



ANNUAL STATEMENT

For the Year Ended December 31, 2018
of the Condition and Affairs of the
Czech Catholic Union

NAIC Group Code.....	0, 0	NAIC Company Code.....	56324	Employer's ID Number.....	34-0105780
(Current Period) (Prior Period)					
Organized under the Laws of OH	State of Domicile or Port of Entry OH		Country of Domicile US		
Incorporated/Organized.....	February 21, 1905	Commenced Business.....		February 21, 1905	
Statutory Home Office	5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>				
Main Administrative Office	5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>			216-341-0444 <i>(Area Code) (Telephone Number)</i>	
Mail Address	5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>				
Primary Location of Books and Records	5349 Dolloff Road .. Cleveland .. Oh .. US .. 44127 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>			216-341-0444 <i>(Area Code) (Telephone Number)</i>	
Internet Web Site Address	WWW.CZECHCCU.ORG				
Statutory Statement Contact	Theresa Ann Aveni <i>(Name)</i> theresa@czechccu.org <i>(E-Mail Address)</i>			216-341-0444 <i>(Area Code) (Telephone Number) (Extension)</i> 216-341-0711 <i>(Fax Number)</i>	

OFFICERS

Name	Title	Name	Title
1. Theresa Aveni #	President	2. Jane Milczewski	Secretary
3. Audrey Schmidt	Vice President	4.	
OTHER			
Robert Cermak	Past President	Joseph Kocab	Past President
Karla Mahoney	Director	Cindy Kveton	Director
Maryann Langevin	Director	Richard Prospal	Director
Anita Schafer	Director		

DIRECTORS OR TRUSTEES

State of.....
County of.....

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

(Signature) Theresa Aveni	(Signature) Jane Milczewski	(Signature) Audrey Schmidt
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Vice President
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2019

a. Is this an original filing? Yes [X] No []
b. If no
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____



LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		24,148
2. Annuity considerations.....		617,085
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		641,233
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		34,754
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		34,754
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		34,754
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		241,447
10. Matured endowments.....		
11. Annuity benefits.....		1,997,824
12. Surrender values and withdrawals for life contracts.....		41,864
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		2,281,135

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	4		27,405
17. Incurred during current year.....	15		27,789
Settled during current year:			
18.1 By payment in full.....	4		27,405
18.2 By payment on compromised claims.....			
18.3 Total paid.....	4		27,405
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	4		27,405
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	15		27,789
POLICY EXHIBIT			
20. In force December 31, prior year.....	3,562		18,526,534
21. Issued during year.....	23		96,400
22. Other changes to in force (net).....	(90)		(240,878)
23. In force December 31, current year.....	3,495		18,382,056

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		7,000
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		7,000
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		2,344
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		2,344
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		2,344
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		25,757
10. Matured endowments.....		
11. Annuity benefits.....		12,090
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		37,847
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		222	1,227,768
21. Issued during year.....			
22. Other changes to in force (net).....		(5)	(5,987)
23. In force December 31, current year.....		217	1,221,781

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		2,590
2. Annuity considerations.....		167,677
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		170,267
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		6,535
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		6,535
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		6,535
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		96,411
10. Matured endowments.....		
11. Annuity benefits.....		2,000
12. Surrender values and withdrawals for life contracts.....		15,631
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		114,042
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....		3	3,329
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		3	3,329
POLICY EXHIBIT			
20. In force December 31, prior year.....		642	3,292,314
21. Issued during year.....		5	13,000
22. Other changes to in force (net).....		(30)	(111,681)
23. In force December 31, current year.....		617	3,193,633

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....			
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....		0	0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	0	0	0	0	0
26. Totals (Line 24 + 25.7).....	0	0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		1,849
2. Annuity considerations.....		4,600
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		6,449
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		818
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		818
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		818
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		2,200
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		2,200
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		78	420,374
21. Issued during year.....		2	20,000
22. Other changes to in force (net).....			2,874
23. In force December 31, current year.....		80	443,248

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		405
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		405
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		1,142
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		1,142
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		1,142
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		905
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		905
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		87	547,428
21. Issued during year.....			
22. Other changes to in force (net).....		(1)	3,379
23. In force December 31, current year.....		86	550,807

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		31
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		31
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		1,976
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		1,976
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		1,976
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		25,226
10. Matured endowments.....		
11. Annuity benefits.....		39,595
12. Surrender values and withdrawals for life contracts.....		1,326
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		66,147
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....		1	500
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		1	500
POLICY EXHIBIT			
20. In force December 31, prior year.....		226	1,070,335
21. Issued during year.....			
22. Other changes to in force (net).....		(8)	(20,394)
23. In force December 31, current year.....		218	1,049,941

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		1,737
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		1,737
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		1,737
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		23,346
10. Matured endowments.....		
11. Annuity benefits.....		700
12. Surrender values and withdrawals for life contracts.....		1,558
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		25,604

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		135	991,287
21. Issued during year.....			
22. Other changes to in force (net).....		(6)	(29,767)
23. In force December 31, current year.....		129	961,520

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		377
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		377
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		952
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		952
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		952
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		1,000
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		1,000
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		95	408,105
21. Issued during year.....			
22. Other changes to in force (net).....			3,161
23. In force December 31, current year.....		95	411,266

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		18,896
2. Annuity considerations.....		437,808
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		456,704
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		17,910
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		17,910
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		17,910
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		70,707
10. Matured endowments.....		
11. Annuity benefits.....		1,940,238
12. Surrender values and withdrawals for life contracts.....		21,209
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		2,032,154
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		4	27,405
17. Incurred during current year.....		11	23,960
Settled during current year:			
18.1 By payment in full.....		4	27,405
18.2 By payment on compromised claims.....			
18.3 Total paid.....		4	27,405
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		4	27,405
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		11	23,960
POLICY EXHIBIT			
20. In force December 31, prior year.....		1,934	9,847,929
21. Issued during year.....		16	63,400
22. Other changes to in force (net).....		(39)	(84,625)
23. In force December 31, current year.....		1,911	9,826,704

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		1,020
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		1,020
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		1,020
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		112	488,281
21. Issued during year.....			
22. Other changes to in force (net).....			3,198
23. In force December 31, current year.....		112	491,479

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code.....0 NAIC Society Code.....56324

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		320
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		320
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		320
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		1,235
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		1,235
DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 through 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		31	232,713
21. Issued during year.....			
22. Other changes to in force (net).....		(1)	(1,036)
23. In force December 31, current year.....		30	231,677

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	112,961
2. Current year's realized pre-tax capital gains/(losses) of \$.....(25,640) transferred into the reserve net of taxes of \$.....0.....	(25,640)
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	87,321
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	11,470
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	75,851

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2018.....	11,600	(130)		11,470
2. 2019.....	10,236	(291)		9,945
3. 2020.....	9,473	(416)		9,057
4. 2021.....	9,156	(544)		8,612
5. 2022.....	9,050	(606)		8,444
6. 2023.....	8,597	(699)		7,898
7. 2024.....	7,896	(1,098)		6,798
8. 2025.....	7,261	(1,723)		5,538
9. 2026.....	6,539	(2,387)		4,152
10. 2027.....	5,528	(3,072)		2,456
11. 2028.....	5,020	(3,844)		1,176
12. 2029.....	5,049	(3,798)		1,251
13. 2030.....	4,846	(3,048)		1,798
14. 2031.....	4,395	(2,204)		2,191
15. 2032.....	3,776	(1,313)		2,463
16. 2033.....	3,007	(469)		2,538
17. 2034.....	2,096			2,096
18. 2035.....	1,260			1,260
19. 2036.....	584			584
20. 2037.....	64			64
21. 2038.....	(328)			(328)
22. 2039.....	(571)			(571)
23. 2040.....	(558)			(558)
24. 2041.....	(436)			(436)
25. 2042.....	(320)			(320)
26. 2043.....	(209)			(209)
27. 2044.....	(55)			(55)
28. 2045.....				0
29. 2046.....				0
30. 2047.....				0
31. 2048 and Later.....				0
32. Total (Lines 1 to 31).....	112,956	(25,640)	0	87,316

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	273,860		273,860	56,251	3,253	59,504	333,364
2. Realized capital gains/(losses) net of taxes - General Account.....			0	4,096		4,096	4,096
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0	(48,635)		(48,635)	(48,635)
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	80,215		80,215			0	80,215
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	354,075	0	354,075	11,712	3,253	14,965	369,040
9. Maximum reserve.....	326,235		326,235	47,313	3,095	50,409	376,643
10. Reserve objective.....	218,708		218,708	47,313	3,095	50,409	269,117
11. 20% of (Line 10 minus Line 8).....	(27,073)	0	(27,073)	7,120	(32)	7,089	(19,985)
12. Balance before transfers (Lines 8 + 11).....	327,002	0	327,002	18,832	3,221	22,054	349,056
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	(767)		(767)	28,481	(127)	28,354	27,587
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	326,235	0	326,235	47,313	3,094	50,408	376,643

ASSET VALUATION RESERVE
Basic Contribution, Reserve Objective and Maximum Reserve Calculations
Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	15,000	XXX	XXX	15,000	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	5,076,644	XXX	XXX	5,076,644	0.0004	2,031	0.0023	11,676	0.0030	15,230
3	2	High quality.....	9,063,876	XXX	XXX	9,063,876	0.0019	17,221	0.0058	52,570	0.0090	81,575
4	3	Medium quality.....	1,950,792	XXX	XXX	1,950,792	0.0093	18,142	0.0230	44,868	0.0340	66,327
5	4	Low quality.....	781,957	XXX	XXX	781,957	0.0213	16,656	0.0530	41,444	0.0750	58,647
6	5	Lower quality.....	599,196	XXX	XXX	599,196	0.0432	25,885	0.1100	65,912	0.1700	101,863
7	6	In or near default.....	7,589	XXX	XXX	7,589	0.0000	0	0.2000	1,518	0.2000	1,518
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8).....	17,495,054	XXX	XXX	17,495,054	XXX	79,935	XXX	217,988	XXX	325,160
		PREFERRED STOCKS										
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....	25,000	XXX	XXX	25,000	0.0019	48	0.0058	145	0.0090	225
12	3	Medium quality.....	25,000	XXX	XXX	25,000	0.0093	233	0.0230	575	0.0340	850
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	50,000	XXX	XXX	50,000	XXX	280	XXX	720	XXX	1,075
		SHORT-TERM BONDS										
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	17,545,054	XXX	XXX	17,545,054	XXX	80,215	XXX	218,708	XXX	326,235

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
28		MORTGAGE LOANS										
		In good standing:										
	35	Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
	36	Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
	37	Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
	38	Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
	39	Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
	40	Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
	41	Residential mortgages-all other.....			XXX.....	0	0.0013	0	0.0030	0	0.0040	0
	42	Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
	43	Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
	44	Commercial mortgages-all other - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
	45	Commercial mortgages-all other - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
	46	Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
	47	Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, not in process:										
	48	Farm mortgages.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
	49	Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
	50	Residential mortgages-all other.....			XXX.....	0	0.0025	0	0.0058	0	0.0090	0
	51	Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
	52	Commercial mortgages-all other.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
	53	Farm mortgages.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
	54	Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
	55	Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0130	0	0.0130	0
	56	Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
	57	Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
	58	Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
	59	Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	0
	60	Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated public.....	295,708	XXX	XXX	295,708	0.0000	0	(a).....0.1600	47,313	(a).....0.1600	47,313
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated Investment Subsidiary:												
5		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
6		Fixed income highest quality.....				0	XXX		XXX		XXX	
7		Fixed income high quality.....				0	XXX		XXX		XXX	
8		Fixed income medium quality.....				0	XXX		XXX		XXX	
9		Fixed income low quality.....				0	XXX		XXX		XXX	
10		Fixed income lower quality.....				0	XXX		XXX		XXX	
11		Fixed income in or near default.....				0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	295,708	0	0	295,708	XXX	0	XXX	47,313	XXX	47,313
REAL ESTATE												
18		Home office property (General Account only).....	41,272			41,272	0.0000	0	0.0750	3,095	0.0750	3,095
19		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	41,272	0	0	41,272	XXX	0	XXX	3,095	XXX	3,095
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
30		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
	38	Mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
	39	Mortgages - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
	40	Mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
	41	Mortgages - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
	42	Mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
	43	Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
	44	Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
	45	Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
	46	Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
	47	Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
	48	Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
	49	Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
	50	Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure Affiliated:										
	51	Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
	52	Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
	53	Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
	54	Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
	55	Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
	56	Total Affiliated (Sum of Lines 38 through 55).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	57	Unaffiliated - In Good Standing with Covenants.....			XXX	0	(c).....	0	(c).....	0	(c).....	0
	58	Unaffiliated - In Good Standing Defeased with Government Securities.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
	59	Unaffiliated - In Good Standing Primarily Senior.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
	60	Unaffiliated - In Good Standing All Other.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
	61	Unaffiliated - Overdue, Not in Process.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
	62	Unaffiliated - In Process of Foreclosure.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
	63	Total Unaffiliated (Sum of Lines 57 through 62).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	64	Total with Mortgage Loan Characteristics (Lines 56 + 63).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....	0	(a).....	0
66		Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
67		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
68		Affiliated certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
69		Affiliated other - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	0	XXX.....	XXX.....	0	...XXX.....	0	...XXX.....	0	...XXX.....	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only).....				0	0.0000	0	0.0750	0	0.0750	0
72		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
73		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73).....	0			0	...XXX.....	0	...XXX.....	0	...XXX.....	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
77		Guaranteed state low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed state low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
79		All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79).....	0	0	0	0	...XXX.....	0	...XXX.....	0	...XXX.....	0
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments.....		XXX.....		0	0.0000	0	0.0037	0	0.0037	0
82		NAIC 2 working capital finance investments.....		XXX.....		0	0.0000	0	0.0120	0	0.0120	0
83		Other invested assets - Schedule BA.....		XXX.....		0	0.0000	0	0.1300	0	0.1300	0
84		Other short-term invested assets - Schedule DA.....		XXX.....		0	0.0000	0	0.1300	0	0.1300	0
85		Total All Other (sum of Lines 81, 82, 83 and 84).....	0	...XXX.....	0	0	...XXX.....	0	...XXX.....	0	...XXX.....	0
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....	0	0	0	0	...XXX.....	0	...XXX.....	0	...XXX.....	0

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ASSET VALUATION RESERVE (continued)

Basic Contributions, Reserve Objective and Maximum Reserve Calculations

Replications (Synthetic) Assets

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve

NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted

NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Collectively Renewable		Other Individual Contracts									
					Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written.....	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned.....	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a).....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 through1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES							
A. Premium Reserves:							
1. Unearned premiums.....	0						
2. Advance premiums.....	0						
3. Reserve for rate credits.....	0						
4. Total premium reserves, current year.....	0		0	0	0	0	0
5. Total premium reserves, prior year.....	0						
6. Increase in total premium reserves.....	0		0	0	0	0	0
B. Contract Reserves:							
1. Additional reserves (a).....	0						
2. Reserve for future contingent benefits.....	0						
3. Total contract reserves, current year.....	0	0	0	0	0	0	0
4. Total contract reserves, prior year.....	0						
5. Increase in contract reserves.....	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:							
1. Total current year.....	0	0	0	0	0	0	0
2. Total prior year.....	0						
3. Increase.....	0	0	0	0	0	0	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:							
1.1 On claims incurred prior to current year.....	0						
1.2 On claims incurred during current year.....	0						
2. Claim Reserves and Liabilities, December 31, Current Year:							
2.1 On claims incurred prior to current year.....	0						
2.2 On claims incurred during current year.....	0						
3. Test:							
3.1 Line 1.1 plus 2.1.....	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	0						
3.3 Line 3.1 minus Line 3.2.....	0	0	0	0	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:							
1. Premiums written.....	0						
2. Premiums earned.....	0						
3. Incurred claims.....	0						
4. Commissions.....	0						
B. Reinsurance Ceded:							
1. Premiums written.....	0						
2. Premiums earned.....	0						
3. Incurred claims.....	0						
4. Commissions.....	0						

(a) Includes \$.0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....				0
2. Beginning claim reserves and liabilities.....				0
3. Ending claim reserves and liabilities.....				0
4. Claims paid.....	0	0	0	0
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....				0
10. Beginning claim reserves and liabilities.....				0
11. Ending claim reserves and liabilities.....				0
12. Claims paid.....	0	0	0	0
D. Net:				
13. Incurred claims.....	0	0	0	0
14. Beginning claim reserves and liabilities.....	0	0	0	0
15. Ending claim reserves and liabilities.....	0	0	0	0
16. Claims paid.....	0	0	0	0
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....				0
18. Beginning reserves and liabilities.....				0
19. Ending reserves and liabilities.....				0
20. Paid claims and cost containment expenses.....	0	0	0	0

NONE

SCHEDULE S - PART 1 - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses

NONE

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	06/17/1995	OPTIMUM REINSURANCE COMPANY	TX.....	YRT/I.....		82,500			387				
0899999.	Total - General Account - Authorized - Non-Affiliates.....						82,500	0	0	387	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						82,500	0	0	387	0	0	0	0
1199999.	Total - General Account - Authorized.....						82,500	0	0	387	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						82,500	0	0	387	0	0	0	0
6999999.	Total U.S.....						82,500	0	0	387	0	0	0	0
9999999.	Total.....						82,500	0	0	387	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		

NONE

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8

NONE

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domi- ciliary Juris- diction	Certi- fied Rein- surer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 OMITTED)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....					
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....					
4. Surrender benefits and withdrawals for life contracts.....					
5. Refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	18,203,496		18,203,496
2. Reinsurance (Line 16).....			0
3. Premiums and considerations (Line 15).....	436		436
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (balance).....	225,579		225,579
6. Total assets excluding Separate Accounts (Line 26).....	18,429,511	0	18,429,511
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	18,429,511	0	18,429,511
LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	14,818,994		14,818,994
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	51,919		51,919
12. Member refunds/reserves (Lines 5 through 6).....	35,000		35,000
13. Premium & annuity considerations received in advance (Line 7).....			0
14. Other contract liabilities (Line 8).....	75,851		75,851
15. Reinsurance in unauthorized companies (Line 21.2 minus inset amount).....			0
16. Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 21.2 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 21.3 inset amount)....			0
19. All other liabilities (balance).....	489,635		489,635
20. Total liabilities excluding Separate Accounts (Line 23).....	15,471,399	0	15,471,399
21. Separate Account liabilities (Line 24).....			0
22. Total liabilities (Line 25).....	15,471,399	0	15,471,399
23. Capital & surplus (Line 30).....	2,958,112	XXX	2,958,112
24. Total liabilities, capital & surplus (Line 31).....	18,429,511	0	18,429,511
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	0		
26. Claim reserves.....	0		
27. Member refunds/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	0		
34. Premiums and considerations.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	0		
41. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

States, Etc.		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama.....AL					0
2.	Alaska.....AK					0
3.	Arizona.....AZ					0
4.	Arkansas.....AR					0
5.	California.....CA					0
6.	Colorado.....CO					0
7.	Connecticut.....CT					0
8.	Delaware.....DE					0
9.	District of Columbia.....DC					0
10.	Florida.....FL					0
11.	Georgia.....GA					0
12.	Hawaii.....HI					0
13.	Idaho.....ID					0
14.	Illinois.....IL	2,590	167,677			170,267
15.	Indiana.....IN					0
16.	Iowa.....IA		7,000			7,000
17.	Kansas.....KS					0
18.	Kentucky.....KY					0
19.	Louisiana.....LA					0
20.	Maine.....ME					0
21.	Maryland.....MD					0
22.	Massachusetts.....MA					0
23.	Michigan.....MI	1,849	4,600			6,449
24.	Minnesota.....MN	405				405
25.	Mississippi.....MS					0
26.	Missouri.....MO	31				31
27.	Montana.....MT					0
28.	Nebraska.....NE					0
29.	Nevada.....NV					0
30.	New Hampshire.....NH					0
31.	New Jersey.....NJ					0
32.	New Mexico.....NM					0
33.	New York.....NY	377				377
34.	North Carolina.....NC					0
35.	North Dakota.....ND					0
36.	Ohio.....OH	18,896	437,808			456,704
37.	Oklahoma.....OK					0
38.	Oregon.....OR					0
39.	Pennsylvania.....PA					0
40.	Rhode Island.....RI					0
41.	South Carolina.....SC					0
42.	South Dakota.....SD					0
43.	Tennessee.....TN					0
44.	Texas.....TX					0
45.	Utah.....UT					0
46.	Vermont.....VT					0
47.	Virginia.....VA					0
48.	Washington.....WA					0
49.	West Virginia.....WV					0
50.	Wisconsin.....WI					0
51.	Wyoming.....WY					0
52.	American Samoa.....AS					0
53.	Guam.....GU					0
54.	Puerto Rico.....PR					0
55.	US Virgin Islands.....VI					0
56.	Northern Mariana Islands.....MP					0
57.	Canada.....CAN					0
58.	Aggregate Other Alien.....OT					0
59.	Totals.....	24,148	617,085	0	0	641,233

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

NONE

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 state of domicile waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING	
7. Will an audited financial report be filed by June 1?	YES
8. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
9. Will the regulator only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. 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	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
13. Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28. Will the Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
32. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
33. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
34. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
35. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING	
36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
37. Will the Long-Term Care Experience Reporting be filed with the state of domicile and the NAIC by April 1?	NO
38. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
40. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
41. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
42. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
43. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
44. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
45. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
46. Will the Variable Annuities Supplement by filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
47. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- EXPLANATIONS:
1.

2.

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4.

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10. The data for this supplement is not required to be filed.

11. The data for this supplement is not required to be filed.

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13.

14. The data for this supplement is not required to be filed.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

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19. The data for this supplement is not required to be filed.

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28. The data for this supplement is not required to be filed.

29. The data for this supplement is not required to be filed.

30. The data for this supplement is not required to be filed.

31. The data for this supplement is not required to be filed.

32. The data for this supplement is not required to be filed.

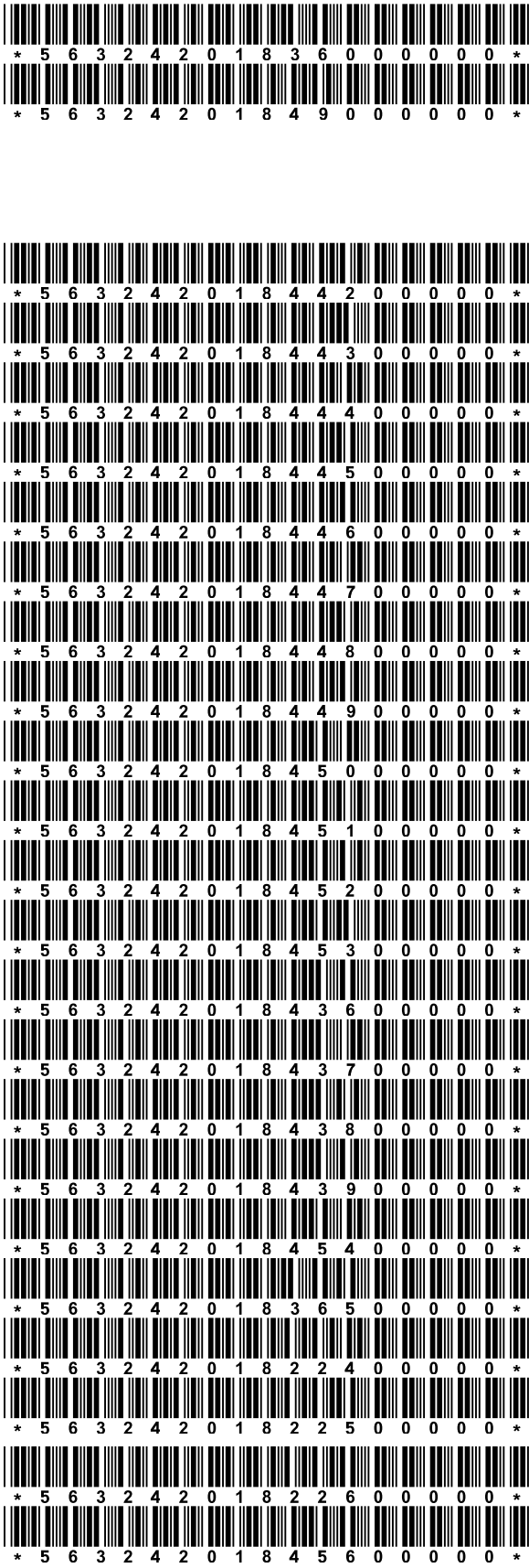
33. The data for this supplement is not required to be filed.

34. The data for this supplement is not required to be filed.

35. The data for this supplement is not required to be filed.

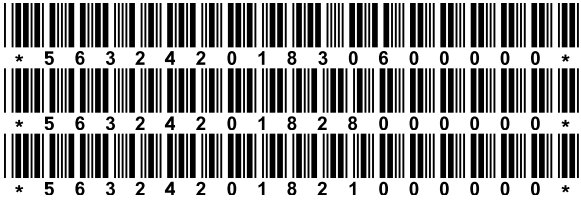
36.

BARCODES:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

37. The data for this supplement is not required to be filed.



38. The data for this supplement is not required to be filed.



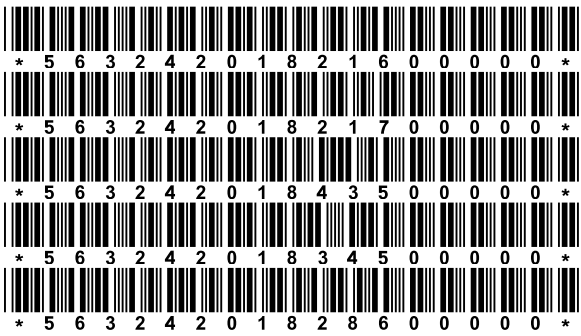
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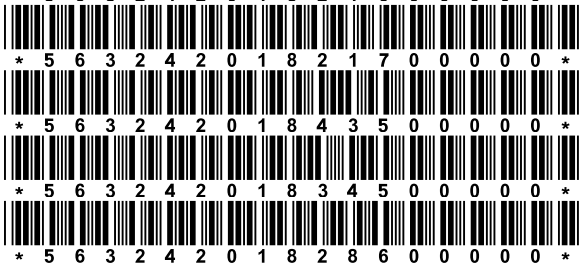
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42. The data for this supplement is not required to be filed.



43. The data for this supplement is not required to be filed.



44. The data for this supplement is not required to be filed.



45. The data for this supplement is not required to be filed.



46. The data for this supplement is not required to be filed.



47.

NONE

Overflow Page for Write-Ins

NONE

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FRATERNAL ANNUAL STATEMENT BLANK

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