<td>7.2 Without Contract Reserves</td>
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<tr>
<td>8. Disability Income – Short-Term</td>
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<td>8.1 With Contract Reserves</td>
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<td>8.2 Without Contract Reserves</td>
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</tr>
<tr>
<td>A. INDIVIDUAL BUSINESS (Continued)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
<td>7</td>
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<tr>
<td>9. Disability Income – Long-Term</td>
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<td>9.1 With Contract Reserves</td>
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<td>10. Long-Term Care</td>
<td></td>
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<tr>
<td>11. Medicare Supplement (Medigap)</td>
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<tr>
<td>12. Dental</td>
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<td>12.1 With Contract Reserves</td>
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<td>12.3 Subtotal</td>
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<tr>
<td>13. State Children’s Health Insurance Program</td>
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<td>13.1 With Contract Reserves</td>
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<tr>
<td>13.2 Without Contract Reserves</td>
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<tr>
<td>14. Medicare</td>
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<tr>
<td>14.1 With Contract Reserves</td>
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<td>14.2 Without Contract Reserves</td>
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<td>14.3 Subtotal</td>
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### ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

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<td>Change in Contract Reserves</td>
<td>Loss Ratio ((2+3)/1)</td>
<td>Number of Policies or Certificates as of Dec. 31</td>
<td>Number of Covered Lives as of Dec. 31</td>
<td>Member Months</td>
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<td>Other Comprehensive Major Medical</td>
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Supp10 Health
### ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

#### PART 1 – INDIVIDUAL POLICIES

**SUMMARY PAGE**

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
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<td>U.S. Forms Direct Business</td>
<td>Premiums Earned</td>
<td>Incurred Claims Amount</td>
<td>Change in Contract Reserves</td>
<td>Loss Ratio (2+3)/1</td>
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<tr>
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<td>Total Direct Business</td>
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<td>Reinsurance Assumed</td>
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<tr>
<td>Less Reinsurance Ceded</td>
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#### PART 2 – GROUP POLICIES

**SUMMARY**

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<td>Premiums Earned</td>
<td>Incurred Claims Amount</td>
<td>Change in Contract Reserves</td>
<td>Loss Ratio (2+3)/1</td>
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#### PART 3 – CREDIT POLICIES (Individual and Group)

**SUMMARY**

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<th>1</th>
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<td>Premiums Earned</td>
<td>Incurred Claims Amount</td>
<td>Change in Contract Reserves</td>
<td>Loss Ratio (2+3)/1</td>
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<tr>
<td>Other Forms Direct Business</td>
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<tr>
<td>Total Direct Business</td>
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<tr>
<td>Reinsurance Assumed</td>
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<tr>
<td>Less Reinsurance Ceded</td>
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<td>Total</td>
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#### PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES

**SUMMARY**

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<td>U.S. Forms Direct Business</td>
<td>Premiums Earned</td>
<td>Incurred Claims Amount</td>
<td>Change in Contract Reserves</td>
<td>Loss Ratio (2+3)/1</td>
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<tr>
<td>Other Forms Direct Business</td>
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<td>Total Direct Business</td>
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<tr>
<td>Reinsurance Assumed</td>
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<td>Less Reinsurance Ceded</td>
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### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

**For The Year Ended December 31, 2006**

*(To Be Filed by March 1)*

**FOR THE STATE OF ____________________________**

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<td></td>
<td>Premiums Earned</td>
<td>Numbered</td>
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</table>

**TOTAL EXPERIENCE ON INDIVIDUAL POLICIES**

**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. 1395u(c) (3) (E) for this state.

   2.1 Address: .................................................................

   2.2 Contact Person and Phone Number: .................................................................


   3.1 Address: .................................................................

   3.2 Contact Person and Phone Number: .................................................................

   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, 2006
(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
# 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)?

| To be answered by | Column A | Column B |
| Life and A & H Companies: | Yes | No | Yes | No |
| Statement of Assets, Liabilities, Surplus and Other Funds | | |
| Summary of Operations | | |
| Surplus Account | | |

| To be answered by Property and Casualty Companies: | Yes | No | Yes | No |
| Statement of Assets, Liabilities, Surplus and Other Funds | | |
| Statement of Income -- Underwriting and Investment Exhibit | | |
| Capital and Surplus Account | | |

| To be answered by Title Insurance Companies: | | |
| Statement of Assets, Liabilities, Surplus and Other Funds | | |
| Statement of Income -- Operations and Investment Exhibit | | |
| Capital and Surplus Account | | |

| To be answered by Health Insurance Companies: | | |
| Statement of Assets, Liabilities, Capital and Surplus | | |
| Statement of Revenues and Expenses | | |
| Capital and Surplus Account | | |
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.

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Principal Occupation or Employment</th>
<th>Served as Director From</th>
<th>Aggregate Direct Remuneration</th>
<th>Benefits Accrued or Set Aside During Year</th>
<th>Est. Annual Benefits Upon Retirement</th>
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</thead>
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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.
**STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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<tr>
<td>Name and title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%</td>
<td>Title of Security</td>
<td>Nature of Ownership</td>
<td>Owned at end of Prior Year</td>
<td>Acquired During Current Year</td>
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<td>Held 6 Months or More</td>
<td>Owned at End of Current Year</td>
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### MEDICARE PART D COVERAGE SUPPLEMENT

For the Year Ended December 31, 2006

(To Be Filed By March 1)

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<td>1.12 Without Reinsurance Coverage</td>
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<td>17. Cash Flow Results</td>
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Supp17

Health
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### LONG-TERM CARE (LTC) EXPERIENCE REPORTING FORM-A
#### NATIONWIDE EXPERIENCE

**CLAIM EXPERIENCE BY CALENDAR DURATION**

(To Be Filed By April 1)

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<th>NAIC Company Code</th>
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### PART 1 – LTC INSURANCE EXPERIENCE BY CALENDAR DURATION

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<th>Policy Form</th>
<th>First Year Issued</th>
<th>Earned Premiums By Duration</th>
<th>Incurred and Paid</th>
<th>Reserve for Incurred but Unpaid</th>
<th>Total Insured Claims</th>
<th>Change in Policy (Active Life)Reserves Over the Experience Period</th>
<th>Anticipated Calendar Duration Loss Percentage</th>
<th>Number of Insured Lives</th>
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**Total Calendar Year** XXX

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3) _______________________; (b) Anticipated Loss Percentage (see Instruction Form A Item9) ___________; (c) Actual to Anticipated Loss Percentage (a/b) _______________________________

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<thead>
<tr>
<th>Calendar Duration</th>
<th>Policy Form</th>
<th>First Year Issued</th>
<th>Earned Premiums By Duration</th>
<th>Incurred and Paid</th>
<th>Reserve for Incurred but Unpaid</th>
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<th>Change in Policy (Active Life)Reserves Over the Experience Period</th>
<th>Anticipated Calendar Duration Loss Percentage</th>
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**Total Calendar Year** XXX

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3) _______________________; (b) Anticipated Loss Percentage (see Instruction Form A Item9) ___________; (c) Actual to Anticipated Loss Percentage (a/b) _______________________________

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<th>First Year Issued</th>
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<th>Incurred and Paid</th>
<th>Reserve for Incurred but Unpaid</th>
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<th>Anticipated Calendar Duration Loss Percentage</th>
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**Total Calendar Year** XXX

Policy Form-Calendar Year (a) Actual Loss Percentage (Col. 6/Col. 3) _______________________; (b) Anticipated Loss Percentage (see Instruction Form A Item9) ___________; (c) Actual to Anticipated Loss Percentage (a/b) _______________________________
### PART 2 – LTC INSURANCE EXPERIENCE BY LINE OF BUSINESS

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<th>Earned Premiums by Duration</th>
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### PART 3 – EXPERIENCE FOR PRODUCTS PROVIDING LTC INSURANCE OTHER THAN ON A STAND-ALONE BASIS

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#### A. Products Providing LTC Benefits With Distinct LTC Premiums

1. Individual -- Life
2. Individual -- Annuity
3. Individual -- Disability
4. Individual -- Other
5. Group -- Life
6. Group -- Annuity
7. Group -- Disability
8. Group -- Other

#### B. Products Providing LTC Benefits Without Distinct LTC Premiums

1. Individual -- Life
2. Individual -- Annuity
3. Individual -- Disability
4. Individual -- Other
5. Group -- Life
6. Group -- Annuity
7. Group -- Disability
8. Group -- Other
# Long-Term Care Experience Reporting Form-B

**Nationwide Experience**

**Cumulative Claim Experience**

(To Be Filed By April 1)

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<th>(b) Anticipated Loss Percentage</th>
<th>(c) Actual to Anticipated Loss Percentage (a/b)</th>
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<th>Actual Incurred Claims</th>
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Note: 

- **a** Was experience prior to 1991 used in preparing this form? **Yes ( ) No ( ).**
- **b** If yes, indicate the calendar years that were included: ____________________________
### Supplement for the Year of the

**Long-Term Care Experience Reporting Form — C**

**Cumulative Claim Experience**

(To Be Filed By April 1)

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(b) Anticipated Loss Percentage (see Instruction Form C Items 9 and 10) XXX XXX XXX XXX
(c) Actual to Anticipated Loss Percentage (a/b) XXX XXX XXX XXX

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1. Individual
2. Group direct response
3. Other group
4. Total (sum Lines 1 to 3)
5. Actual total reported experience through statement year
6. Actual total reported experience through prior year
7. Calendar year reported experience (Lines 5 minus 6)

Note:
- a. Was experience prior to 1991 used in preparing this form? Yes ( ) No ( ).
- b. If yes, indicate the calendar years that were included: __________________________

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Supp21 Health
## EXHIBIT 5 – AGGREGATE RESERVE FOR LIFE CONTRACTS

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<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
</tbody>
</table>

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Sup23

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Health
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?
   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 [ ]
   If so, state the amount or reserve on such contracts on the basis actually held:
   6.1 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.
   6.2 The amount or reserve on such contracts:  $ _______________

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?  Yes [ ] No [ ]
   If yes, state the total dollar amount of assets covered by these contracts or agreements?  $ _______________
   Specify the basis (fair value, amortized cost, etc.) for determining the amount:.........................
   State the amount of reserves established for this business:  $ _______________
   Identify where the reserves are reported in the blank: ..........................................................
### EXHIBIT 7 – DEPOSIT TYPE CONTRACTS

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the year before reinsurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deposits received during the year</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment earnings credited to the account</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other net change in reserves</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Fees and other charges assessed</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Surrender charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Net surrender or withdrawal payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other net transfers to or (from) Separate Accounts</td>
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<td></td>
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<td></td>
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<tr>
<td>Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reinsurance balance at the beginning of the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Net change in reinsurance assumed</td>
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<td></td>
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<tr>
<td>Reinsurance balance at the end of the year (Lines 10+11-12)</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Net balance at the end of current year after reinsurance (Lines 9+13)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</table>

**Regulator Use Only**
### 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

<table>
<thead>
<tr>
<th>NAIC Company Code</th>
<th>Federal ID Number</th>
<th>Effective Date</th>
<th>Name of Reinsured</th>
<th>Location</th>
<th>Type of Reinsurance Assumed</th>
<th>Amount in Force at End of Year</th>
<th>Reserve</th>
<th>Premiums</th>
<th>Reinsurance Payable on Paid and Unpaid Losses</th>
<th>Modified Coinsurance Reserve</th>
<th>Funds Withheld Under Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0799999 Totals</td>
<td></td>
<td></td>
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</table>

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Supp26 Health
<table>
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<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIC Company Code</td>
<td>Federal ID Number</td>
<td>Effective Date</td>
<td>Name of Company</td>
<td>Location</td>
<td>Type of Reinsurance Ceded</td>
<td>Reserve Credit Taken</td>
<td>Amount In Force at End of Year</td>
<td>Current Year</td>
<td>Prior Year</td>
<td>Premiums</td>
<td>Relief</td>
<td>Regulator Use Only</td>
<td>Funds Withheld Under Coinsurance</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<td>4</td>
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</table>

1999-00 Totals

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Health

Regulator Use Only
### Direct Premiums and Annuity Considerations

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<tbody>
<tr>
<td></td>
<td>Ordinary</td>
<td>Credit Life</td>
<td>Group</td>
<td>Industrial</td>
<td>Total</td>
</tr>
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<td>1. Life insurance</td>
<td>XXX</td>
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<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>2. Annuity considerations</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>3. Deposit-type contract funds</td>
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<td>XXX</td>
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</tr>
<tr>
<td>4. Other considerations</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5. Totals (sum of Lines 1 to 4)</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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### Direct Dividends to Policyholders

<table>
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<td>Ordinary</td>
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<tr>
<td>1. Life insurance</td>
<td>XXX</td>
</tr>
<tr>
<td>2. Paid in cash or left on deposit</td>
<td>XXX</td>
</tr>
<tr>
<td>3. Applied to pay reinvestment premiums</td>
<td>XXX</td>
</tr>
<tr>
<td>4. Other</td>
<td>XXX</td>
</tr>
<tr>
<td>5. Totals (sum of Lines 2 to 4)</td>
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### Direct Claims and Benefits Paid

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</thead>
<tbody>
<tr>
<td></td>
<td>Ordinary</td>
</tr>
<tr>
<td>1. Death benefits</td>
<td>XXX</td>
</tr>
<tr>
<td>2. Matured endowments</td>
<td>XXX</td>
</tr>
<tr>
<td>3. Annuity benefits</td>
<td>XXX</td>
</tr>
<tr>
<td>4. Surrender values and withdrawals for life contracts</td>
<td>XXX</td>
</tr>
<tr>
<td>5. Aggregate write-ins for miscellaneous direct claims and benefits paid</td>
<td>XXX</td>
</tr>
<tr>
<td>6. All other benefits, except accident and health</td>
<td>XXX</td>
</tr>
<tr>
<td>7. Totals</td>
<td>XXX</td>
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### Details of Write-Ins

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### Direct Death Benefits and Matured Endowments Incurred

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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Amount</td>
<td>No. of Ind. Polys.</td>
<td>Amount</td>
</tr>
<tr>
<td>1. Unpaid Dec 31, prior year</td>
<td>100</td>
<td>Amount</td>
<td>No.</td>
<td>Amount</td>
</tr>
<tr>
<td>2. Incurred during current year</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>3. Settled during current year</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4. By payment in full</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5. By payment on compromised claims</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6. Totals paid</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>7. Reduction by compromise</td>
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<td>XXX</td>
<td>XXX</td>
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<td>8. Amount rejected</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>9. Total settlements</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
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<td>10. Unpaid Dec 31, current year (Lines 16 + 17 - 18.6)</td>
<td>100</td>
<td>No. of Policies</td>
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### Summary

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</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Amount</td>
<td>No. of Ind. Polys.</td>
<td>Amount</td>
<td>XXX</td>
</tr>
<tr>
<td>Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year $</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Loans greater than 120 months prior year $</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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</tbody>
</table>
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**LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT**

For Year Ended December 31, 2006  
(To Be Filed by April 1)

OF THE ………………………………………………………………………………………………………………………………………………………………………………… NAIC COMPANY CODE ……………………………………………………………

---

**Direct Business in the State of** …………………………………………………………………………………………………………………………………………………………………………………

---

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<thead>
<tr>
<th>PREMIUMS, CONSIDERATIONS AND DEPOSITS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
<tr>
<td>1. Premiums, considerations and deposits from Schedule T</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>2.1 Contract fees for variable contracts with guarantees</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>2.2 Any other premiums, considerations and deposits not reported in Schedule T</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<tr>
<td>3.1 Transfers to guaranteed separate accounts</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>3.2 Roll over of GICs or annuities into other companies</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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</tr>
<tr>
<td>3.3 Surrenders or other benefits paid out</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<tr>
<td>3.4 Excess interest credited to accounts</td>
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<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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</tr>
<tr>
<td>3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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<tr>
<td>3.99 Total (Lines 3.1 through 3.5)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>4. Transfers:</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>4.2 Enter in Column 2, as a positive number, and Column 4 as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code should not be included in Line 4.2)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>4.99 Total (Lines 4.1 + 4.2 + 4.3)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>5. Total (Lines 1+2+3.99+4.99)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

**DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE**

Do not include any amounts more than once in Lines 6 through 9

---

<table>
<thead>
<tr>
<th>DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>7.2 Unallocated funding obligations that fund any employee, union or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Section 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>7.4 Total (Lines 7.1+7.2+7.3)</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>9. Aggregate write-ins for Other Deductions</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>10. Total (Lines 6+7.4+8+9)</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
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</tbody>
</table>

**MODEL ACT BASE (Line 5 minus Line 10)**

---

<table>
<thead>
<tr>
<th>MODEL ACT BASE (Line 5 minus Line 10)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>11. Current Year</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
<td>…………………………………………………………………………………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

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Health
### ADJUSTMENTS TO THE
LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT
ASSESSMENT BASE RECONCILIATION EXHIBIT

For The Year Ended December 31, 2006
(To Be Filed by April 1)

OF THE ................................................................. NAIC COMPANY CODE ........................................

Direct Business in the State of

<table>
<thead>
<tr>
<th></th>
<th>1 Life Insurance Premium</th>
<th>2 Allocated Annuity and Other Allocated Fund Deposits</th>
<th>3 Accident &amp; Health Premium</th>
<th>4 Unallocated Annuity &amp; Other Unallocated Fund Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above.</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>3.1 Amounts NOT in excess of $1 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>3.2 All amounts</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4.1 Amounts NOT in excess of $1 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4.3 Amounts in excess of $5 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4.4 Total (Lines 4.1 + 4.2 + 4.3)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>4.5 Amounts up to $7.5 million per contract (Minnesota only)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5.1 Amounts in excess of $1 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5.2 All amounts</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5.3 Amounts in excess of $2 million per contract (New Jersey Only)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6.1 Amounts NOT in excess of $1 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6.2 Amounts in excess of $1 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6.3 Total (Lines 6.1 + 6.2)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6.4 Amounts in excess of $2 million per contract (New Jersey Only)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>7.1 Amounts NOT in excess of $1 million per contract</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>7.2 All amounts</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only):</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>9. Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only):</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>10. Aggregate write-ins for other deductions</td>
<td>XXX</td>
<td>xxx</td>
<td>XXX</td>
<td>XXX</td>
</tr>
</tbody>
</table>

**BASE**

1. Current Year (20___)

**DETAILS OF WRITE-INS**

| 1001 | | | |
| 1002 | | | |
| 1003 | | | |
| 1098 | Summary of remaining write-ins for Line 10 from overflow page | | |
| 1099 | Totals (Lines 1001 through 1003 plus 1098) (Line 10 above) | | |
PROPERTY/CASUALTY SUPPLEMENTS
For the Year Ended December 31, 2006
(To Be Filed On Or Before March 1)

Of The............................................................................................................................................................................. Insurance Company

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

NAIC Group Code....................... NAIC Company Code ......................... Employer's ID Number ............................................................
### SCHEDULE F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>NAIC</td>
<td>Name</td>
<td>Domiciliary</td>
<td>Assumed</td>
<td>Reinsurance</td>
<td>Known</td>
<td>Contingent</td>
<td>Assumed</td>
<td>Unearned</td>
<td>Funds</td>
<td>Letters</td>
<td>Amounts</td>
<td>Amounts</td>
<td></td>
</tr>
<tr>
<td>ID Number</td>
<td>Company</td>
<td>of Reinsured</td>
<td>Jurisdiction</td>
<td>Premium</td>
<td>On</td>
<td>Case Losses and LAE</td>
<td>Commissions Payable</td>
<td>Premiums</td>
<td>Premium</td>
<td>Held By or Deposited With Reinsured Companies</td>
<td>of Credit Posted</td>
<td>of Assets Pledged</td>
<td>of Collateral Held In Trust</td>
<td></td>
</tr>
<tr>
<td>9999999</td>
<td>Totals</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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Health
### SCHEDULE F – PART 3
Ceded Reinsurance as of December 31, Current Year (000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| Federal ID Number | NAIC Code | Name of Reinsurer | Domiciliary Jurisdiction | Reinsurance Premiums Ceded | Reinsurance Premiums Paid | Reinsurance Premiums Paid LAE | Known Case Loss Reserves | Known Case LAE Reserves | BNR Loss Reserves | BNR LAE Reserves | Unnamed Premiums | Contingent Commissions | Cols. 15 through 14 Totals | Ceded Balances Payable | Other Amounts Due to Reinsurers | Cols. 15 - 16 Totals | Funds Held by Company Under Reinsurance Treaties |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |

**NOTE:**

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of $50,000:

1. **Name of Company**
2. **Commission Rate**
3. **Ceded Premium**

   1) .................................... ...................................  ....................................   2) .................................... ...................................  ....................................
   3) .................................... ...................................  ....................................
   4) .................................... ...................................  ....................................
   5) .................................... ...................................  ....................................

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1. **Name of Reinsurer**
2. **Total Recoverables**
3. **Ceded Premiums**
4. **Affiliated**

   1) .................................... ...................................  ....................................  Yes [ ] No [ ]
   2) .................................... ...................................  ....................................  Yes [ ] No [ ]
   3) .................................... ...................................  ....................................  Yes [ ] No [ ]
   4) .................................... ...................................  ....................................  Yes [ ] No [ ]
   5) .................................... ...................................  ....................................  Yes [ ] No [ ]

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Supp3 5
Health
# SCHEDULE P – ANALYSIS OF LOSSES AND LOSS EXPENSES

**SCHEDULE P – PART 1 – SUMMARY**

($000 Omitted)

<table>
<thead>
<tr>
<th>Years in Which Premiums Were Earned and Losses Were Incurred</th>
<th>Direct and Assumed</th>
<th>Ceded</th>
<th>Net (Cols. 1 – 2)</th>
<th>Direct and Assumed</th>
<th>Ceded</th>
<th>Direct and Assumed</th>
<th>Ceded</th>
<th>Direct and Assumed</th>
<th>Ceded</th>
<th>Direct and Assumed</th>
<th>Ceded</th>
<th>Number of Claims Reported</th>
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<tbody>
<tr>
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<td>10. 2005.............</td>
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<td>12. Totals XXX XXX XXX</td>
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</tbody>
</table>

**Losses Unpaid**

<table>
<thead>
<tr>
<th>Case Basis</th>
<th>Bulk + BNR</th>
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**Loss and Loss Expense Percentage**

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**Note:**
Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.
### SCHEDULE P – PART 1A – HOMEOWNERS/FARMOWNERS

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©1999–2006 National Association of Insurance Commissioners
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# Schedule P – Part 1E – Commercial Multiple Peril

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Supp41

Health
### SCHEDULE P – PART 1F – SECTION 1 – MEDICAL MALPRACTICE – OCCURRENCE

($000 omitted)

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| Total                                          | Loss and Loss Expense Unpaid | Reserve After Discount |
|                                               | 36                        |
|                                                | Losses Unpaid              |
|                                                | Unpaid                     |
| 12                                            | ..                        |

**SCHEDULE P – PART 1F – SECTION 2 – MEDICAL MALPRACTICE – CLAIMS-MADE**

($000 omitted)
### SCHEDULE P – PART 1G – SPECIAL LIABILITY (OCEAN, MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

($000 omitted)

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#### Notes

- **Direct and Assumed**
- **Ceded**
- **Net**
- **Salvage and Subrogation**
- **Total Net Paid**
- **Number of Claims Outstanding**

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# SCHEDULE P – PART 1H – SECTION 1 – OTHER LIABILITY – OCCURRENCE
($000 omitted)

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# SCHEDULE P – PART 1H – SECTION 2 – OTHER LIABILITY – CLAIMS-MADE

($000 omitted)

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## Other Liability

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## Other Liability

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### Losses Unpaid

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### Regulator Use Only

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## Schedule P – Part 1L – Other (Including Credit, Accident and Health)

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©1999–2006 National Association of Insurance Commissioners
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## SCHEDULE P – PART 1O – REINSURANCE
### NONPROPORTIONAL ASSUMED LIABILITY

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## Losses Unpaid

### Defense and Cost Containment Unpaid

### Adjusting and Other Unpaid

### Total Net Losses and Expenses Unpaid

### Number of Claims Outstanding

### Direct and Assumed

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# SCHEDULE P – PART 1P – REINSURANCE
## NONPROPORTIONAL ASSUMED FINANCIAL LINES

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### Number of Claims Reported

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### Total Net

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Supp55

Health
### SCHEDULE P – PART 1R – SECTION 2 – PRODUCTS LIABILITY – CLAIMS-MADE

($000 omitted)

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<tr>
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<th>Adjusting and Other Payments</th>
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### Years in Which Premiums Were Earned and Losses Were Incurred

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**SCHEDULE P – PART 2I – SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

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## SCHEDULE P – PART 2N – REINSURANCE
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12. Totals

## SCHEDULE P – PART 2O – REINSURANCE
### NONPROPORTIONAL ASSUMED LIABILITY

| 1. Prior                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 2. 1997                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 3. 1998                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 4. 1999                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 5. 2000                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 6. 2001                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 7. 2002                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 8. 2003                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 9. 2004                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 10. Prior                          |      |      |      |      |      |      |      |      |      |      |          |          |
| 11. 2006                           |      |      |      |      |      |      |      |      |      |      | XXX      | XXX      |

12. Totals

## SCHEDULE P – PART 2P – REINSURANCE
### NONPROPORTIONAL ASSUMED FINANCIAL LINES

| 1. Prior                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 2. 1997                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 3. 1998                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 4. 1999                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 5. 2000                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 6. 2001                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 7. 2002                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 8. 2003                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 9. 2004                            |      |      |      |      |      |      |      |      |      |      |          |          |
| 10. Prior                          |      |      |      |      |      |      |      |      |      |      |          |          |
| 11. 2006                           |      |      |      |      |      |      |      |      |      |      | XXX      | XXX      |

12. Totals

### SCHEDULE P – PART 2R – SECTION 1 – PRODUCTS LIABILITY – OCCURRENCE

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### SCHEDULE P – PART 2S – FINANCIAL GUARANTY/MORTGAGE GUARANTY

<table>
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<tr>
<th>Years in Which Losses Were Incurred</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
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<th>2004</th>
<th>2005</th>
<th>2006</th>
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<th>Two Year</th>
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</table>
### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

#### BUSINESS IN THE STATE OF DURING THE YEAR

|------------------|-------------------------|------------------------|----------------|--------------------------|----------------------------------------|------------------------|-----------------------------------------------|-----------------------------------------------|----------------------------------|-----------------------------------------------|----------------------------------|--------------------------|

#### DETAILS OF WRITE-INS

| Line 3301 | | | | | | | | | | | | |
| Line 3302 | | | | | | | | | | | | |
| Line 3303 | | | | | | | | | | | | |
| Line 3304 | | | | | | | | | | | | |
| Line 3305 | | | | | | | | | | | | |
| Line 3306 | | | | | | | | | | | | |
| Line 3307 | | | | | | | | | | | | |
| Line 3308 | | | | | | | | | | | | |
| Line 3309 | | | | | | | | | | | | |

1. Finance and service charge not included in Lines 1 to 34 $ ............................................................
2. Tax, insurance, and service charge report: Number of persons insured under PPO managed care products ______ and number of persons insured under indemnity only products ______.
This page intentionally left blank.
INSURANCE EXPENSE EXHIBIT
For The Year Ended December 31, 2006
(To Be Filed by April 1)

OF THE (Name) ..........................................................................................................................................................................................

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

NAIC Group Code ............... NAIC Company Code ............... Employer's Identification Number (FEIN) ........................................

Contact Person ......................... Title ................................................ ..... Telephone (...........) ....................................

IF MODIFICATIONS AND/OR CHANGES AFFECTING THIS EXHIBIT ARE MADE TO THE ANNUAL STATEMENT SUBSEQUENT TO THE
FILING OF THIS EXHIBIT, AN AMENDED ANNUAL STATEMENT AND INSURANCE EXPENSE EXHIBIT MUST BE FILED WITH THE
APPROPRIATE INSURANCE DEPARTMENT.

(1) Refer to the Annual Statement Instructions for Uniform Classification of Expenses for definition of Expense Groups and instruc-
tions for allocation of expenses to lines of business.

(2) Compute all ratios to nearest fourth place and express as percentages, e.g. 48.3.

(3) There should be submitted in Interrogatory 4 a detailed statement or footnote with respect to any item or items requiring special
comment or explanation.

(4) Parts I, II and III only: Report all amounts to the nearest thousand or through truncation of digits below a thousand. (Example:
$602,503 may be reported as $603 by rounding or as $602 by truncation.)

(5) Interrogatories only: Report all amounts in whole dollars. Do NOT omit thousands.

(6) Each individual insurer whether or not a member of a group must submit this exhibit.
INTERROGATORIES

1. Change in reserve for deferred maternity and other similar benefits are reflected in:
   1.1 Premiums Earned............................................................................................................ [ ]
   1.2 Losses Incurred............................................................................................................ [ ]
   1.3 Not Applicable............................................................................................................ [ ]

2. Indicate amounts received from securities subject to proration for federal tax purposes. Report amounts in whole dollars only:
   2.1 Amount included on Exhibit of Net Investment Income, Line 1.1, Column 2................. $..................
   2.2 Amount included on Exhibit of Net Investment Income, Line 2.1, Column 2.................. $..................
   2.3 Amount included on Exhibit of Net Investment Income, Line 2.11, Column 2............... $..................
   2.4 Amount included on Exhibit of Net Investment Income, Line 2.2, Column 2............... $..................
   2.5 Amount included on Exhibit of Net Investment Income, Line 2.21, Column 2.............. $..................

3. Indicate amounts shown in the Annual Statement for the following items. Report amounts in whole dollars only:
   3.1 Net Investment Income.......................................................... $..................
   3.2 Net realized Capital Gain or (Loss).................................................. $...............}

4.1 The information provided in the Insurance Expense Exhibit will be used by many persons to estimate the allocation of expenses and profit to the various lines of business. Are there any items requiring special comment or explanation? Yes [ ] No [ ]

4.2 Are items allocated to lines of business in Parts II and III using methods not defined in the instructions? Yes [ ] No [ ]

4.3 If yes, explain:........................................................................................................

Regulator Use Only
<table>
<thead>
<tr>
<th>Operating Expense Classifications</th>
<th>1 Loss Adjustment Expense</th>
<th>2 Acquisition, Field Supervision and Collection Expenses</th>
<th>3 General Expenses</th>
<th>4 Taxes, Licenses and Fees</th>
<th>5 Investment Expenses</th>
<th>6 Total Expenses</th>
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**DETAILS OF WRITE-INS**

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**DETAILS OF WRITE-INS**

| 3301. | XXX | 1000 |
| 3308. | XXX | 1000 |
| 3398. | XXX | 1000 |
| 3399. | XXX | 1000 |

**PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS AND PERCENTAGES TO PREMIUMS EARNED FOR BUSINESS NET OF REINSURANCE (000 OMITTED)**
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Total Profit or Loss</th>
<th>Commission and Brokerage Expenses Incurred (IEE Pt. 1, Line 2, Col. 2)</th>
<th>Taxes, Licenses &amp; Fees Incurred (IEE Pt. 1, Line 20, Col. 4)</th>
<th>Other Acquisitions, Field Supervision, and Collection Expenses Incurred (IEE Pt. 1, Line 25 minus 2.0 Col. 21)</th>
<th>General Expenses Incurred (IEE Pt. 1, Line 25, Col. 3)</th>
<th>Other Income Loss</th>
<th>Pre-Tax Profit or Loss Excluding All Investment Gain</th>
<th>Investment Gain on Funds Attributable to Insurance Transactions</th>
<th>Profit or Loss Excluding Investment Gain Attributable to Capital and Surplus</th>
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Details of write-ins

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3303
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3399
3399

NOTE: THE ALLOCATION OF INVESTMENT INCOME FROM CAPITAL AND SURPLUS BY LINE OF BUSINESS MAY NOT ACCURATELY REFLECT THE PROFITABILITY OF A PARTICULAR LINE FOR USE IN THE RATE MAKING PROCESS.
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<th>Dividends to Policyholders</th>
<th>Defense and Cost Containment Expenses Incurred</th>
<th>Adjusting and Other Expenses Incurred</th>
<th>Unpaid Losses</th>
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<td>28. Credit</td>
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<td>29. Reinsurance</td>
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<td>37. Aggregate write-ins for Other Lines of Business</td>
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<tr>
<td>38. TOTALS (Lines 1 through 33)</td>
<td>XXX</td>
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**DETAILS OF WRITE-INS**

| 3301 | XXX | 100.0 |
| 3302 | XXX | 100.0 |
| 3303 | XXX | 100.0 |

**Summary of remaining write-ins for Line 33 from overflow page**

| 3399 | XXX | 100.0 |

**TOTALS (Lines 3301 thru 3303 plus 3399) (Line 33 above)**

| 3399 | XXX | 100.0 |
### PART III – ALLOCATION TO LINES OF DIRECT BUSINESS WRITTEN (continued)

PREMIUMS, LOSSES, EXPENSES, RESERVES AND PROFITS, AND PERCENTAGES TO PREMIUMS EARNED FOR DIRECT BUSINESS WRITTEN

(000 OMITTED)

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<th>Details of Write-Ins</th>
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<tr>
<td>3301</td>
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<td>3302</td>
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<tr>
<td>3303</td>
</tr>
<tr>
<td>3398</td>
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<tr>
<td>3399</td>
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<td><strong>TOTAL</strong> (Lines 3 through 33)</td>
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<table>
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<tr>
<th>Amount</th>
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<td>34</td>
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**Commission and Brokerage Expenses Incurred**

**Taxes, Licenses & Fees Incurred**

**Other Acquisitions, Field Supervision, and Collection Expenses Incurred**

**General Expenses Incurred**

**Other Income Loss**

**Other Expenses**

**Pre-Tax Profit or Loss Excluding All Investment**

1. Fire
2. Allied Lines
3. Multiple Peril Crop
4. Federal Flood
5. Homeowners Multiple Peril
6. Commercial Multiple Peril (Non-Liability Portion)
7. Commercial Multiple Peril (Liability Portion)
8. Mortgage Guaranty
9. Ocean Marine
10. Financial Guaranty
11. Medical Malpractice
12. Earthquake
13. Group A&H (See Interrogatory 1)
14. Credit A&H (See Interrogatory 2)
15. Other A&H (See Interrogatory 1)
16. Workers' Compensation
17. Other Liability
18. Products Liability
19. Private Passenger Auto Liability
20. Commercial Auto Liability
21. Private Passenger Auto Physical Damage
22. Commercial Auto Physical Damage
23. Aircraft (all perils)
24. Fidelity
25. Surety
26. Burglary and Theft
27. Boiler and Machinery
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29. International
30. Aggregate write-ins for Other Lines of Business
31. TOTAL **(Lines 3 through 33)**
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