

LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

| | | ANNUAL S | TATEMENT | |
|--|--|---|--|--|
| | | | ED DECEMBER 31, 2018 AND AFFAIRS OF THE | |
| | | Cape Ve | rity I, Inc. | |
| NAI | C Group Code | 4734 NAIC Company C | code 15475 Employer's ID | Number46-3465867 |
| Organized under the Laws of | f (Current) | (Prior) wa | _, State of Domicile or Port of Entr | ry IA |
| Country of Domicile | | United State | es of America | |
| Incorporated/Organized | 08/21/2013 | | 27 | 08/23/2013 |
| 1 | 2014 C | | | |
| Statutory Home Office | 215 10th Street (Street and N | | | Des Moines, IA, US 50309 Fown, State, Country and Zip Code) |
| Main Administrative Office | | 215 10th Str | eet Suite 1100 | |
| | Dec Maines 14 US 50000 | | nd Number) | |
| (City o | Des Moines, IA, US 50309 or Town, State, Country and Zip | Code) | _'(Are | 855-887-4487 ea Code) (Telephone Number) |
| Mail Address | 215 10th Street Suite | 1100 | 1000 | |
| | (Street and Number or F | | | Des Moines, IA, US 50309 Fown, State, Country and Zip Code) |
| Primary Location of Books a | nd Records | 215 10th St | reet Suite 1100 | (* _ k _ k |
| | | | nd Number) | |
| (City (| Des Moines, IA, US 50309 or Town, State, Country and Zip | Code) | _'(Are | 855-887-4487 ea Code) (Telephone Number) |
| Internet Website Address | | 100000A | () * () () () () () () () () (| |
| | and the second s | | N/A | |
| Statutory Statement Contact | Tonya F | lachelle Maxwell (Name) | | 515-393-3725 (Area Code) (Telephone Number) |
| | tonya.maxwell@gafg.com (E-mail Address) | (Hume) | Reserved | (Area Code) (Telephone Number) |
| | Robert Micha | | Vice President, Chief Actuary, Appointed Actuary, and Valuation Actuary Chief Financial Officer and | David Eberhart Neve |
| President | David Pau | I Wilken | Treasurer | John Joseph Fowler |
| Philip William Sherr | ill, Senior Vice President | | HER Vice President and Secretary | Mauraan Union Unionen Ossion Vice Desident |
| Kurt William Bernlohr, V | /ice President and Assistant | 100020000000000000 | a an ann an tha an tha an tha an | Maureen Helen Henderson, Senior Vice President |
| 56 | cretary | Tonya Rachelle M | axwell, Vice President | |
| Robert Mic | chael Arena Jr. | | OR TRUSTEES | |
| | Paul Wilken | Hanbe | n Kim Lee | Gilles Maurice Dellaert |
| | | | | |
| State of | lowa | SS: | | |
| County of | Polk | | | |
| an of the herein described a statement, together with rela condition and affairs of the s in accordance with the NAIC rules or regulations require respectively. Furthermore, t | issers were the absolute proper ted exhibits, schedules and expl aid reporting entity as of the rep > Annual Statement Instructions differences in reporting not n he scope of this attestation by t | ty of the said reporting entit anations therein contained, orting period stated above, a and Accounting Practices a elated to accounting practi- he described officers also in | ty, free and clear from any liens of annexed or referred to, is a full an and of its income and deductions the and Procedures manual except to ces and procedures, according to cludes the related corresponding. | ting entity, and that on the reporting period stated above or claims thereon, except as herein stated, and that thi d true statement of all the assets and liabilities and of th herefrom for the period ended, and have been complete the extent that: (1) state law may differ; or, (2) that stat to the best of their information, knowledge and belie electronic filing with the NAIC, when required, that is a be requested by various regulators in lieu of or in additio |
| 2-01 | 1. 201 | Æ | | $\overline{)}$ |
| Viil F | with | _ 6 | ~ | mh |
| David Paul Preside | | | nillip Silber ident and Secretary | John Joseph Fowler Chief Financial Officer and Treasurer |

- a. Is this an original filing?
 b. If no,
 1. State the amendment number...
 2. Date filed
 3. Number of pages attached

2019 sworn to before me day of 9 ynthia iene Grigl - 4. ON RIAL CYNTHIA S. GRIGLIONE COMMISSION NO. 223359 MY COMMISSION EXPIRES 11 - 5 - 20 SEAL . AWOL

| | AS | SEIS | | | | |
|-------|--|----------------|--------------------|--------------------------|-------------------|--|
| | _ | | Current Year | | Prior Year | |
| | | 1 | 2 | 3 Net Admitted Assets | 4 Net Admitted | |
| | | Assets | Nonadmitted Assets | (Cols. 1 - 2) | Assets | |
| 1. | Bonds (Schedule D) | | | | | |
| 2. | Stocks (Schedule D): | | | | | |
| | 2.1 Preferred stocks | | | | | |
| | 2.2 Common stocks | | | | | |
| 3. | Mortgage loans on real estate (Schedule B): | | | | | |
| 0. | 3.1 First liens | 5 534 282 | | 5 534 282 | 6 1/1 300 | |
| | | | | | | |
| | 3.2 Other than first liens | | | | | |
| 4. | Real estate (Schedule A): | | | | | |
| | 4.1 Properties occupied by the company (less \$ | | | | | |
| | encumbrances) | | | | | |
| | 4.2 Properties held for the production of income (less | | | | | |
| | \$ | | | | | |
| | 4.3 Properties held for sale (less \$ | | | | | |
| | encumbrances) | | | | | |
| 5. | Cash (\$, Schedule E - Part 1), cash equivalents | | | | | |
| | (\$ | | | | | |
| | investments (\$1,990,261 , Schedule DA) | 5 698 768 | | 5 698 768 | 14 360 464 | |
| 6. | Contract loans (including \$, contract loans (including \$ | | | | | |
| - | | | | | | |
| 7. | Derivatives (Schedule DB) | | | | | |
| 8. | Other invested assets (Schedule BA) | | | | | |
| 9. | Receivables for securities | | | | | |
| 10. | Securities lending reinvested collateral assets (Schedule DL) | | | | | |
| 11. | Aggregate write-ins for invested assets | | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | | | | | |
| 13. | Title plants less \$ charged off (for Title insurers | | | | | |
| | only) | | | | | |
| 14. | Investment income due and accrued | | | | | |
| 15. | Premiums and considerations: | , , | | | , , | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection. | | | | | |
| | 15.2 Deferred premiums and agents' balances and installments booked but | | | | | |
| | | | | | | |
| | deferred and not yet due (including \$ | | | | | |
| | earned but unbilled premiums) | | | | | |
| | 15.3 Accrued retrospective premiums (\$ | | | | | |
| | contracts subject to redetermination (\$) | | | | | |
| 16. | Reinsurance: | | | | | |
| | 16.1 Amounts recoverable from reinsurers | | | | | |
| | 16.2 Funds held by or deposited with reinsured companies | | | | | |
| | 16.3 Other amounts receivable under reinsurance contracts | | | | | |
| 17. | Amounts receivable relating to uninsured plans | | | | | |
| 18 1 | Current federal and foreign income tax recoverable and interest thereon | | | | | |
| | Net deferred tax asset | | | | | |
| 19. | Guaranty funds receivable or on deposit | | | | | |
| | | | | | | |
| 20. | Electronic data processing equipment and software | | | | | |
| 21. | Furniture and equipment, including health care delivery assets | | | | | |
| | (\$ | | | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | | | |
| 24. | Health care (\$ | | | | | |
| 25. | Aggregate write-ins for other than invested assets | | | | | |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and | | 100 000 000 | 4 404 005 | | |
| | Protected Cell Accounts (Lines 12 to 25) | 1,546,535,616 | | 1,424,265,586 | 1,347,528,931 | |
| 27. | | | | | | |
| | Accounts | | 100 070 000 | 1 424 265 596 | 1 947 500 004 | |
| 28. | Total (Lines 26 and 27) | 1,546,535,616 | 122,270,030 | 1,424,265,586 | 1,347,528,931 | |
| | DETAILS OF WRITE-INS | | | | | |
| 1101. | | | | | | |
| 1102. | | | | | | |
| 1103. | | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | | |
| 1199. | Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | | | | | |
| 2501. | Contingent Note | | | | | |
| 2502. | | | | , , | | |
| 2502. | | | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | | |
| | | 531,828,546 | | 531,828,546 | 504 000 770 | |
| 2599. | Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | JJ I, 028, 340 | 1 | 331,828,348 | 504,983,773 | |

ASSETS

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | 1 Current Year | 2 Prior Year |
|------------|--|-------------------|-----------------|
| 1. | Aggregate reserve for life contracts \$1,318,757,706 (Exh. 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve) | | 1,263,535,744 |
| 2. | Aggregate reserve for accident and health contracts (including \$ Modco Reserve) | | |
| 3. | Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve) | | |
| 4. | Contract claims: | | |
| | 4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11) | | |
| _ | 4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11) | | |
| 5. | Policyholders' dividends \$ | | |
| 0 | Line 10) | | |
| 6. | Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts: | | |
| | 6.1 Dividends apportioned for payment (including \$ Modco) | | |
| | 6.2 Dividends not yet apportioned (including \$ Modco) | | |
| 7 | 6.3 Coupons and similar benefits (including \$ Modco) | | |
| 7. | Amount provisionally held for deferred dividend policies not included in Line 6 | | |
| 8. | Premiums and annuity considerations for life and accident and health contracts received in advance less | | |
| | discount; including accident and health premiums (Exhibit 1, | | |
| 9. | Part 1, Col. 1, sum of lines 4 and 14) Contract liabilities not included elsewhere: | | |
| 9. | 9.1 Surrender values on canceled contracts | | |
| | 9.2 Provision for experience rating refunds, including the liability of \$ accident and health | | |
| | experience rating refunds of which \$ is for medical loss ratio rebate per the Public Health | | |
| | Service Act | | |
| | 9.3 Other amounts payable on reinsurance, including \$ | | |
| | | | 6 01F 670 |
| | ceded | 5,405,118 | 0,815,0/9 |
| 10 | 9.4 Interest maintenance reserve (IMR, Line 6) | | |
| 10. | Commissions to agents due or accrued-life and annuity contracts \$accident and health \$and deposit-type contract funds \$ | | |
| 11. | Commissions and expense allowances payable on reinsurance assumed | E70 000 | 660 AF0 |
| 11. 12. | General expenses due or accrued (Exhibit 2, Line 12, Col. 6) | | |
| | Transfers to Separate Accounts due or accrued (net) (including accrued for expense accrued for expense | | |
| 13. | allowances recognized in reserves, net of reinsured allowances) | | |
| 14. | Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5) | | |
| | Current federal and foreign income taxes, including success includ | | |
| | Net deferred tax liability | | |
| 16. | | | |
| | Unearned investment income | | |
| 17. | Amounts withheld or retained by company as agent or trustee | | |
| 18. 19. | | | |
| 19. 20. | Remittances and items not allocated Net adjustment in assets and liabilities due to foreign exchange rates | | |
| 20. 21. | Liability for benefits for employees and agents if not included above | | |
| 21. | Borrowed money \$ and interest thereon \$ | | |
| 23. | Dividends to stockholders declared and unpaid | | |
| 23. 24. | Miscellaneous liabilities: | | |
| 24. | 24.01 Asset valuation reserve (AVR, Line 16, Col. 7) | 4 425 706 | 3 202 462 |
| | 24.02 Reinsurance in unauthorized and certified (\$) companies) | | |
| | 24.02 Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers) reinsurers | | |
| | 24.04 Payable to parent, subsidiaries and affiliates | | |
| | 24.05 Drafts outstanding | | |
| | | | |
| | | | |
| | 24.08 Derivatives | | |
| | 24.09 Payable for securities | | |
| | 24.10 Payable for securities lending | | |
| | 24.11 Capital notes \$ and interest thereon \$ | | |
| 25. | Aggregate write-ins for liabilities | | |
| | Total liabilities excluding Separate Accounts business (Lines 1 to 25) | 1,348,639,017 | 1,294,568,489 |
| | From Separate Accounts Statement | | |
| 27. 28. | Total liabilities (Lines 26 and 27) | 1,348,639,017 | 1,294,568,489 |
| 20. 29. | | | |
| 29. 30. | | , , | 2,500,000 |
| 30. 31. | Preferred capital stock | | |
| 31. 32. | | | |
| 32. 33. | Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) | 66 500 000 | 66 500 000 |
| 33. 34. | Aggregate write-ins for special surplus funds | | |
| 34. 35. | Unassigned funds (surplus) | | |
| 35. 36. | Less treasury stock, at cost: | | |
| 50. | 36.1 shares common (value included in Line 29 \$) | | |
| | 36.2 shares common (value included in Line 29.5) | | |
| 37 | Surplus (Total Lines 31+32+33+34+35-36) (including \$ | 73, 126, 569 | 50,460,442 |
| | Totals of Lines 29, 30 and 37 (Page 4, Line 55) | 73,120,509 | 52,960,442 |
| | Totals of Lines 28, 30 and 37 (Page 4, Line 55) | 1,424,265,586 | 52,960,442 |
| JJ. | | 1,424,200,000 | 1,047,028,931 |
| 504 | DETAILS OF WRITE-INS | | |
| 501. | | | |
| 502. | | | |
| 503. | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | |
| 599. | Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | | |
| 101. | • | | |
| 102. | | | |
| 103. | | | |
| 198. | Summary of remaining write-ins for Line 31 from overflow page | | |
| 199. | Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above) | 531,828,545 | 504,983,773 |
| 401. | | | |
| 402. | | | |
| 8403. | | | |
| 498. | Summary of remaining write-ins for Line 34 from overflow page | | |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | |

SUMMARY OF OPERATIONS

| | | 1 Current Year | 2 Prior Year |
|------------|---|-------------------|-----------------------|
| 1. | Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11) | | |
| 2. 3. | Considerations for supplementary contracts with life contingencies Net investment income (Exhibit of Net Investment Income, Line 17) | | |
| 3. 4. | Amortization of Interest Maintenance Reserve (IMR, Line 5) | | 935.685 |
| 5. | Separate Accounts net gain from operations excluding unrealized gains or losses | | |
| 6. | Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) | | |
| 7. | | | |
| 8. | Miscellaneous Income: 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts | | |
| | 8.2 Charges and fees for deposit-type contracts | | |
| | 8.3 Aggregate write-ins for miscellaneous income | 17,087,169 | 24,915,463 |
| 9. | Total (Lines 1 to 8.3) | 72,167,988 | 80,291,741 |
| 10. | Death benefits | | |
| 11. | Matured endowments (excluding guaranteed annual pure endowments) | | |
| 12. 13. | Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8) Disability benefits and benefits under accident and health contracts | | |
| 14. | Coupons, guaranteed annual pure endowments and similar benefits | | |
| 15. | Surrender benefits and withdrawals for life contracts | | |
| 16. | Group conversions | | |
| 17. | Interest and adjustments on contract or deposit-type contract funds | | |
| 18. | Payments on supplementary contracts with life contingencies | | F0 400 070 |
| 19. | Increase in aggregate reserves for life and accident and health contracts | 55,221,962 | <u>56,163,370</u> |
| 20. 21. | Totals (Lines 10 to 19) Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part | | |
| 22. | 2, Line 31, Col. 1) Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) | | 2.363 159 |
| 22. | General insurance expenses (Exhibit 2, Line 10, Cols. 1, 2, 3 and 4) | | |
| 24. | Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3) | | |
| 25. | Increase in loading on deferred and uncollected premiums | | |
| 26. | Net transfers to or (from) Separate Accounts net of reinsurance. | | |
| 27. | Aggregate write-ins for deductions | 76 102 004 | 70 746 657 |
| 28. 29. | Totals (Lines 20 to 27) Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) | 76,103,004 | 78,746,657 |
| 29. 30. | Dividends to policyholders | (0,900,010) | |
| 31. | Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) | (3,935,016) | 1.545.084 |
| 32. | Federal and foreign income taxes incurred (excluding tax on capital gains) | 3,260,878 | (1,744,751) |
| 33. | Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or | | |
| | (losses) (Line 31 minus Line 32) | (7, 195, 894) | 3,289,835 |
| 34. | Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ | 217,492 | (700.075) |
| 35. | Net income (Line 33 plus Line 34) | (6.978.402) | (780,975) |
| 55. | CAPITAL AND SURPLUS ACCOUNT | (0,370,402) | 2,500,000 |
| 36. | Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) | 52,960,442 | 42,694,365 |
| 37. | Net income (Line 35) | (6,978,402) | 2,508,860 |
| 38. | Change in net unrealized capital gains (losses) less capital gains tax of \$ | | |
| 39. | Change in net unrealized foreign exchange capital gain (loss) | | |
| 40. | Change in net deferred income tax Change in nonadmitted assets | | |
| 41. 42. | Change in honadmitted assets Change in liability for reinsurance in unauthorized and certified companies | | |
| 43. | Change in reserve on account of change in valuation basis, (increase) or decrease | | |
| 44. | Change in asset valuation reserve | | |
| 45. | Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) | | |
| 46. | Surplus (contributed to) withdrawn from Separate Accounts during period | | |
| 47. | Other changes in surplus in Separate Accounts Statement | | |
| 48. 49. | Change in surplus notes Cumulative effect of changes in accounting principles | | |
| 49. 50. | Capital changes: | | |
| 50. | 50.1 Paid in | | |
| | 50.2 Transferred from surplus (Stock Dividend) | | |
| | 50.3 Transferred to surplus | | |
| 51. | | | |
| | 51.1 Paid in | | |
| | | | |
| | | | |
| 52. | Dividends to stockholders | | |
| 53. | Aggregate write-ins for gains and losses in surplus | 30,787,863 | 8,391,022 |
| 54. | Net change in capital and surplus for the year (Lines 37 through 53) | 22,666,128 | 10,266,077 |
| 55. | Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) | 75,626,569 | 52,960,442 |
| 00.00 | DETAILS OF WRITE-INS | 17 007 100 | 04 045 400 |
| | Funds Withheld Miscellaneous Income | | |
| | | | |
| | Summary of remaining write-ins for Line 8.3 from overflow page | | |
| | . Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above) | 17,087,169 | 24,915,463 |
| 2701. | | | |
| | | | |
| | | | |
| | Summary of remaining write-ins for Line 27 from overflow page | | |
| | Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above) Tax Sharing Agreement | 3 0/3 001 | 1 /07 /75 |
| | Contingent Note Surplus | | |
| | Prior Year Surplus Adj | | |
| 5303 | | | |
| | Summary of remaining write-ins for Line 53 from overflow page | | |

CASH FLOW

| | | 1 | 2 |
|---------|---|--------------|---------------|
| | | Current Year | Prior Year |
| | Cash from Operations | | |
| 1. | Premiums collected net of reinsurance | 1,077,620 | 5 , 056 , 593 |
| 2. | Net investment income | | |
| 3. | Miscellaneous income | 23,766,337 | 18,614,210 |
| 4. | Total (Lines 1 through 3) | | 58,308,759 |
| 5. | Benefit and loss related payments | | |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 2,235,987 | 2,380,709 |
| 8. | Dividends paid to policyholders | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | |
| 10. | Total (Lines 5 through 9) | 21,303,143 | 20,914,401 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 41,995,623 | 37,394,358 |
| | | | |
| | Cash from Investments | | |
| 12. | Proceeds from investments sold, matured or repaid: | | |
| | 12.1 Bonds | 76 201 146 | 149 526 481 |
| | 12.2 Stocks | | |
| | 12.3 Mortgage loans | | 3 079 060 |
| | 12.4 Real estate | | |
| | | | |
| | 12.5 Other invested assets | | |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | |
| | 12.7 Miscellaneous proceeds | | |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | | |
| 13. | Cost of investments acquired (long-term only): | | |
| | 13.1 Bonds | | |
| | 13.2 Stocks | | |
| | 13.3 Mortgage loans | | |
| | 13.4 Real estate | | |
| | 13.5 Other invested assets | | |
| | 13.6 Miscellaneous applications | | |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 123,230,648 | 180,671,452 |
| 14. | Net increase (decrease) in contract loans and premium notes | 1,022,172 | 1,733,923 |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (47,518,515) | (29,799,834 |
| | Cash from Financing and Miscellaneous Sources | | |
| 16. | Cash provided (applied): | | |
| | 16.1 Surplus notes, capital notes | | |
| | 16.2 Capital and paid in surplus, less treasury stock | | |
| | 16.3 Borrowed funds | | |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| | | | |
| | 16.5 Dividends to stockholders | | (224,795 |
| 47 | 16.6 Other cash provided (applied) | | |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (3,138,804) | (224,795 |
| | RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (8,661,696) | 7,369,729 |
| 19. | Cash, cash equivalents and short-term investments: | | |
| | 19.1 Beginning of year | 14,360,464 | |
| | 19.2 End of year (Line 18 plus Line 19.1) | 5,698,768 | 14,360,465 |
| | | 0,000,700 | 11,000,400 |
| lote: S | upplemental disclosures of cash flow information for non-cash transactions: | | |
| | | 20.838.390 | 12,400,90 |

| 20.0001. Settled receivable assumed reinsurance obligation | 20,838,390 | 12,400,901 |
|--|-------------|------------|
| 20.0002. Settled payable assumed reinsurance obligation | (1,724,112) | (903,539) |
| | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | | 1 | | | Ordinary | | | Grou | 10 | | Accident and Health | | 12 |
|---------|--|-------------|-----------------|----------------|----------------------|---------------|--------------------|----------------|-----------|-------|---------------------|-------|------------------|
| | | I | 2 | 3 | Ordinary 4 | 5 | 0 | 7 | 1p 8 | 9 | 10 | 11 | Aggregate of All |
| | | | | 3 | 4 | Supplementary | Credit Life (Group | Life Insurance | 0 | 9 | Credit (Group and | 11 | Other Lines of |
| | | Total | Industrial Life | Life Insurance | Individual Annuities | Contracts | and Individual) | (a) | Annuities | Group | Individual) | Other | Business |
| 1. | Premiums and annuity considerations for life and accident and health contracts | | | | | | | | | | | | |
| 2. | Considerations for supplementary contracts with life contingencies | | | | | | | | | | | | |
| | Net investment income | | | | | | | | | | | | |
| 4. | Amortization of Interest Maintenance Reserve (IMR) | | | | | | | | | | | | |
| 5. | Separate Accounts net gain from operations excluding unrealized gains or losses | | | | | | | | | | | | |
| 6. | Commissions and expense allowances on reinsurance ceded | | | | | | | | | | | | |
| 7. | Reserve adjustments on reinsurance ceded | | | | | | | | | | | | |
| 8. | Miscellaneous Income: | | | | | | | | | | | | |
| | 8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts | | | | | | | | | | | | |
| | 8.2 Charges and fees for deposit-type contracts | | | | | | | | | | | | |
| | 8.3 Aggregate write-ins for miscellaneous income | 17,087,169 | | 17,087,169 | | | | | | | | | |
| 9. | Totals (Lines 1 to 8.3) | 72,167,988 | | 72, 167, 988 | | | | | | | | | |
| 10. | Death benefits | | | | | | | | | | | | |
| 11. | Matured endowments (excluding guaranteed annual pure endowments) | | | | | | | | | | | | |
| 12. | Annuity benefits | | | | | | | | | | | | |
| 13. | Disability benefits and benefits under accident and health contracts | | | | | | | | | | | | |
| 14. | Coupons, guaranteed annual pure endowments and similar benefits | | | | | | | | | | | | |
| 15. | Surrender benefits and withdrawals for life contracts | | | | | | | | | | | | |
| 16. | Group conversions | | | | | | | | | | | | |
| 17. | Interest and adjustments on contract or deposit-type contract funds | | | | | | | | | | | | |
| 18. | Payments on supplementary contracts with life contingencies | | | | | | | | | | | | |
| 19. | Increase in aggregate reserves for life and accident and health contracts | 55,221,962 | | 55,221,962 | | | | | | | | | |
| 20. | Totals (Lines 10 to 19) | | | | | | | | | | | | |
| 21. | Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) | | | | | | | | | | | | |
| 22. | Commissions and expense allowances on reinsurance assumed | 2, 147, 212 | | 2, 147, 212 | | | | | | | | | |
| 23. | General insurance expenses | | | 300 | | | | | | | | | |
| 24. | Insurance taxes, licenses and fees, excluding federal income taxes | | | | | | | | | | | | |
| 25. | Increase in loading on deferred and uncollected premiums | | | | | | | | | | | | |
| 26. | Net transfers to or (from) Separate Accounts net of reinsurance | | | | | | | | | | | | |
| 27. | Aggregate write-ins for deductions | 76.103.004 | | 76,103,004 | | | | | | | | | |
| 28. | Totals (Lines 20 to 27) | 76, 103,004 | | 76, 103,004 | | | | | | | | | |
| 29. | Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) | (3,935,016) | | (3,935,016) | | | | | | | | | |
| | Dividends to policyholders | | | | | | | | | | | | |
| 31. | Net gain from operations after dividends to policyholders and before federal | (3,935,016) | | (3,935,016) | | | | | | | | | |
| 32. | income taxes (Line 29 minus Line 30) Federal income taxes incurred (excluding tax on capital gains) | 3,260,878 | | 3,260,878 | | | | | | | | | |
| | | 3,200,070 | | 3,200,070 | | | | | | | | | |
| 33. | Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) | (7,195,894) | | (7, 195, 894) | | | | | | | | | |
| | DETAILS OF WRITE-INS | 17 007 100 | | 17 007 100 | | | | | | | | | |
| | Funds Withheld Miscellaneous Income | | | | | | | | | | | | |
| 08.302. | | | | | | | | | | | | | |
| 08.303. | | | | | | | | | | | | | |
| | Summary of remaining write-ins for Line 8.3 from overflow page | 17 007 100 | | 17 007 100 | | | | | | | | | |
| | Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) | 17,087,169 | | 17,087,169 | | | | | | | | | |
| | | | | + | + | | + | ++- | | | | | |
| | | | | | | | + | | | | | | |
| 2703. | | | | | | | | | | | | | |
| | Summary of remaining write-ins for Line 27 from overflow page | | | | | | | | | | | | |
| | Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) | Line 10 | | Line 40 | | Line 22 | 1 | Line 24 | | 1 | | 1 | |

(a) Includes the following amounts for FEGLI/SGLI: Line 1, Line 10, Line 16, Line 23, Line 24

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

| | 1 | 2 | 3 | Ordinary | 5 | 6 | Gr 7 | oup 8 |
|--|---------------|-----------------|---------------------|---------------------------|----------------------------|---------------------------------------|---------------------|----------------|
| | Total | Industrial Life | 3 Life Insurance | 4 Individual Annuities | Supplementary Contracts | Credit Life (Group and Individual) | / Life Insurance | o Annuities |
| Involving Life or Disability Contingencies (Reserves) | | | | | | | | |
| (Net of Reinsurance Ceded) | | | | | | | | |
| 1. Reserve December 31, prior year | 1,263,535,745 | | 1,263,535,745 | | | | | |
| 2. Tabular net premiums or considerations | | | | | | | | |
| 3. Present value of disability claims incurred | | | | | XXX | | | |
| 4. Tabular interest | | | | | | | | |
| 5. Tabular less actual reserve released | | | | | | | | |
| 6. Increase in reserve on account of change in valuation basis | | | | | | | | |
| 6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve | | XXX | | xxx | XXX | | XXX | XXX |
| 7. Other increases (net) | 32,758,650 | | 32,758,650 | | | | | |
| 8. Totals (Lines 1 to 7) | 1,362,385,411 | | 1,362,385,411 | | | | | |
| 9. Tabular cost | | | | | | | | |
| 10. Reserves released by death | | | | xxx | XXX | | | xxx |
| 11. Reserves released by other terminations (net) | 9,710,118 | | 9,710,118 | | | | | |
| 12. Annuity, supplementary contract and disability payments involving life contingencies | | | | | | | | |
| 13. Net transfers to or (from) Separate Accounts | | | | | | | | |
| 14. Total Deductions (Lines 9 to 13) | 43,627,705 | | 43,627,705 | | | | | |
| 15. Reserve December 31, current year | 1,318,757,706 | | 1,318,757,706 | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. EXHIBIT OF NET INVESTMENT INCOME

| | | | Earned During Yea |
|-------|---|-----------------|-------------------|
| | U.S. Government bonds | (a)3,903 | |
| 1.1 | Bonds exempt from U.S. tax | (a) | |
| 1.2 | Other bonds (unaffiliated) | (a)37, 134, 189 | |
| 1.3 | Bonds of affiliates | (a) | |
| | Preferred stocks (unaffiliated) | (b) | |
| 2.11 | Preferred stocks of affiliates | (b) | |
| 2.2 | Common stocks (unaffiliated) | | |
| 2.21 | Common stocks of affiliates | | |
| 3. | Mortgage loans | (c)268,050 | |
| 4. | Real estate | (d) | |
| 5 | Contract loans | | |
| 6 | Cash, cash equivalents and short-term investments | (e) | |
| 7 | Derivative instruments | (f) | |
| 8. | Other invested assets | | |
| | Aggregate write-ins for investment income | | |
| 10. | Total gross investment income | 38,437,294 | 38,634,86 |
| 11. | Investment expenses | | (g) |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. | Interest expense | | (h) |
| 14. | Depreciation on real estate and other invested assets | | (i) |
| | Aggregate write-ins for deductions from investment income | | |
| 16. | Total deductions (Lines 11 through 15) | | |
| | Net investment income (Line 10 minus Line 16) | | 38,341,32 |
| | DETAILS OF WRITE-INS | | , , |
| 0901. | | | |
| 0902. | | | |
| 0903. | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | | |
| | Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | | |
| | Misc Investment Expense | | 293.53 |
| 1502. | | | |
| 1502. | | | |
| | Summary of remaining write-ins for Line 15 from overflow page | | |
| | Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) | | 293,53 |

| (a | a) Includes \$ | 2,327,659 | accrual of discount less \$ | 2,028,578 | amortization of premium and less \$ | 1,294,946 | paid for accrued interest on purchas | ses. |
|----|----------------|-------------------|-----------------------------|---------------------|-------------------------------------|--------------------|--------------------------------------|-------|
| (t |) Includes \$ | | accrual of discount less \$ | | amortization of premium and less \$ | | paid for accrued dividends on purch | ases. |
| (0 | c) Includes \$ | | accrual of discount less \$ | | amortization of premium and less \$ | | paid for accrued interest on purchas | ses. |
| (0 | d) Includes \$ | | for company's occupancy | of its own building | s; and excludes \$ | interest on encur | mbrances. | |
| (e | e) Includes \$ | | accrual of discount less \$ | | amortization of premium and less \$ | | paid for accrued interest on purchas | ses. |
| (f |) Includes \$ | | accrual of discount less \$ | | amortization of premium. | | | |
| (0 | | and Separate Acco | | \$ | investment taxes, licenses and fee | es, excluding fede | ral income taxes, attributable to | |
| (ł | n) Includes \$ | | interest on surplus notes a | ind \$ | interest on capital notes. | | | |
| (i |) Includes \$ | | depreciation on real estat | e and \$ | depreciation on other investe | ed assets. | | |

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | | 1 | 2 | 3 | 4 | 5 |
|-------|---|----------------------|-----------------|---------------------|---------------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | Total Realized | Change in | Change in Unrealized |
| | | Realized Gain (Loss) | Other Realized | Capital Gain (Loss) | Unrealized | Foreign Exchange |
| | | On Sales or Maturity | Adjustments | (Columns 1 + 2) | Capital Gain (Loss) | Capital Gain (Loss) |
| 1. | U.S. Government bonds | | , lajaoti nonto | (0010111101112) | | Capital Call (2000) |
| 1.1 | Bonds exempt from U.S. tax | | | | | |
| 1.2 | Other bonds (unaffiliated) | 1.957.088 | | 1.957.088 | | |
| 1.3 | Bonds of affiliates | | | | | |
| 2.1 | Preferred stocks (unaffiliated) | | | | | |
| 2.11 | Preferred stocks of affiliates | | | | | |
| 2.2 | Common stocks (unaffiliated) | | | | | |
| 2.21 | Common stocks of affiliates | | | | | |
| 3. | Mortgage loans | | | | | |
| 4. | Real estate | | | | | |
| 5. | Contract loans | | | | | |
| 6. | Cash, cash equivalents and short-term investments | | | | | |
| 7. | Derivative instruments | | | | | |
| 8. | Other invested assets | | | | | |
| 9. | Aggregate write-ins for capital gains (losses) | | | | | |
| 10. | Total capital gains (losses) | 1,957,088 | | 1,957,088 | | |
| | DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | | |
| 0902. | | | | | | |
| 0903. | | | | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. | Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. EXHIBIT - 1 PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

| | | 2 | | | 5 | Gro | | | Accident and Health | | 11 |
|-----|---|-----------------|----------------|-----------------|--------------------|----------------|-----------|-------|------------------------|-------|------------------------------------|
| | | | 3 | 4 Individual | Credit Life (Group | 6 | 7 | 8 | 9 Credit (Group and | 10 | Aggregate of All Other Lines of |
| | Total | Industrial Life | Life Insurance | Annuities | and Individual) | Life Insurance | Annuities | Group | Individual) | Other | Business |
| 1 | FIRST YEAR (other than single) Uncollected | | | | | | | | | | |
| | | | | | | | | | | | |
| 3 | Deferred and accrued Deferred , accrued and uncollected: | | | | | | | | | | |
| 0. | 3.1 Direct | | | | | | | | | | |
| | 3.2 Reinsurance assumed | | | | | | | | | | |
| | 3.3 Reinsurance ceded | | | | | | | | | | |
| | 3.4 Net (Line 1 + Line 2) | | | | | | | | | | |
| 4. | Advance | | | | | | | | | | |
| 5. | Line 3.4 - Line 4 | | | | | | | | | | |
| 6. | Collected during year: | | | | | | | | | | |
| | 6.1 Direct | | | | | | | | | | |
| | 6.3 Reinsurance ceded | | | | | | | | | | |
| | 6.4 Net | | | | | | | | | | |
| 7. | Line 5 + Line 6.4 | | | | | | | | | | |
| 8. | Prior year (uncollected + deferred and accrued - advance) | | | | | | | | | | |
| 9. | First year premiums and considerations: | | | | | | | | | | |
| | 9.1 Direct | | | | | | | | | | |
| | 9.2 Reinsurance assumed | | | | | | | | | | |
| | 9.3 Reinsurance ceded 9.4 Net (Line 7 - Line 8) | | | | | | | | | | |
| | 9.4 Net (Line 7 - Line 8) | | | | | | | | | | |
| 40 | SINGLE Single premiums and considerations: | | | | | | | | | | |
| 10. | Single premiums and considerations: 10.1 Direct | | | | | | | | | | |
| | 10.2 Reinsurance assumed | | | | | | | | | | |
| | 10.3 Reinsurance ceded | | | | | | | | | | |
| | 10.4 Net | | | | | | | | | | |
| | RENEWAL | | | | | | | | | | |
| | Uncollected | | | | | | | | | | |
| | Deferred and accrued | | | | | | | | | | |
| 13. | Deferred, accrued and uncollected: | | | | | | | | | | |
| | 13.1 Direct | | | | | | | | | | |
| | 13.2 Reinsurance assumed | | | | | | | | | | |
| | 13.3 Reinsurance ceded | | | | | | | | | | |
| 14 | Advance | | | | | | | | | | |
| | Line 13.4 - Line 14 | | | | | | | | | | |
| | Collected during year: | | | | | | | | | | |
| | 16.1 Direct | | | | | | | | | | |
| | 16.1 Direct | | | | | | | | | | |
| | 16.3 Reinsurance ceded | | | | | | | | | | |
| | 16.4 Net | | | | | | | | | | |
| 17. | Line 15 + Line 16.4 | | | | | | | | | | |
| 18. | Prior year (uncollected + deferred and accrued - advance) | | | | | | | | | | |
| 19. | 19.1 Direct | | | | | | | | | | |
| | 19.2 Reinsurance assumed15,851,694 | | 15,851,694 | | | | | | | | |
| | 19.3 Reinsurance ceded | | | | | | | | | | |
| | 19.4 Net (Line 17 - Line 18) 15.851.694 | | 15,851,694 | | | | | | | | |
| | TOTAL | | | | | | | | | | |
| 20. | Total premiums and annuity considerations: | | | | | | | | | | |
| | 20.1 Direct | | | | | | | | | | |
| | 20.2 Reinsurance assumed | | | | | | | | | | |
| | 20.3 Reinsurance ceded | | | | | | | | | | |
| | 20.4 Net (Lines 9.4 + 10.4 + 19.4) 15,851,694 | | 15,851,694 | | | | | | | | |

EXHIBIT - 1 PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

| | | 1 | 2 | Ordir | nary | 5 | Gro | | | Accident and Health | | 11 |
|-----|--|-----------|-----------------|---------------------|------------------------------|---------------------------------------|---------------------|----------------|------------|---------------------------------------|-------------|--|
| | | Total | Industrial Life | 3 Life Insurance | 4 Individual Annuities | Credit Life (Group and Individual) | 6 Life Insurance | 7 Annuities | 8 Group | 9 Credit (Group and Individual) | 10 Other | Aggregate of All Other Lines of Business |
| | DIVIDENDS AND COUPONS APPLIED | | | | | | | | | , | | |
| | (included in Part 1) | | | | | | | | | | | |
| | To pay renewal premiums | | | | | | | | | | | |
| | All other | | | | | | | | | | | |
| | REINSURANCE COMMISSIONS AND | | | | | | | | | | | |
| | EXPENSE ALLOWANCES INCURRED | | | | | | | | | | | |
| 23. | First year (other than single): | | | | | | | | | | | |
| | 23.1 Reinsurance ceded | | | | | | | | | | | |
| | 23.2 Reinsurance assumed | | | | | | | | | | | |
| | 23.3 Net ceded less assumed | | | | | | | | | | | |
| 24. | Single: | | | | | | | | | | | |
| | 24.1 Reinsurance ceded | | | | | | | | | | | |
| | 24.2 Reinsurance assumed | | | | | | | | | | | |
| | 24.3 Net ceded less assumed | | | | | | | | | | | |
| 25. | Renewal: | | | | | | | | | | | |
| | 25.1 Reinsurance ceded | | | | | | | | | | | |
| | 25.2 Reinsurance assumed | | 2 | 2,147,212 | | | | | | | | |
| | 25.3 Net ceded less assumed | | 2) | (2,147,212) | | | | | | | | |
| 26. | Totals: | | | | | | | | | | | |
| | 26.1 Reinsurance ceded (Page 6, Line 6) | | | | | | | | | | | |
| | 26.2 Reinsurance assumed (Page 6, Line 22) | 2,147,212 | 2 | 2,147,212 | | | | | | | | |
| | 26.3 Net ceded less assumed | | 2) | (2,147,212) | | | | | | | | |
| | COMMISSIONS INCURRED | | | | | | | | | | | |
| | (direct business only) | | | | | | | | | | | |
| | First year (other than single) | | | | | | | | | | | |
| | Single | | | | | | | | | | | |
| | Renewal | | | | | | | | | | | |
| 30. | Deposit-type contract funds | | | | | | | | | | | |
| | Totals (to agree with Page 6, Line 21) | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. EXHIBIT 2 - GENERAL EXPENSES

| | | | Insur | | 5 | 6 | |
|----------|--|---------------------------------------|---------------------------------------|-------------------|--------------------------------|------------|-------|
| | | 1 | Accident a | and Health | 4 | | |
| | | Life | 2 Cost Containment | 3 All Other | All Other Lines of Business | Investment | Total |
| 1. | Rent | | | | | | |
| 2. | Salaries and wages | | | | | | |
| | Contributions for benefit plans for employees | | | | | | |
| | Contributions for benefit plans for agents | | | | | | |
| | Payments to employees under non-funded benefit plans | | | | | | |
| | Payments to agents under non-funded benefit plans | | | | | | |
| | Other employee welfare | | | | | | |
| | Other agent welfare | | | | | | |
| | Legal fees and expenses | | | | | | |
| | Medical examination fees | | | | | | |
| | Inspection report fees | | | | | | |
| | Fees of public accountants and consulting actuaries | | | | | | |
| | Expense of investigation and settlement of policy claims | | | | | | |
| | | | | | | | |
| | Traveling expenses | | | | | | |
| | Advertising | | | | | | |
| | Postage, express, telegraph and telephone | | | | | | |
| | Printing and stationery | | | | | | |
| | Cost or depreciation of furniture and equipment | | | | | | |
| | Rental of equipment | | | | | | |
| | Cost or depreciation of EDP equipment and software | | | | | | |
| 6.1 | • | | | | | | |
| | Bureau and association fees | | | | | | |
| | Insurance, except on real estate | | | | | | |
| | Miscellaneous losses | | N | | | | |
| | Collection and bank service charges | | | | | | |
| | Sundry general expenses | | | | | | |
| | Group service and administration fees | | · · · · · · · · · · · · · · · · · · · | | | | |
| | Reimbursements by uninsured plans | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | |
| | Agency expense allowance | | | | | | |
| 7.2 | Agents' balances charged off (less \$ | | | | | | |
| | recovered) | | | | | | |
| 7.3 | Agency conferences other than local meetings | | | | | | |
| 9.1 | Real estate expenses | | | | | | |
| 9.2 | Investment expenses not included elsewhere | | | | | | |
| 9.3 | Aggregate write-ins for expenses | | | | | | |
| 10. | General expenses incurred | | | | | | (a) |
| 11. | General expenses unpaid December 31, prior year | | | | | | |
| 12. | General expenses unpaid December 31, current year | | | | | | |
| 13. | Amounts receivable relating to uninsured plans, prior year | | | | | | |
| 14. | Amounts receivable relating to uninsured plans, current year | | | | | | |
| 15. | General expenses paid during year (Lines 10+11-12-13+14) | | 1 | | 1 | | 1 |
| | DETAILS OF WRITE-INS | | | | | | + |
| 09,301 | | | | | | | |
| | | | Τ | | Τ | | T |
| | | | Τ | | Τ | | Τ |
| | Summary of remaining write-ins for Line 9.3 from overflow page | [| Τ | | Τ | | T |
| | Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above) | | | | 1 | | 1 |
| | es management fees of \$ | liates and \$ | | to non-affiliates | 1 | 1 | 1 |
| a, moruu | | | | to non-anniates. | | | |

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

| | | | Insurance | | 4 | 5 |
|-----|--|-------|---------------------|-------------------------|------------|-------|
| | | 1 | 2 | 3 All Other Lines of | | |
| | | Life | Accident and Health | Business | Investment | Total |
| 1. | Real estate taxes | | | | | |
| 2. | State insurance department licenses and fees | | | | | |
| 3. | State taxes on premiums | | | | | |
| 4. | Other state taxes, including \$ | | | | | |
| | for employee benefits | | | | | |
| 5. | U.S. Social Security taxes | | | | | |
| 6. | All other taxes | . 300 | | | | 300 |
| 7. | Taxes, licenses and fees incurred | | | | | |
| 8. | Taxes, licenses and fees unpaid December 31, prior year | | | | | |
| 9. | Taxes, licenses and fees unpaid December 31, current year | | | | | |
| 10. | Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) | 300 | | | | 300 |

EXHIBIT 4 - DIVIDENDS OR REFUNDS

| | | 1 | 2 |
|-------|---|------|---------------------|
| | | Life | Accident and Health |
| 1. | Applied to pay renewal premiums | | |
| 2. | Applied to shorten the endowment or premium-paying period | | |
| 3. | Applied to provide paid-up additions | | |
| 4. | Applied to provide paid-up annuities | | |
| 5. | Total Lines 1 through 4 | | |
| 6. | Paid in cash | | |
| 7. | Left on deposit | | |
| 8. | Aggregate write-ins for dividend or refund options | | |
| 9. | Total Lines 5 through 8 | | |
| 10. | Amount due and unpaid | | |
| 11. | Provision for dividends or refunds payable in the following calendar year | | |
| 12. | Terminal dividends | | |
| 13. | Provision for deferred dividend contracts | | |
| 14. | Amount provisionally held for deferred dividend contract and address Line 3 | | |
| 15. | Total Lines 10 through 14 | | |
| 16. | Total from prior year | _ | |
| 17. | Total dividends or refunds (Lines 9 + 15 - 16) | | |
| | DETAILS OF WRITE-INS | | |
| 0801. | | | |
| 0802. | | | |
| 0803. | | | |
| 0898. | Summary of remaining write-ins for Line 8 from overflow page | | |
| 0899. | Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above) | | |

| EXHIBIT 5 - AGGR | EGATE RE | | • | - | TS |
|--|---------------|------------|---------------|---------------------------|-------|
| 1 | 2 | 3 | 4 | 5 Credit (Group and | 6 |
| Valuation Standard | Total | Industrial | Ordinary | Individual) | Group |
| 0100001. 1980 CS0 ANB 4.00% CRVM 2006-2008 | | | | | |
| 0100002. 1980 CSO ANB 4.50% CRVM 2005 | | | | | |
| 0100003. 2001 CSO ANB 4.00% CRVM 2008 | | | | | |
| 0100004. 2001 CSO Pref ANB 4.00% CRVM 2008 | | | | | |
| 0199997. Totals (Gross) | 1,273,566,283 | | 1,273,566,283 | | |
| 0199998. Reinsurance ceded | | | , , , | | |
| 0199999. Life Insurance: Totals (Net) | 1,273,566,283 | | 1,273,566,283 | | |
| 0299998. Reinsurance ceded | .,,, | XXX | .,,, | XXX | |
| 0299999. Annuities: Totals (Net) | | XXX | | XXX | |
| 0399998. Reinsurance ceded | | 7/// | | | |
| 0399999. SCWLC: Totals (Net) | | | | | |
| 0499998. Reinsurance ceded | | | | | |
| 0499999. Accidental Death Benefits: Totals (Net) | | | | | |
| | | | | | |
| 0599998. Reinsurance ceded | | | | | |
| 0599999. Disability-Active Lives: Totals (Net) | | | | | |
| 0699998. Reinsurance ceded | | | | | |
| 0699999. Disability-Disabled Lives: Totals (Net) | | | | | |
| 0700001. For excess of valuation net premiums over corresponding gross premiums on respective policies, computed according to the standard | | | | | |
| of valuation required by this state | | | | | |
| 0799997. Totals (Gross) | 45,191,423 | | 45,191,423 | | |
| 0799998. Reinsurance ceded | | | | | |
| 0799999. Miscellaneous Reserves: Totals (Net) | 45,191,423 | | 45,191,423 | | |
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| 9999999. Totals (Net) - Page 3, Line 1 | 1,318,757,706 | | 1,318,757,706 | | |

EXHIBIT 5 - INTERROGATORIES

| Assigned Business Only Yes [] No [X] 21 Does the reporting entity to present issue on have in force contracts that contain non-guaranteed elements? Yes [] No [X] 22 If not, state which kind is issued. Yes [] No [X] 23 If not, state which kind is issued. Yes [] No [X] 24 If as, attack a statement that contains the determination procedures, answers to the interrogatories and an actuatial opinion as described in the instructions. Yes [] No [X] 24 Heas the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] 25 Satistic S S 34 A Basis of regular assessments: S S 34 Basis of special assessments: S S 35 Satistic assessments: S S 36 If the contract loan interer stea guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interer stea guarantees on any such contracts on the basis actually held: S 36 If the contract loan interer stea guarantees on any such contracts on the basis actually held: S 36 If and contract on interer stea guarantees on any such contracts on the basis actually held: S 37 Seate the amountof res | 1.1 | Has the reporting entity ever issued both participating and non-participating contracts? | | Yes [|] | No [X] | |
|--|-----|---|-----------|---------|-----|----------|--|
| 2.1 Does the reporting entity at present issue oth participating and non-participating contracts? Yes [] No [X] 2.1 If not, state which kind is issued. Yes [] No [X] 3.2 If not, state which kind is issued. Yes [X] No [] 4.3 How [X] Yes [] No [X] 4.4 Bas insolution Yes [X] No [] 1.5 Yes [] No [X] Yes [] No [X] 4.4 Bas in contracts in force? Yes [] No [X] 4.5 Satist: Yes [] No [X] 4.4 Basis of reserve: \$ 4.5 Basis of reserve: \$ 4.6 Assessments: \$ 4.7 If so, state the amount of reserves on such contracts in the basis actually held: \$ 4.8 Sassion of special assessments: \$ 4.5 Basis of special assessments: \$ 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 interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the amount of reserves on such contracts on the basis actually held: \$ 6. Does the reporting entity hor the seavaliation of comparable amount below is su | 1.2 | If not, state which kind is issued. | | | | | |
| 22 If not, state which kind is issued. Assumd Basiness 0(1) Yes [X] No [] 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No [] If so, attach a statement the contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [] No [X] A Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] 4.1 Amount of insurance? \$ 4.2 Amount of reserve? \$ 4.3 Basis of reserve. \$ 4.4 Basis of special assessments: . 4.5 Basis of special assessments: . 4.6 Assessments collected during the year \$ 5.1 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 interest and guarantees on any such contracts. Yes [] No [X] 6.1 If the contract loan interest contracts on the basis actually bherlitis issued to standard lives. If the reporting entity has no comparable annuluity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X] 7.1 Does the reporting entity for the valuation of comparable annuluity benefits: undurately bus in the detail during individual annuluity benefits: undure andard lives. If the reporting entity has no comparable annuluity benefits: issued to standard lives. If the | | Assumed Business Only | | | | | |
| Assured Business Only Yes [X] No [] 3. Does the reporting entity at present issue or have in force contracts that contains non-guaranteed elements? Yes [X] No [] If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [X] No [] Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] 4.1 Amount of insurance? \$ 4.2 Amount of reserve? \$ 4.3 Basis of regular assessments: \$ 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. 6. Does the reporting entity has no comparable annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X] 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 have any Synthetropting entity have any Synthetroptin | | | | Yes [|] | No [X] | |
| 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No [] If so, attack a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [] No [X] Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] If so, attac: \$ 4.1 Amount of insurace? \$ 4.2 Amount of reserve? \$ 4.3 Basis of regular assessments: \$ 4.5 Basis of special assessments: \$ 4.6 Assessments collected during the year \$ 5. 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 interest rate guaranteed in any one or more of its currently issued contracts, the interest rate(s) used in 6.1; and the same morially basis used by 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 [X] 6.1 Thos custe the amount of reserve on sub contracts on the basis actually held: \$ 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annutants, the interest rate(s) used in 6.1; and the softward using individual annuity benefits for standard lives to be valued, the cortract standard basis? Yes [] No [X] 7.1 Byes, state the total dollar amo | 2.2 | | | | | | |
| If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes [] No [X] 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] 1f so, state: \$ 4.1 Amount of insurance? \$ 4.2 Amount 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 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 had reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X] 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$ 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity has ne comparable annuity benefits issued to standard lives. If the reporting entity has ne comparable annuity to relate a standard lives is the table most recently assument of inservers established for this business: \$ 7. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of | • | Assumed Business Only | | , , , , | | | |
| Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] 41 Amount of insurance? \$ 4.3 Basis of regular assessments: \$ 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 [X] 6.1 If so, state the amount of reserve on such contracts. \$ \$ 6.1 If so, state the amount of reserve act 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 hold reserves to standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicle for valuing individual annuity benefits: \$ 7.1 If yes, state the total dollar amount of severs exerce by these contracts or agreements. \$ \$ 7.1 Does the reporting entity have any Synthetic GIC contracts or agreements. \$ \$ < | 3. | | | Yes [] | (] | NO[] | |
| 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X] If so, state: \$ 4.1 Amount of insurance? \$ 4.2 Amount of insurance? \$ 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 interser attag guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interser attag guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interser attag guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interser its adguaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interser its adguaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interser its adguaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan interve load on a standard basis? Yes [] No [X] 6.1 If so, state the amount of reserves on the basis actually held: \$ 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuity benefits. \$ 7.1 Dees the reporting entity have any Synthetic GIC contracts or agreements in effect as of De | | | | | | | |
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| Attach statement of methods employed in their valuation. Yes [] No [X] 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No [X] 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements \$ 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount: \$ 7.3 State the amount of reserves established for this business: \$ 7.4 Identify where the reserves are reported in the blank: \$ 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements: \$ 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$ 8.2 State the amount of reserves are reported in the blank: \$ 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X] 9. If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X] 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ 9.2 State the amount of reserves established for this business: \$ 9.2 State the amount of reserves established for this business: | | reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently | ¢ | | | | |
| 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? | | | φ | | | | |
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| 7.3 State the amount of reserves established for this business: \$ 7.4 Identify where the reserves are reported in the blank: \$ 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes [] No [X] 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$ 8.2 State the amount of reserves established for this business: \$ 8.3 Identify where the reserves are reported in the blank: \$ 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X] 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ 9.2 State the amount of reserves established for this business: \$ 9.2 State the amount of reserves established for this business: \$ 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ 9.2 State the amount of reserves established for this business: \$ | | | | | | | |
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| 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? | | 7.4 Identify where the reserves are reported in the blank: | | | | | |
| 8.2 State the amount of reserves established for this business: | 8. | Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? | | Yes [|] | No [X] | |
| 8.3 Identify where the reserves are reported in the blank: 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: 9.2 State the amount of reserves established for this business: | | | | | | | |
| 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: 9.2 State the amount of reserves established for this business: | | | \$ | | | | |
| 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: 9.2 State the amount of reserves established for this business: | | | | | | | |
| 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:\$ | 9. | Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the | - | Vec [| 1 | No [V] | |
| 9.2 State the amount of reserves established for this business: | | | | | | | |
| | | | | | | | |
| | | | • | | | | |

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

| 1 | Valuatio | on Basis | 4 |
|----------------------------------|--------------|------------|-----------------------|
| | 2 | 3 | Increase in Actuarial |
| | | | Reserve Due to |
| Description of Valuation Class | Changed From | Changed To | Change |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 9999999 - Total (Column 4, only) | | | |

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts

ΝΟΝΕ

Exhibit 7 - Deposit-Type Contracts

Exhibit 8 - Contract Claims - Part 1 - Liability End of Current Year **NONE**

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

| | 1 | 2 | | Ordinary | | 6 | Gro | up | Accident and Health | | | | |
|---|------------------------|-----------------------|---------------------|----------------------|--------------------|--------------------|---------------------|-----------|---------------------|---------------------|-------|--|--|
| | | Industrial Life | 3 Life Insurance | 4 | 5 Supplementary | Credit Life (Group | 7 Life Insurance | 8 | 9 | 10 Credit (Group | 11 | | |
| | Total | (a) | (b) | Individual Annuities | Contracts | and Individual) | (c) | Annuities | Group | and Individual) | Other | | |
| 1. Settlements During the Year: | | | | | | | | | | | | | |
| 1.1 Direct | | | | | | | | | | | | | |
| 1.2 Reinsurance assumed | 9,023,412 | | 9,023,412 | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | | | | |
| | (d)9,023,412 | | | | | | | | | | | | |
| 2. Liability December 31, current year from Part 1: | | | | | | | | | | | | | |
| 2.1 Direct | | | | | | | | | | | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | | | | |
| 2.3 Reinsurance ceded | | | | | | | | | | | | | |
| 2.4 Net | | | | | | | | | | | | | |
| Amounts recoverable from reinsurers December 31, current year | | | | | | | | | | | | | |
| Liability December 31, prior year: | | | | | | | | | | | | | |
| , , , , | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | | | | |
| 5. Amounts recoverable from reinsurers December 31, prior | | | | | | | | | | | | | |
| year 6. Incurred Benefits | | | | | | | | | | | | | |
| 6.1 Direct | | | | | | | | | | | | | |
| 6.2 Reinsurance assumed | 9.023.412 | | | | | | | | | | | | |
| 6.3 Reinsurance ceded | , ., | | | | | | | | | | | | |
| 6.4 Net | 9.023.412 | | 9.023.412 | | | | | | | | | | |
| Including matured endowments (but not g | uaranteed annual pure | endowments) amountir | na to \$ | in Line 1.1 | . \$ | in Line 1.4. | | | | 1I | | | |
| | , | | | in Line 6.1 | | | | | | | | | |
| Including matured endowments (but not g | uaranteed annual pure | endowments) amountin | | in Line 1.1 | | | | | | | | | |
| | | | | in Line 6.1 | | | | | | | | | |
| Including matured endowments (but not g | uaranteed annual pure | endowments) amountin | | in Line 0.1 | | | | | | | | | |
| monuming matured endowments (but not g | juaranteeu annuar pure | endowinents) amountin | ig ιυ ψ | | ,Ψ | | | | | | | | |

(d) Includes \$ premiums waived under total and permanent disability benefits.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. EXHIBIT OF NON-ADMITTED ASSETS

| | | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|----------------|---|---|---|---|
| 1. | Bonds (Schedule D) | | | |
| 2. | Stocks (Schedule D): | | | |
| | 2.1 Preferred stocks | _ | | |
| | 2.2 Common stocks | | | |
| 3. | Mortgage loans on real estate (Schedule B): | | | |
| | 3.1 First liens | | | |
| | 3.2 Other than first liens. | | | |
| 4. | Real estate (Schedule A): | | | |
| | 4.1 Properties occupied by the company | | | |
| | 4.2 Properties held for the production of income | | | |
| | 4.3 Properties held for sale | | | |
| 5. | Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) | | | |
| 6. | Contract loans | | | |
| 7. | Derivatives (Schedule DB) | | | |
| 8. | Other invested assets (Schedule BA) | | | |
| 9. | Receivables for securities | | | |
| 10. | Securities lending reinvested collateral assets (Schedule DL) | | | |
| 11. | Aggregate write-ins for invested assets | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | | | |
| 13. | Title plants (for Title insurers only) | | | |
| 14. | Investment income due and accrued | | | |
| 15. | Premiums and considerations: | | | |
| 10. | 15.1 Uncollected premiums and agents' balances in the course of collection | | | |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due | | | |
| | 15.3 Accrued retrospective premiums and contracts subject to redetermination | | | |
| 10 | | | | |
| 16. | Reinsurance: | | | |
| | 16.1 Amounts recoverable from reinsurers | | | |
| | 16.2 Funds held by or deposited with reinsured companies | | | |
| | 16.3 Other amounts receivable under reinsurance contracts | | | |
| | Amounts receivable relating to uninsured plans | | | |
| | Current federal and foreign income tax recoverable and interest thereon | | 447 000 450 | (4 570 074) |
| | Net deferred tax asset | | | (4,576,871) |
| 19. | Guaranty funds receivable or on deposit | | | |
| 20. | Electronic data processing equipment and software | | | |
| 21. | Furniture and equipment, including health care delivery assets | | | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | - | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | |
| 24. | Health care and other amounts receivable | | | |
| 25. | Aggregate write-ins for other than invested assets | | | |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | | 117,693,159 | (4,576,871) |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 28. | Total (Lines 26 and 27) | 122,270,030 | 117,693,159 | (4,576,871) |
| 1101. | DETAILS OF WRITE-INS | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | |
| 1199. | Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | | | |
| 2501. | Accounts Receivable - Miscellaneous | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2000. | | 1 | 1 | 1 |
| 2505. 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | |

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Cape Verity I, Inc. ("Cape Verity I" or "the Company") is a special purpose captive organized under the laws of the State of Iowa, and is a whollyowned subsidiary of Accordia Life and Annuity Company ("Accordia"). The accompanying financial statements of Cape Verity I, Inc. are presented on the basis of accounting practices prescribed or permitted by the Insurance Division, Department of Commerce, of the State of Iowa (Iowa Department). The National Association of Insurance Commissioners ("NAIC") Accounting Practices & Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the Iowa Department.

Pursuant to Iowa Administrative Code ("IAC") Section 191-99.11(3), *Limited Purpose Subsidiary Life Insurance Company*, the Company has included as an admitted asset the outstanding principal amount of a Variable Funding Puttable Note (contingent note) serving as collateral for reinsurance credit taken by an affiliated cedant in connection with a reinsurance agreement entered into between the Company and the affiliated cedant. The contingent note was issued by CVI Issuer LLC, and is held for the benefit of the affiliated cedant. The contingent note is not included as a risk-based asset in the Company's risk-based capital calculation.

A reconciliation of the Company's net income (loss) and statutory surplus between practices prescribed and permitted by the State of Iowa and NAIC SAP is shown below:

| | SSAP # | F/S Page | F/S Line # | 2018 | 2017 |
|--|--------|----------|------------|---------------------|---------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 35, Columns 1 & 2) | XXX | XXX | XXX | \$ (6,978,402) \$ | 2,508,860 |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$ (6,978,402) \$ | 2,508,860 |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 38, Columns 1 & 2) | XXX | XXX | XXX | \$ 75,626,569 \$ | 52,960,442 |
| (6) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| | SSAP 4 | 3 | | 531,828,545 | 504,983,773 |
| (7) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | ххх | XXX | \$ (456,201,976) \$ | (452,023,331) |
| | | | | | |

If the Company had not been permitted to include the contingent note in surplus, the Company's risk-based capital would have been below Mandatory Control Level.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Life premiums are recognized as income over the premium paying period of the related policies. Reinsurance treaties that do not meet the definition of risk transfer are recorded under the rules of deposit accounting as prescribed in Statement of Statutory Accounting Principles ("SSAP") No. 61R – *Life, Deposit-Type and Accident and Health Reinsurance* and are carried as a deposit liability, net income and expenses are shown in the aggregate write in line on the summary of operations. Expenses incurred in connection with acquiring new insurance business, including the acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies, as applicable:

- (1) Short-term investments that have original maturities of greater than three months and less than twelve months at date of purchase are carried at amortized cost, which approximates fair value.
- (2) Bonds not backed by other loans are stated at amortized cost or fair value, using the modified scientific method, in accordance with the NAIC *Purposes and Procedures* Manual of the Capital Markets and Investment Analysis Office.
- (3) The Company does not have any common stock.
- (4) The Company does not have any preferred stock.
- (5) Mortgage loans are stated at amortized cost or fair value, in accordance with the NAIC *Purposes and Procedures* Manual of the Capital Markets and Investment Analysis Office.
- (6) Loan-backed bonds and structured securities are stated at amortized cost using the interest method including anticipated prepayments at the date of purchase in accordance with SSAP 43-R - *Loan-backed and Structured Securities*. Changes in prepayment speeds and estimated cash flows from the original purchase assumptions are evaluated quarterly and are accounted for on the prospective basis.
- (7) The Company does not have any investments in affiliates.
- (8) The Company does not have any investments in joint ventures.
- (9) The Company does not have any derivative instruments.
- (10) The Company has no accident and health business and therefore no premium deficiency calculation.
- (11) The Company has no accident and health business and therefore no unpaid losses or loss adjustment expenses.
- (12) The Company does not carry any fixed assets.

1. Summary of Significant Accounting Policies and Going Concern (Continued)

(13) The Company does not have any pharmaceutical rebate receivables.

D. Going Concern

There is no substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company discovered reporting errors for prior years. The impact of these errors has been reclassified to opening surplus per *SSAP No. 3* Accounting Changes and Corrections of Errors, paragraph 10, which states: "Correction of errors in previously issued financial statements shall be reported as adjustments to unassigned funds (surplus) in the period an error is detected." Subsequent to the filing of the 2017 annual statement, the Company discovered policy reserves were understated by \$1,796,271 for a net effect of \$1,796,271.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method Not Applicable
- B. Statutory Merger Not Applicable
- C. Assumption Reinsurance Not Applicable
- D. Impairment Loss Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
 - (1) There were no new mortgage loans as of December 31, 2018
 - (2) The maximum percentage of any one loan to the value of the security at the time of the loan, exclusive for insured or guaranteed or purchase money mortgages was: 62.04%
 - (3) Taxes, assessments and any amounts advanced and not included in mortgage loan total None
 - (4) Age analysis of mortgage loans and identification of mortgage loans in which the insurer is a participant or co-lender in a mortgage loan agreement

As of December 31, 2018 and December 31, 2017 mortgage loans totaled \$5,534,282 and \$6,141,300, respectively, with all non-insured commercial mortgages under 30 days past due.

5. Investments (Continued)

| | | | Residential | | Con | nmerical | | |
|------|--|------|-------------|-----------|---------|--------------|-----------|-----------------|
| | | Farm | Insured | All Other | Insured | All Other | Mezzanine | Total |
| a. C | urrent Year | | | | - | | | |
| 1. | . Recorded Investment (All) | | | | | | | |
| | (a) Current | \$ | \$ | \$ | \$ | \$ 5,534,282 | \$ | \$ 5,534,282 |
| | (b) 30 - 59 days past due | | | | | | | |
| | (c) 60 - 89 days past due | | | | | | | |
| | (d) 90 - 179 days past due | | | | | | | |
| | (e) 180+ days past due | | | | | | | |
| 2. | . Accruing Interest 90-179 Days Past Due | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | (b) Interest accrued | | | | | | | |
| 3. | Accruing Interest 180+ Days Past Due | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | (b) Interest accrued | | | | | | | |
| 4. | . Interest Reduced | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | (b) Number of loans | | | | | | | |
| | (c) Percent reduced | | | | | | | |
| 5. | . Participant or Co-lender in a Mortgage Loan Agreement | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| . P | rior Year | | | | | | | |
| 1. | . Recorded Investment | | | | | | | |
| | (a) Current | \$ | \$ | \$ | \$ | \$ 6,141,300 | \$ | \$ 6,141,300 |
| | (b) 30 - 59 days past due | | | | | | | |
| | (c) 60 - 89 days past due | | | | | | | |
| | (d) 90 - 179 days past due | | | | | | | |
| | (e) 180+ days past due | | | | | | | |
| 2. | . Accruing Interest 90-179 Days Past Due | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | (b) Interest accrued | | | | | | | |
| 3. | . Accruing Interest 180+ Days Past Due | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | (b) Interest accrued | | | | | | | |
| 4. | . Interest Reduced | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | (b) Number of loans | | | | | | | |
| | (c) Percent reduced | % | | % | , | %% | % | % |
| 5. | . Participant or Co-lender in a Mortgage Loan Agreement | | | | | | | |
| | (a) Recorded investment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

(5) Investment in impaired loans with or without allowance for credit losses and impaired loans subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan - Not Applicable

(6) Investment in impaired loans - average recorded investment, interest income recognized, recorded investment on nonaccrual status and amount of interest income recognized using a cash-basis method of accounting - None

- (7) Allowance for credit losses Not Applicable
- (8) Mortgage loans derecognized as a result of foreclosure Not Applicable
- (9) Policy for recognizing interest income and impaired loans Not Applicable

B. Debt Restructuring - Not Applicable

- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities
 - (1) Loan-backed and structured securities ("LBASS") are valued and reported in accordance with Statement of Statutory Accounting Principles ("SSAP") 43R – Loan-Backed and Structured Securities. Prepayment assumptions are primarily obtained from external sources or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The prospective adjustment method is used on most non-agency LBASS. Fair values are based on independent pricing sources. The Company reviews securities at least quarterly for other-than-temporary impairments ("OTTI") using current cash flow assumptions. The Company has not recognized an OTTI charge on loan-backed securities as of December 31, 2018, and December 31, 2017, respectively.
 - (2) Loan-backed and structured securities with a recognized other-than-temporary impairment None

5. Investments (Continued)

- (3) Securities held that were other-than-temporary because the present value of cash flows expected to be collected was less than the amortized cost of securities - None
- (4) All impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss

| | | Amount |
|----|--|-------------------|
| a. | The aggregate amount of unrealized losses: | |
| | 1. Less than 12 months | \$ (821,124) |
| | 2. 12 months or longer | \$ (1,436,189) |
| b. | The aggregate related fair value of securities with unrealized losses: | |
| | 1. Less than 12 months | \$ 34,406,124 |
| | 2. 12 months or longer | \$ 38,007,639 |

- (5) The Company evaluates whether credit impairment exists by considering primarily the following factors: a) changes in the financial condition, credit rating, and near term prospects of the issuer, b) whether the issuer is current on contractually obligated interest and principal payments, c) changes in the financial condition of the security's underlying collateral, d) the payment structure of the security and 3) the length of time and extent to which the fair value has been less than amortized cost of the security.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- 0. Structured Notes Not Applicable
- P. 5GI Securities Not Applicable
- Q. Short Sales Not Applicable
- R. Prepayment Penalty and Acceleration Fees Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets The Company has no investments in joint venture, partnerships or limited liability companies that exceeded 10% of total admitted assets as of December 31, 2018, and December 31, 2017, respectively.
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies The Company recognizes impairments when it is probable that it will be unable to recover the carrying amount of the investment or there is evidence indicating inability of the investee to sustain earnings that would justify the carrying value of the investment. The Company did not have any impairments in joint ventures, partnerships, or limited liability companies as of December 31, 2018, and December 31, 2017, respectively.

7. Investment Income

The Company did not have due and accrued income over 90 days past due that was excluded from surplus as of December 31, 2018, and December 31, 2017, respectively.

8. Derivative Instruments - Not Applicable

9. Income Taxes

Components of the Net Deferred Tax Asset/(Liability)
 The net deferred tax asset/(liability) at December 31, 2018, and the change from the prior year-end are comprised of the following components:

9. Income Taxes (Continued)

(1) Change between years by tax character

| | | 2018 | | | 2017 | | | Change | |
|--|----------------|-------------|--------------------|----------------|-------------|--------------------|-----------------------|----------------------|--------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Gross deferred tax assets | \$ 138,556,969 | \$ | \$ 138,556,969 | \$ 134,826,591 | \$ – | \$ 134,826,591 | \$ 3,730,378 | \$ - | \$ 3,730,378 |
| (b) Statutory valuation allowance adjustments | | | | | | | | | |
| (c) Adjusted gross deferred tax assets (1a - 1b) | | | | 134,826,591 | | 134,826,591 | | | 3,730,378 |
| (d) Deferred tax assets nonadmitted | 122,270,030 | | 122,270,030 | 117,693,159 | | 117,693,159 | 4,576,871 | | 4,576,871 |
| (e) Subtotal net admitted deferred tax asset (1c - 1d) | \$ 16,286,939 | \$ | \$ 16,286,939 | \$ 17,133,432 | \$ - | \$ 17,133,432 | \$ (846,493) | \$ - | \$ (846,493) |
| (f) Deferred tax liabilities | 16,224,975 | 61,964 | 16,286,939 | 17,056,509 | 76,923 | 17,133,432 | (831,534) | (14,959) | (846,493) |
| (g) Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f) | \$ 61,964 | \$ (61,964) | \$ - | \$ 76,923 | \$ (76,923) | \$ - | \$ (14,959) | \$ 14,959 | \$ - |

The ultimate realization of deferred tax assets depends on the generation of future taxable income during the periods in which the temporary differences are deductible and prior to the expiration of capital loss, net operating loss and tax credit carry-forwards. Management considers the scheduled reversal of deferred tax liabilities (including the impact of available carry-back and carry-forward periods), projected taxable income, and tax planning strategies in making this assessment. Management believes it is more likely than not that all deferred tax assets will be realized based on projected taxable income and available tax planning strategies. There were no tax planning strategies used related to reinsurance.

(2) Admission calculation components SSAP No. 101

| | | 2018 | | | 2017 | | | Change | |
|--|---------------|-----------|--------------------|---------------|-----------|--------------------|-----------------------|----------------------|--------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | Ordinary | Capital | Total (Col 1+2) | Ordinary | Capital | Total (Col 4+5) | Ordinary (Col 1-4) | Capital (Col 2-5) | Total (Col 7+8) |
| (a) Federal income taxes paid in prior years recoverable through loss carrybacks | \$ | \$ | \$ | s | \$ | s | \$ | s | \$ |
| (b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below) | | | | | | | | | |
| Adjusted gross deferred tax assets expected to be realized following the balance sheet date | | | | | | | | | |
| Adjusted gross deferred tax assets allowed per limitation threshold | XXX | | 11,343,985 | XXX | XXX | | XXX | XXX | |
| (c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities | 16,224,975 | 61,964 | 16,286,939 | 17,056,509 | | 17,133,432 | | (14,959). | |
| (d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c)) | \$ 16,224,975 | \$ 61,964 | \$ 16,286,939 | \$ 17,056,509 | \$ 76,923 | \$ 17,133,432 | \$ (831,534) | \$ (14,959) | \$ (846,493) |
| | | | | | | | | | |

(3) Other admissibility criteria

| | 2018 | 2017 |
|--|---------------|---------------|
| (a) Ratio percentage used to determine recovery period and threshold limitation amount | 997.569% | |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above | \$ 75,626,569 | \$ 52,960,441 |

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character

| | | 20 | 18 | | 20 | 17 | | Cha | ng | e |
|----|--|-------------------|----|---------|-------------------|----|---------|------------------------|----|-----------------------|
| | | (1) | | (2) | (3) | | (4) | (5) | | (6) |
| | | Ordinary | | Capital | Ordinary | | Capital | Ordinary (Col. 1-3) | | Capital (Col. 2-4) |
| 1. | Adjusted gross DTAs amount from Note 9A1(c) | \$ 138,556,969 | \$ | | \$ 134,826,591 | \$ | - | \$ 3,730,378 | \$ | - |
| 2. | Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies | % | | % | -% | | % | - % | | % |
| 3. | Net admitted adjusted gross DTAs amount from Note 9A1(e) | \$ 16,286,939 | \$ | | \$ 17,133,432 | \$ | | \$ (846,493) | \$ | |
| 4. | Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | % | | % | % | | % | % | | % |

9. Income Taxes (Continued)

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? $\underline{\text{NO}}$

B. Regarding Deferred Tax Liabilities That Are Not Recognized

There are no temporary differences for which deferred tax liabilities are not recognized.

C. Major Components of Current Income Taxes Incurred

| | | | | (1) | | (2) | | (3) |
|---|------------|--|--------------|---------------|----------|-------------|----------|-------------|
| | | ncome taxes incurred consist of the following major components: | | 2018 | | 2017 | CI | nange (1-2) |
| | | ent Income Tax | <u>,</u> | 2 2 4 0 2 7 0 | <u>ہ</u> | (1 744 751) | <u>,</u> | 5.005.629 |
| | (a) (b) | Federal | | 3,260,878 | Ş | (1,744,751) | Ş | 5,005,029 |
| | (b) (c) | ForeignSubtotal | | 3,260,878 | <u></u> | (1,744,751) | | 5,005,629 |
| | (C) (d) | Federal income tax on net capital gains | | | | , | | |
| | (u) (e) | Utilization of capital loss carry-forwards | | | | | | |
| | (e) (f) | Other | | | | _ | | |
| | (י) (g) | Federal and foreign income taxes incurred | - | 3,943,091 | Ś | (399,713) | Ś | 4,342,804 |
| | | | <u> </u> | 0,510,051 | Ŷ | (055,710) | <u> </u> | 1,012,00 |
| | | erred Tax Assets | | | | | | |
| | (a) | Ordinary (1) Discounting of unpaid losses | ć | | Ś | | Ś | |
| | | | | | | _ | | _ |
| | | (2) Unearned premium reserve | | | | | | 4 40 4 9 4 |
| | | (3) Policyholder reserves | | | | | | |
| | | (4) Investments (5) Deferred acquisition costs | | | | | | (761 166 |
| | | | | | | | | |
| | | | | | | | | |
| | | (7) Fixed assets(8) Compensation and benefits accrual | | | | | | |
| | | | | | | | | |
| | | (9) Pension accrual(10) Receivables - nonadmitted | | | | | | |
| | | (11) Net operating loss carry-forward | | | | | | |
| | | (11) Net operating loss can y-lot ward | | | | | | _ |
| | | (12) Tax credit carly-rolward(13) Other (including items less than 5% of total ordinary tax assets) | | | | | | |
| | | (19) Subtotal | | | | 134,826,591 | | |
| | (h) | | | | | | | 3,730,378 |
| | (b) (c) | Statutory valuation allowance adjustment | | | | 117,693,159 | | |
| | (c) (d) | Nonadmitted Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | | | | 17,133,432 | | |
| | (d) (a) | | Ş | 10,200,939 | Ş | 17,133,432 | Ş | (846,493 |
| | (e) | Capital (1) Investments | ć | | Ś | | Ś | |
| | | (1) Investments (2) Net capital loss carry-forward | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (4) Other (including items <5% of total capital tax assets) | - | | | | <u>ċ</u> | |
| , | (f) | Statutory valuation allowance adjustment | | | | | | |
| | (i) (g) | | | | | | | |
| | (y) (h) | Nonadmitted Admitted capital deferred tax assets (2e99 - 2f - 2g) | | | | | | |
| | (i) (i) | | - | 16,286,939 | | 17,133,432 | ć | (846,493 |
| | ., | | Ş | 10,200,939 | Ş | 17,133,432 | Ş | (040,49 |
| 1 | Defe | erred Tax Liabilities | | | | | | |
| (| (a) | Ordinary | | | | | | |
| | | (1) Investments | | 881,988 | | | | 112,689 |
| | | (2) Fixed assets | | | | | | |
| | | (3) Deferred and uncollected premium | | | | | | |
| | | (4) Policyholder reserves | | | | | | |
| | | (5) Other (including items <5% of total ordinary tax liabilities) | | 15,342,987 | | 16,287,210 | | (944,223 |
| | | (99) Subtotal | \$ | 16,224,975 | \$ | 17,056,509 | \$ | (831,534 |
| (| (b) | Capital | | | | | | |
| | | (1) Investments | \$ | 61,964 | \$ | 76,923 | \$ | (14,95 |
| | | (2) Real estate | | | | | | |
| | | (3) Other (including items <5% of total capital tax liabilities) | | | | | | |
| | | (99) Subtotal | | 61,964 | \$ | 76,923 | \$ | (14,959 |
| (| (c) | Deferred tax liabilities (3a99 + 3b99) | \$ | 16,286,939 | \$ | 17,133,432 | \$ | (846,493 |
| | | | | | | | | |

9. Income Taxes (Continued)

The Tax Cuts and Jobs Act ("TCJA") reduces the corporate tax rate to 21%, effective January 1, 2018. In addition, the TCJA resulted in the Company recording a deferred tax asset and liability of \$16 million related to the reserves transition adjustment for the year ended December 31, 2017. The Company booked an additional \$1 million related to the reserves transition adjustment for the year ended December 31, 2018 to true up the estimate booked as of December 31, 2017.

The change in deferred income taxes reported in surplus before consideration of nonadmitted assets is comprised of the following components:

| | | 12/31/2018 | | | 12/31/2017 | | |
|--|-------------|------------|-------------|-------------|------------|-------------|-----------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Change |
| Total deferred tax assets (admitted and nonadmitted) | 138,556,969 | - | 138,556,969 | 134,826,591 | | 134,826,591 | 3,730,378 |
| Total deferred tax liabilities | 16,224,975 | 61,964 | 16,286,939 | 17,056,509 | 76,923 | 17,133,432 | (846,493) |
| Net deferred tax asset | 122,331,994 | (61,964) | 122,270,030 | 117,770,082 | (76,923) | 117,693,159 | 4,576,871 |
| Tax effect of unrealized (gains) / losses | | | | | | | - |
| Change in net deferred income tax | | | | | | | 4,576,871 |

D. Among the More Significant Book to Tax Adjustments

The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

| | De | cember 31, 2018 | Effective Tax Rate |
|---|----|-----------------|--------------------|
| Provision computed at statutory rate | \$ | (637,416) | 21.000% |
| IMR | | 35,612 | -1.170 |
| Return to Provision True Up | | (31,976) | 1.050 |
| Total | \$ | (633,780) | 20.880% |
| Federal and foreign income taxes incurred | \$ | 3,943,091 | -129.910% |
| Change in net deferred income taxes | | (4,576,871) | 150.790 |
| Total statutory income taxes | \$ | (633,780) | 20.880% |

E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2018, the Company does not have any net operating loss carry-forwards, capital loss carry-forwards or foreign tax credits.
- (2) Income tax expense available for recoupment As a result of recent tax reform (TCJA), the Company can no longer carry back future losses, therefore there are no available taxes for recoupment.
- (3) Deposits admitted under IRC Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
 - (1) The Company will file a consolidated Federal income tax return with Commonwealth Annuity and Life Insurance Company ("CwA"), Accordia Life and Annuity Company ("Accordia"), Cape Verity II, Inc., Cape Verity III, Inc., Gotham Re, Inc., Forethought National Life Insurance Company, Forethought Life Insurance Company, Forethought Life Insurance Company, Forethought Life Insurance Company is a party to a written agreement, which sets forth the manner in which the total combined Federal income tax is allocated to each entity within the consolidated group. Pursuant to this agreement, Accordia is obligated to perform all of the Company's tax sharing obligations and is entitled to accept all of the Company's tax sharing benefits. Accordingly, any current taxes payable or receivable of the Company are reflected by Accordia.
 - (2) The IRS routinely audits the Company's federal income tax returns, and when appropriate, provisions are made in the financial statements in anticipation of the results of these audits. The Company believes that its income tax filing positions and deductions will be sustained on audit, and does not anticipate any adjustments that will result in a material, adverse effect on the Company's financial condition, results of operations, or cash flow. Therefore, no reasonable estimate can be made for tax loss contingencies and none has been recorded.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

Cape Verity I, Inc. was formed on August 15, 2013 and commenced business as a limited purpose subsidiary life insurance company domiciled and licensed in the state of Iowa. All outstanding shares of the Company's common stock are directly owned by Accordia, a stock life insurance company domiciled in the state of Iowa. All outstanding shares of Accordia are owned by Commonwealth, an insurance company incorporated in the state of Massachusetts. Accordia carries the Company at its statutory net worth, as prescribed in the Securities Valuations Office Purposes and Procedures manual. Accordia is an indirect wholly owned subsidiary of Global Atlantic Financial Group ("GAFG").

The Company owns market traded bonds of Goldman Sachs, with a NAIC rating of 1, a carrying value of \$1,815, and a market value of \$1,815, as of December 31, 2018. The purchase of these securities constituted arms-length transactions.

B. Detail of Transactions Greater than $\frac{1}{2}$ of 1% of total admitted assets

The Company did not have any asset transfers greater than 1/2 of 1% during the period ending December 31, 2018.

- C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements Not Applicable
- D. Amounts Due to or From Related Parties

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

As of December 31, 2018, the Company reported \$0 receivable from affiliates and \$300 due to affiliates. All intercompany balances to or from parent, subsidiaries, and affiliates are settled within 30 days of their incurrence under the terms of the intercompany expense sharing agreements.

- E. Guarantees or Contingencies Not Applicable
- F. Management, Service Contracts, Cost Sharing Arrangement

The Company has entered into administration, shared services, management services, and investment management services agreements with related parties. These affiliates provide legal, compliance, technology, operations, financial reporting, human resources, and risk management services. The Company did not record expenses for these agreements at December 31, 2018.

G. Nature of Relationships that Could Affect Operations

The Company's various affiliated relationships and agreement/transactions are discussed above in Note 10. The operating results and financial position of the Company as reported in these financial statements would not be significantly different from those that would have been obtained if the Company were autonomous.

- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments Not Applicable
- N. Investment in Insurance SCAs Not Applicable
- 0. SCA Loss Tracking Not Applicable

11. Debt

- A. Debt, Including Capital Notes Not Applicable
- B. FHLB (Federal Home Loan Bank) Agreements Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1. The Company has 25,000 shares authorized, issued and outstanding. All shares are common stock.
- 2. The Company has no preferred stock authorized.
- The payment of dividends by the Company to its parent is regulated under lowa law. Under lowa law, the Company may pay dividends only
 from the earned surplus arising from its business and must receive the prior approval (or non-disapproval) of the lowa Insurance Commissioner
 to pay any dividend that would exceed certain statutory limitations.
- 4. As of December 31, 2018 and December 31, 2017, no dividends were paid to Accordia.
- 5. lowa law provides that a Limited Purpose Subsidiary Life Insurance Company ("LPS") may pay dividends that do not decrease the capital of the LPS below the minimum capital and surplus requirements designated by the commissioner of the Iowa Department, provided that payment of such dividend would not jeopardize the ability of the LPS to fulfill its obligations.
- 6. The unassigned surplus is held for the benefit of the Company's shareholder.
- 7. There were no unpaid advances to surplus.
- 8. Stock Held for Special Purposes
 - No shares of stock are held by the Company, including stock of affiliated companies, for special purposes.
- 9. There were no changes in balances of special surplus.

10. Unassigned funds (surplus)

The portion of unassigned funds (surplus) represented or reduced by unrealized gains and (losses), net of capital gains tax, was \$0 at December 31, 2018, and December 31, 2017, respectively.

- 11. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- 12. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- 13. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments - Not Applicable

14. Liabilities, Contingencies and Assessments (Continued)

B. Assessments

Unfavorable economic conditions may contribute to an increase in the number of insurance companies that are under regulatory supervision. This may result in an increase in mandatory assessments by state guaranty funds, or voluntary payments by solvent insurance companies to cover losses to policyholders of insolvent or rehabilitated companies. Mandatory assessments, which are subject to statutory limits, can be partially recovered through a reduction in future premium taxes in some states. The Company is not able to reasonably estimate the potential impact of any such future assessments or voluntary payments.

- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges None
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits Not Applicable
- E. Joint and Several Liabilities Not Applicable
- F. All Other Contingencies Not Applicable

15. Leases

- A. Lessee Operating Lease Not Applicable
- B. Lessor Leases Not Applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables Reported as Sales Not Applicable
 - B. Transfers and Servicing of Financial Assets Not Applicable
 - C. Wash Sales Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable

20. Fair Value Measurements

- A. Fair Value Measurement Not Applicable
- B. Other Fair Value Disclosures

No additional disclosures are required pertaining to fair value measurement.

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

| Type of Financial Instrument | Ag | gregate Fair Value | Ad | mitted Assets | Level 1 | Level 2 | Level 3 | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----|-----------------------|----|---------------|---------------|-------------------|------------------|--------------------------|-------------------------------------|
| Bonds | \$ | 814,061,660 | \$ | 832,648,232 | \$ 977,173 | \$ 802,786,940 | \$ 10,297,547 | \$ | \$ |
| CML | | 5,781,497 | | 5,534,282 | | 5,781,497 | | | |
| Short-term Investments | | 1,990,261 | | 1,990,261 | 1,990,261 | | | | |
| Cash and equivalents | | 3,708,507 | | 3,708,507 | 3,708,507 | | | | |

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures

The Company is the holder of a contingent note security utilized to enable the Company to secure statutory reserve credit for the reinsurance ceded to the Company under its reinsurance agreement. Total outstanding principal of the contingent note as of December 31, 2018 was \$531,828,545.

The Company's parent is currently undergoing a conversion to a new life insurance administration system, which impacts the business assumed. As part of this conversion certain life insurance policies have been temporarily restricted at December 31, 2018, resulting in a delay of the billing of premiums and other related policy transactions. In limited cases, estimates were used for restricted policy balances within the financial statements. Any variances to the estimates will be recorded as policies are released from the restricted status in future periods.

The Company's largest single life insurance policy face value as of December 31, 2018 is \$10,345,536.

D. Business Interruption Insurance Recoveries

The Company did not have any business interruption insurance recoveries as of December 31, 2018 or December 31, 2017.

E. State Transferable and Non-Transferable Tax Credits - Not Applicable

21. Other Items (Continued)

- F. Subprime-Mortgage-Related Risk Exposure
 - (1) While the Company holds no direct investments in subprime mortgage loans, the Company may have limited exposure to subprime borrowers through direct investments in primarily investment grade subprime residential mortgage-backed securities. The Company's definition of subprime is predominantly based on borrower statistics from a residential pool of mortgages. Included in the statistics evaluated is the average credit score of the borrower, the loan-to-value ratio, the debt-to-income statistics, and the diversity of all these statistics across the borrower profile. As is true for all securities in the Company's portfolio, the entire mortgage-backed asset portfolio is reviewed for impairments at least quarterly. Additionally, reviews of specific mortgage-backed securities are made on a periodic basis by reviewing both the unrealized gain/loss as well as changes to the underlying statistics. Included in the analysis are current delinquency and default statistics, as well as the current and original levels of subordination on the security.
 - (2) Direct exposure through investments in subprime mortgage loans Not Applicable
 - (3) Direct exposure through other investments Not Applicable
 - (4) Underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty insurance coverage Not Applicable
- G. Retained Assets Not Applicable
- H. Insurance-Linked Securities (ILS) Contracts

The Company owns a security with a book value of \$6,417,916 and \$7,118,712 as of December 31, 2018, and December 31, 2017 respectively, with cash flows based upon the ownership of life settlement assets and single premium immediate annuity assets. This position is held in the Company's investment portfolio and not for risk management of direct or assumed insurance risks. The total death benefit payout on the security would be approximately \$8,489,726 and \$8,038,154 as of December 31, 2018 and December 31, 2017 respectively.

22. Events Subsequent

Type I - Recognized Subsequent Events - No Type I subsequent events to report.

Type II – Non-recognized Subsequent Events – No Type II subsequent events to report.

Subsequent events have been considered through February 19, 2019.

23. Reinsurance

- A. Ceded Reinsurance Report
 - Section 1 General Interrogatories
 - 1. Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee or director of the Company? Yes () No (X)
 - Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (<u>X</u>).

Section 2 - Ceded Reinsurance Report - Part A

- 1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X).
- Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)

Section 3 - Ceded Reinsurance Report - Part B

- 1. What is the estimated amount of the aggregate reduction in surplus, for agreements not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary the Company may consider the current or anticipated experience of the business reinsured in making this estimate. <u>\$0</u>
- Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in force or which had existing reserves established by the Company as of the effective date of the agreement? Yes

 No (X).

23. Reinsurance (Continued)

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

If yes, give full details:

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details:

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- a If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details:

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

- B. Uncollectible Reinsurance Not Applicable
- C. Commutation of Ceded Reinsurance Not Applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- E. Reinsurance of Variable Annuity Contracts with an Affiliated Captive Reinsurer Not Applicable
- F. Reinsurance Agreement with an Affiliated Captive Reinsurer Not Applicable
- G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/AXXX Captive Framework Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable

- 25. Change in Incurred Losses and Loss Adjustment Expenses None
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable

31. Reserves for Life Contracts and Annuity Contracts

- 1. The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. The reserve for surrender values promised in excess of the legally computed reserves is shown in Exhibit 5, Section G, line 2.
- 2. Mean reserves for substandard policies are determined by computing the regular mean reserve for the policy and holding in addition one half of the extra premium charge for the year.
- 3. As of December 31, 2018, the Company had \$484,973,015 of insurance in force for which the gross premiums were less than the net premiums according to the standard of valuation set by the State of Iowa. Reserves to cover the above shortfall in premium totaled \$45,191,423 at December 31, 2018, are calculated annually, and were included in reserves on Page 3, line 1 (Exhibit 5, Section G).
- The tabular interest at December 31, 2018, (Page 7, Line 4), tabular less actual reserve released (Page 7, Line 5) and tabular cost (Page 7, Line 9) have been determined by formula as described in the NAIC instructions for Page 7.
- 5. The tabular interest on funds not involving life contingencies (Page 7, Part B, Line 3) has been determined in a manner consistent with that used for this item in Part A.
- Details for Other Changes
 There is no significant change in reserves showing on Exhibit 7, Line 4, or the "Other Increases (net)" line on Page 7, Line 7, as of December 31, 2018.
- 32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics Not Applicable
- 33. Premiums and Annuity Considerations Deferred and Uncollected Not Applicable
- 34. Separate Accounts Not Applicable
- 35. Loss/Claim Adjustment Expenses Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Is the reporting entity a member of an Insurance Holding Company System is an insurer? If yes, complete Schedule Y, Parts 1, 1A and 2 | | | | | Yes [X] No [] |
|------------|---|---|--|--|-----------|----------------------------------|
| 1.2 | If yes, did the reporting entity register and file with its domiciliary State Ins such regulatory official of the state of domicile of the principal insurer in th providing disclosure substantially similar to the standards adopted by the its Model Insurance Holding Company System Regulatory Act and model subject to standards and disclosure requirements substantially similar to t | e Holding Control National Ass regulations | ompany System, a regis sociation of Insurance Co pertaining thereto, or is t | stration statement ommissioners (NAIC) in the reporting entity | Yes [X | (] No [] N/A [] |
| 1.3 | State Regulating? | | | | | lowa |
| 1.4 | Is the reporting entity publicly traded or a member of a publicly traded gro | up? | | | | Yes [] No [X] |
| 1.5 | If the response to 1.4 is yes, provide the CIK (Central Index Key) code iss | ued by the S | EC for the entity/group. | | - | |
| 2.1 | Has any change been made during the year of this statement in the charter reporting entity? | | | | | Yes [] No [X] |
| 2.2 | If yes, date of change: | | | | | |
| 3.1 | State as of what date the latest financial examination of the reporting entit | ty was made | or is being made. | | | 12/31/2014 |
| 3.2 | State the as of date that the latest financial examination report became as entity. This date should be the date of the examined balance sheet and no | | | | | 12/31/2014 |
| 3.3 | State as of what date the latest financial examination report became avail domicile or the reporting entity. This is the release date or completion date examination (balance sheet date). | e of the exar | nination report and not t | he date of the | | 04/29/2016 |
| 3.4 | By what department or departments? Iowa Insurance Department | | | | | |
| 3.5 | Have all financial statement adjustments within the latest financial examin statement filed with Departments? | | | | Yes [|] No [] N/A [X] |
| 3.6 | Have all of the recommendations within the latest financial examination re | eport been co | omplied with? | | Yes [|] No [] N/A [X] |
| 4.1 4.2 | | es of the repo asured on di of new busine als? | orting entity), receive cre rect premiums) of: ess? | dit or commissions for o | r control | Yes [] No [X] Yes [] No [X] |
| 4.2 | receive credit or commissions for or control a substantial part (more than premiums) of: | 20 percent o | f any major line of busin | | | Yes [] No [X] |
| | | | | | | |
| 5.1 | Has the reporting entity been a party to a merger or consolidation during t If yes, complete and file the merger history data file with the NAIC. | he period co | vered by this statement | ? | | Yes [] No [X] |
| 5.2 | If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation. | domicile (use | e two letter state abbrev | iation) for any entity that | has | |
| | 1 Name of Entity | | 2 NAIC Company Code | 3 State of Domicile | | |
| | | | | | | |
| 6.1 | Has the reporting entity had any Certificates of Authority, licenses or regis revoked by any governmental entity during the reporting period? | strations (incl | uding corporate registra | tion, if applicable) suspe | | Yes [] No [X] |
| 6.2 | If yes, give full information: | | | | | |
| 7.1 | Does any foreign (non-United States) person or entity directly or indirectly | | | | | Yes [X] 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 en attorney-in-fact; and identify the type of entity(s) (e.g., individual, con | ntity is a mut | ual or reciprocal, the na | tionality of its manager o | | 100.0 % |
| | 1 Nationality | | 2 Type of Er | ntity | | |

Bermuda Corporation

GENERAL INTERROGATORIES

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [X] No [] 8.1 If response to 8.1 is yes, please identify the name of the bank holding company. 8.2 The Golman Sachs Group, Inc. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No [] If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 8.4 regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 6 Affiliate Name FD<u>IC</u> Location (City, State) FRB OCC SEC The Goldman Sachs Group, Inc ... New York, NY NO YES YES NO Goldman Sachs & Co. New York, NY N0 YES NO YES Goldman Sachs Execution & Clearing, L.P. Jersey City, NJ .NO YES. .NO. YES. Goldman Sachs Financial Markets, L.P. New York, NY NO NO. NO. YES REDI Global Technologies LLC . New York, NY N0 N0 YES NO. Epoch Securities. Inc. New York NY N0 N0 N0 YES The Goldman Sachs Trust Company, N.A. New York, NY ..NO. YES. YES NO Goldman Sachs Bank USA Salt Lake City, UT YES NO. YES NO. Goldman Sachs Asset Management, L.P. New York, NY NO NO NO YES Mercer Allied Company, L.P. Forethought Investment Advisors, LLC Saratoga Springs, NY .NO. .NO. NO. YES. Indianapolis, IN .NO NO. NO. YES Forethought Distributors, LLC. Simsbury, CT NO NO .NO. YES 9 What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? PricewaterhouseCoopers 699 Walnut Street Des Moines IA 50310 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant 10.1 requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X] 10.2 If the response to 10.1 is yes, provide information related to this exemption: Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as 10.3 Yes [1 No[X] allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 10.4 If the response to 10.3 is yes, provide information related to this exemption: Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? 10.5 Yes [X] No [] N/A [] If the response to 10.5 is no or n/a, please explain 10.6 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. David Neve, 215 10th Street, Suite 1100, Des Moines, IA 50309, Vice President, Chief Actuary, and Appointed Actuary ... Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ... 12.1 Yes [] No [X] 12.11 Name of real estate holding company 12.12 Number of parcels involved 12.13 Total book/adjusted carrying value ... 12.2 If, yes provide explanation: FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY: 13 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [1 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [1 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? 13.4 Yes [] No [] N/A [X] 14.1 Yes [X] No [] relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. 14.11 If the response to 14.1 is No, please explain: 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X] If the response to 14.2 is yes, provide information related to amendment(s). 14.21 143 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X] If the response to 14.3 is yes, provide the nature of any waiver(s). 14 31

GENERAL INTERROGATORIES

| | of Credit and describe the circumstances in which the | n (ABA) Routing Number and the name of the issuing or confirming Letter of Credit is triggered. | |
|--|--|--|--|
| 1 American Bankers Association | 2 | 3 | 4 |
| (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | Amount |
| | | | |
| | | | |
| | r sale of all investments of the reporting entity passed u | D OF DIRECTORS upon either by the board of directors or a subordinate committee | |
| Does the reporting | g entity keep a complete permanent record of the proce | eedings of its board of directors and all subordinate committees | |
| Has the reporting | entity an established procedure for disclosure to its boa | ard of directors or trustees of any material interest or affiliation on the | |
| part of any of its o | fficers, directors, trustees or responsible employees that | at is in conflict with the official duties of such person? | _ Yes [X] No [|
| | 1 | FINANCIAL | |
| Has this statemer | nt been prepared using a basis of accounting other than | n Statutory Accounting Principles (e.g., Generally Accepted | Yes [] No [X |
| | ned during the year (inclusive of Separate Accounts, exercise the second s | clusive of policy loans): 20.11 To directors or other officers | \$ |
| | | 20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal Only) | |
| Total amount of lo | pans outstanding at the end of year (inclusive of Separa | ate Accounts, exclusive of | |
| policy loans): | | 20.21 To directors or other officers | |
| | | 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal Only) | |
| Were any assets obligation being r | reported in this statement subject to a contractual oblig eported in the statement? | ation to transfer to another party without the liability for such | |
| | mount thereof at December 31 of the current year: | 21.21 Rented from others | \$ |
| | | 21.22 Borrowed from others 21.23 Leased from others | |
| | | 21.23 Leased from others | |
| Does this stateme | Int include payments for assessments as described in t | the Annual Statement Instructions other than guaranty fund or | |
| If answer is yes: | | 22.21 Amount paid as losses or risk adjustme | |
| | | 22.22 Amount paid as expenses | |
| Doos the reportin | a antitu rapart anu amaunta dua from parant, aubaidiariu | 22.23 Other amounts paid | |
| | | es or affiliates on Page 2 of this statement? 2 amount: | |
| | IN | VESTMENT | |
| | ks, bonds and other securities owned December 31 of c | current year, over which the reporting entity has exclusive control, in | Yes [X] No [|
| the actual posses | | ecurities lending programs addressed in 24.03) | |
| | | | |
| If no, give full and | complete information relating thereto | | - |
| If no, give full and For security lending whether collateral | ng programs, provide a description of the program inclu is carried on or off-balance sheet. (an alternative is to | uding value for collateral and amount of loaned securities, and reference Note 17 where this information is also provided) | |
| If no, give full and For security lendii whether collateral Does the Compar | ng programs, provide a description of the program inclu is carried on or off-balance sheet. (an alternative is to my's security lending program meet the requirements for | uding value for collateral and amount of loaned securities, and reference Note 17 where this information is also provided) | |
| If no, give full and For security lendii whether collateral Does the Compar Instructions? | ng programs, provide a description of the program inclu is carried on or off-balance sheet. (an alternative is to program meet the requirements for | uding value for collateral and amount of loaned securities, and reference Note 17 where this information is also provided) | [] No [] N/A |
| If no, give full and For security lendii whether collateral Does the Compar Instructions? | ng programs, provide a description of the program inclu is carried on or off-balance sheet. (an alternative is to b ny's security lending program meet the requirements for is yes, report amount of collateral for conforming progr | uding value for collateral and amount of loaned securities, and reference Note 17 where this information is also provided) r a conforming program as outlined in the Risk-Based Capital Yes | [] No [] N/A \$ |
| If no, give full and For security lendii whether collateral Does the Compar Instructions? If answer to 24.04 If answer to 24.04 Does your securit | ng programs, provide a description of the program inclu lis carried on or off-balance sheet. (an alternative is to in my's security lending program meet the requirements for is yes, report amount of collateral for conforming program is no, report amount of collateral for other programs ies lending program require 102% (domestic securities) | uding value for collateral and amount of loaned securities, and reference Note 17 where this information is also provided) r a conforming program as outlined in the Risk-Based Capital Yes | [] No [] N/A \$ |
| If no, give full and For security lendii whether collateral Does the Compar Instructions? If answer to 24.04 If answer to 24.04 Does your securit outset of the cont | ng programs, provide a description of the program inclu is carried on or off-balance sheet. (an alternative is to in my's security lending program meet the requirements for is yes, report amount of collateral for conforming program is no, report amount of collateral for other programs ies lending program require 102% (domestic securities) ract? | uding value for collateral and amount of loaned securities, and reference Note 17 where this information is also provided) r a conforming program as outlined in the Risk-Based Capital rams. | [] No [] N/A \$ [] No [] N/A |

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

| 24.102 Total book adjusted/carrying value of reinvested of | orted on Schedule DL, Parts 1 and 2\$ collateral assets reported on Schedule DL, Parts 1 and 2\$ ne liability page\$ |
|---|---|
| Were any of the stocks, bonds or other assets of the reporting entity owner control of the reporting entity, or has the reporting entity sold or transferred force? (Exclude securities subject to Interrogatory 21.1 and 24.03). | d any assets subject to a put option contract that is currently in |
| If yes, state the amount thereof at December 31 of the current year: | 25.21 Subject to repurchase agreements \$ 25.22 Subject to reverse repurchase agreements \$ 25.23 Subject to dollar repurchase agreements \$ 25.24 Subject to reverse dollar repurchase agreements \$ 25.25 Placed under option agreements \$ 25.26 Letter stock or securities restricted as to sale - \$ 25.27 FHLB Capital Stock \$ 25.29 On deposit with states \$ 25.29 On deposit with other regulatory bodies \$ 25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 25.32 Other \$ |

25.3 For category (25.26) provide the following:

25.1

25.2

| | 1 Nature of Restriction | 2 Description | 3 Amount | | | |
|------|---|--|------------------|--|--|--|
| | | | | | | |
| 26.1 | Does the reporting entity have any hedging transactions reported on Sc | hedule DB? | Yes [] No [X] | | | |
| 26.2 | If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? | | | | | |
| 27.1 | 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? | | | | | |
| 27.2 | If yes, state the amount thereof at December 31 of the current year | | \$ | | | |
| 28. | Excluding items in Schedule E - Part 3 - Special Deposits, real estate, r offices, vaults or safety deposit boxes, were all stocks, bonds and other custodial agreement with a qualified bank or trust company in accordan Outsourcing of Critical Functions, Custodial or Safekeeping Agreement | securities, owned throughout the current year held pursuant to a ce with Section 1, III - General Examination Considerations, F. | Yes [X] No [] | | | |

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

| 1 | 2 |
|----------------------|---|
| Name of Custodian(s) | Custodian's Address |
| US Bank N.A. | 1025 Connecticut Avenue, NW Suite 517, Washington, DC 20036 |
| | - |

28.02 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:

| 1 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| | | |

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
| | | | |

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1 | 2 |
|---|-------------|
| Name of Firm or Individual | Affiliation |
| Internal Global Atlantic Investment Team | I |
| Goldman Sachs Asset Management CLO, Corp. | Α |
| | |

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|----------------------|--|-------------------------------|-----------------|-------------|
| | | | | Investment |
| | | | | Management |
| Central Registration | | | | Agreement |
| Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | (IMA) Filed |
| | Goldman Sachs Asset Management CLO, Corp | 5493000C7DKPYVE0MA87 | | 0S |
| | | | | |

29.2 If yes, complete the following schedule:

| 1 | 2 | 3 |
|-----------------|---------------------|----------------|
| | | Book/Adjusted |
| CUSIP # | Name of Mutual Fund | Carrying Value |
| | | |
| 29.2999 - Total | | |

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

| 1 | 2 | 3 | 4 |
|--|------------------------------------|----------------------|-----------|
| | | Amount of Mutual | |
| | | Fund's Book/Adjusted | |
| | | Carrying Value | |
| | Name of Significant Holding of the | Attributable to the | Date of |
| Name of Mutual Fund (from above table) | Mutual Fund | Holding | Valuation |
| | | | |
| | | | |

30. 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.

| | 1 | 2 | 3 |
|-----------------------|----------------------|-------------|-------------------------|
| | | | Excess of Statement |
| | | | over Fair Value (-), or |
| | Statement (Admitted) | | Fair Value over |
| | Value | Fair Value | Statement (+) |
| 30.1 Bonds | | | (18,586,572) |
| 30.2 Preferred stocks | | | |
| 30.3 Totals | 836.583.849 | 817.997.277 | (18,586,572) |

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

Fair values are generally derived using external independent pricing vendors and validated by comparing to broker quotes, recent open market trades and/or internally developed pricing models.

| 31.1 | Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? | Yes [|] | No [| Χ] |
|--------------|--|---------|-----|------|----|
| 31.2 | If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? | Yes [|] | No [|] |
| 31.3 | If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: | | | | |
| 32.1 32.2 | Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? | Yes [X | (] | No [|] |

GENERAL INTERROGATORIES

| 33. | By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available. b. Issuer or obligor is current on all contracted interest and principal payments. c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. | | |
|------|--|-------|------------|
| | Has the reporting entity self-designated 5GI securities? | Yes [|] No [X] |
| 34. | By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: a. The security was purchased prior to January 1, 2018. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators. d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Has the reporting entity self-designated PLGI securities? | Yes [|] No [X] |
| | OTHER | | |
| 35.1 | Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? | \$ | |
| 35.2 | List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade association service organizations and statistical or rating bureaus during the period covered by this statement. | ns, | |
| | 1 2 Name Amount Paid | | |
| 36.1 | Amount of payments for legal expenses, if any? | \$ | |
| 36.2 | 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. | | |
| | 1 2 Name Amount Paid | | |
| | | | |
| 37.1 | Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? | \$ | |
| 37.2 | 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. | | |

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

| 1.1 | Does | the reporting entity have any direct Medicare Supplement Insurance in force? | | Yes [|] No [X] |
|-----|--|---|--|----------|-------------|
| 1.2 | 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 | Indica | te amount of earned premium attributable to Canadian and/or Other Alien not included | in Item (1.2) above. | \$ | |
| 1.5 | Indica | te total incurred claims on all Medicare Supplement insurance. | | \$ | |
| 1.6 | Indivi | dual policies: | Most current three years: 1.61 Total premium earned | \$ | |
| | | | 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 | o policies: | Most current three years: 1.71 Total premium earned | \$ | |
| | | | All years prior to most current three years 1.74 Total premium earned | \$ | |
| 2. | Healt | h Test: | | | |
| | 2.1 2.2 2.3 2.4 | Premium Numerator | | | |
| | 2.5 2.6 | Reserve Denominator | 1,273,566,2831,218,590,593 | | |
| 3.1 | Does | this reporting entity have Separate Accounts? | | Yes [|] No [X] |
| 3.2 | If yes | has a Separate Accounts Statement been filed with this Department? | |] No [|] N/A [X] |
| 3.3 | What distrib | portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts to the general account for use by the general accou | arate Accounts statement, is not currently nt? | \$ | |
| 3.4 | State | the authority under which Separate Accounts are maintained: | | | |
| 3.5 | Wasa | any of the reporting entity's Separate Accounts business reinsured as of December 31? | | |] No [X] |
| 3.6 | Has t | he reporting entity assumed by reinsurance any Separate Accounts business as of Dece | ember 31? | Yes [|] No [X] |
| 3.7 | Accou | reporting entity has assumed Separate Accounts business, how much, if any, reinsuran Ints reserve expense allowances is included as a negative amount in the liability for "Tra ? | ansfers to Separate Accounts due or accrued | \$ | |
| 4.1 | by this | ersonnel or facilities of this reporting entity used by another entity or entities or are persons s reporting entity (except for activities such as administration of jointly underwritten grou s)? | p contracts and joint mortality or morbidity | Yes [|] No [X] |
| 4.2 | Net re | eimbursement of such expenses between reporting entities: | 4.21 Paid | | |
| 5.1 | Does | the reporting entity write any guaranteed interest contracts? | | | |
| 5.2 | | what amount pertaining to these lines is included in: | | 100 [| , w [v] |
| 0.2 | yes | and another pertaining to those into to more unit. | 5.21 Page 3, Line 1 5.22 Page 4, Line 1 | | |
| 6. | FOR | STOCK REPORTING ENTITIES ONLY: | J.22 Faye 4, LITE 1 | Р | |
| 6.1 | Total | amount paid in by stockholders as surplus funds since organization of the reporting enti | ty: | .\$ | |
| 7. | Total | dividends paid stockholders since organization of the reporting entity: | | | |
| | | | 7.11 Cash | \$ \$ | |

GENERAL INTERROGATORIES

| 8.1 | Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance. | | | | | |] | No [| X] |
|------------------|---|--|--------------------------------------|-------------------|---|----------------|---|------|-----|
| 8.2 | | | | | | |] | No [|] |
| 8.3 | lf 8.1 | is yes, the amounts of earned premiums and claims incurred in this | s statement are: 1 Reinsurance | 2 Reinsurance | 3 Net | | | | |
| | | | Assumed | Ceded | Retained | | | | |
| | | Earned premium | | | | | | | |
| | | Paid claims | | | | | | | |
| | | Claim liability and reserve (beginning of year) | | | | | | | |
| | 8.34 | Claim liability and reserve (end of year) | | | | | | | |
| | 8.35 | Incurred claims | | | | | | | |
| 8.4 | | nsurance assumed included amounts with attachment points below for Column (1) are: | \$1,000,000, the distrib | | ported in Lines 8.31 and | | | | |
| | | 644 - ch | | 1 | 2 Olaina Liability | | | | |
| | | Attachment Point | | Earned Premium | Claim Liability and Reserve | | | | |
| | 8.41 | <\$25,000 | | | | | | | |
| | 8.42 | \$25,000 - 99,999 | | | | | | | |
| | 8.43 | \$100,000 - 249,999 | | | | | | | |
| | 8.44 | \$250,000 - 999,999 | | | | | | | |
| | 8.45 | \$1,000,000 or more | | | | | | | |
| | 0.40 | \$1,000,000 01 more | | | | | | | |
| 8.5 | What | t portion of earned premium reported in 8.31, Column 1 was assum | ed from pools? | | | \$ | | | |
| 9. 9.1 9.2 | claim Amou | For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only: Amount of loss reserves established by these annuities during the current year: List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities. | | | | | | | |
| | | | | | | | | | |
| | | Stateme on Purch of Anr P&C Insurance Company And Location (i.e., Prese | | | 2 Statement Va on Purchase D of Annuities (i.e., Present Va | Date Salue) | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10.1 | Do yo | ou act as a custodian for health savings accounts? | | | | Yes [|] | No [| X] |
| 10.2 | If yes | , please provide the amount of custodial funds held as of the report | ting date | | | \$ | | | |
| 10.3 | Do yo | ou act as an administrator for health savings accounts? | | | | Yes [|] | No [| X] |
| 10.4 | If yes | , please provide the balance of funds administered as of the report | ing date. | | | \$ | | | |

GENERAL INTERROGATORIES

- 11.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?
- 11.2 If the answer to 11.1 is yes, please provide the following:

13. 13.1

| 2 | 3 | 4 | Assets Supporting Reserve Credit | | | |
|---------|-----------------|--|---|---|--|--|
| NAIC | | | 5 | 6 | 7 | |
| Company | Domiciliary | Reserve | Letters of | Trust | | |
| Code | Jurisdiction | Credit | Credit | Agreements | Other | |
| | | | | | | |
| | | | | | | |
| | Company Code | Company Domiciliary Code Jurisdiction | Company Code Domiciliary Jurisdiction Reserve Credit | NAIC 5 Company Domiciliary Reserve Letters of Code Jurisdiction Credit Credit | NAIC 5 6 Company Domiciliary Reserve Letters of Trust Code Jurisdiction Credit Credit Agreements | |

12. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

| 12.1 Direct Premium Written\$ |
|--|
| 12.2 Total Incurred Claims\$ |
| 12.3 Number of Covered Lives |
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary gurarantee) |
| Universal Life (with or without secondary gurarantee) |
| Variable Universal Life (with or without secondary gurarantee) |
| s the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? |
| no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of ne reporting entity? |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc.

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

| | | \$000 omitted for an | nounts of life insur | ance . | - | |
|------------|---|----------------------|----------------------|------------|---------------|------------------|
| | | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
| | Life Insurance in Force | | - | | | |
| | (Exhibit of Life Insurance) | | | | | |
| 1. | Ordinary - whole life and endowment (Line 34, Col. | | | | | |
| _ | | 1,894,557 | 1,922,043 | 1,952,268 | 2,024,250 | 4, 169, 110 |
| 2. | Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) | | | | | |
| 3. | Credit life (Line 21, Col. 6) | | | | | |
| 4. | Group, excluding FEGLI/SGLI (Line 21, Col. 9 less | | | | | |
| | Lines 43 & 44, Col. 4) | | | | | |
| 5. | Industrial (Line 21, Col. 2) | | | | | |
| 6. | FEGLI/SGLI (Lines 43 & 44, Col. 4) | | | | | |
| | Total (Line 21, Col. 10) | 1,894,557 | 1,922,043 | 1,952,268 | 2,024,250 | 4,169,110 |
| 7.1 | Total in force for which VM-20 deterministic/stochastic reserves are calculated | | | XXX | | xxx |
| | New Business Issued | | | | | |
| | (Exhibit of Life Insurance) | | | | | |
| 8. | Ordinary - whole life and endowment (Line 34, Col. | | | | | |
| | 2) | | | | | |
| 9. | Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) | | | | | |
| 10. | Credit life (Line 2, Col. 6) | | | | | |
| 11. | Group (Line 2, Col. 9) | | | | | |
| 12. | Industrial (Line 2, Col. 2) | | | | | |
| 13. | Total (Line 2, Col. 10) | | | | | |
| | Premium Income - Lines of Business | | | | | |
| | (Exhibit 1 - Part 1) | | | | | |
| | Industrial life (Line 20.4, Col. 2) | | | | | |
| | Ordinary-life insurance (Line 20.4, Col. 3) | | | | | |
| | Ordinary-individual annuities (Line 20.4, Col. 4) Credit life (group and individual) (Line 20.4, Col. 5) | | | | | |
| 16 17 1 | Group life insurance (Line 20.4, Col. 6) | | | | | |
| | Group annuities (Line 20.4, Col. 7) | | | | | |
| | A & H-group (Line 20.4, Col. 8) | | | | | , |
| | A & H-credit (group and individual) (Line 20.4 | | | | | |
| 10.2 | Col. 9) | | | | | |
| 18.3 | A & H-other (Line 20.4, Col. 10) | | | | | |
| 19. | Aggregate of all other lines of business (Line | | | | | |
| | 20.4,Col. 11) | | 10, 100, 510 | 00 507 550 | 00.070.001 | 00.005.000 |
| 20. | | | | | | |
| 04 | Balance Sheet (Pages 2 & 3) Total admitted assets excluding Separate Accounts | | | | | |
| 21. | business (Page 2, Line 26, Col. 3) | 1,424,265,586 | | | | 1, 126, 088, 758 |
| 22. | Total liabilities evaluding Senarate Assounts | | | | | |
| | business (Page 3, Line 26) | | | | | |
| 23. | Aggregate life reserves (Page 3, Line 1) | | 1,263,535,744 | | 1,142,393,936 | 1,075,882,096 |
| 23.1 | Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1 | | | XXX | XXX | XXX |
| 24. | Aggregate A & H reserves (Page 3, Line 2) | | | | | |
| 25. | Deposit-type contract funds (Page 3, Line 2) | | | | | |
| 26. | Asset valuation reserve (Page 3, Line 24.01) | | | | | |
| 27. | Capital (Page 3, Lines 29 and 30) | 2,500,000 | | 2,500,000 | | |
| 28. | Surplus (Page 3, Line 37) | | | | | |
| | Cash Flow (Page 5) | , , | , , | , , | , , | |
| 29. | Net Cash from Operations (Line 11) | | | | | |
| | Risk-Based Capital Analysis | | | | | |
| 30. | Total adjusted capital | | | | | |
| 31. | Authorized control level risk - based capital | | 6,958,137 | | | 5,753,172 |
| | Percentage Distribution of Cash, Cash | | | | | |
| | Equivalents and Invested Assets | | | | | |
| | (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0 | | | | | |
| 32. | Bonds (Line 1) | 97.2 | 96.0 | 96.4 | 94 7 | 92.2 |
| 33. | Stocks (Lines 2.1 and 2.2) | | | | | |
| 34. | Mortgage loans on real estate(Lines 3.1 and 3.2) | | | | | |
| 35. | Real estate (Lines 4.1, 4.2 and 4.3) | | | | | |
| 36. | Cash, cash equivalents and short-term investments | | | | | |
| | (Line 5) | 0.7 | 1.8 | 0.9 | 1.8 | 2.5 |
| 37. | Contract loans (Line 6) | | | | | |
| 38. | Derivatives (Page 2, Line 7) | | | | | |
| 39. | Other invested assets (Line 8) | | | | | |
| 40. | Receivables for securities (Line 9) | | | | | 0.0 |
| 41. | Securities lending reinvested collateral assets (Line 10) | | | | | |
| | | | | | | |
| 42 | Aggregate write-ins for invested assets (Line 11) | | | | | |
| 42. 43. | Aggregate write-ins for invested assets (Line 11) Cash, cash equivalents and invested assets | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc.

FIVE-YEAR HISTORICAL DATA

| | | 1 | inued) 2 | 3 | 4 | 5 |
|------------|--|---------------|---------------|---------------|---------------|-------------|
| | | 2018 | 2017 | 2016 | 2015 | 2014 |
| | Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 14. | Affiliated bonds (Schedule D Summary, Line 12, Col. 1) | | 2,201,844 | 2,210,486 | | |
| 45. | Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) | | | | | |
| 46. | Affiliated common stocks (Schedule D Summary Line 24, Col. 1), | | | | | |
| 47. | Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | | | | | |
| 48. | Affiliated mortgage loans on real estate | | | | | |
| 49. | All other affiliated | | 0.004.044 | 0.040.400 | | |
| 50. | Total of above Lines 44 to 49 | | 2,201,844 | 2,210,486 | | |
| 51. | Total Investment in Parent included in Lines 44 to 49 above | | | | | |
| | Total Nonadmitted and Admitted Assets | | | | | |
| 52. | Total nonadmitted assets (Page 2, Line 28, Col. 2) | | | | | |
| 53. | Total admitted assets (Page 2, Line 28, Col. 3) | 1,424,265,586 | 1,347,528,931 | 1,282,597,111 | 1,202,407,606 | 1,126,088,7 |
| | Investment Data | | | | | |
| 54. | Net investment income (Exhibit of Net Investment Income) | | | | | |
| 55. | Realized capital gains (losses) (Page 4, Line 34, Column 1) | | (780,975) | (824,406) | (25,161) | |
| 56. | Unrealized capital gains (losses) (Page 4, Line 38, Column 1) | | | | | |
| 57. | Total of above Lines 54, 55 and 56 Benefits and Reserve Increases (Page 6) | | | | 31,919,377 | |
| 58. | Total contract benefits - life (Lines 10, 11, 12, 13, 14 | | | | | |
| 50. | and 15 Col. 1, minus Lines 10, 11,12, 13, 14 and 15 Cols. 9, 10 and 11) | | | | | |
| 59. | | | | | | |
| 60. | Increase in life reserves - other than group and annuities (Line 19, Cols. 2 and 3) | | | | | |
| 61. | | | | | | |
| 62. | Dividends to policyholders (Line 30, Col. 1) | | | | | |
| | Operating Percentages | | | | | |
| 63. | Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 | | | | | 10 |
| 64. | Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 | 2.7 | 2.4 | | | 2 |
| 65. | A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) | | | | | |
| 66. | A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) | | | | | |
| 67. | A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) | | | | | |
| 68. | A & H Claim Reserve Adequacy Incurred losses on prior years' claims - group health | | | | | |
| 69. | (Schedule H, Part 3, Line 3.1 Col. 2) Prior years' claim liability and reserve - group health | | | | | |
| 70. | (Schedule H, Part 3, Line 3.2 Col. 2) Incurred losses on prior years' claims-health other | | | | | |
| 74 | than group (Schedule H, Part 3, Line 3.1 Col. 1 less Col. 2) | | | | | |
| /1. | Prior years' claim liability and reserve-health other than group (Schedule H, Part 3, Line 3.2 Col. 1 less Col. 2) | | | | | |
| | Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33) | | | | | |
| 72. | Industrial life (Col. 2) | | | | | |
| 73. | Ordinary - life (Col. 3) | | | | | |
| 74. | Ordinary - individual annuities (Col. 4) | | | | | |
| 75. 76 | Ordinary-supplementary contracts (Col. 5) | | | | | |
| 76. 77. | Credit life (Col. 6) Group life (Col. 7) | | | | | |
| 7. 78. | Group inte (Col. 7) | | | | | |
| °o. 79. | A & H-group (Col. 9) | | | | | |
| 3. 30. | A & H-credit (Col. 10) | | | | | |
| 31. | A & H-other (Col. 11) | | | | | |
| 32. | Aggregate of all other lines of business (Col. 12) | | | | | |
| 33. | Total (Col. 1) | (7,195,894) | 3,289,835 | (20,078,160) | (8,176,138) | (3,810,8 |



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | | NAIC Compa | NAIC Company Code 15475 | | | |
|---------|---|---------------------------------------|--|------------|-----------------|-------------------------|--|--|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total | | | |
| 1. | Life insurance | Ordinary | | Gloup | industrial | Total | | | |
| 2. | Annuity considerations | | | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | | | |
| 4. | Other considerations | | | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | |
| Life in | surance: | | | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | | | |
| 6.4 | Other | | | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | | | |
| Annui | ties: | | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | | | |
| 7.3 | Other | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | |
| 9. | Death benefits | | | | | | | | |
| 10. | Matured endowments | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | | | |
| | | | | | | | | | |
| | All other benefits, except accident and health | | | | | | | | |
| 15. | Totals | | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | |
| 1301. | | | | | | | | | |
| 1302. | | | | | | | | | |
| 1303. | | | | | - | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Compa | NAIC Company Code 15475 | | | |
|----------|---|------------|--------------------|-------|------------|-------------------------|--|--|--|
| | | 1 | 2 | 3 | 4 | 5 | | | |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | T | | | |
| 4 | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | | | |
| 1. 2. | Life insurance | | | | | | | | |
| 2. | Annuity considerations Deposit-type contract funds | | | | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | | | | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | |
| L ifo in | surance: | | | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | | | |
| - | Applied to pay renewal premiums | | | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | | | |
| 6.4 | Other | | | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | | | |
| Annui | | | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | | | |
| 7.3 | Other | | | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | |
| 9. | Death benefits | | | | | | | | |
| 10. | Matured endowments | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | |
| | All other benefits, except accident and health | | | | | | | | |
| 15. | Totals | | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | |
| 1301. | | | | | | | | | |
| 1302. | | | | | | | | | |
| 1303. | | | | | | | | | |
| | Summary of Line 13 from overflow page | | | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | | NAIC Company Code 15475 | | |
|---------|---|---------------|--|------------|-------------------------|------------|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total | |
| 1. | Life insurance | | | | | | |
| 2. | Annuity considerations | | | | | | |
| 3. | Deposit-type contract funds | | | | | | |
| 4. | Other considerations | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life in | surance: | | | | | | |
| 6.1 | | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | |
| | endowment or premium-paying period | | | | | | |
| | Other | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | |
| Annui | ties: | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | |
| 7.3 | Other | ····· | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| | | | | | | | |
| | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|----------|-----------------------------------|-----------------|-------------------------|--------|-----|-----------|----------|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of Certifs. | 6 | 7 | 8 | 9 No. | 10 |
| | INO. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | INO. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | | | . of | | | | | |
| year 21. Issued during year | | | 1 | (a) | t | | | | | |
| 21. Issued during year 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc.

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCI | NAIC Compa | ny Code 15475 | |
|---------|---|----------|-------------------------|------------|---------------|-------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life ir | isurance: | | | | | |
| 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | - | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | 33 - 3 | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | C | redit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | li li | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) current | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | | NAIC Compa | any Code 15475 |
|---------|---|----------|--------------------|-------|------------|----------------|
| | · | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | | Credit Life (Group | | | |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| - | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims | | | | | |
| | and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 | | | | | |
| | above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | NAIC Compa | any Code 15475 | |
|----------|---|------------|--------------------|------------|----------------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | T |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| | Paid in cash or left on deposit | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | <u></u> | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | ····· | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|----------|---|----------|-------------------------|------------|---------------|-------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | XXX | | XXX | |
| 3. 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| - | 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | - | Credit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | l | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) current | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|----------|--|----------|--------------------|-------|------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 0 1 | Credit Life (Group | 0 | | T |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | - | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|---------|---|---------------|--|------------|-----------------|------------|
| | DIRECT PREMIUMS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | | Cloup | industrial | rotai |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| 9. | DIRECT CLAIMS AND BENEFITS PAID Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|----------|-----------------------------------|-----------------|-------------------------|--------|-----|-----------|----------|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of Certifs. | 6 | 7 | 8 | 9 No. | 10 |
| | NO. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | INO. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | | | . of | | | | | |
| year 21. Issued during year | | | 1 | (a) | t | | | | | |
| 21. Issued during year 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|----------|--|----------|--------------------|-------|------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 0 " | Credit Life (Group | 0 | | T |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| - | Paid in cash or left on deposit | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|---------|---|----------|-------------------------|------------|---------------|-------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | . XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | ····· | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | ++ | |
| | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|-----|----------|-----------------------------------|-----------------|-------------|--------|-----|-----------|-----|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | , | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| 21. Issued during year | | | | · · | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|------------|---|----------|---------------------------------------|-------|------------|---------------|
| | DIRECT PREMIUMS | 1 | 2 Cradit Life (Craun | 3 | 4 | 5 |
| | AND ANNUITY CONSIDERATIONS | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. | Life insurance | Ordinary | and marriadal) | Cloup | industrial | Total |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | | | - | | |
| 0 | | | | | | |
| 9. | Death benefits | | | | | |
| 10. 11. | Matured endowments Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims | | | | | |
| 15. | 00 0 | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|-----|----------|-----------|-----------------|----------|--------|-----|-----------|-----|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND | | | No. of | | | | | | | |
| MATURED | | | Ind.Pols. | | | | | | | |
| ENDOWMENTS | | | & Gr. | | No. of | | | | | |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| | | | | | . of | | | | | |
| POLICY EXHIBIT | | | | | cies | | | | | |
| 20. In force December 31, prior | | | | | | | | | | |
| year | | | | (a) | | | | | | |
| 21. Issued during year | | | L | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCI | E | NAIC Compa | ny Code 15475 |
|---------|---|----------|-------------------------|-------|------------|---------------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|----------|----------|---|------------------|-------------------------|-------------|-----|-----------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 | 8 | 9 No. | 10 Amount |
| | INO. | Amount | Certils. | Amount | Certiis. | Amount | No. | Amount | INO. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | ···· | | | | | | | |
| Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | . of | | | | | |
| In force December 31, prior year | | | | (a) | | | | | | |
| 21. Issued during year | | | Ι | (-) | Ι | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|---------|---|----------|--------------------|------------|---------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | Ondiana | Credit Life (Group | 0 | la duntaint | T _4-1 |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | | | - | |
| 3. | Deposit-type contract funds | | | | . XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2018

| | Group Code 3891 | | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|---------|--|---------------------------------------|--|------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | endowment or premium-paying period | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | · · · · · · · · · · · · · · · · · · · | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|---------|---|---------------|--|------------|-----------------|---------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | and individual) | Gloup | industrial | TOLAI |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | ····· | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| | Annuity benefits | | | | | |
| | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | | NAIC Company Code 15475 | | | |
|----------|---|----------|--------------------|-------|-------------------------|---------------|--|--|
| | | 1 | 2 | 3 | 4 | 5 | | |
| | | Ondiana | Credit Life (Group | 0 | la du state i | T _4-1 | | |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total | | |
| 2. | Annuity considerations | | | | | | | |
| 2. 3. | Deposit-type contract funds | | | | XXX | | | |
| 4. | Other considerations | | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | |
| l ife in | surance: | | | | | | | |
| - | Paid in cash or left on deposit | | | | | | | |
| | Applied to pay renewal premiums | | | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | | |
| 6.4 | Other | | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | | | |
| Annui | | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | | |
| 7.3 | Other | | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | | |
| 9. | Death benefits | | | | | | | |
| 10. | Matured endowments | | | | | | | |
| 11. | Annuity benefits | | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | | |
| 13. | | | | | | | | |
| | All other benefits, except accident and health | | | | | | | |
| 15. | Totals | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | |
| 1301. | | | | | | | | |
| 1302. | | | | | | | | |
| 1303. | | | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|-----|----------|-----------|-----------------|----------|--------|-----|-----------|-----|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND | | | No. of | | | | | | | |
| MATURED | | | Ind.Pols. | | | | | | | |
| ENDOWMENTS | | | & Gr. | | No. of | | | | | |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| | | | | | . of | | | | | |
| POLICY EXHIBIT | | | | | cies | | | | | |
| 20. In force December 31, prior | | | | | | | | | | |
| year | | | | (a) | | | | | | |
| 21. Issued during year | | | L | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2018

| | Group Code 3891 | l | LIFE INSURANCE | | ny Code 15475 | |
|---------|---|---------------|--|------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | | | XXX | | | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | NAIC Compa | any Code 15475 | |
|----------|---|------------|--------------------|------------|----------------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | T |
| 4 | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. 2. | Life insurance | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| L ifo in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| - | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| 1 | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|----------|----------|---|------------------|-------------------------|-------------|-----|-----------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 | 8 | 9 No. | 10 Amount |
| | INO. | Amount | Certils. | Amount | Certiis. | Amount | No. | Amount | INO. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | ···· | | | | | | | |
| Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | . of | | | | | |
| In force December 31, prior year | | | | (a) | | | | | | |
| 21. Issued during year | | | Ι | (-) | Ι | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Compa | any Code 15475 |
|----------|---|------------|--------------------|-------|------------|----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | 0 " | Credit Life (Group | | | T |
| 4 | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. 2. | Life insurance | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| L ifo in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| - | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Company Code 15475 | | | |
|----------|---|------------|--------------------|-------|-------------------------|----------|--|--|
| | | 1 | 2 | 3 | 4 | 5 | | |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | T | | |
| 4 | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | | |
| 1. | Life insurance | | | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | | | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | |
| L ifo in | surance: | | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | | |
| - | Applied to pay renewal premiums | | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | | |
| 6.4 | Other | | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | | |
| Annui | ties: | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | | |
| 7.3 | Other | | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | | |
| 9. | Death benefits | | | | | | | |
| 10. | Matured endowments | | | | | | | |
| 11. | Annuity benefits | | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | |
| | All other benefits, except accident and health | | | | | | | |
| 15. | Totals | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | |
| 1301. | | | | | | | | |
| 1302. | | | | | | | | |
| 1303. | | | | | | | | |
| | Summary of Line 13 from overflow page | | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | | |

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

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

| 1 | 2 | 3 | 4 | 5 |
|-----------------|-----------------|------------------------|---|--|
| | | Dividends Paid Or | | |
| | Direct Premiums | Credited On Direct | | Direct Losses |
| Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| | | | | |
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| | | | | |
| | | Direct Premiums Earned | Direct Premiums Earned Credited On Direct Business | Direct Premiums Direct Premiums Earned Direct Losses Paid Direct Losses Paid Direct Losses Paid |



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | NAIC Company Code 15475 | | | |
|----------|--|----------|--------------------|-------------------------|------------|-------|--|
| | | 1 | 2 | 3 | 4 | 5 | |
| | DIRECT PREMIUMS | | Credit Life (Group | - | | | |
| - | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | |
| 1. | Life insurance | | | | | | |
| 2. | Annuity considerations | | | | | | |
| 3. 4. | Deposit-type contract funds Other considerations | | XXX | | XXX | | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| э. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| l ifa in | surance: | | | | | | |
| | | | | | | | |
| | Applied to pay renewal premiums | | | | | | |
| | Applied to provide paid-up additions or shorten the | | | | | | |
| 0.5 | endowment or premium-paying period | | | | | | |
| 6.4 | Other | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | |
| Annui | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | |
| 7.3 | Other | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| | | | | Credit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current | | | | Λ | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior | | | | | . of | | | | | |
| year 21. Issued during year | | | | (a) | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| 1 | 2 | 3 | 4 | 5 |
|-----------------|-----------------|------------------------|---|--|
| | | Dividends Paid Or | | |
| | Direct Premiums | Credited On Direct | | Direct Losses |
| Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
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| | | | | |
| | | Direct Premiums Earned | Direct Premiums Earned Credited On Direct Business | Direct Premiums Direct Premiums Earned Direct Losses Paid Direct Losses Paid Direct Losses Paid |



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|----------|---|----------|--------------------|-------|------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | | Credit Life (Group | 0 | | T |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | | | - | |
| 2. 3. | | | | | XXX | |
| 3. 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| | Paid in cash or left on deposit | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|----------|-----------------------------------|-----------------|-------------------------|--------|-----|-----------|----------|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of Certifs. | 6 | 7 | 8 | 9 No. | 10 |
| | INO. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | INO. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | | | . of | | | | | |
| year 21. Issued during year | | | 1 | (a) | t | | | | | |
| 21. Issued during year 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| 1 | 2 | 3 | 4 | 5 |
|-----------------|-----------------|------------------------|---|--|
| | | Dividends Paid Or | | |
| | Direct Premiums | Credited On Direct | | Direct Losses |
| Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | Direct Premiums Earned | Direct Premiums Earned Credited On Direct Business | Direct Premiums Direct Premiums Earned Direct Losses Paid Direct Losses Paid Direct Losses Paid |



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | NAIC Compa | ny Code 15475 | |
|----------|--|----------|--------------------|------------|---------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | Ondiana | Credit Life (Group | 0 | la duatrial | T _4-1 |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| - 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2018

| NAIC | Group Code 3891 | l | LIFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|---------|---|----------|---------------------------------------|-------|------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | Gloup | Industrial | TUIdi |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | - | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|----------|---|----------|--------------------|------------|---------------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | T |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| | Life insurance | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| - | | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|-----|----------|-----------------------------------|-----------------|-------------|--------|-----|-----------|-----|--------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | • | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | •••• | | | | |
| 18.6 Total settlements | | ····· | | | | •••• | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| 21. Issued during year | | | | . , | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | r PPO managed care r | oroducts | and number | r of persons |
| insured under indemnity only products | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | NAIC Company Code 15475 | | |
|----------|--|---------------------------------------|---------------------------------------|-------------------------|--------------|-------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | Ordinary | Credit Life (Group and Individual) | Group | la du atrial | Total |
| 1. | Life insurance | Ordinary | and individual) | Group | Industrial | TOTAL |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife ir | | | | | | |
| 6.1 | | | | | | |
| - | Applied to pay renewal premiums | | | | | |
| 6.3 | | | | | | |
| | endowment or premium-paying period | | | | | |
| 6.4 | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annu | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | · · · · · · · · · · · · · · · · · · · | | | | |
| 7.3 | Other | . | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | . , | | | | | |
| | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 1/ | All other benefits, except accident and health | | | | | |
| | Totals | | | | | |
| 10. | DETAILS OF WRITE-INS | | | | | |
| 1301 | | | | | | |
| 1302 | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1303 | | | | | | |
| 1398 | . Summary of Line 13 from overflow page | | | | + | |
| | . Totals (Lines 1301 thru 1303 plus 1398) (Line 13 | | | | | |
| | above) | | | | | |

| | | | - | Credit Life | | | | | | | |
|--|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|--|
| | (| Drdinary | (Group | and Individual) | | Group | | ndustrial | | Total | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount | |
| Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims18.3 Totals paid | | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | N | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | | |
| Issued during year Other changes to in force (Net) | | | | · · · | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) | ^ | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|----------|--|----------|--------------------|------------|---------------|----------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 0 " | Credit Life (Group | 0 | | T |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| - | Paid in cash or left on deposit | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|-----|----------|-----------|-----------------|----------|--------|-----|-----------|-----|--------|
| | (| Ordinary | (Group | and Individual) | | Group | I | ndustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND | | | No. of | | | | | | | |
| MATURED | | | Ind.Pols. | | | | | | | |
| ENDOWMENTS | | | & Gr. | | No. of | | | | | |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | h | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | . of | | | | | |
| 20. In force December 31, prior | | | | | | | | | | |
| year | | | | (a) | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care p | products | and numbe | r of persons |
| insured under indemnity only products | | | | | |



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|----------|---|----------|-------------------------|------------|---------------|-------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | XXX | | XXX | |
| 3. 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| - | 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | | Credit Life | | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|--|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount | |
| Unpaid December 31, prior year Incurred during current year | | | | | | | | | | | |
| Settled during current year: 18.1 By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims18.3 Totals paid | | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | | |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) | ¢ | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | | 3 | 4 | 5 |
|--|-------------------------|-----------------------|---|--------------------|---------------|
| | · | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care p | oroducts | and number | of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|---------|---|---------------------------------------|-------------------------|------------|---------------|-------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | · · · · · · · · · · · · · · · · · · · | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| | Annuity benefits | | | | | |
| | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | C | Credit Life | | | | | | |
|--|----------|----------|---|-------------------|-------------------------|--------|-----|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 | 7 | 8 Amount | 9 No. | 10 Amount |
| | INO. | Amount | Certils. | Amount | Certils. | Amount | No. | Amount | INO. | Amount |
| 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | | . of | | | | | |
| 21. Issued during year | | | Ι | \ - '/ | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | NAIC Company Code 15475 | | | |
|----------|---|----------|-------------------------|-------------------------|------------|-------|--|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 | |
| - | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | |
| 1. | Life insurance | | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | | |
| 3. 4. | Other considerations | | | | XXX | | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | - | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| l ifo in | surance: | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | |
| - | Applied to pay renewal premiums | | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| 6.4 | Other | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | |
| Annui | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | · | | | | | |
| 7.3 | Other | ····· | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| 13. | | | | | | | |
| | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | ++ | | |
| | | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| | | | 0 | Credit Life | | | | | | | |
|---|-----|----------|-----------------------------------|-----------------|-------------|--------|-----|-----------|-----|--------|--|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 | |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount | |
| 16. Unpaid December 31, prior year | | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | , | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | | |
| 21. Issued during year | | | | · · | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| insured under indemnity only products | • | n n o managoa baro p | | | |



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | NAIC Company Code 15475 | | |
|---------|--|----------|--------------------|-------------------------|------------|-------|
| | · | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | | Credit Life (Group | | | |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| insured under indemnity only products | • | n n o managoa baro p | | | |



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | NAIC Compa | NAIC Company Code 15475 | | |
|----------|--|----------|--------------------|------------|-------------------------|-------|--|
| | | 1 | 2 | 3 | 4 | 5 | |
| | | Ondiana | Credit Life (Group | 0 | la ductión l | Tetel | |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | |
| 2. | Life insurance Annuity considerations | | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | | |
| 4. | Other considerations | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| l ife in | surance: | | | | | | |
| - | Paid in cash or left on deposit | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| 6.4 | Other | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | |
| Annui | ties: | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | \ | | | | | |
| 7.3 | Other | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| | Summary of Line 13 from overflow page | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCI | E | NAIC Comp | any Code 15475 |
|---------|---|---------------|--|------------|-----------------|----------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | | Cloup | industrial | TOtal |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| 9. | DIRECT CLAIMS AND BENEFITS PAID Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | + | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | l | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | \mathbf{A} | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) current | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|------------|--|----------|-------------------------|-------|------------|---------------|
| | | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| _ | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. 13. | Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims | | | | | |
| 13. | and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Company Code 15475 | | |
|-------|---|---------------|--|-------------------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | · · · · · · · · · · · · · · · · · · · | • | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | ····· | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | -++ | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Company Code 15475 | | |
|---------|---|---------------------------------------|--|-------------------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | isurance: | | | | | |
| 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 | | | | | |
| | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | · · · · · · · · · · · · · · · · · · · | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|----------|--|----------|--------------------|-------|--------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | Ordinary | Credit Life (Group | 0 | la duatei al | T _4-1 |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | ++ | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| - | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the | | | | | |
| | endowment or premium-paying period | | | | | |
| 6.4 | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | . | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | + | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | C | redit Life | | | | | | |
|--|-----|----------|-----------------------------------|-----------------|-------------|--------|-----|-----------|-----|--------|
| | | Ordinary | (Group | and Individual) | | Group | Ir | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | ····· | . | | | | | | | |
| Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | | . of | | | | | |
| 21. Issued during year | | | | () | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care p | products | and numbe | r of persons |
| insured under indemnity only products | | | | | |



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | NAIC Compa | ny Code 15475 | |
|----------|---|----------|-------------------------|------------|---------------|-------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Lifo in | surance: | | | | | |
| | | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Compa | any Code 15475 |
|---------|---|----------|--------------------|-------|------------|----------------|
| | · | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | | Credit Life (Group | | | |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 | | | | | |
| | above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| · · · · · · · · · · · · · · · · · · · | | | | | |
|---|--------------------------|-----------------------|--------------------|--------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 |
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan | | | | | |
| premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured under | er PPO managed care p | products | and number | r of persons |

(D) I insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|----------|---|----------|-------------------------|---------|------------|---------------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | isurance: | | | | | |
| 6.1 | | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | <u></u> | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | LIFE INSURANCE | NAIC Company Code 15475 | | |
|-------|---|----------|--------------------|-------------------------|------------|-------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | | Credit Life (Group | - | | |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| - | surance: | | | | | |
| | Paid in cash or left on deposit | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| | Annuity benefits | | | | | |
| | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior | NO. | Amount | Ceruis. | Amount | Ceruis. | Amount | NO. | Amount | INO. | Anount |
| | | | | | | | | | | |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | . | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | | . of | | | | | |
| 21. Issued during year | | | Ι | (<i>)</i> | Τ | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|---------|---|---------------|--|------------|-----------------|---------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | | Oloup | industrial | Total |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | A | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | . , | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|---------|---|---------------|--|------------|-----------------|---------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | and individual) | Oloup | industrial | TOtal |
| 2. | Annuity considerations | | | | 1 | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| _ | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | \mathbf{A} | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) current | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Compa | any Code 15475 |
|---------|--|----------|--------------------|-------|------------|----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | 0 " | Credit Life (Group | 0 | | T / 1 |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | - | | - | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | ····· | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| _ | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | . , | | | | | |
| 12. | Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims | | | | | |
| 13. | and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2018

| NAIC | Group Code 3891 | LIFE INSURANCE NAIC Company Code | | ny Code 15475 | | |
|---------|---|----------------------------------|--|---------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | A | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| | Annuity benefits | | | | | |
| | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

| | Group Code 3891 | | LIFE INSURANCE | NAIC Company Code 15475 | | |
|---------|---|---------------|--|-------------------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | isurance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | | | | | | |
| | | | | | | |
| Annui | | | | | | |
| 7.1 | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | . | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| · · · · · · · · · · · · · · · · · · · | | | | | |
|---|--------------------------|-----------------------|--------------------|--------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 |
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan | | | | | |
| premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured under | er PPO managed care p | products | and number | r of persons |

(D) I insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | FE INSURANCE | E | NAIC Company Code 15475 | | |
|---------|--|----------|-------------------------|-------|-------------------------|-------|--|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 | |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | |
| 1. | Life insurance | orainary | and marriadaly | 0.04p | induotinai | | |
| 2. | Annuity considerations | | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | | |
| 4. | Other considerations | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life in | surance: | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| 6.4 | Other | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | |
| Annui | ties: | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | |
| 7.3 | Other | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| | Summary of Line 13 from overflow page | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 | | | | | | |
| | above) | | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | \mathbf{A} | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a) current | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|----------|---|----------|--------------------|-------|---------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | | Ondiana | Credit Life (Group | 0 | la du stala l | Tatal |
| 1. | AND ANNUITY CONSIDERATIONS Life insurance | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Annuity considerations | | | | - | |
| 3. | Deposit-type contract funds | | | | VVV | |
| 3. 4. | Other considerations | | | | XXX | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 0. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| l ife in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| - | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| 1 | 2 | 3 | 4 | 5 |
|-----------------|-----------------|------------------------|--|--|
| | | Dividends Paid Or | | |
| | Direct Premiums | Credited On Direct | | Direct Losses |
| Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
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| | | | | |
| | | | | |
| | | Direct Premiums Earned | Direct Premiums Earned Credited On Direct Business | Direct Premiums Direct Premiums Earned Direct Losses Paid Direct P |



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|---------|---|---------------|--|------------|-----------------|---------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | ···· | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|----------|----------|---|------------------|-------------------------|-------------|-----|-----------|----------|--------------|
| | (| Ordinary | (Group | and Individual) | | Group | | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 | 8 | 9 No. | 10 Amount |
| | INO. | Amount | Certils. | Amount | Certiis. | Amount | No. | Amount | INO. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | ···· | | | | | | | |
| Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | . of | | | | | |
| In force December 31, prior year | | | | (a) | | | | | | |
| 21. Issued during year | | | Ι | (-) | Ι | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2018

| NAIC | Group Code 3891 | l | LIFE INSURANCE | E | NAIC Compa | ny Code 15475 |
|----------|---|------------|--------------------|-------|------------|---------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | - |
| 1. | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 2. | Life insurance Annuity considerations | | | | | |
| 2. 3. | Deposit-type contract funds | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Lifo in | isurance: | | | | | |
| 6.1 | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| - | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Comp | any Code 15475 |
|---------|---|---------------|--|------------|-----------------|----------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | | Cloup | industrial | 10101 |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | <u></u> | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | - | Credit Life | | | | | | |
|--|----------|-------------|---|------------------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | (| Ordinary | (Group | (Group and Individual) | | Group | I | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | A | | | | | |

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

| 1 | 2 | 3 | 4 | 5 |
|-----------------|-----------------|------------------------|--|--|
| | | Dividends Paid Or | | |
| | Direct Premiums | Credited On Direct | | Direct Losses |
| Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
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| | | Direct Premiums Earned | Direct Premiums Earned Credited On Direct Business | Direct Premiums Direct Premiums Earned Direct Losses Paid Direct P |



DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCI | E | NAIC Compa | ny Code 15475 |
|-------|---|----------|-------------------------|-------|------------|---------------|
| | DIRECT PREMIUMS | 1 | 2 Credit Life (Group | 3 | 4 | 5 |
| | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total |
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 | Other | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | ties: | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 | | | | | |
| | above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2018

| NAIC | Group Code 3891 | L | IFE INSURANCE | E | NAIC Company Code 15475 | | |
|----------|---|------------|--------------------|-------|-------------------------|----------|--|
| | | 1 | 2 | 3 | 4 | 5 | |
| | DIRECT PREMIUMS | o " | Credit Life (Group | | | T | |
| 4 | AND ANNUITY CONSIDERATIONS | Ordinary | and Individual) | Group | Industrial | Total | |
| 1. 2. | Life insurance | | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | | |
| 3. 4. | Other considerations | | XXX | | XXX | | |
| 4. 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| 5. | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| L ifo in | isurance: | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| 6.4 | Other | | | | | | |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | | | | | | |
| Annui | ties: | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | |
| 7.3 | Other | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| | Summary of Line 13 from overflow page | | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| | | | 0 | Credit Life | | | | | | |
|--|-----|----------|-----------|-----------------|----------|------------|-----|------------|-----|------------|
| | | Ordinary | (Group | and Individual) | | Group | I 1 | ndustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND | | | No. of | | | | | | | |
| MATURED | | | Ind.Pols. | | | | | | | |
| ENDOWMENTS | | · · | & Gr. | · · | No. of | . . | | . . | | . . |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | , | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | · | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| | | | | | . of | | | | | |
| POLICY EXHIBIT | | | | | cies | | | | | |
| 20. In force December 31, prior | | | | | | | | | | |
| year | | | | (a) | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|------------------------|---|--------------------|---------------|
| | | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 4.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 4.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | roducts | and numbe | r of persons |
| | | and the managed care p | | | |



DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2018

| | Group Code 3891 | | LIFE INSURANCE | E | NAIC Company Code 15475 | | |
|---------|---|---------------------------------------|--|------------|-------------------------|------------|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total | |
| 1. | Life insurance | | | | | | |
| 2. | Annuity considerations | | | | | | |
| 3. | Deposit-type contract funds | | XXX | | | | |
| 4. | Other considerations | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life in | surance: | | | | | | |
| 6.1 | | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| | | | | | | | |
| | , | | | | | | |
| Annui | | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | |
| 7.3 | Other | · · · · · · · · · · · · · · · · · · · | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| 1398. | | | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| | | | C | redit Life | | | | | | |
|--|-----|----------|-----------------------------------|-----------------|-------------|--------|-----|-----------|-----|--------|
| | | Ordinary | (Group | and Individual) | | Group | Ir | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind.Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | 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 claims18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | ····· | . | | | | | | | |
| Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | | . of | | | | | |
| 21. Issued during year | | | | () | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | | (a) | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| · · · · · · · · · · · · · · · · · · · | | | | | |
|---|--------------------------|-----------------------|--------------------|--------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 |
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan | | | | | |
| premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured under | er PPO managed care p | products | and number | r of persons |

(D) I insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2018

| NAIC | Group Code 3891 | | LIFE INSURANCE | NAIC Company Code 15475 | | |
|---------|---|---------------|--|-------------------------|-----------------|------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | | | | | | |
| 2. | , | | | | | |
| 3. | | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 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 | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | |
| 7.3 | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | | 3 | 4 | 5 |
|--|-------------------------|-----------------------|---|--------------------|---------------|
| | · | Direct Premiums | Dividends Paid Or Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care p | oroducts | and number | of persons |

insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2018

| | Group Code 3891 | | LIFE INSURANCE | | NAIC Company Code 15475 | | |
|---------|---|---------------|--|------------|-------------------------|------------|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total | |
| 1. | Life insurance | | | | | | |
| 2. | Annuity considerations | | | | | | |
| 3. | Deposit-type contract funds | | XXX | | | | |
| 4. | Other considerations | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life in | isurance: | | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| 6.4 | | | | | | | |
| | | | | | | | |
| Annui | | | | | | | |
| 7.1 | | | | | | | |
| 7.2 | Applied to provide paid-up annuities | | | | | | |
| 7.3 | Other | | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | | |
| 10. | Matured endowments | | | | | | |
| 11. | Annuity benefits | | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. | All other benefits, except accident and health | | | | | | |
| 15. | Totals | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| 1398. | | | | | | | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

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

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

| | 1 | 2 | 3 | 4 | 5 |
|--|-------------------------|-----------------------|--------------------|--------------------|---------------|
| | | | Dividends Paid Or | | |
| | | Direct Premiums | Credited On Direct | | Direct Losses |
| | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number of | of persons insured unde | er PPO managed care r | products | and numbe | r of persons |
| insured under indemnity only products | • | | | | |



DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2018

| NAIC | Group Code 3891 | I | LIFE INSURANCE | | NAIC Compa | ny Code 15475 |
|---------|---|---------------|--|------------|-----------------|---------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
| 1. | Life insurance | Ordinary | and individualy | Cloup | industrial | Total |
| 2. | Annuity considerations | | | | | |
| 3. | | | | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life in | surance: | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | |
| 6.2 | Applied to pay renewal premiums | | | | | |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | | | | |
| Annui | | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | |
| 7.2 | Applied to provide paid-up annuities | · | | | | |
| | Other | | | | | |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| | DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| | | | | | | |
| | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| | DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| | | | 0 | Credit Life | | | | | | |
|---|----------|-------------|---|-----------------|-------------------------|-------------|----------|-------------|----------|--------------|
| | | Ordinary | (Group | and Individual) | | Group | l | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | . of | | | | | |
| Issued during year Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year (a) Includes Individual Credit Life I | | | | (a)current | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| - | | 2 | 3 | 4 | 5 |
|--|-------------------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | _ | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |
| (b) For health business on indicated lines report: Number | of persons insured unde | er PPO managed care p | oroducts | and number | r of persons |

insured under indemnity only products

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

| | | | | ed for Amounts of | | | | 1 | | |
|--|--------------------|---------------------|--------------------|---|---------------------------|---------------------|----------|--------------|---------------------|---|
| | | Istrial | | inary | Credit Life (Grou | up and Individual) | | Group | | 10 |
| | 1 | 2 | 3 | 4 | 5 Number of Individual | 6 | Nun 7 | nber of 8 | 9 | |
| | | | | | Policies and Group | | 1 | 0 | | Total |
| | Number of Policies | Amount of Insurance | Number of Policies | Amount of Insurance | Certificates | Amount of Insurance | Policies | Certificates | Amount of Insurance | Amount of Insurance |
| 1. In force end of prior year | | | | 1,922,043 | | | | | | 1,922,043 |
| 2. Issued during year | | | | | | | | | | |
| 3. Reinsurance assumed | | | | | | | | | | |
| 4. Revived during year | | | | | | | | | | |
| 5. Increased during year (net) | | | | | | | | | | 41,798 |
| 6. Subtotals, Lines 2 to 5 | | | | 43,877 | | | | | | 43,877 |
| 7. Additions by dividends during year | XXX | | XXX | , · · · · · · · · · · · · · · · · · · · | XXX | | XXX | XXX | | , · · · · · · · · · · · · · · · · · · · |
| 8. Aggregate write-ins for increases | | | | | | | | | | |
| 9. Totals (Lines 1 and 6 to 8) | | | | 1,965,920 | | | | | | 1,965,920 |
| Deductions during year: | | | ,, | | | | | | | |
| 10. Death | | | 91 | | | | XXX | | | 9.186 |
| 11. Maturity | | | | ······ | | | | | | ······ |
| 12. Disability | | | | | | | XXX | | | |
| 13. Expiry | | | | | | | | | | |
| 14. Surrender | | | | | | | | | | |
| 15. Lapse | | | | 7.731 | | | | | | 7.731 |
| 16. Conversion | | | | ······. , · • · | | | XXX | XXX | XXX | ······. , · • · |
| 17. Decreased (net) | | | | 10.986 | | | | | | 10.986 |
| 18. Reinsurance | | | | | | | | | | |
| 19. Aggregate write-ins for decreases | | | | | | | | | | |
| 20. Totals (Lines 10 to 19) | - | | | | | | | | | |
| 21. In force end of year (Line 9 minus Line 20) | | | | 1,894,557 | | | | | | 1,894,557 |
| 22. Reinsurance ceded end of year | XXX | | XXX | | XXX | | XXX | XXX | | |
| 23. Line 21 minus Line 22 | XXX | | XXX | 1,894,557 | XXX | (a) | | | | 1,894,557 |
| DETAILS OF WRITE-INS | ~~~ | | ~~~~ | 1,004,007 | | (a) | ~~~ | | | 1,004,007 |
| 0801. | | | | | | | | | | |
| 0802. | | | | | | | | | | |
| 0803. | | | | | | | | | | |
| 0898. Summary of remaining write-ins for Line 8 from overflow page. | | | | | | | | | | |
| 0899. TOTALS (Lines 0801 thru 0803 plus 0898) (Line 8 above) | | | | | | | | | | |
| 1901. | | | | | | | | | | |
| 1902. | | | | | | | | | | |
| 1903. | | | | | | | | | | |
| 1998. Summary of remaining write-ins for Line 19 from overflow page. | | | | | | | | | | |
| 1999. TOTALS (Lines 1901 thru 1903 plus 1998) (Line 19 above) | | | | | | | | | | |
| (a) Group ^e : Individual ^e | | | | | | | | | | |

(a) Group \$; Individual \$

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued) ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

| | | Industrial Ordinary | | | |
|-----|--------------------------|---------------------|---------------------|--------------------|---------------------|
| | | 1 | 2 | 3 | 4 |
| | | Number of Policies | Amount of Insurance | Number of Policies | Amount of Insurance |
| 24. | Additions by dividends | XXX | | XXX | |
| 25. | Other paid-up insurance | | | | |
| 26. | Debit ordinary insurance | | XXX | | |
| | | | | | |
| | | | | | |

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

| | | Issued During Year (Included in Line 2) | | In Force End of Year (Included in Line 21) | |
|-----|--|--|---------------------|---|---------------------|
| | | 1 | 2 | 3 | 4 |
| | Term Insurance Excluding Extended Term Insurance | Number of Policies | Amount of Insurance | Number of Policies | Amount of Insurance |
| 27. | Term policies - decreasing | | | | |
| 28. | Term policies - other | | | | |
| 29. | Other term insurance - decreasing | | | XXX | |
| 30. | Other term insurance | XXX | | XXX | |
| 31. | Totals (Lines 27 to 30) | | | | |
| | Reconciliation to Lines 2 and 21: | | | | |
| 32. | Term additions | | | XXX | |
| 33. | Totals, extended term insurance | | XXX | | |
| 34. | Totals, whole life and endowment | | | 16,601 | 1,894,557 |
| 35. | Totals (Lines 31 to 34) | | | 16,601 | 1,894,557 |

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

| | | Issued During Year (Included in Line 2) | | In Force End of Year (Included in Line 21) | | |
|-----|------------------------------------|--|--------------------|---|--------------------|--|
| | | 1 Non-Participating | 2 Participating | 3 Non-Participating | 4 Participating | |
| 36 | Industrial | | | | | |
| 37. | Ordinary | | | 1,894,557 | | |
| 38. | Credit Life (Group and Individual) | | | | | |
| 39. | Group | | | | | |
| 40. | Totals (Lines 36 to 39) | | | 1,894,557 | | |

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

| | | Credit Life | | Group | |
|-----|--|----------------------|--------------------|------------------------|---------------------|
| | | 1 | 2 | 3 | 4 |
| | | Number of Individual | | | |
| | | Policie od Gro | | | |
| | | Centes | Jount of Insurance | Number of Certificates | Amount of Insurance |
| 41. | Amount of insurance included in Line 2 ceded to the pomplies | | | XXX | |
| 42. | Number in force end of year if the number under real to a is unted on a pro-rata basis | | | | xxx |
| 43. | Federal Employees' Group Life Insurance include in Line | | | | |
| 44. | Servicemen's Group Life Insurance included in Line 21 | | | | |
| 45. | Group Permanent Insurance included in Line 21 | | | | |



BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

| 47. State basis of calculation of (47.1) decreasing te | suran | contai | | ily In | e, Mor | ge I | tc., policies and riders and of (47.2) term insurance on |
|--|-------|--------|----------|---------|--------|------|--|
| wife and children under Family, Parent and Chi | etc., | cier | d riders | lud | ove. | | |
| 47.1 | | | | | | | |
| 47.2 | | | | | | | |
| | | | | | | | |

POLICIES WITH DISABILITY PROVISIONS

| | | Industrial | | | Ordinary | | Credit | Group | |
|-----|-----------------------|------------|---------------------|-----------|---------------------|-----------|---------------------|-----------|---------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | Number of | |
| | | Number of | | Number of | | Number of | | Certifi- | Amount of Ins |
| | Disability Provisions | Policies | Amount of Insurance | Policies | Amount of Insurance | Policies | Amount of Insurance | cates | rance |
| 48. | Waiver of Premium | | | 1,025 | | | | | |
| | Disability Income | | | | | | | | |
| 50. | | | | XXX | XXX | | | | |
| 51. | Other | - | | | | | | | |
| 52. | Total | | (a) | 1,025 | (a) 87,992 | | (a) | | (a) |

(a) See the Annual Audited Financial Reports section of the annual statement instructions

Exhibit of Number of Policies, Contracts, ...Supplementary Contracts

ΝΟΝΕ

Exhibit of Number of Policies, Contracts, ...Annuities **NONE**

Exhibit of Number of Policies, Contracts, ...Accident and Health Insurance **NONE**

Exhibit of Number of Policies, Contracts, ...Deposit Funds $N\ O\ N\ E$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

| | | 1 Amount |
|----|---|-------------|
| 1. | Reserve as of December 31, Prior Year | |
| 2. | Current year's realized pre-tax capital gains/(losses) of \$1,338,459 transferred into the reserve net of taxes of \$ | 1,057,382 |
| 3. | Adjustment for current year's liability gains/(losses) released from the reserve | |
| 4. | Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) | 20,357,914 |
| 5. | Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) | 887,800 |
| 6. | Reserve as of December 31, current year (Line 4 minus Line 5) | 19,470,114 |

| | | | 2 | 3 | 4 |
|-----|-----------------------|---|--|--|-------------|
| | Year of Amortization | Reserve as of December 31, Prior Year | Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes | Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve | |
| 1. | 2018 | | | | |
| 2. | 2019 | | | | |
| 3. | 2020 | | | | |
| 4. | 2021 | | | | 1,036,046 |
| 5. | 2022 | | | | 1,087,480 |
| 6. | 2023 | | | | 1, 144, 779 |
| 7. | 2024 | | | | 1,132,824 |
| 8. | 2025 | | | | |
| 9. | 2026 | | | | 1,059,542 |
| 10. | 2027 | | | | 1,032,749 |
| 11. | 2028 | | 51,961 | | |
| 12. | 2029 | | | | |
| 13. | 2030 | | | | |
| 14. | 2031 | | | | |
| 15. | 2032 | | | | |
| 16. | 2033 | | | | |
| 17. | 2034 | | | | |
| 18. | 2035 | | | | |
| 19. | 2036 | | | | |
| 20. | 2037 | | | | |
| 21. | 2038 | | (11,725) | | |
| 22. | 2039 | | (19,984) | | |
| 23. | 2040 | | (20,471) | | |
| 24. | 2041 | | (20,455) | | |
| 25. | 2042 | | (21,281) | | |
| 26. | 2043 | | (21,298) | | |
| 27. | 2044 | | (19,855) | | |
| 28. | 2045 | | (15,803) | | |
| 29. | 2046 | | (11,346) | | |
| 30. | 2047 | | | | |
| 31. | 2048 and Later | | (2,431) | | (2,431 |
| 32. | Total (Lines 1 to 31) | 19,300,532 | 1,057,382 | | 20,357,914 |

ASSET VALUATION RESERVE

| | | Default Component | | | Equity Component | | |
|---|------------------------------|-------------------|------------------------|--------------|--------------------------|------------------------|-------------------------------|
| | 1 | 2 | 3 | 4 | 5 Real Estate and | 6 | 7 |
| | Other Than Mortgage Loans | Mortgage Loans | Total (Cols. 1 + 2) | Common Stock | Other Invested Assets | Total (Cols. 4 + 5) | Total Amount (Cols. 3 + 6) |
| 1. Reserve as of December 31, prior year | | | | | | | 3,282,462 |
| 2. Realized capital gains/(losses) net of taxes - General Account | | | | | | | |
| 3. Realized capital gains/(losses) net of taxes - Separate Accounts | | | | | | | |
| 4. Unrealized capital gains/(losses) net of deferred taxes - General Account | | | | | | | |
| 5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts | | | | | | | |
| 6. Capital gains credited/(losses charged) to contract benefits, payments or reserves | | | | | | | |
| 7. Basic contribution | 924,943 | 5,534 | 930,477 | | | | 930,477 |
| 8. Accumulated balances (Lines 1 through 5 - 6 + 7) | 4,656,204 | | 4,701,656 | | | | 4,701,656 |
| 9. Maximum reserve | 4,854,731 | | 4,890,704 | | | | 4,890,704 |
| 10. Reserve objective | 3,294,681 | 27,671 | 3,322,353 | | | | 3,322,353 |
| 11. 20% of (Line 10 - Line 8) | (272,305) | (3,556) | (275,861) | | | | (275,861) |
| 12. Balance before transfers (Lines 8 + 11) | 4,383,900 | | 4,425,796 | | | | 4,425,796 |
| 13. Transfers | | (5,924) | | | | | |
| 14. Voluntary contribution | | | | | | | |
| 15. Adjustment down to maximum/up to zero | | | | | | | |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) | 4,389,823 | 35,972 | 4,425,796 | | | | 4,425,796 |

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|---|---------------------------------|-------------------------------|---------------------------------|-------------------|--------------------|--------------|-------------------|-------------------------|------------------|---------------|
| | | | | | | Balance for | 5 6 | | 7 8 | | 9 | 10 |
| Line | NAIC | | | Reclassify | | AVR Reserve | | | | | | |
| Num- ber | Desig- nation | Description | Book/Adjusted Carrying Value | Related Party Encumbrances | Add Third Party Encumbrances | Calculations | Frates | Amount | Factor | Amount (Cols. 4 x 7) | Frates | Amount |
| ber | nation | | Carrying value | Encumbrances | Encumprances | (Cols. 1 + 2 + 3) | Factor | (Cols.4 x 5) | Factor | (Cols. 4 x 7) | Factor | (Cols. 4 x 9) |
| | | LONG-TERM BONDS | | | 2000 | | | | 0.0000 | | 0.0000 | |
| 1. | | Exempt Obligations | | XXX XXX | XXX | 446.880.697 | 0.0004 | 178.752 | | 1.027.826 | 0.0000 | 1.340.642 |
| 2. | 1 | Highest Quality | | | XXX | | 0.0019 | | 0.0023 | | 0.0030 | 1,340,642 |
| 3. | 2 | High Quality | | XXX | XXX | | 0.0019 | | 0.0038 | | 0.0090 | |
| 4. | 3 | | | XXX | XXX | 2,039,039 | | | | | | |
| 5. | 4 | Low Quality | | XXX | XXX | | 0.0213 | | 0.0530 0.1100 | | | |
| 6. | 5 | Lower Quality | | XXX | XXX | | 0.0432 0.0000 | | 0.2000 | | 0.1700 0.2000 | |
| 7. | 6 | In or Near Default | | XXX | XXX | | | | | | | |
| 8. | | Total Unrated Multi-class Securities Acquired by Conversion | 000 040 000 | XXX | XXX | 000 040 000 | XXX | 004.040 | XXX | 0.004.004 | XXX | 4 054 704 |
| 9. | | Total Long-Term Bonds (Sum of Lines 1 through 8) | 832,648,232 | XXX | XXX | 832,648,232 | XXX | 924,943 | XXX | 3,294,681 | XXX | 4,854,731 |
| | | PREFERRED STOCK | | | | | | | | | | |
| 10. | 1 | Highest Quality | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 11. | 2 | High Quality | | XXX | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 12. | 3 | Medium Quality | | XXX | XXX | | 0.0093 | | 0.0230 | | 0.0340 | , |
| 13. | 4 | Low Quality | | XXX | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 14. | 5 | Lower Quality | | XXX | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 15. | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2000 | | 0.2000 | |
| 16. | | Affiliated Life with AVR | | XXX | XXX | | 0.0000 | | 0.0000 | | 0.0000 | |
| 17. | | Total Preferred Stocks (Sum of Lines 10 through 16) | | XXX | XXX | | XXX | | XXX | | XXX | |
| | | SHORT - TERM BONDS | | | | | | | | | | |
| 18. | | Exempt Obligations | 1,990,261 | XXX | | 1,990,261 | 0.0000 | | 0.0000 | | | |
| 19. | 1 | Highest Quality | | XXX | | | 0.0004 | | 0.0023 | | 0.0030 | |
| 20. | 2 | High Quality | | XXX | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 21. | 3 | Medium Quality | | XXX | | | 0.0093 | | 0.0230 | | 0.0340 | |
| 22. | 4 | Low Quality | | XXX | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 23. | 5 | Lower Quality | | XXX | XXX | | | | 0.1100 | | 0.1700 | |
| 24. | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2000 | | 0.2000 | |
| 25. | | Total Short - Term Bonds (Sum of Lines 18 through 24) | 1,990,261 | XXX | XXX | 1,990,261 | XXX | | XXX | | XXX | |
| | | DERIVATIVE INSTRUMENTS | , , | | | | | | | | | |
| 26. | | Exchange Traded | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 27. | 1 | Highest Quality | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 28. | 2 | High Quality | | | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 29. | 3 | Medium Quality | | | XXX | | 0.0093 | | 0.0230 | | 0.0340 | |
| 30. | 4 | Low Quality | | | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 31. | 5 | Lower Quality | | XXX | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 32. | 6 | In or Near Default | | | | | 0.0000 | | 0.2000 | | 0.2000 | |
| 33. | 0 | Total Derivative Instruments | | XXX | XXX | | XXX | | XXX | | XXX | |
| 33. 34. | | Total (Lines 9 + 17 + 25 + 33) | 834,638,493 | XXX | XXX | 834,638,493 | XXX | 924,943 | XXX | 3,294,681 | XXX | 4,854,731 |
| 34. | | 10tal (Lilles 3 + 17 + 23 + 33) | 034,030,493 | 777 | 777 | 034,030,493 | 777 | 924,943 | 777 | ১,294,0 81 | 777 | 4,004,731 |

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|---------------------|--------------------------|--|---------------------------------|---|---------------------------------|---|--------------------|-----------------------------|-------------------|------------------------------|-----------------|-------------------------------|
| Line Num- ber | NAIC Desig- nation | Description | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | 5 Factor | 6 Amount (Cols.4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| | | MORTGAGE LOANS | | | | | | | | | | |
| | | In Good Standing: | | | | | | | | | | |
| 35. | | Farm Mortgages - CM1 - Highest Quality | | | XXX | | 0.0010 | | 0.0050 | | 0.0065 | |
| 36. | | Farm Mortgages - CM2 - High Quality | | | XXX | | 0.0035 | | 0.0100 | | 0.0130 | |
| 37. | | Farm Mortgages - CM3 - Medium Quality | | | XXX | | 0.0060 | | 0.0175 | | | |
| 38. | | Farm Mortgages - CM4 - Low Medium Quality | | | XXX | | 0.0105 | | 0.0300 | | 0.0375 | |
| 39. | | Farm Mortgages - CM5 - Low Quality | | | | | 0.0160 | | 0.0425 | | 0.0550 | |
| 40. | | Residential Mortgages - Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0006 | | 0.0010 | |
| 41. | | Residential Mortgages - All Other | | | XXX | | 0.0013 | | 0.0030 | | 0.0040 | |
| 42. | | Commercial Mortgages - Insured or Guaranteed | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 43. | | Commercial Mortgages - All Other - CM1 - Highest Quality | | | XXX | 5,534,282 | 0.0010 | 5,534 | 0.0050 | 27,671 | 0.0065 | |
| 44. | | Commercial Mortgages - All Other - CM2 - High Quality | | | | | 0.0035 | | | | 0.0130 | |
| 45. | | Commercial Mortgages - All Other - CM3 - Medium Quality | | | XXX | | | | 0.0175 | | | |
| 46. | | Commercial Mortgages - All Other - CM4 - Low Medium Quality | | | xxx | | 0.0105 | | 0.0300 | | 0.0375 | |
| 47. | | Commercial Mortgages - All Other - CM5 - Low Quality | | | ХХХ | | | | 0.0425 | | 0.0550 | |
| | | Overdue, Not in Process: | | | | | | | | | | |
| 48. | | Farm Mortgages | | | XXX | | 0.0420 | | 0.0760 | | 0.1200 | |
| 49. | | Residential Mortgages - Insured or Guaranteed | | | ХХХ | | 0.0005 | | 0.0012 | | 0.0020 | |
| 50. | | Residential Mortgages - All Other | | | XXX | | 0.0025 | | 0.0058 | | 0.0090 | |
| 51. | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | | | 0.0012 | | 0.0020 | |
| 52. | | Commercial Mortgages - All Other | | | XXX | | | | | | | |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 53. | | Farm Mortgages | | | XXX | | 0.0000 | | 0.1700 | | 0.1700 | |
| 54. | | Residential Mortgages - Insured or Guaranteed | | | | | | | | | | |
| 55. | | Residential Mortgages - All Other | | | XXX | | .0.000 | | .0.0130 | | 0.0130 | |
| 56. | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | 0.0000 | | 0.0040 | | 0.0040 | |
| 57. | | Commercial Mortgages - All Other | | | XXX | | 0.0000 | | 0.1700 | | 0.1700 | |
| 58. | | Total Schedule B Mortgages (Sum of Lines 35 through 57) | 5,534,282 | | XXX | 5,534,282 | XXX | 5,534 | XXX | 27,671 | XXX | 35,973 |
| 59. | | Schedule DA Mortgages | | | XXX | | 0.0030 | | 0.0100 | | 0.0130 | |
| 60. | | Total Mortgage Loans on Real Estate (Lines 58 + 59) | 5,534,282 | | XXX | 5,534,282 | XXX | 5,534 | XXX | 27,671 | XXX | 35,973 |

Asset Valuation Reserve - Equity Component

ΝΟΝΕ

Asset Valuation Reserve Replications (Synthetic) Assets **NONE**

Schedule F - Claims

Schedule H - Part 1 - Analysis of Underwriting Operations **NONE**

Schedule H - Part 2 - Reserves and Liabilities **NONE**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities **NONE**

Schedule H - Part 4 - Reinsurance

ΝΟΝΕ

Schedule H - Part 5 - Health Claims **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 toinio aranoc | Assumed Life insurance, Annullies, Deposit Funds and Other L | | thout End of E | | angeneiee, ana reela | tod Bollolito Elotod b | , Romoaroa oompo | | r, oanone roar | |
|--|----------------|------------------|--|--------------|----------------|-----------|-----------------------|------------------------|------------------|---------------------|----------------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| NAIC | | | | | Type of | Type of | | | | Reinsurance Payable | Modified | |
| Company | ID | Effective | | Domiciliary | Reinsurance | Business | Amount of In Force at | | | on Paid and | Coinsurance | Funds Withheld |
| Code | Number | Date | Name of Reinsured | Jurisdiction | Assumed | Assumed | End of Year | Reserve | Premiums | Unpaid Losses | Reserve | Under Coinsurance |
| | 95-2496321 | 10/01/2013 | Accordia Life and Annuity Company | I A | COFW/I | XXXL | 1,894,557 | 1,318,757,706 | | | | |
| 0299999. General Account - U.S. Affiliates - Other | | | | | | 1,894,557 | 1,318,757,706 | 15,851,694 | | | 24,067,981 | |
| 0399999. To | otal General A | ccount - U.S. | Affiliates | | | | 1,894,557 | 1,318,757,706 | 15,851,694 | | | 24,067,981 |
| 0699999. To | otal General A | ccount - Non- | U.S. Affiliates | | | | | | | | | |
| 0799999. To | otal General A | ccount - Affilia | ites | | | | 1,894,557 | 1,318,757,706 | 15,851,694 | | | 24,067,981 |
| 1099999. To | otal General A | ccount - Non- | Affiliates | | | | | | | | | |
| 1199999. To | otal General A | ccount | | | | | 1,894,557 | 1,318,757,706 | 15,851,694 | | | 24,067,981 |
| 1499999. To | otal Separate | Accounts - U. | S. Affiliates | | | | | | | | | |
| 1799999. To | otal Separate | Accounts - No | n-U.S. Affiliates | | | | | | | | | |
| 1899999. To | otal Separate | Accounts - Aff | iliates | | | | | | | | | |
| 2199999. To | otal Separate | Accounts - No | n-Affiliates | | | | | | | | | |
| 2299999. To | otal Separate | Accounts | | | | | | | | | | |
| 2399999. To | otal U.S. (Sum | n of 0399999, (| 0899999, 1499999 and 1999999) | | | | 1,894,557 | 1,318,757,706 | 15,851,694 | | | 24,067,981 |
| 2499999. To | otal Non-U.S. | (Sum of 06999 | 999, 0999999, 1799999 and 2099999) | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | 4 004 557 | 4 040 757 700 | 45 054 004 | | | 04.007.004 |
| 9999999 - T | otals | | | | | | 1,894,557 | 1,318,757,706 | 15,851,694 | | | 24,067,981 |

Schedule S - Part 1 - Section 2 **NONE**

> Schedule S - Part 2 **NONE**

Schedule S - Part 3 - Section 1 **NONE**

Schedule S - Part 3 - Section 2 **NONE**

Schedule S - Part 4

Schedule S - Part 4 - Bank Footnote

Schedule S - Part 5

Schedule S - Part 5 - Bank Footnote

Schedule S - Part 6

Schedule S - Part 7

41, 42, 43, 44, 45, 46, 47, 48

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

| | ly 5 6 7 bther derations 2 through 5 Contracts |
|---|---|
| 2 3 Accident and Health Insurance Premiums States, Etc. Active Status Life Insurance Premiums Annuity Considerations O 1. Alabama AL N O 2. Alaska AK N O 3. Arizona AZ N O 4. Arkansas AR N O 5. California CA N O 6. Colorado CO N O 7. Connecticut CT N O 8. Delaware DE N O | Other Columns Deposit-Type |
| States, Etc. Active Status (a) Life Insurance Premiums Annuity Considerations Membership and Other Fees O Considerations 1. Alabama AL N | Other Columns Deposit-Type |
| 2. Alaska AK N | |
| 3. Arizona AZ N 4. Arkansas AR N 5. California CA N 6. Colorado CO N 7. Connecticut CT N 8. Delaware DE N | |
| 4. Arkansas AR N 5. California CA N 6. Colorado CO N 7. Connecticut CT N 8. Delaware DE N | |
| 5. California CA N 6. Colorado CO N 7. Connecticut CT N 8. Delaware DE N | |
| 6. Colorado CO N. | |
| 7. Connecticut CT N 8. Delaware DE N | |
| 8. Delaware | |
| 9. District of Columbia | |
| | |
| 10. Florida | |
| 11. Georgia | |
| 12. Hawaii HI | |
| 13. Idaho | |
| 14. Illinois | |
| 15. Indiana | |
| 16. Iowa | |
| 17. Kansas | |
| 19. Louisiana LA | |
| 20. Maine ME ME | |
| 21. Maryland | |
| 22. Massachusetts | [|
| 23. Michigan | |
| 24. Minnesota | |
| 25. Mississippi MS | |
| 26. Missouri MON | |
| 27. Montana MT | |
| 28. Nebraska | |
| 29. Nevada | |
| 30. New Hampshire | |
| 31. New Jersey NJ 32. New Mexico NM | |
| 32. New Mexico 33. New York | |
| 30. New York | |
| 35. North Dakota | |
| 36. Ohio | |
| 37. Oklahoma | [|
| 38. Oregon OR | |
| 39. Pennsylvania PA | |
| 40. Rhode Island RI | |
| 41. South Carolina | |
| 42. South Dakota | |
| 43. Tennessee TN | |
| 44. Texas | |
| 45. Utah | |
| 46. Vermont | |
| 47. Virginia | |
| 48. Washington WA N 49. West Virginia WV N | |
| 49. West Virginia | |
| 51. Wyoming | |
| 51. Wyoning | |
| 53. GuamGU N | |
| 54. Puerto Rico | [|
| 55. U.S. Virgin Islands | |
| 56. Northern Mariana Islands MP | |
| 57. Canada | |
| 58. Aggregate Other Alien OT | |
| 59. Subtotal | |
| 90. Reporting entity contributions for employee benefits plans. | |
| 91. Dividends or refunds applied to purchase paid-up | |
| additions and annuities | |
| 92. Dividends or refunds applied to shorten endowment | |
| or premium paying period | |
| 93. Premium or annuity considerations waived under disability or other contract provisionsXXX | |
| 94. Aggregate or other amounts not allocable by State | [|
| 95. Totals (Direct Business) | |
| 96. Plus reinsurance assumed | |
| 97 Totals (All Business) | |
| 98. Less reinsurance ceded | |
| 99. Totals (All Business) less Reinsurance Ceded XXX 15,851,694 (c) | 15,851,694 |
| DETAILS OF WRITE-INS | |
| 58001 XXX | |
| 58002 58003. XXX | |
| 58003 | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page XXX | |
| 58999. Totals (Lines 58001 through 58003 plus | |
| 58998)(Line 58 above) XXX | |
| 9401XXX | |
| 9402XXX | |
| 9403. XXX | |
| 9498. Summary of remaining write-ins for Line 94 from overflow pageXXX | |
| overflow page | |
| 94 above) XXX | |
| (a) Active Status Counts: L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG | |

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.

R - Registered - Non-domiciled RRGs.

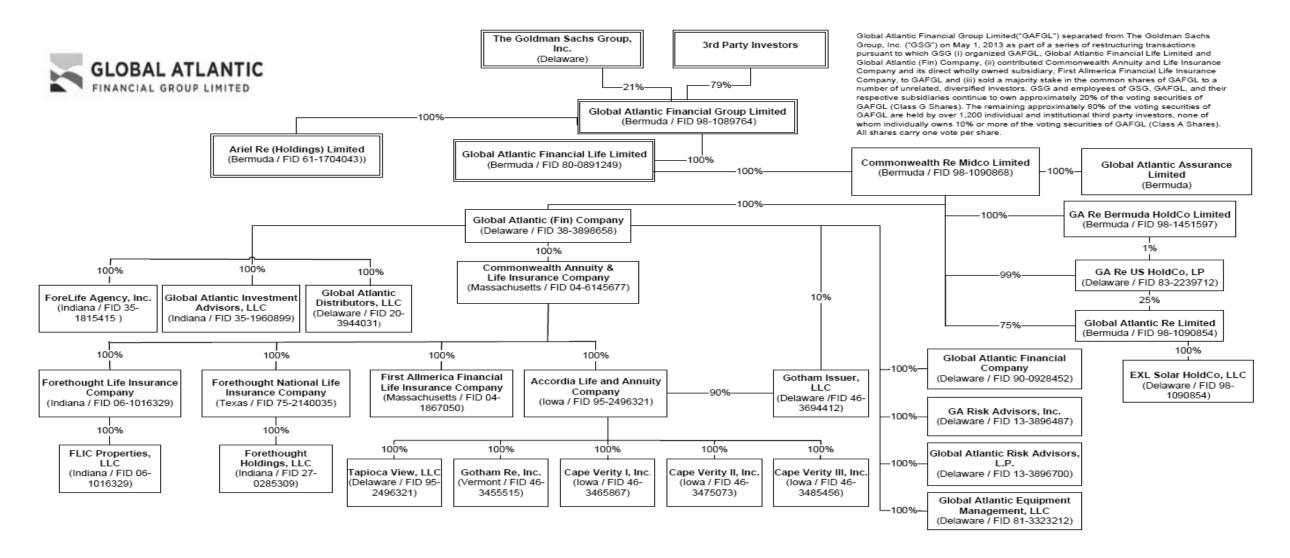
...1

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

| Jump Jump <thjump< th=""> Jump Jump <thj< th=""><th></th><th colspan="9">Allocated by States and Territories</th></thj<></thjump<> | | Allocated by States and Territories | | | | | | | | |
|--|-----|-------------------------------------|----|--------------------|-------------------------|---|--------------------------------------|--------------|----------|--|
| 1 Akaran | | | | Life (Group and | Annuities (Group and | 3 Disability Income (Group and | 4 Long-Term Care (Group and | Deposit-Type | | |
| 2 Abors Adv Adv <th></th> <th>· · · · ·</th> <th></th> <th>Individual)</th> <th>Individual)</th> <th>Individual)</th> <th>Individual)</th> <th>Contracts</th> <th>lotais</th> | | · · · · · | | Individual) | Individual) | Individual) | Individual) | Contracts | lotais | |
| 1 Avama AZ | 1. | Alabama | AL | | | | | | | |
| 4 AR AR <t< th=""><th>2.</th><th>Alaska</th><th>AK</th><th></th><th></th><th></th><th></th><th></th><th></th></t<> | 2. | Alaska | AK | | | | | | | |
| 9 Control CA Image: CA <td< th=""><th>3.</th><th>Arizona</th><th>AZ</th><th></th><th></th><th></th><th></th><th></th><th></th></td<> | 3. | Arizona | AZ | | | | | | | |
| 6 Conversion CO CO <th>4.</th> <th>Arkansas</th> <th>AR</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | 4. | Arkansas | AR | | | | | | | |
| 7 Ordination CT CT <th>5.</th> <th>California</th> <th>CA</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | 5. | California | CA | | | | | | | |
| Beakes Deskes | 6. | Colorado | со | | | | | | | |
| 9 Decka of Solumbia DC Image | 7. | Connecticut | СТ | | | | | | | |
| 10. Pords FL 11. Ocorpia GA 12. Haval III 13. Kabo ID 14. IIIIO IIIIO 15. Iofiara IN 16. Iora III 17. Arase KS 18. Iora IIII 19. Loualian III 10. Iora IIII 10. Iora IIII 10. Iora IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | 8. | Delaware | DE | | | | | | | |
| 11. Gengin GA Image Image Image Image 12. Hamis Image Image Image Image Image 13. Hamis Image Image Image Image Image 14. Hiros Image Image Image Image Image 15. Grans Image Image Image Image Image 16. Karase Image Image Image Image Image 16. Karase Image Image Image Image Image 17. Karase Image Image Image Image Image 18. Karase Image Image Image Image Image 19. Markan Image Image Image Image Image 20. Markan Image Image Image Image Image 21. Markan Image Image Image Image Image 22. Markan Image Image Image Image Image 23. Markan Image Image Image Image < | 9. | District of Columbia | DC | | | | | | | |
| 12 Hanging Hi Hanging Hi Hanging Hi 13 Hanging Hi Hi Hi Hi 14 Hinois L Hi Hi Hi 15 Huinan N Hi Hi Hi 16 Honging N Hi Hi Hi 17 Kasala Kasa KS Hi Hi Hi 18 Kentely KK Hi Hi Hi 19 Lokiana KK Hi Hi Hi 20 Margehorethi MK Hi Hi Hi 21 Margehorethi MK Hi Hi Hi 22 Margehorethi MK Hi Hi Hi 23 Margehorethi MK Hi Hi Hi 24 Margehorethi MK Hi Hi Hi 25 Margehorethi MK Hi Hi Hi 26 Margehorethi MK Hi Hi Hi 27 Margehorethi MK Hi Hi Hi 28 Margehorethi MK Hi Hi Hi | 10. | Florida | FL | | | | | | | |
| 13. isaho | 11. | Georgia | GA | | | | | | | |
| 13. Islano D | 12. | Hawaji | ні | | | | | | | |
| 14 Binola R </th <th>13.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | 13. | | | | | | | | | |
| 15. Indane N Image | | | | | | | | | | |
| 10. lowa IA Image Image Image Image 11. Karaus KS Image Image Image 12. Karaus KS Image Image Image 13. Louisaina KS Image Image Image 14. Maschuetts MA Image Image Image 15. Margan MA Image Image Image 16. Maschuetts MA Image Image Image 17. Marschuetts MA Image Image Image 18. Marschuetts MA Image Image Image 19. Marschuetts MA Image Image Image 10. Marschuetts MA Image Image Image 11. Marschuetts Ma Image Image Image 12. Marschuetts Marschuetts Image Image Image 13. Marschuetts Marschuetts Image Image Image 14. Narth Carolina Nr Image Image Image 15. Narth Dakoha Image Ima | | | | | | | | | | |
| 17. Kansas KS Image: Signa (Signa (Sig | | | | | | | | | | |
| 18. Kentucky KY Image Image <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<> | | | | | | | | | | |
| 19. Louisinn LA Image and the second s | | | | | | | | | | |
| 20. Main ME | | | | | | | | | | |
| 1. Maryand MD Image: Constraint of the second of the secon | | | | | | | | | | |
| 22 Messachusetts MA Image: Second Seco | 20. | Maine | ME | | | | | + | | |
| 23 Michigan M Image: Constraint of the second of the | 21. | Maryland | MD | | | | | | | |
| 24 Minesota Mil Missispi Mil 26 Missispi Mil Mill Mill 27 Mintana Mil Mill Mill 27 Mintana Mill Mill Mill 28 Missispi Mill Mill Mill 29 Nevida Mill Mill Mill 20 Nevida Mill Mill Mill 20 Nevida Mill Mill Mill 20 Nevida Mill Mill Mill 21 New Vork Mill Mill Mill 22 New Vork Mill Mill Mill 23 New York Mill Mill Mill 24 New York Mill Mill Mill 25 North Carolina No Mill Mill 36 Oregon Oregon Oregon Mill 37 Oklahoma OK Mill 38 Oregon Oregon Mill 40 Rold Carolina Soft Mill 50 Mill Mill Mill 51 Softh Dakota Soft Mill < | 22. | Massachusetts | MA | | | | | | | |
| 25. Mississipi MS MS 26. Missouri MO 27. Mortana MT 28. Nebraka ME 29. Nevada ME 30. New Hampshre MU 31. New York NU 32. New York NU 33. New York NU 34. Netrosco MU 35. Noth Oscola NU 36. Orisio OH 37. Okalona ND 36. Origon OR 37. Okalona OK 38. Oregon OR 39. Pennsykania PA 40. Rode Island RI 41. South Dakota SD 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Uah UT 46. Washington WA 47. Virginia VV | 23. | Michigan | MI | | | | | | | |
| 26 Missouri MO 77 Mortana MT 28 Nevaka E 30 New Jampshire H 31 New Jampshire H 32 New Jampshire H 33 New Jampshire H 34 North Caroline NC 35 North Caroline NC 36 Origin OH 37 Oklahoma OK 38 Oregon OR 39 Pensykania PA 40 Rhode Island RI 41 South Dakota SD 42 South Dakota SD 44 Texas TN 45 Uah UT 46 Washington VA 47 Virginia VA 48 Washington VA 49 Washington VA 40 Washington VA 41 Texas TX 42 South Dakota South 44 | 24. | Minnesota | MN | | | | | | | |
| 27. Montane MT 18. Netraska NE 29. Nevade Nevade 30. New Hampshre Nu 31. New Jersey Nu 32. New Mexico Nu 33. New York NV 34. North Carolina NC 35. North Dakota ND 36. Ohio OH 37. Oktohoma OK 38. Oregon OR 39. Pensylvania PA 41. South Carolina SC 39. Pensylvania SC 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Utah Utah Utah 46. Warbington WA 47. Virginia VA 48. Warbington WA 49. West Virginia VI 40. Marinet Siande </th <th>25.</th> <th>Mississippi</th> <th>MS</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | 25. | Mississippi | MS | | | | | | | |
| 28. Nebraska Newda 29. Newda New Hampshire 30. New Hampshire VJ 31. New Jersey VJ 32. New Mexico NM 33. New York NY 34. North Carolina NC 35. North Dakota ND 36. Ohio OH 37. Oktahoma OK 38. Oregon OR 39. Pensylvania PA 41. South Carolina SC 33. Okuthara SC 34. Rode Island RI 41. South Carolina SC 32. South Carolina SC 33. Tennessee TN 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Uah Uah 46. Vermont VT 47. Virginia VA 48. Weshington WA 49. West Virginia VA 40. Norther Mariana Islands VI 41. Southards VI 42. American Samoe SS | 26. | Missouri | мо | | | | | | | |
| 29. Nevada Nor Hampshire Nor Hampshire 30. New Jersey U U 31. New Jersey U U 32. New Moxico NM Image: Constraint of the second se | 27. | Montana | МТ | | | | | | | |
| 30. New Hampshire Nu 31. New Jersey Nu 32. New Mexico Nu 33. New York Nu 34. North Carolina NC 35. North Carolina NC 36. Ohio OH 37. Oktohoma OH 38. Oregon OR 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SD 42. South Carolina SD 43. Tennessee TN 44. Texas TX 45. Utah Utah 44. Vermont VT 45. Utah Utah 46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia WA 40. West Virginia WA 41. Washington WA 42. Main andisia Isilands <t< th=""><th>28.</th><th>Nebraska</th><th>NE</th><th></th><th></th><th></th><th></th><th></th><th></th></t<> | 28. | Nebraska | NE | | | | | | | |
| 30. New Hampshire Nu 31. New Jersey Nu 32. New Mexico Nu 33. New York Nu 34. North Carolina NC 35. North Carolina NC 36. Ohio OH 37. Oktohoma OH 38. Oregon OR 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SD 42. South Carolina SD 43. Tennessee TN 44. Texas TX 45. Utah Utah 44. Vermont VT 45. Utah Utah 46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia WA 40. West Virginia WA 41. Washington WA 42. Main andisia Isilands <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<> | | | | | | | | | | |
| 31. New Jork NU 32. New Mexico NM 33. New York NY 34. North Carolina NC 35. North Dakota ND 36. Ohio OH 37. Oklahoma OK 38. Oregon OR 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42. South Carolina SC 43. Tennessee TN 44. Texas TX 45. Urah UT 46. Vemont VT 47. Virginia VA 48. Vest Virginia VV 49. West Virginia WV 50. Wisonsin WI 51. Washington WA 52. Guam Guam 53. Guam Guam 54. Virginia WV 55. U.S. Virgin Islands MP <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | | | | | | | | |
| 32 New Mexico NM 33. New York NY 43. North Carolina NC 54. North Dakota ND 55. North Dakota ND 56. Orie OH 57. Oklahoma OK 58. Oregon OR 59. Pernsylvania PA 50. Rhode Island RI 51. South Carolina SC 52. South Carolina SC 53. Tennessee TN 54. Texas TX 54. Texas TX 54. Texas TX 54. Varignia VA 54. Varignia VA 55. Visionsin Wit 56. South Carolina SO 57. Canada GU 58. Guam GU 59. Guam GU 50. South Carolina Wit 51. Wyorign WY 52. American Samoa AS 53. Guam GU 54. Pueto Rico PR 55. US. Virgin Islands | | | ü | | | | | | | |
| 33. New York NY | | · | | | | | | | | |
| 34. North Carolina NC | | | | | | | | | | |
| 35. North Dakota ND Image: Sector Sect | | | | | | | | | | |
| 36. Ohio OH OH Image: Sector Se | | | | | | | | | | |
| 37. Oklahoma OK Image: Constraint of the second secon | | | | | | | | | | |
| 38. Oregon OR OR Image: Constraint of the second sec | | | | | | | | | | |
| 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Utah UT 46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia VV 40. Wisconsin WI 50. Wisconsin WI 51. Wyoning WY 52. Anerican Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Allien OT | | | | | | | | | | |
| 40. Rhode Island RI 41. South Carolina SC 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Utah UT 46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia WV 40. Wisconsin WI 51. Wyoming WV 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | 38. | | | | | | | | | |
| 41. South Carolina SC | 39. | Pennsylvania | PA | | | | | | | |
| 42. South Dakota SD 43. Tennessee TN 44. Texas TX 45. Utah UT 46. Vermont VT 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Allen OT | 40. | | | | | | | | | |
| 43. Tennessee TN | 41. | South Carolina | SC | | | | | | | |
| 44. Texas TX Image: constraint of the second s | 42. | South Dakota | SD | | | | | | | |
| 45. Utah UT Image: Constraint of the second se | 43. | Tennessee | ΤN | | | | | | | |
| 46. Vermont VT VT Image: Constraint of the second s | 44. | Texas | ТΧ | | | | | | | |
| 47. Virginia VA Image: Constraint of the second seco | 45. | Utah | UT | | | | | | | |
| 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | 46. | Vermont | VT | | | | | | | |
| 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | 47. | Virginia | VA | | | | | | | |
| 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | 48. | Washington | WA | | | | | | | |
| 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | 49. | | | | | | | | | |
| 51. Wyoming WY Image: Constraint of the second secon | | | | | | | | | | |
| 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | | | | | | | | | | |
| 53. Guam GU 54. Puerto Rico PR 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | | | | | | | | | | |
| 54. Puerto Rico | | | | | | | | | | |
| 55. U.S. Virgin Islands VI 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | | | | | | | | | | |
| 56. Northern Mariana Islands MP 57. Canada CAN 58. Aggregate Other Alien OT | | | | | | <u> </u> | | + | <u> </u> | |
| 57. Canada CAN 58. Aggregate Other Alien OT | | - | | | | <u> </u> | | | <u> </u> | |
| 58. Aggregate Other Alien | | | | | | | | | | |
| | 57. | | | | | | | | | |
| 59. Total | 58. | Aggregate Other Alien | ОТ | | | | | | | |
| | 59. | Total | | | | | | | | |

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



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 |
|--------------|------------|------------|--------------|-----------|---------|--------------------|--|----------|-----------|---|-------------------|---------|---|--------|----|
| | | | 1 | | | | | | | | Туре | lf | | | |
| | | | 1 | | | | | | | | of Control | Control | | | |
| | | | i | | | 1 | | | | | (Ownership, | is | | ls an | |
| | | | i | | | Name of Securities | | | Relation- | | Board, | Owner- | | SCA | |
| | | | 1 | | | Exchange | | Domi- | ship | | Management, | ship | | Filing | |
| | | NAIC | 1 | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | Re- | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | quired | 2 |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | (Y/N) | |
| COUC | | 0000 | Number | TROOD | OIIX | international) | Of / liniates | uon | Entity | (Name of Entity/Feison) | Outery | lage | Global Atlantic Financial Group Limited | | |
| | | | 80-0891249 | | | | Global Atlantic Financial Life Limited | | NIA | Global Atlantic Financial Group Limited | Ownership | 100.000 | drobar Attantic i maneral droup Emittee | | |
| | | | 00 000 12 10 | | | | | | | | | | Global Atlantic Financial Group Limited | 1 | |
| | | | 90-0928452 | | | | Global Atlantic Financial Company | DE | NIA | Global Atlantic (Fin) Company | Ownership | 100.000 | | | |
| | | | 1 | | | | | | | | · | | Global Atlantic Financial Group Limited | d | |
| | | | 38-3898658 | | | | Global Atlantic (Fin) Company | DE | NI A | Commonwealth Re Midco Limited | Ownership | | | | |
| | | | 1 | | | | | | | | | | Global Atlantic Financial Group Limited | d | |
| | | | 98-1090868 | | | | Commonwealth Re Midco Limited | BMU | NI A | Global Atlantic Financial Life Limited | Ownership | | | | |
| | | | | | | | | | | | | | Global Atlantic Financial Group Limited | d | |
| | | | 98-1090854 | | | | Global Atlantic Re Limited | BMU | IA | Commonwealth Re Midco Limited | Ownership | | | | |
| | | | 98-1090854 | | | | Global Atlantic Re Limited | BMU | IA | GA Re US HoldCo. LP | Ownership | 25,000 | Global Atlantic Financial Group Limited | 3 | |
| | | | 90-1090004 | | | | GIODAT ALTANLIC RE LIMITED | | | GA HE US HOTOLO, LP | owner snip | | Global Atlantic Financial Group Limited | | |
| | | | 61-1704043 | | | | Ariel Re (Holdings) Limited | | NIA | Global Atlantic Financial Group Limited | Ownership | 100.000 | GIODAT ATTAILTE FINANCIAT GIOUP LIMITEC | 1 | |
| | | | | | | | | | | | | | Global Atlantic Financial Group Limited | 1 | |
| | | | 13-3896700 | | | | Global Atlantic Risk Advisors, L.P. | DE | NIA | Global Atlantic (Fin) Company | Ownership. | 100.000 | | | |
| | | | 1 | | | | | | | · · · · · · · · · · · · · · · · · · · | | | Global Atlantic Financial Group Limited | d | |
| | | | 13-3896487 | | | | GA Risk Advisors, Inc. | DE | NIA | Global Atlantic (Fin) Company | Ownership | | · · · · · · · · · · · · · · · · · · · | | |
| | | | 98-1089764 | 4520225 | | | Global Atlantic Financial Group Limited | BMU | NI A | The Goldman Sachs Group, Inc | Ownership | | The Goldman Sachs Group, Inc | | |
| | | | 98-1089764 | 4520225 | | | Global Atlantic Financial Group Limited | BMU | NI A | Third Party Investors | Ownership | | Third Party Investors | | |
| 0004 | 0 1 0 | 00110 | 04 4007050 | 0570404 | 700000 | | First Allmerica Financial Life Insurance | | | Commonwealth Annuity and Life Insurance | | 100.000 | Global Atlantic Financial Group Limited | d | |
| 3891 Goldman | Sachs Grp | | 04-1867050 | . 2578101 | 793699 | | Company | MA | IA | Company | Ownership | 100.000 | Clabel Atlantia Financial Craw Limita | | |
| | Sachs Grp | | 04-6145677 | 3958278 | 1086664 | | Commonwealth Annuity and Life Insurance Company | MA | IA | Global Atlantic (Fin) Company | Ownership. | 100.000 | Global Atlantic Financial Group Limited | 3 | |
| | | | 04-0143077 | 0300270 | 1000004 | | company | | | Commonwealth Annuity and Life Insurance | ownership | | Global Atlantic Financial Group Limited | 4 | |
| 3891 Goldman | Sachs Grp | 62200 | 95-2496321 | | | | Accordia Life and Annuity Company | IA | IA | Company | Ownership | 100.000 | | | |
| | | | 1 | | | | | | | | | | Global Atlantic Financial Group Limited | d | |
| | | | 46-3694412 | | | | Gotham Issuer, LLC | DE | IA | Global Atlantic (Fin) Company | Ownership | | | | |
| | | | 1 | | | | | | | | | | Global Atlantic Financial Group Limited | b | |
| | | | 46-3694412 | | | | Gotham Issuer, LLC | DE | IA | Accordia Life and Annuity Company | Ownership | 90.000 | | | |
| | Sachs Grp | 15333 | 46-3455515 | | | | Gotham Re, Inc. | VT | IA | Asserdia Life and Annuity Company | Ownership | 100.000 | Global Atlantic Financial Group Limited | 3 | |
| | Sachs Grp | | 40-3400010 | | | | Gotham Re, Thc. | | | Accordia Life and Annuity Company | ownership | | Global Atlantic Financial Group Limited | | |
| | | | 95-2496321 | | | | Tapioca View, LLC | DE | IA | Accordia Life and Annuity Company | Ownership | 100,000 | | 4 | |
| | | | | | | | | | | noor and zero and numberly company | | | Global Atlantic Financial Group Limited | d | |
| | Sachs Grp | | 46-3465867 | | | | Cape Verity I, Inc. | IA | RE | Accordia Life and Annuity Company | Ownership | 100.000 | | | |
| | | | 1 | | | | | | | | | | Global Atlantic Financial Group Limited | d | |
| 3891 Goldman | Sachs Grp | | 46-3475073 | | | | Cape Verity II, Inc | IA | IA | Accordia Life and Annuity Company | Ownership | 100.000 | | | |
| | | | 1 | | | | | | | | | | Global Atlantic Financial Group Limited | d | |
| 3891 Goldman | Sachs Grp | | 46-3485456 | | | | Cape Verity III, Inc | I A | IA | Accordia Life and Annuity Company | Ownership | 100.000 | Olabel Atlantic Financial Orac Limits | | |
| | | | 35-1960899 | | | | Global Atlantic Investment Advisors, LLC | IN | ΙΑ | Global Atlantic (Fin) Company | Ownership | | Global Atlantic Financial Group Limited | 1 | |
| | , | | 33-1900699 | | | | GIODAT ATTAILTE THVESTMENT AUVISOIS, LLC | 11% | | GTODAT ALTAILLE (FIII) COMPANY | ownersmp | | Global Atlantic Financial Group Limited | 4 | |
| | | | 20-3944031 | | | | Global Atlantic Distributors, LLC | DE | IA | Global Atlantic (Fin) Company | Ownership | 100.000 | drobar Attantic i maneral droup Emittee | | |
| | | | | | | | | | | Grobal Atlantic (1 hi) company | | | Global Atlantic Financial Group Limited | 1 | |
| | | | 35-1815415 | | | | ForeLife Agency, Inc | IN | IA | Global Atlantic (Fin) Company | Ownership | | · · · · · · · · · · · · · · · · · · · | | |
| | | | 1 | | | | | | | Commonwealth Annuity and Life Insurance | | | Global Atlantic Financial Group Limited | d | |
| 3891 Goldman | Sachs Grp | | 06-1016329 | | | | Forethought Life Insurance Company | IN | IA | Company | Ownership | | | | |
| | | 77.107 | | 1 | | i i | | | · · · | Commonwealth Annuity and Life Insurance | | 400.005 | Global Atlantic Financial Group Limited | d | |
| | Sachs Grp | | 75–2140035 | | | | Forethought National Life Insurance Company . | TX | IA | Company | Ownership | | Olahal Atlantic Financial On 11111 | | |
| | | | 06-1016329 | 1 | | Í. | FLIC Properties, LLC | IN | IA | Forotheught Life Incurrence Com-onu | Ownership | | Global Atlantic Financial Group Limited | 1 | |
| | , | | 00-1010329 | | | | FLIG FIOPERTIES, LLG | 11% | IA | Forethought Life Insurance Company Forethought National Life Insurance Company | | | Global Atlantic Financial Group Limited | | |
| | | | 27-0285309 | 1 | | i i | Forethought Holdings, LLC | IN | IA | i orethought Matronar Erre mourance company | Ownership | 100.000 | | 4 | |
| | | <u>- </u> | LI-0200000 | | | | Trorothought horuthys, LLC | <u> </u> | | <u></u> | | | | | |

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 |
|-------|------------|---------|------------|---------|-----|--------------------|---|---------|-----------|-------------------------------|-------------------|---------|--|---------|----|
| | | | | | | | | | | | Туре | lf | | | |
| | | | | | | | | | | | of Control | Control | | | |
| | | | | | | | | | | | (Ownership, | is | | ls an | |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | | SCA | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | Filing | |
| | | NAIC | | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | Re- | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | quired? | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | (Y/N) | * |
| | | | | | | | | | | | | | Global Atlantic Financial Group Limite | d | |
| | | | 81-3323212 | | | | Global Atlantic Equipment Management, LLC | DE | NI A | Global Atlantic (Fin) Company | Ownership | 100.000 | | | |
| | | | | | | | | BMU | | | | | Global Atlantic Financial Group Limite | d | |
| | | | | | | | Global Atlantic Assurance Limited | BMU | IA | Commonwealth Re Midco Limited | Ownership | | Global Atlantic Financial Group Limite | d | |
| | | | 98-1451597 | | | | GA Re Bermuda HoldCo Limited | BMU | NIA | Commonwealth Re Midco Limited | Ownership | | GIODAT ATTAILTE FINANCIAI GIOUP EINITE | u | |
| | | | 50 1401007 | | | | | Divio | | | owner amp | | Global Atlantic Financial Group Limite | d | |
| | | | 83-2239712 | | | | GA Re US HoldCo, LP | DE | NIA | Commonwealth Re Midco Limited | Ownership | | | - | |
| | | | | | | | | | | | | | Global Atlantic Financial Group Limite | d | |
| | | | 83-2239712 | | | | GA Re US HoldCo, LP | DE | NI A | GA Re Bermuda HoldCo Limited | Ownership | 1.000 | | | |
| | | | | | | | | | | | | | Global Atlantic Financial Group Limite | d | |
| | | | 98-1090854 | | | | EXL Solar HoldCo, LLC | DE | NI A | Global Atlantic Re Limited | Ownership | | | | |
| 1 | | | | | | 1 | | | | | | | | | |

52.1

Asterisk

Explanation

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 |
|---------|---------------|---|--------------|---------------|--------------------|--------------------------------|-------------------|------------------|---------|---------------------|-----------------|---------------------|
| | | | | | | Income/ | | | | | | |
| | | | | | Purchases. Sales | (Disbursements) Incurred in | | | | | | Reinsurance |
| | | | | | or Exchanges of | Connection with | | Income/ | | Any Other Material | | Recoverable/ |
| | | | | | Loans, Securities, | Guarantees or | | (Disbursements) | | Activity Not in the | | (Payable) on |
| NAIC | | | | | Real Estate, | Undertakings for | Management | Incurred Under | | Ordinary Course of | | Losses and/or |
| Company | ID | Names of Insurers and Parent, | Shareholder | Capital | Mortgage Loans or | the Benefit of any | Agreements and | Reinsurance | | the Insurer's | | Reserve Credit |
| Code | Number | Subsidiaries or Affiliates | Dividends | Contributions | Other Investments | Affiliate(s) | Service Contracts | Agreements | * | Business | Totals | Taken/(Liability) |
| | 98–1089764 | Global Atlantic Financial Group Limited | | | | | | | | | | |
| | 80–0891249 | Global Atlantic Financial Life limited | | | | | | | | | | |
| | | Global Atlantic (Fin) Company | | (131,800,000) | | | | | | | | |
| | | Commonwealth Re Midco Limited | | (450,000,000) | | | (9,446,418) | | | (6,818,854) | (466,265,272) | |
| 84824 | 04-6145677 | .Commonwealth Annuity & Life Ins. Co | (50,000,000) | | | | (24,336,083) | (179,443,784) | | <u>(</u> 2,381,495) | | |
| | AA-3191237 | Global Atlantic Re Limited | | | | | (20, 144, 622) | 1, 129, 318, 886 | | (285,000,001) | | |
| 69140 | | First Allmerica Financial Life Insurance | | | | | | | | | | |
| | | Co | | | | | (13,898,627) | (14,840,147) | | | (28,390,436) | |
| 62200 | | Accordia Life and Annuity Company | | | (221,836,567) | | (72,502,353) | (29,491,397) | | | (293,830,317) | 5 , 184 , 232 , 505 |
| | 61–1704043 | Ariel Re (Holdings) Limited | | | | | | | | | | |
| | 46-2625485 | Global Atlantic Risk Services, LLC | | | | | | | | | | |
| | 13-3896700 | Global Atlantic Risk Advisors, L.P | | | | | | | | | | |
| | 13-3896487 | .GA Risk Advisors, Inc. | | | | | | | | | | |
| | 90-0928452 | Global Atlantic Financial Company | (2,000,000) | | | | 409,613,929 | | | | 407,613,929 | |
| | 46-3694412 | Gotham Issuer, LLC | | | | | | | | | | |
| 15333 | | Gotham Re, Inc. | | | (6,075,873) | | (154,273) | 6,289,003 | | | | (427,319,724 |
| | | .Tapioca View, LLC | | | 6,411,549 | | 43,463 | | | | 6,455,012 | |
| 15475 | 46-3465867 | Cape Verity I, Inc | | | | | | 9,748,912 | | | | (1,318,757,706 |
| 15472 | 46-3475073 | Cape Verity II, Inc | | | | | | | | | | (3,031,969,617 |
| 15473 | 46-3485456 | Cape Verity III, Inc | | | | | | | | | | (833,505,182 |
| | 20-0628947 | Forethought Financial Group,Inc | | | | | | | | | | |
| | 26-1505996 | .Forethought Capital Funding, Inc | | | | | | | | | | |
| | 35–1960899 | Global Atlantic Investment Advisors, LLC | | 1,000,000 | | | (2,252,248) | | | | (1,252,248) | |
| | 20-3944031 | Global Atlantic Distributors, LLC | | | | | | | | | (43,245,092) | |
| | 35-1642997 | Forethought Services, LLC | | | | | | | | | | |
| | 35–1815415 | ForeLife Agency, Inc | | | | | | | | | | |
| 91642 | | Forethought Life Insurance Company | | | (4,936,140,890) | | (209,575,769) | (941,323,958) | | (23,117,339) | (6,110,157,956) | |
| 77127 | 75–2140035 | Forethought National Life Insurance | | | | | | | | | | |
| | | Company | | | | | (2,664,253) | | | | | (120 , 124 , 127 |
| | 00–0000000 | FLIC Properties, LLC | | | | | (1,200) | | | | (1,200) | |
| | 27-0285309 | Forethought Holdings, LLC | | | | | | | | | | |
| | 13–3575636 | .Goldman Sachs Asset Management, L.P. | | | | | | | | | | |
| | | (GSAM fees) | | | | | | | | 7,420,000 | | |
| | 81-3323212 | Global Atlantic Equipment Management, LLC | | | | | | | | | | |
| | | | | | | | (17,303,959) | | | | (17,303,959) | |
| | ontrol Totals | Global Atlantic Assurance Limited | | | 4,852,710,359 | | (6,080,451) | | XXX | | | |

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.

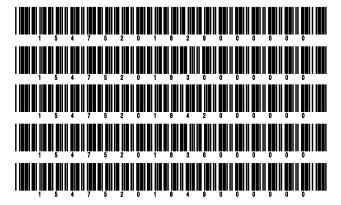
| | | Responses |
|-------------------|---|--------------------|
| | MARCH FILING | |
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | SEE EXPLANATION |
| 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 Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | WAIVED |
| 7. | Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | WAIVED |
| 8. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| | JUNE FILING | |
| 9. | Will an audited financial report be filed by June 1? | YES |
| 10. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | SEE EXPLANATION |
| 11. | 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 |
| supple specifi | lowing supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of busines</u> ment. However, in the event that your company does not transact the type of business for which the special report must be filed, your resp <u>c interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below</u> . If the supplement is required of your comp whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. | oonse of NO to the |
| | MARCH FILING | |
| 10 | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 12 | NO |

| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
|-----|--|-----|
| 13. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 14. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. | 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? | NO |
| 16. | Will the actuarial opinion 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 |
| 17. | Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | YES |
| 18. | 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 |
| 19. | 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 |
| 20. | 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 |
| 21. | 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 |
| 22. | 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 |
| 23. | 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 |
| 24. | 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? | YES |
| 25. | 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 |
| 26. | 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 |

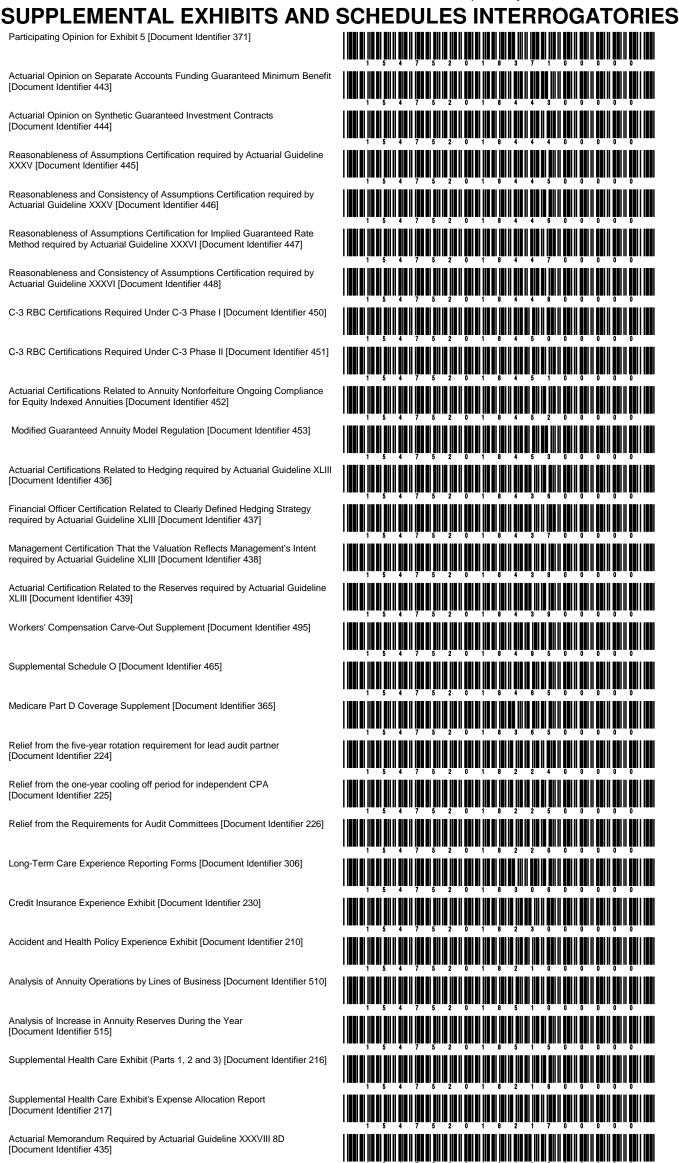
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

| 27. | 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? |
|-----|---|
| 28. | 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? |
| 29. | 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? |
| 30. | 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? |
| 31. | 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? |
| 32. | 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? |
| 33. | 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? |
| 34. | Will the Worker's Compensation Carve-Out Supplement be filed by March 1? |
| 35. | Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? |
| 36. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |
| 37. | 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? |
| 38. | 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? |
| 39. | 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? |
| 40. | Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? |
| | APRIL FILING |
| 41. | Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? |
| 42. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |
| 43. | Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? |
| 44. | Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? |
| 45. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? |
| 46. | Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? |
| 47. | Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? |
| 48. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |
| 49. | 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? |
| 50. | Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? |
| 51. | Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? |
| 52. | Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? |
| | AUGUST FILING |
| 53. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |
| 2. | Explanations: The Company is not required to file with the NAIC |

- The Company is not required to file with the NAIC The Company only has one shareholder 10
- 12. 13. The Company has no Medicare Supplement Insurance Business
- 14.
- 15.
- 18.
- The Company has no biolocare Supplement insurance Business The Company has no trusteed surplus The Company has no participating business The Company has no Separate Accounts Funding Guaranteed Minimum Benefit The Company has no Synthetic GIC Contracts 19.
- 20. The Reasonableness and Consistency of Assumption Certificate (updated Market Value) will be filed The Company has no indexed annuity contracts The Reasonableness and Consistency of Assumption Certificate (updated Market Value) will be filed
- 21. 22.
- The Reasonableness and Consistency of Assumption Certificate (updated Market Value) will be filed The Company is not required to file this form 23.
- 25.
- 26. The Company is not required to file this form
- 27.
- The Company has no annuity contracts The Company has no Modified Guarantee Annuities 28.
- 29. Not applicable to variable business in force
- 30. 31. Not applicable to variable business in force The Company has no variable contracts
- The Company has no variable contracts The Company has no Workers Compensation business 32.
- 34 35.
- The Company has no Accident and Health Business The Company has no Medicare Part D coverage business Audit partner has not exceeded five years
- 36. 37.
- 38.
- There are no employees currently in cooling off periods The Company is not seeking relief from these requirements 39.
- 42.
- The Company has no long-term business The Company has no credit insurance business The Company has no Accident and Health Business 44
- 45. 46
- The Company has no annuity business The Company has no annuity business 47.
- 48. The Company has no health business
- 49 The Company has no health business
- The Company is exempt from the requirements of section 8D of AG38 50.
- Bar Codes: Life, Health & Annuity Guaranty Association Model Act Assessment Base 6. Reconciliation Exhibit [Document Identifier 290]
- 7. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]
- SIS Stockholder Information Supplement [Document Identifier 420] 12.
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 14. Trusteed Surplus Statement [Document Identifier 490]



- Participating Opinion for Exhibit 5 [Document Identifier 371] 15.
- 18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
- 19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
- Reasonableness of Assumptions Certification required by Actuarial Guideline 20. XXXV [Document Identifier 445]
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446] 21.
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447] 22
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448] 23.
- C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450] 25.
- C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451] 26.
- Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance 27. for Equity Indexed Annuities [Document Identifier 452]
- 28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
- Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII 29. [Document Identifier 436]
- Financial Officer Certification Related to Clearly Defined Hedging Strategy 30. required by Actuarial Guideline XLIII [Document Identifier 437]
- 31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
- 32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
- Workers' Compensation Carve-Out Supplement [Document Identifier 495] 34.
- Supplemental Schedule O [Document Identifier 465] 35.
- Medicare Part D Coverage Supplement [Document Identifier 365] 36.
- Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] 37.
- Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 38.
- 39. Relief from the Requirements for Audit Committees [Document Identifier 226]
- Long-Term Care Experience Reporting Forms [Document Identifier 306] 42.
- Credit Insurance Experience Exhibit [Document Identifier 230] 44.
- Accident and Health Policy Experience Exhibit [Document Identifier 210] 45
- 46. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]
- 47. Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]
- Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216] 48.
- Supplemental Health Care Exhibit's Expense Allocation Report 49. [Document Identifier 217]
- Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D 50. [Document Identifier 435]



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. OVERFLOW PAGE FOR WRITE-INS

SUMMARY INVESTMENT SCHEDULE Admitted Assets as Reported in the Annual Statement Gross Investment Holdings 3 4 6 Securities Lending Reinvested Total (Col. 3 + 4) Collateral Percentage Investment Categories Amount Amount Amount Amount Percentage 1. Bonds: 1.1 U.S. treasury securities 977.159 0.114 977.159 977.159 0.114 1.2 U.S. government agency obligations (excluding mortgage-backed securities): .0.000 .0.000 1.21 Issued by U.S. government agencies 0.000 0.000 1.22 Issued by U.S. government sponsored agencies 1.3 Non-U.S. government (including Canada, excluding mortgaged-backed 2.626.885 .0.307 2.626.885 2.626.885 .0.307 securities) 1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. : 1.41 States, territories and possessions general obligations 8.008.500 0.935 .8.008.500 8.008.500 0.935 1.42 Political subdivisions of states, territories and possessions and 13,018,783 13,018,783 13,018,783 .1.520 .1.520 political subdivisions general obligations 42,582,698 4.970 42,582,698 42,582,698 1.43 Revenue and assessment obligations 4.970 1.44 Industrial development and similar obligations 0 000 0 000 1.5 Mortgage-backed securities (includes residential and commercial MBS) 1.51 Pass-through securities: 1.511 Issued or guaranteed by GNMA ... 0 000 0 000 .0.000 0.000 1.512 Issued or guaranteed by FNMA and FHLMC . .0.000 .0.000 1.513 All other 1.52 CMOs and REMICs: 16,260,539 ..1.898 16,260,539 16,260,539 .1.898 1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA 1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by 0 000 agencies shown in Line 1.521 ... 0 000 .68,721,210 ..8.021 .68,721,210 .68,721,210 8.021 1.523 All other ... 2. Other debt and other fixed income securities (excluding short-term): 2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid 623.579.684 72 785 623.579.684 623.579.684 72 785 securities) .56,872,774 .6.638 .56,872,774 6.638 2.2 Unaffiliated non-U.S. securities (including Canada). 2.3 Affiliated securities .0.000 .0.000 3. Equity interests: .0.000 .0.000 3.1 Investments in mutual funds 3.2 Preferred stocks: .0.000 0.000 3.21 Affiliated .0.000 0.000 3.22 Unaffiliated 3.3 Publicly traded equity securities (excluding preferred stocks): 0.000 0.000 3.31 Affiliated 3.32 Unaffiliated ..0.000 0.000 3.4 Other equity securities: .0.000 3.41 Affiliated 0.000 0.000 0 000 3.42 Unaffiliated 3.5 Other equity interests including tangible personal property under leases .0.000 0 000 3.51 Affiliated 0.000 0.000 3 52 Unaffiliated 4. Mortgage loans: 4.1 Construction and land development 0 000 0 000 ..0.000 .0.000 4.2 Agricultural . 0.000 0.000 4.3 Single family residential properties 0.000 0.000 4.4 Multifamily residential properties 5,534,282 ..0.646 5,534,282 5,534,282 0.646 4.5 Commercial loans 0.000 0.000 4.6 Mezzanine real estate loans Real estate investments: .0.000 .0.000 5.1 Property occupied by company 5.2 Property held for production of income (including \$ of property acquired in satisfaction of 0.000 0.000 debt) ... 5.3 Property held for sale (including \$.0.000 0 000 property acquired in satisfaction of debt). 6. Contract loans 12 864 534 1 502 12 864 534 12 864 534 1 502 .0.000 .0.000 7. Derivatives. .0.000 .0.000 8. Receivables for securities 0.000 9 Securities Lending (Line 10, Asset Page reinvested collateral). XXX XXX XXX ..0.665 5,698,768 5,698,768 .0.665 10. Cash, cash equivalents and short-term investments 5,698,768 11. Other invested assets 0.000 0.000 856,745,816 100.000 856,745,816 100.000 856,745,816 12. Total invested assets

SCHEDULE A - VERIFICATION BETWEEN YEARS Real Estate

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

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

| 4 | Dest/adjusted corries volue December 24 of prior uppr |
|---------|--|
| ı. - | Book/adjusted carrying value, December 31 of prior year |
| 2. | Cost of acquired: |
| | 2.1 Actual cost at time of acquisition (Part 2, Column 8) |
| | 2.2 Additional investment made after acquisition (Part 2, Column 9) |
| 3. | Capitalized deferred interest and other: |
| | 3.1 Totals, Part 1, Column 16 |
| | 3.2 Totals, Part 3, Column 12 |
| 4. | Accrual of discount |
| 5. | Unrealized valuation increase (decrease): |
| | 5.1 Totals, Part 1, Column 13 |
| | 5.2 Totals, Part 3, Column 9 |
| 6. | 5.2 Totals, Part 3, Column 9 Total gain (loss) on disposals, Part 3, Column 19 |
| 7. | Deduct amounts received on disposals, Part 3, Comm 1 |
| 8. | Deduct amortization of premium and depreciation |
| 9. | Total foreign exchange change in book/adjusted carrying value: |
| | 9.1 Totals, Part 1, Column 17 |
| | 9.2 Totals, Part 3, Column 14 |
| 10. | Deduct current year's other than temporary impairment recognized: |
| | 10.1 Totals, Part 1, Column 15 |
| | 10.2 Totals, Part 3, Column 11 |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) |
| 12. | Deduct total nonadmitted amounts |
| 13. | Statement value at end of current period (Line 11 minus Line 12) |

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

| 1. | Book/adjusted carrying value, December 31 of prior year | |
|-----|---|-----------|
| 2. | Cost of bonds and stocks acquired, Part 3, Column 7 | |
| 3. | Accrual of discount | |
| 4. | Unrealized valuation increase (decrease): | |
| | 4.1. Part 1, Column 12 | |
| | 4.2. Part 2, Section 1, Column 15 | |
| | 4.3. Part 2, Section 2, Column 13 | |
| | 4.4. Part 4, Column 11 | |
| 5. | Total gain (loss) on disposals, Part 4, Column 19 | 1,957,088 |
| 6. | Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 | |
| 7. | Deduct amortization of premium | |
| 8. | Total foreign exchange change in book/adjusted carrying value: | |
| | 8.1. Part 1, Column 15 | |
| | 8.2. Part 2, Section 1, Column 19 | |
| | 8.3. Part 2, Section 2, Column 16 | |
| | 8.4. Part 4, Column 15 | |
| 9. | Deduct current year's other than temporary impairment recognized: | |
| | 9.1. Part 1, Column 14 | |
| | 9.2. Part 2, Section 1, Column 17 | |
| | 9.3. Part 2, Section 2, Column 14 | |
| | 9.4. Part 4, Column 13 | |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2) | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | |
| 12. | Deduct total nonadmitted amounts | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | |
| | | |

SCHEDULE D - SUMMARY BY COUNTRY Long-Term Bonds and Stocks OWNED December 31 of Current Year

| Long-Term Bonds and Stocks OWNED December 31 of Current Year | | | | | | | | | |
|---|-----------|------------------------|---------------------------------|-------------|-------------|--------------------|--|--|--|
| | | | 1 Deski (Asliventesk | 2 | 3 | 4 | | | |
| г | escriptio | 20 | Book/Adjusted Carrying Value | Fair Value | Actual Cost | Par Value of Bonds | | | |
| BONDS | 1. | - | | | | 1.000.000 | | | |
| Governments | 2. | Canada | | | | 1,000,000 | | | |
| (Including all obligations guaranteed | 2. 3. | Other Countries | 2,626,885 | 2,248,200 | 2,633,600 | 2,500,000 | | | |
| by governments) | 4. | Totals | 3,604,044 | 3,225,359 | 3,606,856 | 3,500,000 | | | |
| U.S. States, Territories and Possessions | 4. | Totals | 0,004,044 | 0,220,000 | 0,000,000 | 0,000,000 | | | |
| (Direct and guaranteed) | 5. | Totals | 8,008,501 | 7,834,005 | 8,164,564 | 6,175,000 | | | |
| U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed) | 6. | Totals | 22,324,893 | 25,338,815 | 22,498,846 | 18,767,825 | | | |
| U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and | | | | | | | | | |
| their Political Subdivisions | 7. | Totals | 60,231,279 | 64,216,466 | 60,152,865 | 56,142,000 | | | |
| | 8. | United States | | | | | | | |
| Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and | 9. | Canada | | | | | | | |
| Hybrid Securities (unaffiliated) | 10. | Other Countries | 51,011,022 | 47,707,255 | 51,055,072 | 49,420,000 | | | |
| ,, | 11. | Totals | 738,479,515 | 713,447,015 | 739,234,518 | 712,737,998 | | | |
| Parent, Subsidiaries and Affiliates | 12. | Totals | | | | | | | |
| | 13. | Total Bonds | 832,648,232 | 814,061,660 | 833,657,649 | 797,322,823 | | | |
| PREFERRED STOCKS | 14. | United States | | | | | | | |
| Industrial and Miscellaneous | 15. | Canada | | | | | | | |
| (unaffiliated) | 16. | Other Countries | | | | | | | |
| | 17. | Totals | | | | | | | |
| Parent, Subsidiaries and Affiliates | 18. | Totals | | | | | | | |
| | 19. | Total Preferred Stocks | | | | | | | |
| COMMON STOCKS | 20. | United States | | | | | | | |
| Industrial and Miscellaneous | 21. | Canada | | | | | | | |
| (unaffiliated) | 22. | Other Countries | | | | | | | |
| | 23. | Totals | | | | | | | |
| Parent, Subsidiaries and Affiliates | 24. | Totals | | | | | | | |
| | 25. | Total Common Stocks | | | | | | | |
| | 26. | Total Stocks | | | | | | | |
| | 27. | Total Bonds and Stocks | 832,648,232 | 814,061,660 | 833,657,649 | | | | |

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

| | | | | whed December 3 | | | ues by Major Types | | AIC Designations | 10 | | |
|---|----------------|------------------|-------------------|--------------------|---------------|------------------|---|-----------------------|------------------------|---------------------|----------------------|-----------------------|
| | 1 | 2 Over 1 Year | 3 Over 5 Years | 4 Over 10 Years | 5 | 6 No Maturity | 7 | 8 Col. 7 as a % of | 9 Total from Col. 7 | 10 % From Col. 8 | 11 Total Publicly | 12 Total Privatelv |
| NAIC Designation | 1 Year or Less | Through 5 Years | Through 10 Years | Through 20 Years | Over 20 Years | Date | Total Current Year | Line 11.7 | Prior Year | Prior Year | Traded | Placed (a) |
| 1. U.S. Governments | 1 1041 01 2000 | rineugire reale | Through to Touro | Through 20 Touro | 01012010010 | Batto | Total Guilding Total | Ento | i nor rour | 1 1101 1 041 | riddod | 1 14004 (4) |
| 1.1 NAIC 1 | 4,912,776 | | | | | | 4,912,776 | 0.6 | | 0.5 | 4,912,776 | |
| 1.2 NAIC 2 | ·····,•·-,·- | | | | | XXX | ,,,, | | ,,,,, | | , | |
| 1.3 NAIC 3 | | | | | | XXX | | | | | | |
| 1.4 NAIC 4 | | | | | | XXX | | | | | | |
| 1.5 NAIC 5 | | | | | | XXX | | | | | | |
| 1.6 NAIC 6 | | | | | | XXX | | | | | | |
| 1.7 Totals | 4,912,776 | | | | | XXX | 4,912,776 | 0.6 | 3,967,139 | 0.5 | 4,912,776 | |
| 2. All Other Governments | ,- , | | | | | | , , , | | .,. , | | 1- 1 | |
| 2.1 NAIC 1 | | | | | | | | 0.3 | | | | |
| 2.2 NAIC 2 | | | | | | XXX | | | | | | |
| 2.3 NAIC 3 | | | | | | XXX | | | | | | |
| 2.4 NAIC 4 | | | | | | XXX | | | | | | |
| 2.5 NAIC 5 | | | | | | XXX | | | | | | |
| 2.6 NAIC 6 | | | | | | XXX | | | | | | |
| 2.7 Totals | | | | | 2,626,885 | XXX | 2,626,885 | 0.3 | | | | 2,626,885 |
| 3. U.S. States, Territories and Possessions etc., | | | | | 2,020,000 | 7000 | _,0_0,000 | 0.0 | | | | 2,020,000 |
| Guaranteed | | | | | | | | | | | | |
| 3.1 NAIC 1 | | | | | 6.356.909 | XXX | 6.356.909 | 0.8 | 8.321.545 | 1.1 | 6.356.909 | |
| 3.2 NAIC 2 | | | .620,696 | 1,030,895 | | XXX | 1,651,591 | 0.2 | 1.641.786 | 0.2 | 1,651,591 | |
| 3.3 NAIC 3 | | | , - | , , , , , | | XXX | , | | | | , , , , , , | |
| 3.4 NAIC 4 | | | | | | XXX | | | | | | |
| 3.5 NAIC 5 | | | | | | XXX | | | | | | |
| 3.6 NAIC 6 | | | | | | XXX | | | | | | |
| 3.7 Totals | | | 620,696 | 1,030,895 | 6,356,909 | XXX | 8,008,500 | 1.0 | 9,963,331 | 1.3 | 8,008,500 | |
| 4. U.S. Political Subdivisions of States, Territories and | | | , - | , , , , | ,,. | | , ,- | | .,,. | | , ,- | |
| Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 NAIC 1 | | | | | | XXX | | | | | | |
| 4.2 NAIC 2 | | | | | · · · | XXX | | | | | | |
| 4.3 NAIC 3 | | | | | | XXX | | | | | | |
| 4.4 NAIC 4 | | | | | | XXX | | | | | | |
| 4.5 NAIC 5 | | | | | | XXX | | | | | | |
| 4.6 NAIC 6 | | | | | | XXX | | | | | | |
| 4.7 Totals | | | | | 22,324,893 | XXX | 22,324,893 | 2.7 | 22,362,044 | 2.9 | 22,324,893 | |
| 5. U.S. Special Revenue & Special Assessment | | | | | | | | | | | | |
| Obligations, etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 NAIC 1 | 1,524,051 | 1,499,142 | | | | XXX | | | | | | 1,388,039 |
| 5.2 NAIC 2 | | | | | 11,670,018 | XXX | | 1.4 | 11,712,465 | 1.5 | | |
| 5.3 NAIC 3 | | , | | | | XXX | | | | | | |
| 5.4 NAIC 4 | | | | | | XXX | | | | | | |
| 5.5 NAIC 5 | | | | | | XXX | | | | | | |
| 5.6 NAIC 6 | | | | | | XXX | | | | | | |
| 5.7 Totals | 1,524,051 | 1,499,142 | 16,612,702 | 3,695,490 | 36,899,892 | XXX | 60,231,277 | 7.2 | 60,173,310 | 7.8 | 58,843,238 | 1,388,039 |

SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|----------------|--------------------------------|----------------------------------|-----------------------------------|---------------|---------------------|--------------------|-------------------------------|---------------------------------|-----------------------------|--------------------------|-------------------------------|
| NAIC Designation | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 11.7 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed (a) |
| 6. Industrial & Miscellaneous (Unaffiliated) | | | | | | | | | | | | |
| 6.1 NAIC 1 | | | | | | XXX | | | | | | |
| 6.2 NAIC 2 | | | | | | XXX | | | | | | |
| 6.3 NAIC 3 | | | | | 2,039,039 | XXX | 2,039,039 | 0.2 | | | 2,039,039 | |
| 6.4 NAIC 4 | | | | | | | | | | | | |
| 6.5 NAIC 5 | | | | | | | | | | | | |
| 6.6 NAIC 6 | | | | | | XXX | | | | | | |
| 6.7 Totals | 5,130,247 | 24,462,980 | 104,761,277 | 155,477,540 | 445,925,871 | XXX | 735,757,915 | 87.9 | 668,072,610 | 86.9 | 605,361,148 | 130,396,767 |
| 7. Hybrid Securities | , , | , , | , , | , , | , , | | | | , , | | , , | , , |
| 7.1 NAIC 1 | | | | | | | .453.782 | 0.1 | | | 453.782 | |
| 7.2 NAIC 2 | | | | 2,267,821 | | XXX | 2,267,821 | 0.3 | 2,276,792 | 0.3 | 2,267,821 | |
| 7.3 NAIC 3 | | | | | | XXX | ,,,,,, | | | | | |
| 7.4 NAIC 4 | | | | | | XXX | | | | | | |
| 7.5 NAIC 5 | | | | | | XXX | | | | | | |
| 7.6 NAIC 6 | | | | | | XXX | | | | | | |
| 7.7 Totals | | | | 2,721,603 | | XXX | 2,721,603 | 0.3 | 2,276,792 | 0.3 | 2,721,603 | |
| 8. Parent, Subsidiaries and Affiliates | | | | 2,721,000 | | 7000 | 2,721,000 | 0.0 | 2,210,102 | 0.0 | 2,721,000 | |
| 8.1 NAIC 1 | | | | | | | | | | 0.3 | | |
| 8.2 NAIC 2 | | | | | | XXX | | | 2,201,044 | | | |
| 8.3 NAIC 3 | | | | | | | | | | | | |
| 8.4 NAIC 4 | | | | | | XXX | | | | | | |
| 8.5 NAIC 5 | | | | | | XXX | | | | | | |
| 8.6 NAIC 6 | | | | | | | | | | | | |
| 8.7 Totals | | | | | | XXX | | | 2.201.844 | 0.3 | | |
| 9. SVO Identified Funds | | | | | | ~~~ | | | 2,201,044 | 0.0 | | |
| 9.1 NAIC 1 | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.1 NAIC 1 | XXXXXX | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.4 NAIC 4 9.5 NAIC 5 | | XXX .XXX | XXX .XXX | XXX .XXX | XXX | | | | | | | |
| 9.5 NAIC 5 | | | | | XXX | | | | | | | |
| | | | | XXX | | | | | | | | |
| 9.7 Totals | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 10. Bank Loans | | | | | | 2007 | | | 2004 | 2004 | | |
| 10.1 NAIC 1 | | | | | | XXX | | | XXX | XXX | | |
| 10.2 NAIC 2 | | | | | | XXX | | | XXX | XXX | | |
| 10.3 NAIC 3 | | | | | | XXX | | | XXX | XXX | | |
| 10.4 NAIC 4 | | | | | | XXX | | | XXX | XXX | | |
| 10.5 NAIC 5 | | | | | | XXX | | | XXX | XXX | | |
| 10.6 NAIC 6 | | | | | | XXX | | | XXX | XXX | | |
| 10.7 Totals | | | | | | XXX | | | XXX | XXX | | |

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

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

| | | Maturity Distributi | ION OF All BONUS C | whed December 3 | | | les by Major Types | or issues and INA | IC Designations | | | |
|---|----------------|--------------------------------|--------------------|-----------------------------------|--|---------------------|---------------------------|-------------------------------|---------------------------------|-----------------------------|--------------------------|-------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| NAIC Designation | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years | Over 10 Years Through 20 Years | Over 20 Years | No Maturity Date | Total Current Year | Col. 7 as a % of Line 11.7 | Total from Col. 7 Prior Year | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed (a) |
| 11. Total Bonds Current Year | | Through 5 Tears | Through to reals | Through 20 Tears | Over 20 Tears | Date | Total Culterit Teal | | Thorread | THOLTEAL | Traded | T laced (a) |
| 11.1 NAIC 1 | (d)11,567,074 | | | | 225.949.382 | | 451.793.472 | | XXX | XXX | | |
| 11.2 NAIC 2 | (d) | | | | | | | | | | | 23,553,952 |
| 11.3 NAIC 3 | (d) | | | | 2,039,039 | | 2,039,039 | 0.2 | XXX | XXX | 2,039,039 | |
| 11.4 NAIC 4 | (d) | | | | £,000,000 | | 2,000,000 | | | XXX | £,000,000 | |
| 11.5 NAIC 5 | (d) | | | | | | (c) | | | XXX | | |
| 11.6 NAIC 6 | (d) | | | | | | (c) | | | XXX | | |
| 11.7 Totals | | | | | | | (b)836,583,849 | .100.0 | XXX | XXX | | 134,411,691 |
| 11.8 Line 11.7 as a % of Col. 7 | 1.307,074 | 3.1 | 14.6 | 19.5 | 61.5 | | (0)030,303,849 . 100.0 | XXX | | XXX | | |
| 12. Total Bonds Prior Year | 1.4 | 5.1 | 14.0 | 19.5 | 01.5 | | 100.0 | ~~~ | ~~~ | ~~~ | 03.9 | 10.1 |
| 12. Total Bonds Prior Year 12.1 NAIC 1 | | | | | 242.275.523 | | 2004 | | | | | |
| | | | | | | | XXX | XXX | | | | |
| 12.2 NAIC 2 | | | | 45,759,606 | | | XXX | XXX | | | | |
| 12.3 NAIC 3 | | | | | | | XXX | XXX | | | | |
| 12.4 NAIC 4 | | | | | | | XXX | XXX | | | | |
| 12.5 NAIC 5 | | | | | | | XXX | | (c) | | | |
| 12.6 NAIC 6 | | 10 005 010 | | 100.050.005 | - · · · · · · · · · · · · · · · · · · · | | XXX | | (c) | 100.0 | | 100 101 510 |
| 12.7 Totals | | 19,285,048 | | | 511,694,412 | | XXX | | (b)769,017,070 | | | 120,494,540 |
| 12.8 Line 12.7 as a % of Col. 9 | 1.2 | 2.5 | 11.7 | 18.1 | 66.5 | | XXX | XXX | 100.0 | XXX | 84.3 | 15.7 |
| 13. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 13.1 NAIC 1 | 10,401,472 | 17,725,011 | | | | | | | | | | XXX |
| 13.2 NAIC 2 | | | | 61,361,340 | | | | | | | | XXX |
| 13.3 NAIC 3 | | | | | 2,039,039 | | 2,039,039 | 0.2 | | | | XXX |
| 13.4 NAIC 4 | | | | | | | | | | | | XXX |
| 13.5 NAIC 5 | | | | | | | | | | | | XXX |
| 13.6 NAIC 6 | | | | | | | | | | | | XXX |
| 13.7 Totals | | | | | | | | | | | | XXX |
| 13.8 Line 13.7 as a % of Col. 7 | 1.5 | 2.5 | 8.5 | | | | | XXX | XXX | XXX | | XXX |
| 13.9 Line 13.7 as a % of Line 11.7, Col. 7, | | | | | | | | | | | | |
| Section 11 | 1.2 | 2.1 | 7.1 | 15.3 | 58.2 | | 83.9 | XXX | XXX | XXX | 83.9 | XXX |
| 14. Total Privately Placed Bonds | | | | | | | | | | | | |
| 14.1 NAIC 1 | 1,165,602 | | | | 14,486,414 | | | | | 11.8 | XXX | |
| 14.2 NAIC 2 | | | 10,640,133 | | | | | | | | XXX | |
| 14.3 NAIC 3 | | | | | | | | | | | XXX | |
| 14.4 NAIC 4 | | | | | | | | | | | XXX | |
| 14.5 NAIC 5 | | | | | | | | | | | XXX | |
| 14.6 NAIC 6 | | | | | | | | | | | XXX | |
| 14.7 Totals | 1,165,602 | | | | | | | | | | XXX | |
| 14.8 Line 14.7 as a % of Col. 7 | 0.9 | 6.1 | | | | | | XXX | XXX | XXX | XXX | 100.0 |
| 14.9 Line 14.7 as a % of Line 11.7, Col. 7, | | | | | | | | | | | | |
| Section 11 | 0.1 | 1.0 | 7.5 | 4.2 | 3.3 | | 16.1 | XXX | XXX | XXX | XXX | 16.1 |

(a) Includes \$121,532,060 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

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

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

| | | | | | | | s by iviajor Type and | | | | | 10 |
|---|----------------|------------------|-------------------|--------------------|---------------|------------------|-----------------------|-----------------------|------------------------|---------------------|----------------------|-----------------------|
| | 1 | 2 Over 1 Year | 3 Over 5 Years | 4 Over 10 Years | 5 | 6 No Maturity | 7 | 8 Col. 7 as a % of | 9 Total from Col. 7 | 10 % From Col. 8 | 11 Total Publicly | 12 Total Privately |
| Distribution by Type | 1 Year or Less | Through 5 Years | | Through 20 Years | Over 20 Years | Date | Total Current Year | Line 11.7 | Prior Year | Prior Year | Traded | Placed |
| 1. U.S. Governments | | y | | | | | | | | | | |
| 1.1 Issuer Obligations | 4,912,776 | | | | | XXX | 4,912,776 | 0.6 | 3,967,139 | 0.5 | 4,912,776 | |
| 1.2 Residential Mortgage-Backed Securities | · · | | | | | XXX | , , | | . , | | . , | |
| 1.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 1.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 1.5 Totals | 4,912,776 | | | | | XXX | 4,912,776 | 0.6 | 3,967,139 | 0.5 | 4,912,776 | |
| 2. All Other Governments | , , | | | | | | , , | | | | , , | |
| 2.1 Issuer Obligations | | | | | 2,626,885 | XXX | | 0.3 | | | | 2,626,885 |
| 2.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | , , , |
| 2.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 2.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 2.5 Totals | | | | | 2.626.885 | XXX | 2,626,885 | 0.3 | | | | 2,626,885 |
| 3. U.S. States, Territories and Possessions, Guaranteed | | | | | 2,020,000 | 7000 | 2,020,000 | 0.0 | | | | 2,020,000 |
| 3.1 Issuer Obligations | | | 620,696 | 1,030,895 | | XXX | | 1.0 | 9,963,331 | | | |
| 3.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 3.3 Commercial Mortgage-Backed Securities | | | | | | | | | | | | |
| 3.4 Other Loan-Backed and Structured Securities | | | | | | | | | | | | |
| 3.5 Totals | | | 620,696 | 1,030,895 | 6,356,909 | XXX | 8.008.500 | 1.0 | 9,963,331 | 1.3 | 8.008.500 | |
| 4. U.S. Political Subdivisions of States, Territories and | | | 020,030 | 1,000,000 | 0,000,000 | ~~~ | 0,000,000 | 1.0 | 3,303,331 | 1.0 | 0,000,000 | |
| Possessions, Guaranteed | | | | | | | | | | | | |
| 4.1 Issuer Obligations | | | | | 22,324,893 | XXX | 22,324,893 | 2.7 | | 2.9 | | |
| 4.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | £.0 | £2,024,000 | |
| 4.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 4.4 Other Loan-Backed and Structured Securities | | | | | ••• | XXX | | | | | | |
| 4.5 Totals | | | | | 22,324,893 | XXX | 22,324,893 | 2.7 | 22,362,044 | 2.9 | 22,324,893 | |
| 5. U.S. Special Revenue & Special Assessment Obligations | | | | | 22,024,000 | 7000 | 22,024,000 | | 22,002,044 | 2.0 | 22,024,000 | |
| etc., Non-Guaranteed | | | | | | | | | | | | |
| 5.1 Issuer Obligations | 1,013,235 | | | 3,695,490 | | | 42,071,882 | 5.0 | 42,173,027 | 5.5 | | |
| 5.2 Residential Mortgage-Backed Securities | | ,, | | | | XXX | | | | | | |
| 5.3 Commercial Mortgage-Backed Securities | | 1,388,040 | | | | XXX | | 2.1 | | 2.3 | | 1,388,040 |
| 5.4 Other Loan-Backed and Structured Securities | 510,816 | ······ | , | | | XXX | 510,816 | 0.1 | 529, 142 | 0.1 | 510,816 | |
| 5.5 Totals | 1.524.051 | 1,499,143 | 16.612.701 | 3,695,490 | 36,899,892 | XXX | 60,231,277 | 7.2 | | 7.8 | 58,843,237 | 1.388.040 |
| 6. Industrial and Miscellaneous | ., | .,, | ,,. | -,, | , | ,,,,, | ,, | | ,, | | | .,,. |
| 6.1 Issuer Obligations | 412.889 | | 44, 192, 927 | 123.541.284 | 440,984,154 | XXX | 609, 131, 254 | 72.8 | | 73.8 | 565.823.099 | 43,308,155 |
| 6.2 Residential Mortgage-Backed Securities | 2,175,545 | 6,479,616 | 11,765,569 | 14,597,431 | | XXX | | 4.3 | 28,991,983 | 3.8 | 15, 161, 824 | 20,675,903 |
| 6.3 Commercial Mortgage-Backed Securities | 482,918 | 5,709,075 | 12, 131,063 | 8.343.539 | | XXX | 26,734,673 | 3.2 | 17,973,599 | 2.3 | 4,614,890 | 22,119,783 |
| 6.4 Other Loan-Backed and Structured Securities | 2,058,896 | 12,274,288 | 36,671,718 | 8,995,286 | 4,054,071 | XXX | 64,054,259 | 7.7 | 53,527,133 | 7.0 | 19,761,336 | 44,292,923 |
| 6.5 Totals | 5,130,248 | 24,462,979 | 104,761,277 | 155,477,540 | 445,925,869 | XXX | 735,757,913 | 87.9 | | 86.9 | 605,361,149 | |
| 7. Hybrid Securities | 3, 100, 240 | _1,102,010 | , | | ,020,000 | | | 07.0 | 000,012,010 | | 000,001,140 | |
| 7.1 Issuer Obligations | | | | | | XXX | | 0.3 | | .0.3 | | |
| 7.2 Residential Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 7.3 Commercial Mortgage-Backed Securities | | | | | | XXX | | | | | | |
| 7.4 Other Loan-Backed and Structured Securities | | | | | | XXX | | | | | | |
| 7.5 Totals | | | | 2,721,603 | | XXX | 2,721,603 | 0.3 | 2,276,792 | 0.3 | 2,721,603 | |
| 8. Parent, Subsidiaries and Affiliates | | | | 2,721,000 | | ~~~~ | 2,721,000 | 0.0 | 2,210,102 | 0.0 | 2,721,000 | |
| 8.1 Issuer Obligations | | | | | | VVV | | | | | | |
| 8.2 Residential Mortgage-Backed Securities | | | | | | XXX XXX | | | 2,201,044 | | | |
| 8.3 Commercial Mortgage-Backed Securities | | | | | | | | | | | | |
| 8.4 Other Loan-Backed and Structured Securities | | | | | | | | | | | | |
| 8.5 Totals | | | | | | | | | 0.001.044 | | | |
| 0.0 101815 | | | | | | XXX | | | 2,201,844 | 0.3 | | |

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

| | 1 | 2 | 3 | 4 | 5 | 6 | | 8 | 9 | 10 | 11 | 12 |
|--|----------------|--------------------------------|----------------------------------|--|---------------|---------------------|-------------------------|------------------------------------|------------|-----------------------------|--------------------------|---------------------------|
| Distribution by Type | 1 Year or Less | Over 1 Year Through 5 Years | Over 5 Years Through 10 Years | 4 Over 10 Years Through 20 Years | over 20 Years | No Maturity Date | 7 Total Current Year | o Col. 7 as a % of Line 11.7 | - | % From Col. 8 Prior Year | Total Publicly Traded | Total Privately Placed |
| | T Tear OF Less | Thiough 5 Teals | Thiough to reals | Thiough 20 Teals | Over 20 Teals | Dale | | LINE TT./ | FIIUITEdi | FIIULLEAL | Haueu | Flaceu |
| 9. SVO Identified Funds 9.1 Exchange Traded Funds Identified by the SVO | | 2004 | 2004 | | 2004 | | | | | | | |
| 9.2 Bond Mutual Funds Identified by the SVO | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 9.3 Totals | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 10. Bank Loans | | | | | | | | | | | | |
| 10.1 Bank Loans - Issued | | | | | | XXX | | | XXX | XXX | | |
| 10.2 Bank Loans - Acquired | | | | | | XXX | | | XXX | XXX | | |
| 10.3 Totals | | | | | | XXX | | | XXX | XXX | | |
| 11. Total Bonds Current Year | | | | | | | | | | | | |
| 11.1 Issuer Obligations | 6, 338, 900 | | | | | XXX | | | XXX | XXX | | |
| 11.2 Residential Mortgage-Backed Securities | 2, 175, 545 | 6,479,616 | 11,765,569 | 14,597,431 | | XXX | | 4.3 | XXX | XXX | 15, 161,824 | |
| 11.3 Commercial Mortgage-Backed Securities | | 7,097,115 | | | | XXX | | | XXX | XXX | | |
| 11.4 Other Loan-Backed and Structured Securities | | | | | 4,054,071 | XXX | | 7.7 | XXX | XXX | | |
| 11.5 SVO Identified Funds | XXX | XXX | | XXX | XXX | | | | XXX | XXX | | |
| 11.6 Bank Loans | | | | | | XXX | | | XXX | XXX | | |
| 11.7 Totals | | | | | | | | | XXX | XXX | | 134,411,689 |
| 11.8 Line 11.7 as a % of Col. 7 | 1.4 | 3.1 | 14.6 | 19.5 | 61.5 | | 100.0 | XXX | XXX | XXX | 83.9 | 16.1 |
| 12. Total Bonds Prior Year | | | | | | | | | | | | |
| 12.1 Issuer Obligations | 4,767,839 | 1,539,548 | | | | XXX | XXX | XXX | | | | 45,491,274 |
| 12.2 Residential Mortgage-Backed Securities | 1,972,634 | 6,428,587 | 5,230,117 | 6,411,113 | | XXX | XXX | XXX | 28,991,983 | 3.8 | 12, 151, 845 | 16,840,138 |
| 12.3 Commercial Mortgage-Backed Securities | 615.689 | 5.750.874 | 20,576,966 | 8,420,928 | | XXX | XXX | XXX | 35,444,741 | 4.6 | 17.928.593 | 17.516.148 |
| 12.4 Other Loan-Backed and Structured Securities | 1,549,190 | 5,566,040 | | 10,338,939 | 4,265,693 | XXX | XXX | XXX | 54,056,275 | 7.0 | 13,409,295 | 40,646,980 |
| 12.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | . XXX | XXX | , , , | | | , , , |
| 12.6 Bank Loans | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 12.7 Totals | | | | | | | XXX | XXX | | | | |
| 12.8 Line 12.7 as a % of Col. 9 | 1.2 | 2.5 | 11.7 | 18.1 | 66.5 | | XXX | XXX | 100.0 | XXX | 84.3 | |
| 13. Total Publicly Traded Bonds | | | | | | | | | | | | |
| 13.1 Issuer Obligations | 5,926,011 | | | 122,815,039 | | | 645,862,753 | 77.2 | | 78.7 | | xxx |
| 13.2 Residential Mortgage-Backed Securities | 2.175.545 | 6,479,616 | 3,703,556 | 1,983,540 | 819.566 | XXX | 15,161,823 | 1.8 | | 1.6 | 15, 161, 823 | |
| 13.3 Commercial Mortgage-Backed Securities | | , , | 20,875,430 | ,,. | | XXX | 20,875,430 | 2.5 | 17,928,593 | 2.3 | 20,875,430 | |
| 13.4 Other Loan-Backed and Structured Securities | 2,299,916 | | 3,269,360 | 3,064,441 | 504.143 | XXX | 20,272,152 | 2.4 | 13,409,295 | 1.7 | 20,272,152 | |
| 13.5 SVO Identified Funds | XXX | XXX | XXX | XXX | XXX | | , , . | | | | , , - | XXX |
| 13.6 Bank Loans | | | | | | XXX | | | XXX | XXX | | XXX |
| 13.7 Totals | 10,401,472 | | | | | | | 83.9 | | 84.3 | | XXX |
| 13.8 Line 13.7 as a % of Col. 7 | | 2.5 | | | | | | XXX | XXX | XXX | | |
| 13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11 | 1.2 | 2.1 | 7.1 | 15.3 | 58.2 | | 83.9 | XXX | XXX | XXX | 83.9 | |
| 14. Total Privately Placed Bonds | | | | | , | | | | | | | 1 |
| 14.1 Issuer Obligations | 412.889 | | 13,565,692 | | | XXX | 45.935.040 | 5.5 | 45,491,274 | 5.9 | XXX | 45.935.040 |
| 14.2 Residential Mortgage-Backed Securities | | | | 12,613,891 | | XXX | | 2.5 | | 2.2 | XXX | 20,675,904 |
| 14.3 Commercial Mortgage-Backed Securities | 482.918 | 7,097,115 | 7,516,172 | | | XXX | 23,507,822 | 2.8 | | 2.3 | XXX | 23,507,822 |
| 14.4 Other Loan-Backed and Structured Securities | | 1, 139, 996 | 33,402,358 | 5,930,845 | | XXX | 44,292,923 | 5.3 | | 5.3 | XXX | 44,292,923 |
| 14.5 SVO Identified Funds | 200,700 | XXX | XXX | XXX | XXX | | | | | | XXX | |
| 14.6 Bank Loans | | | | | | XXX | - | | XXX | XXX | XXX | |
| 14.7 Totals | 1.165.603 | | | | | //// | | | | | XXX | |
| 14.8 Line 14.7 as a % of Col. 7 | | | | | | | 100.0 | | XXX | XXX | XXX | |
| 14.9 Line 14.7 as a % of Coi. 7 | 0.1 | 1.0 | | 4.2 | 3.3 | | 16.1 | | XXX | XXX | XXX | |

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

| | 1 | 2 Dan da | 3 | 4 Other Short-term | 5 Investments in Parent, |
|---|-----------|-------------|----------------|-----------------------|-----------------------------|
| | Total | Bonds | Mortgage Loans | Investment Assets (a) | Subsidiaries and Affiliates |
| 1. Book/adjusted carrying value, December 31 of prior year | 4,767,838 | 4,767,838 | | | |
| 2. Cost of short-term investments acquired | 1,959,762 | 1,959,762 | | | |
| 3. Accrual of discount | 63,361 | | | | |
| 4. Unrealized valuation increase (decrease) | | | | | |
| 5. Total gain (loss) on disposals | | | | | |
| 6. Deduct consideration received on disposals | 4,800,000 | 4,800,000 | | | |
| 7. Deduct amortization of premium | | | | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | | | | |
| 9. Deduct current year's other than temporary impairment recognized | | | | | |
| 10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 1,990,261 | 1,990,261 | | | |
| 11. Deduct total nonadmitted amounts | | | | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,990,261 | 1,990,261 | | | |

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

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards **NONE**

Schedule DB - Part B - Verification - Futures Contracts

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

| | (Cash I | Equivalents) | | | |
|-----|---|--------------|-----------|------------------------------|-----------|
| | | 1 | 2 | 3 | 4 |
| | | Total | Bonds | Money Market Mutual funds | Other (a) |
| | | TOtal | Donus | Mutual fullus | |
| 1. | Book/adjusted carrying value, December 31 of prior year | 9,585,362 | | 9,585,362 | |
| 2. | Cost of cash equivalents acquired | | 1,939,239 | | |
| 3. | Accrual of discount | 6,117 | 6,117 | | |
| 4. | Unrealized valuation increase (decrease) | | | | |
| 5. | Total gain (loss) on disposals | (2) | | (2) | |
| 6. | Deduct consideration received on disposals | | | | |
| 7. | Deduct amortization of premium | | | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | | | |
| 9. | Deduct current year's other than temporary impairment recognized | | | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6- 7+8-9) | 3,708,507 | 1,945,356 | 1,763,151 . | |
| 11. | Deduct total nonadmitted amounts | | | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 3,708,507 | 1,945,356 | 1,763,151 | |

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

Schedule A - Part 1 - Real Estate Owned **NONE**

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **NONE**

SCHEDULE B - PART 1

Showing All Mortgage Loans OWNED December 31 of Current Year

| 1 | 2 | Locat | tion | 5 | 6 | 7 | | | | ook Value/Recorde | d Investment | | 14 | 15 |
|-------------------------|----------|--------------------------------------|-------|------|------------|----------|----------------|------------|-----------------|-------------------|-------------------|-------------------------|------------|----------|
| · | ~ | 2 | 4 | | J | ' | Book | 9 | 10 | 11 | 12 | 13 | | 10 |
| | | 3 | 4 | | | | | 9 | 10 | | 12 | 15 | | Data |
| | | | | | | | Value/Recorded | | | Current Year's | | T () F (| | Date o |
| | | | | | | | Investment | Unrealized | | Other-Than- | | Total Foreign | | Last |
| | | | | | | | Excluding | Valuation | Current Year's | Temporary | Capitalized | Exchange | Value of | Apprais |
| | | | | Loan | Date | Rate of | Accrued | Increase | (Amortization)/ | Impairment | Deferred Interest | Change in | Land and | or |
| Loan Number | Code | City | State | Туре | Acquired | Interest | Interest | (Decrease) | Accretion | Recognized | and Other | Book Value | Buildings | Valuatio |
| 514301 | | Louisville | КҮ | | 10/01/2013 | | 1,016,212 | | (48,343) | | | | | |
| 514318 | | Roanoke | VA | | 10/01/2013 | 5.720 | 4,518,071 | | | | | | | |
| 599999. Mortgages in g | ood star | nding - Commercial mortgages-all oth | er | | | | 5,534,283 | | (73,858) | | | | 26,700,000 | XXX |
| 0899999. Total Mortgage | s in goo | d standing | | | | | 5,534,283 | | (73,858) | | | | 26,700,000 | XXX |
| 699999. Total - Restruc | ured Mo | ortgages | | | | | | | | | | | | XXX |
| 499999. Total - Mortgao | es with | overdue interest over 90 days | | | | | | | | | | | | XXX |
| | | e process of foreclosure | | | | | | | | | | | | XXX |
| · · · | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | + | | | | | | | | | + |
| | | | | | | | | | | | | | | |
| 3399999 - Totals | | | | | | | 5.534.283 | | (73.858) | | | | 26.700.000 | XXX |
| General Interrogatory: | | | | | | | 0,034,283 | | (73,838) | | | | 26,700,000 | ~~~ |

 1. Mortgages in good standing \$
 unpaid taxes \$
 interest due and unpaid.

 2. Restructured mortgages \$
 unpaid taxes \$
 interest due and unpaid.

 3. Mortgages in process of foreclosure \$
 unpaid taxes \$
 unpaid taxes \$

 4. Mortgages in process of foreclosure \$
 unpaid taxes \$
 interest due and unpaid.

 interest due and unpaid.

SCHEDULE B - PART 2

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

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

SCHEDULE B - PART 3

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

| 1 | Location | | 4 | 5 | 6 | 7 | , | | in Book Value | | | | 14 | 15 | 16 | 17 | 18 |
|-------------------------|--------------------|--------|------|------------|----------|-------------|------------|----------------|---------------|--------------|-------------|---------------|-------------|----------|-----------|-----------|-----------|
| | 2 | 3 | | | | Book Value/ | 8 | 9 | 10 | 11 | 12 | 13 | Book Value/ | | | | |
| | | | | | | Recorded | | | Current | | | | Recorded | | | | 1 |
| | | | | | | Investment | | | Year's Other- | | Total | | Investment | | Foreign | | 1 |
| | | | | | | Excluding | Unrealized | Current | Than- | Capitalized | Change | Total Foreign | Excluding | | Exchange | Realized | Total |
| | | | | | | Accrued | Valuation | Year's | Temporary | Deferred | in | Exchange | Accrued | | Gain | Gain | Gain |
| | | | Loan | Date | Disposal | Interest | | (Amortization) | | Interest and | Book Value | | Interest on | Consid- | (Loss) on | (Loss) on | (Loss) on |
| Loan Number | City | State | Туре | Acquired | Date | Prior Year | (Decrease) | /Accretion | Recognized | Other | (8+9-10+11) | Book Value | Disposal | eration | Disposal | Disposal | Disposal |
| | Louisville | КҮ | | 10/01/2013 | | 1,397,876 | | | | | | | | | | | ' |
| | Roanoke | VA | | 10/01/2013 | | 4,743,424 | | | | | | | | | | | |
| 0299999. Mortgages with | partial repayments | | - | | | 6,141,300 | | | | | | | 533, 159 | 533, 159 | | | ļ' |
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| | | | | | | | | | | | | | | | | | |
| 0599999 - Totals | | | | | | 6,141,300 | | | | | | | 533, 159 | 533, 159 | | | |

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned **NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made **NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE**

SCHEDULE D - PART 1

| | 0 | - | | | - | | - | | | | | | 14.1 | 1 | | | | | D | |
|----------------|--|--------------|-------------|----------|--------------|------------|------------|------------|-------------|------------|-----------|---------------|----------|--------|-----------|-------|----------|-------------|-------------|-------------|
| 1 | 2 | Coc | | 6 | 1 | | air Value | 10 | 11 | | | usted Carryin | | | 1 | | nterest | ~ ~ | Da | |
| | | 3 4 | 5 | | | 8 | 9 | | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | | | | | | | | | | | | Total | | | | | | | |
| | | | | | | | | | | | | | Foreign | | | | | | | |
| | | F | | NAIC | | | | | | | | Current | Exchange | | | | | | | |
| | | 0 | | Desig- | | | | | | | | Year's | Change | | | | | | | |
| | | 0 | | 0 | | Dete | | | | | 0 | | | | | | | | | |
| | | r | | nation | | Rate | | | | | Current | Other- | in | | | | | | | |
| | | C e | | and | | Used to | | | Book/ | Unrealized | Year's | Than- | Book/ | | | | Admitted | | | Stated |
| | | o i | | Admini- | | Obtain | | | Adjusted | Valuation | (Amor- | Temporary | Adjusted | | Effective | | Amount | Amount | | Contractual |
| CUSIP | | d g | Bond | strative | Actual | Fair | Fair | Par | Carrying | Increase/ | tization) | Impairment | Carrying | Rate | Rate | When | Due and | Received | | Maturity |
| Identification | Description | e n | Char | Symbol | Cost | Value | Value | Value | Value | (Decrease) | Accretion | Recognized | Value | of | of | Paid | Accrued | During Year | Acquired | Date |
| | UNITED STATES TREASURY TBILLCASH | 6 11 | Chai | Symbol | | 97.7200 | | 1,000,000 | | (Declease) | 3,903 | Recognized | value | 2.645 | 2.737 | T alu | Accided | Duning Tear | 11/06/2018 | 11/07/2019 |
| | | | | | | | | , , | | | | | | | | MAT | | | | |
| | ototal - Bonds - U.S. Governments - Issue | er Obligatio | ons | | 973,256 | XXX | 977, 159 | 1,000,000 | 977, 159 | | 3,903 | | | XXX | XXX | XXX | | | XXX | XXX |
| 0599999. Tot | al - U.S. Government Bonds | | | | 973,256 | XXX | 977, 159 | 1,000,000 | 977, 159 | | 3,903 | | | XXX | XXX | XXX | | | XXX | XXX |
| 268317-AK-0 | ELECTRICITE DE FRANCE SA SENIOR CORP BND | D | | 1FE | | | 2,248,200 | | 2,626,885 | | (2,680) | | | 4.875 | 4.534 | JJ | | | 04/27/2016 | 01/22/2044 |
| 0699999 Sut | ototal - Bonds - All Other Governments - I | Issuer Obli | nations | | 2.633.600 | XXX | 2,248,200 | 2,500,000 | 2,626,885 | | (2,680) | | | XXX | XXX | XXX | 53.828 | 121.875 | XXX | XXX |
| | al - All Other Government Bonds | | gationio | | 2,633,600 | XXX | 2,248,200 | 2,500,000 | 2,626,885 | | (2,680) | | | XXX | XXX | XXX | 53,828 | 121,875 | XXX | XXX |
| | | | 1 | 455 | | | | | | | | | | | | | 53,828 | | | |
| 13063A-5G-5 | CALIFORNIA ST MUNI BND GO | | ·Ľ | 1FE | | 143.2550 | | | | | (32,245) | | | 7.550 | 3.777 | | | | 01/06/2015 | 04/01/2039 |
| 13063A-7D-0 | CALIFORNIA ST MUNI BND GO | | ·Ľ | 1FE | | 137.2720 | | 2,500,000 | | | (28,707) | | | 7.300 | 4.383 | AO | | | | 10/01/2039 |
| 452151-LF-8 | ILLINOIS STATE OF MUNITAX BND GO | <u>. F</u> | . 4 | 2FE | 1,606,464 | 95.3430 | 1,716,174 | 1,800,000 | 1,651,591 | | 9,805 | | | 5. 100 | 6.178 | JD | | | 10/09/2013 | 06/01/2033 |
| | ototal - Bonds - U.S. States, Territories an | nd Possess | sions - Iss | suer | | | | | | | | | | | | | | | | |
| Ob | ligations | | | | 8,164,564 | XXX | 7,834,005 | 6,175,000 | 8,008,501 | | (51, 147) | | | XXX | XXX | XXX | 88,666 | 415,863 | XXX | XXX |
| 1799999 Tot | al - U.S. States, Territories and Possessio | ons Bonds | | | 8,164,564 | XXX | 7,834,005 | 6,175,000 | 8,008,501 | | (51, 147) | | | XXX | XXX | XXX | 88,666 | 415,863 | XXX | XXX |
| 54438C-NZ-1 | LOS ANGELES CALIF CMNTY COLLEG MUNI BND | Unis Donus | , | 1FE | 4,669,977 | | 5,358,678 | 3,900,000 | 4,593,365 | | (16,278) | | | 6.600 | | FA | | | | |
| 54438C-PA-4 | LOS ANGELES CALIF CMINIT COLLEG MONT BND | | | 1FE | 8.519.435 | | 9,947,586 | | | | (20,068) | | | 6.750 | | FA | | | | |
| 575718-AA-9 | MA INSTITUTE OF TECH MASSACHUSETTS INSTI | | | 1FE | 7,521,190 | | | 6,357,825 | | | (713) | | | 5.600 | 4.726 | FA | 178.019 | | 10/30/2013 | |
| | UNIVERSITY OF SOUTHERN CALIFOR UNIVERSIT | | | IFE | | . 116.7050 | | 1,630,000 | | | | | | | 4.720 | | | | | 10/01/2111 |
| | | + | . [] | | | | | | | | | | | | | | | | | |
| | ototal - Bonds - U.S. Political Subdivisions | s - Issuer C | Obligation | าร | 22,498,846 | XXX | 25,338,815 | 18,767,825 | 22,324,893 | | (37, 151) | | | XXX | XXX | XXX | 500, 163 | 1,163,413 | XXX | XXX |
| 2499999. Tot | al - U.S. Political Subdivisions Bonds | | | | 22,498,846 | XXX | 25,338,815 | 18,767,825 | 22,324,893 | | (37, 151) | | | XXX | XXX | XXX | 500,163 | 1,163,413 | XXX | XXX |
| 010869-AS-4 | ALAMEDA CORRIDOR TRANSN AUTH C ALAMEDA C | | | 1FE | 1,592,025 | | 1,588,550 | | 1,688,081 | | | | | 0.000 | 3.771 | MAT | | | 08/19/2016 | 10/01/2031 |
| 02765U-CR-3 | AMERICAN MUN PWR-OHIO INC AMERICAN MUN P | | . 1 | 1FE | 1,786,994 | 125.5460 | | 1,720,000 | 1,781,721 | | (1, 159) | | | 6.053 | 5.775 | FA | | | | |
| 072024-NV-0 | BAY AREA TOLL AUTH CALIF MUNITAX BND REV | | 1 | 1FE | 3,684,278 | 142.0790 | 3,694,054 | 2,600,000 | 3,656,335 | | (14,994) | | | 7.043 | 4.584 | | | 183, 118 | 01/27/2017 | 04/01/2050 |
| 072024-PY-2 | BAY AREA TOLL AUTH CALIF MUNITAX BND REV | | 1 | 1FE | 4,932,352 | 142.1460 | 5,230,973 | 3,680,000 | 4,881,703 | | (15,943) | | | 6.907 | 4.868 | | 63,544 | 254, 178 | 01/26/2017 | 10/01/2050 |
| 167725-AC-4 | CHICAGO IL TRAN AUTH SALES TAX MUNI BND | | 1 | 1FE | 2.025.432 | 127.7490 | 2,299,482 | 1.800.000 | 1,986,464 | | (8,405) | | | .6.899 | | JD | 10.349 | 124, 182 | | 12/01/2040 |
| 592643-AA-8 | METROPOLITAN WASH D C ARPTS AU METROPOLI | | 1 | 2FE | 4,587,424 | | 4,596,448 | | | | (22, 215) | | | 7.462 | 4.788 | AO | 59,696 | 238.784 | 01/22/2015 | |
| 646136-XR-7 | NEW JERSEY ST TRANSN TR FD AUT MUNI BND | | 1 | 2FE | 7,258,220 | 122.4130 | 7,699,778 | 6,290,000 | 7,163,825 | | (20,231) | | | 6.561 | 5.467 | JD | 18.342 | 412.687 | .09/30/2013 | 12/15/2040 |
| 646139-W3-5 | NJ ST TPK AUTH TPK REV MUNI BND REV | | 1 | 1FE | 1,301,710 | 140.9000 | 1,409,000 | 1,000,000 | 1,269,359 | | (6,885) | | | 7.414 | 5.277 | | | | | 01/01/2040 |
| 677704-A6-5 | OHIO UNIVERSITY MUNITAX BND REV | | 1 | 1FE | 6.003.635 | | | 5,500,000 | | | (54) | | | | 5.118 | | | | | 12/01/2114 |
| 73358W-EK-6 | PORT AUTH NY & NJ MUNITAX BND REV | | 4 | 1FE | 1,030,367 | | 1,058,755 | | 1,027,757 | | (1,416) | | | 4.926 | 4.291 | | | | | 10/01/2051 |
| 73358W-JA-3 | PORT AUTH NY & NJ MUNITAX BND REV | | 1 | 1FE | 1,511,840 | 101.7410 | 1,526,115 | 1.500,000 | 1,511,778 | | | | | 4.458 | 4.417 | | 16.718 | 66.870 | 02/17/2017 | 10/01/2062 |
| 797400-FN-3 | SAN DIEGO CNTY CALIF REGL TRAN SAN DIEGO | | 1 | 1FE | 3, 186, 336 | 132.7230 | 3,753,406 | 2,828,000 | 3, 163, 271 | | (4,876) | | | 5.911 | 5.124 | | | 167,163 | 09/30/2013 | 04/01/2048 |
| 836753-JG-9 | SOUTH BROWARD HOSP DIST FLA SOUTH BROWAR | | 2 | 1FE | 1, 103, 440 | 101.4650 | 1.014.650 | 1,000,000 | 1,013,235 | | (38,970) | | | 7.278 | 3.243 | | | | | |
| 913366-EP-1 | UNIVERSITY CALIF REGTS MED CTR MUNITAX B | | 1 | | | | | | | | (7,814) | | | 6.548 | 5.346 | | | | 09/30/2013 | 05/15/2048 |
| | | leauar Obli | actiona | | | | | | | | | | | | XXX | | | | XXX | XXX |
| | ototal - Bonds - U.S. Special Revenues - I | issuer Obli | galions | | 42,459,400 | XXX | 45,059,218 | 36,642,000 | 42,071,883 | | (101,144) | | | XXX | | XXX | 399,325 | 2, 188, 473 | | |
| 30265A-AN-4 | FHLMC SUB CMBS _ 13-K33-B 144A | ••••••••• | 4 | 1FM | | | 1,489,665 | | 1,388,040 | | | | | 3.500 | | MON | 4,375 | | 10/04/2013 | |
| 30293A-AN-0 | FREMF 2015-K47 B SUB CMBS _15-K47 B | | 4 | 1FM | | | | | | | | | | 3.586 | 5.798 | | | | 03/11/2016 | |
| | FREMF 2015-K51 SUB CMBS_15-K51 B 144A | . <u></u> | 4 | 1FM | | | 9,903,749 | | 9,600,779 | | | | | 3.953 | 4.715 | MUN | | | 06/08/2016 | 10/25/2048 |
| 2799999. Sub | ototal - Bonds - U.S. Special Revenues - (| Commercia | al Mortga | ige- | | | | | | | | | | | | | | | | |
| | cked Securities | | Ū | | 17.139.730 | XXX | 18,650,083 | 19,000,000 | 17.648.580 | | 177.437 | | | XXX | XXX | XXX | 59.729 | 726.949 | XXX | XXX |
| | FLORIDA ST DEPT MGMT SVCS FLORIDA ST DEP | | 1 | 1FE | | 101,4330 | 507.165 | 500,000 | 510,816 | | (18,326) | | | 5.286 | 1.545 | FA | 11.013 | 26,430 | 08/19/2016 | 08/01/2019 |
| | ototal - Bonds - U.S. Special Revenues - 0 | Othor Loor | - Pookod | | | | | | | | | | | | | | | | | |
| | | Other Loar | -раскец | anu | | 2004 | | | | | | | | 2004 | 2004 | ~~~~ | | | | 2007 |
| | uctured Securities | | | | 553,735 | XXX | 507,165 | 500,000 | 510,816 | | (18,326) | | | XXX | XXX | XXX | 11,013 | 26,430 | XXX | XXX |
| 3199999. Tot | al - U.S. Special Revenues Bonds | | | | 60, 152, 865 | XXX | 64,216,466 | 56,142,000 | 60,231,279 | | 57,967 | | | XXX | XXX | XXX | 470,067 | 2,941,852 | XXX | XXX |
| 00206R-CU-4 | AT&T INC SENIOR CORP BND | | . 1 | 2FE | 3.507.728 | | | 3,200,000 | | | (4,861) | | | | | FA | | | | |
| 002824-BH-2 | ABBOTT LABORATORIES SENIOR CORP BND | 1 | . 1 | 2FE | | 104.9720 | | | | | (366) | | | 4.900 | 4.856 | MN | | | 12/09/2016 | 11/30/2046 |
| 00287Y-AS-8 | ABBVIE INC SENIOR CORP BND | | 1 | 2FE | .624,700 | .90.9410 | .568.381 | 625,000 | 624,718 | | | | | 4.700 | 4.703 | MN | .3.835 | | .05/05/2015 | .05/14/2045 |
| 00287Y-AW-9 | ABBVIE INC SENIOR CORP BND | | 1 | 2FE | 1,390,592 | 87.4740 | 1,224,636 | 1,400,000 | 1,391,015 | | | | | 4.450 | 4.491 | MN | 8,134 | | | 05/14/2046 |
| 00817Y-AF-5 | AETNA INC CORP BND | | | 2FE | | 117.2820 | 7.975.176 | 6.800.000 | | | (38,683) | | | | 5.181 | | 20.022 | | | |
| 012725-AD-9 | ALBEMARLE CORP SENIOR CORP BND | 1 | .li | 2FE | 3,204,919 | .99.9640 | 2,898,956 | 2,900,000 | | | (5,642) | | | | 4.754 | | | 158,050 | 04/03/2018 | |
| 02209S-AR-4 | ALTRIA GROUP INC SENIOR CORP BND | | | 2FE | 2,166,000 | | 1,864,940 | 2,000,000 | 2, 157, 194 | | (3, 171) | | | 5.375 | 4.831 | | | | | |
| 02209S-AV-5 | ALTRIA GROUP INC SENIOR CORP BND | | h | 2FE | 2,458,500 | 76.1720 | 1,866,214 | 2,450,000 | 2.457.848 | | (195) | | | 3.875 | 3.855 | | 27.690 | 94,938 | | 09/16/2046 |
| 023135-BJ-4 | AMAZON.COM INC SENIOR CORP BND 144A | | 1 | 1FE | 6,948,985 | | 6,839,700 | 7,000,000 | | | | | | 4.050 | 4.093 | | 101,588 | 141,750 | | 08/22/2047 |
| 025816-BF-5 | AMERICAN EXPRESS COMPANY SENIOR CORP BND | T | 1 | 1FE | | | | | | | | [| | 4.050 | 4.175 | | | | 11/16/2018 | 12/03/2042 |
| 03040W-AT-2 | AMERICAN WATER CAPITAL CORP SENIOR CORP | | 1 | 1FE | | | 1,459,140 | 1,500,000 | | | | | | 4.200 | 4.410 | | | | | |
| 500 101 /11 E | Charles on the one of the other of the | | | | | | | | | | | | | | | | L-1,000 | | | |

SCHEDULE D - PART 1

| 4 | 0 | 0. | | 0 | 7 | | 0 | | | | | | | | | | | | - | N-4 |
|----------------|--|---------------------------------------|--------|------------|-------------|----------|-------------|------------------|-------------|------------|----------------|------------|----------|--------|-----------|-------|----------|-------------|--------------|-------------|
| -T | 2 | Co | | 6 | 1 | | Fair Value | 10 | 11 | | in Book/Adju | 1 | <u>u</u> | 10 | | | nterest | | | Dates |
| | | 3 4 | 5 | | | 8 | 9 | | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | | | | | | | | | | | | Total | | | | | | | |
| | | | | | | | | | | | | | Foreign | | | | | | | |
| | | F | | NAIO | | | | | | | | 0 | 0 | | | | | | | |
| | | - | | NAIC | | | | | | | | Current | Exchange | | | | | | | |
| | | 0 | | Desig- | | | | | | | | Year's | Change | | | | | | | |
| | | r | | nation | | Rate | | | | | Current | Other- | in | | | | | | | |
| | | Ce | | and | | Used to | | | Book/ | Unrealized | Year's | Than- | Book/ | | | | Admitted | | | Stated |
| | | | | | | | | | | | | | | | | | | | | |
| | | o i | | Admini- | | Obtain | | | Adjusted | Valuation | (Amor- | Temporary | Adjusted | | Effective |) | Amount | Amount | | Contractual |
| CUSIP | | d g | Bond | strative | Actual | Fair | Fair | Par | Carrying | Increase/ | tization) | Impairment | Carrying | Rate | Rate | When | Due and | Received | | Maturity |
| Identification | Description | e n | Char | Symbol | Cost | Value | Value | Value | Value | (Decrease) | Accretion | Recognized | Value | of | of | Paid | Accrued | During Year | Acquired | Date |
| | AMERISOURCEBERGEN CORPORATION SENIOR COR | C 11 | - Onai | 2FE | 1.042.350 | 85.7230 | 857.230 | 1,000,000 | 1.040.212 | (Decrease) | | Recognized | Value | 4.250 | | 1 010 | 14, 167 | 42.500 | 06/09/2016 | .03/01/2045 |
| | | | - [] | | | | | | | | | | | | 3.998 | MS | | | | |
| | AMGEN INC CORP BND | | - [] | 2FE | 4,803,615 | 119.4450 | 4,479,188 | | 4,717,446 | | | | | 6.400 | 4.444 | FA | | | 04/11/2016 | 02/01/2039 |
| | AMGEN INC SENIOR CORP BND | | . 1 | 2FE | | 101.8720 | 1,018,720 | 1,000,000 | 1,090,982 | | (2,316) | | | 4.950 | 4.318 | AO | | | 04/11/2016 . | 10/01/2041 |
| | AMGEN INC SENIOR CORP BND | ····· | . 1 | 2FE | | 93.5190 | | | | | | | | 4.400 | 4.774 | MN | | | 12/11/2015 | |
| | ANHEUSER-BUSCH INBEV FINANCE I SENIOR CO | ····· | . 1 | 2FE | | | 2,643,062 | | | | | | | 4.900 | 5.297 | FA | | | 11/13/2018 | |
| | ANHEUSER-BUSCH INBEV WORLDWIDE SENIOR CO | | . 1 | 2FE | 7,092,000 | 86.3560 | 6, 124, 368 | | | | | | | 4.439 | | AO | | | 08/21/2017 | |
| 035240-AG-5 | ANHEUSER-BUSCH INBEV WORLDWIDE SENIOR CO | | . 1 | 2FE | | | 1,306,634 | 1,400,000 | 1, 494, 353 | | (2,334) | L | L | 4.950 | 4.476 | JJ | | | | 01/15/2042 |
| 035240-AN-0 | ANHEUSER-BUSCH INBEV WORLDWIDE SENIORCOR | L | . 1 | 2FE | | | | | | | | | | 4.600 | 4.635 | AO | | | | |
| 036752-AD-5 | ANTHEM INC SENIORCORPBND | L | . 1 | 2FE | | | | | | | | | | 4.375 | 4.375 | JD | 2,279 | | | |
| | APPALACHIAN POWER CO CORP BND | | 1 | 2FE | 2,208,608 | 125.7590 | 2,012,144 | 1,600,000 | 2,165,021 | | (18,586) | | | 7.000 | 4.287 | A0 | | 112,000 | 07/26/2016 | 04/01/2038 |
| | APPLE INC SENIOR CORP BND | [] | 1 | 1FE | | 105.8540 | | | | | | [| [| 4.650 | 3.824 | FA | | | 07/31/2017 | |
| | APPLE INC SENIOR CORP BND | tl | · [i | 1FE | | | | | | | (0,705) | | [| | 3.865 | FA | | | 07/28/2016 | |
| | AFFLE INC SENIOR CORP BND | tl | · ¦ | 1FE | 1,280,128 | | 1,358,025 | | | | | | | 5.765 | | MS | | | | |
| | ARCHER DANIELS MIDLAND CO COHP BND | | ·[¦ | 1FE | 2,497,149 | | | | | | (3,059) 529 | | | 5.765 | 3.812 | MQ | | | 09/30/2013 | |
| | | | ·[¦ | | | | | | | | | | | | | MO | | | | |
| | ARIZONA PUBLIC SERVICE CO SENIOR CORP BN | <u> </u> + | ·Ľ | 1FE | 4,440,799 | 108.2030 | | | 4,392,647 | | (19,815) | | <u> </u> | 5.050 | 3.784 | MS | | | 06/23/2016 | |
| | BAKER HUGHES A GE COMPANY LLC CORP BND | · · · · · · · · · · · · · · · · · · · | . 1 | 1FE | 4,993,911 | | 4,463,868 | 4,685,000 | 4,959,788 | | (7, 173) | | | 5. 125 | 4.691 | MS | | | 09/30/2013 | |
| | BANK OF AMERICA CORP SUB CORP BND | · · · · · · · · · · · · · · · · · · · | | 2FE | | | 7,989,678 | | | | 7,071 | | | 4.750 | 5.092 | AO | 74,812 | | 01/14/2016 | 04/21/2045 |
| | BECTON DICKINSON AND COMPANY SENIOR CORP | · · · · · · · · · · · · · · · · · · · | . 1 | 2FE | 5, 117,650 | | 4,679,800 | | 5, 111,662 | | (2,297) | | | 4.685 | | JD | | | 02/23/2016 | |
| | BECTON DICKINSON AND COMPANY SENIOR CORP | | . 1 | 2FE | 2,023,620 | | 1,881,120 | 2,000,000 | 2,023,435 | | | | | 4.669 | | JD | | | 03/28/2018 | |
| 075887-CE-7 | BECTON DICKINSON AND COMPANY BOND CORP | | | 2FE | 1, 133, 516 | 112.1380 | 1,056,340 | | 1, 120, 829 | | (12,687) | | | 6.700 | 3.891 | JD | | | | |
| 09062X-AD-5 | BIOGEN IDEC INC SENIOR CORP BND | | . 1 | 1FE | 5,202,950 | 103.2520 | | | | | (3,734) | | | 5.200 | 4.932 | MS | | | | |
| | BLACK HILLS CORPORATION SENIOR CORP BND | | 1 | 2FE | 198,910 | | | 200,000 | 198,962 | | | | | 4.200 | 4.232 | MS | 2.473 | 8,400 | | |
| | BOEING CO SENIOR CORP BND | | 1 | 1FE | 1,233,244 | 88.7750 | 1,131,881 | 1,275,000 | 1,235,416 | | 840 | | | 3.375 | 3.553 | .ID | 1,913 | 43,031 | 05/16/2016 | 06/15/2046 |
| | BP CAPITAL MARKETS AMERICA INC SENIOR CO | | 1 | | 499,265 | 102.8760 | | | | | 8 | | | 4.234 | 4.252 | MN | 3,234 | | 11/20/2018 | |
| | BAE SYSTEMS FINANCE INC BAE SYSTEMS FINA | | | 2FE | | 121.4400 | 340.032 | | | | | | | 7.500 | 5.158 | MIN | | .21.000 | | |
| | | | | | | 121.4400 | 1.577.130 | 1,500,000 | | | (3,612) | | | 4.500 | | JJ | | | | |
| | BROWN-FORMANCORPORATION SENIOR CORP BND | | - [] | | 1,672,815 | | | | 1,663,635 | | | | | | | JJ | | | 05/05/2016 | 07/15/2045 |
| | BURLINGTON NORTHERN SANTA FE L SENIOR CO | | - [] | 1FE | 1,032,620 | | | 1,000,000 | 1,030,827 | | | | | 4.150 | 3.958 | AU | | | 04/01/2016 | 04/01/2045 |
| | BURLINGTON NORTHERN SANTA FE L SENIOR CO | | . 1 | 1FE | | 104.5630 | | | | | (1,034) | | | 4.700 | 3.958 | MS | | | 08/21/2017 . | |
| | BURLINGTON NORTHERN SANTA FE L CORP BND | ····· | . 1 | 1FE | 7,341,572 | 121.8150 | 7,917,975 | | | | | | | 6.150 | 5.191 | MN | | | | |
| | CIGNA CORPORATION CORP BND | · · · · · · · · · · · · · · · · · · · | . 1 | 2FE | | 110.5890 | 5,529,450 | | 5,622,590 | | | | | 6.150 | 5.081 | MN | | | 09/30/2013 | |
| | CMS ENERGY CO SENIOR CORP BND | | . 1 | 2FE | | 101.3180 | | | | | | | | 4.700 | 4.972 | MS | | | 10/30/2013 _ | 03/31/2043 |
| | CRH AMERICA INC. SENIOR CORP BND 144A | | . 1 | 2FE | 2,496,588 | | 2,417,587 | | | | | | | 5. 125 | 5.200 | MN | | | 04/12/2016 | |
| | CSX CORP SENIOR CORP BND | | . 1 | 2FE | | | | 1,000,000 | | | 108 | | | 3.800 | 3.832 | MN | | | 10/13/2016 | |
| | CSX CORP SENIOR CORP BND | L | . 1 | 2FE | 486,235 | | | | | | | | | 3.800 | 4.160 | MS | | | | |
| | CVS HEALTH CORP SENIOR CORP BND | | 1 | 2FE | 3,835,719 | | 3,212,253 | 3,300,000 | 3,820,362 | | (10,955) | | | 5. 125 | | JJ | | 169, 125 | 07/31/2017 | 07/20/2045 |
| | CAMPBELL SOUP COMPANY SENIOR CORP BND | [] | 1 | 2FE | | | | | | | 40,731 | [| [| | 5.006 | FA | 176.938 | | 10/30/2013 | |
| | CATERPILLAR INC CATERPILLAR INC | | 1 | 1FE | 4, 687, 130 | | 4,674,565 | 3,500,000 | | | (15,486) | | | 7.375 | | MS | | | 05/20/2014 | |
| | CELGENE CORPORATION SENIOR CORP BND | | 1 | 2FE | | | 4,392,200 | | | | (1,759) | | | 4.625 | | MN | | | | |
| | CELGENE CORPORATION SENIOR CORP BND | | ·[¦ | | | | | | | | (1,759) | | | | 4.481 | | | | | |
| | | <u> </u> | · ' | 2FE 1FE | | | | | | | | | | | | ITA | | | | |
| | CENTRAL HUDSON GAS & ELEC CORP CENTRAL H | <u> </u> | ·L | | | | | | | | (681) | | | 5.800 | 5.082 | MIN | | | 09/30/2013 | |
| | CHARTER COMMUNICATIONS HOLDING SENIOUR C | <u> </u> | -[] | 2FE | 2,000,000 | 102.7940 | 2,055,880 | 2,000,000 | 2,000,000 | | · | | | 6.484 | 6.484 | A0 | | | 12/06/2016 . | 10/23/2045 |
| | CHEVRON PHILLIPS CHEMICAL CO L SENIORCOR | | -[1 | 1FE | 2,925,300 | | 2,954,850 | | | | | | | 3.700 | 4.019 | JD | | | 12/13/2018 | |
| | CHURCH & DWIGHT CO INC SENIORCORPBND | | . 1 | 2FE | | | 2,274,100 | | | | | | | 3.950 | 4.564 | FA | 41, 146 | | 12/13/2018 _ | |
| | CITIGROUP INC SUB CORP BND | | | 2FE | 7,324,071 | | 6,951,215 | <u>6,975,000</u> | 7, 307, 295 | | | | | 5.300 | 4.966 | MN | | | 08/21/2017 | |
| 195869-AG-7 | COLONIAL PPLN CO COLONIAL PIPELINE CO | | . 1 | 1FE | | 134.0110 | 1,340,110 | 1,000,000 | 1,276,505 | | | | | 7.630 | 4.793 | MN | | | | 04/15/2032 |
| 20030N-AY-7 | COMCAST CORPORATION SENIOR CORP BND | | . 1 | 1FE | 631,410 | 122.4550 | | | 619,965 | | (3,416) | | | | 4.712 | JJ | | | | |
| 20030N-BU-4 | COMCAST CORPORATION SENIOR CORP BND | | . 1 | 1FE | 2,788,338 | 82.8580 | 2.485.740 | 3,000,000 | 2.794.246 | | 4, 177 | | | 3.400 | 3.804 | JJ | 47.033 | 102.000 | 07/31/2017 | 07/15/2046 |
| 205887-AX-0 | CONAGRA BRANDS INC SENIOR CORP BND | [] | 1 | 2FE | 2,194,225 | 126.8180 | 2, 181, 270 | 1,720,000 | 2,092,012 | | (21,860) | [| [| 8.250 | 5.693 | MS | 41.782 | | 09/30/2013 | |
| | CONSOLIDATED EDISON CO OF NEW CORP BND | [| · [i | 1FE | 4,045,882 | | 4,087,650 | 3,500,000 | | | | | | 5.700 | 4.671 | | 8.867 | | | |
| | | <u>†</u> | · [¦ | | | | | | | | | | | 3.700 | 4.179 | n | | | | |
| | CONSOLIDATED EDISON CO OF NEW SENIORCORP | | ·Ľ | | 1,328,978 | | | | | | 5/6 84 | | | | | JU | | | | |
| | CONSTELLATION BRANDS INC SENIOR CORP BND | | ·Ľ | 2FE | 1, 144, 929 | | 1,049,628 | 1, 150,000 | 1, 145, 065 | | | | | 4.500 | | MN | | | 05/02/2017 | |
| | COX COMMUNICATIONS INC SENIOR CORP BND 1 | <u> </u> | ·[! | 2FE | 1,034,820 | | | 1,000,000 | 1,032,113 | | <u>(</u> 736) | | | 4.700 | 4.480 | | | | 01/07/2015 _ | |
| 23204H-BM-9 | CUSTOMERS BANK CUSTOMERS BANK | <u> </u> | . 2 | 2FE | | 102.0060 | 9, 180, 540 | | | | | | | 6.125 | 6.123 | | 7,656 | | 06/25/2014 | |
| | DEERE & CO DEERE & CO | | | 1FE | 2,389,142 | 135.8320 | 2,336,310 | 1,720,000 | | | | | | 8.100 | | MN | | | 10/30/2013 | |
| 260003-AG-3 | DOVER CORP CORP BND | | . 1 | 2FE | 5,376,946 | 123.0640 | 5,291,752 | 4,300,000 | 5,238,565 | | (29, 111) | | | 6.600 | 4.842 | MS | | | | 03/15/2038 |
| 26078J-AD-2 | DOWDUPONT INC SENIOR CORP BND | L | . 1 | 2FE | | 103.2400 | | 5,000,000 | 5,000,000 | | | | | 4.725 | 4.725 | MN | | | | |
| | DOWDUPONT INC SENIOR CORP BND | | 1 | 2FE | 5,000,000 | 103.8940 | | 5,000,000 | 5,000,000 | | | | | 5.419 | | | | | | |
| 200700 /1 / | | F | . 1 | -1 | | | | | | | + | | | | | | | | | |

SCHEDULE D - PART 1

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| CUSIP | | d g | Bond strative | Actual | Fair | Fair | Par | Carrying | Increase/ | tization) | Impairment | Carrying | Rate | Rate | When | Due and | Received | | Maturity |
| Identification | Description | e n | Char Symbol | Cost | Value | Value | Value | Value | (Decrease) | Accretion | Recognized | Value | of | of | Paid | Accrued | During Year | Acquired | Date |
| 26138E-AT-6 | DR PEPPER SNAPPLE GROUP INC SENIORCORPBN | | 1 2FE | 1,702,552 | | 1.654.710 | 1,900,000 | 1,703,188 | (====================================== | | | | 4.500 | | MN | 10,925 | | 10/17/2018 | 11/15/2045 |
| 26138E-AY-5 | DR PEPPER SNAPPLE GROUP INC SENIOR CORP | | 1 | 2,123,236 | 88.2650 | 1,875,631 | 2,125,000 | | | | | | 4.420 | 4.425 | JD | 4,174 | 93,925 | 12/05/2016 | 12/15/2046 |
| 263901-AF-7 | DUKE ENERGY INDIANA INC SECURED CORP BND | | 1 | 1,830,416 | 108.2390 | 1,619,255 | 1,496,000 | 1,811,175 | | | | | | | JJ | | | | 07/15/2043 |
| 26441C-AT-2 | DUKE ENERGY CORP SENIOR CORP BND | | 1 | 1, 165, 676 | | | 1, 150,000 | 1, 164, 982 | | (318) | | | 3.750 | 3.674 | MS | 14,375 | 43, 125 | | |
| 26442C-AB-0 | DUKE ENERGY CORP SECURED CORP BND | | 1 | 2,725,748 | 121.2930 | 2,547,153 | 2,100,000 | 2,693,645 | | (20,740) | | | 6.000 | 3.885 | JJ | 58,100 | 126,000 | | 01/15/2038 |
| 278865-AM-2 | ECOLAB INC SENIOR CORP BND | | 1 | 212,908 | 115.2200 | 195,874 | 170,000 | 210,600 | | (1,078) | | | 5.500 | 3.913 | JD | 597 | 9,350 | 10/14/2016 | 12/08/2041 |
| 278865-BA-7 | ECOLAB INC SENIORCORPBND144A | | 11FE | 1,998,429 | | 1,932,094 | | | L [| | | | 3.950 | 4.131 | JD | | | | |
| 28370T-AF-6 | KINDER MORGAN ENERGY PARTNERS SENIOR COR | | 1 | | | | | | [| | | | 4.700 | 5.215 | MN | | | | 11/01/2042 |
| 29273R-AZ-2 | ENERGY TRANSFER PARTNERS LP SENIOR CORP | | 1 2FE | 3,253,095 | | 2,852,370 | | | | (4,872) | | | 5.950 | 5.343 | AO | | | | 10/01/2043 |
| 29336U-AC-1 | ENLINK MIDSTREAM PARTNERS LP SENIOR CORP | | 1 3FE | 2,040,000 | | 1,642,980 | 2,000,000 | | [| (734) | | | | | A0 | 28,000 | | 06/06/2017 | 04/01/2044 |
| 29379V-AV-5 | ENTERPRISE PRODUCTS OPERATING SENIOR COR | | 1 | | 106.3610 | | | | l [| (798) | | | 5.700 | 5.045 | FA | | | | 02/15/2042 |
| 294429-AG-0 | EQUIFAX INC CORP BND | | 1 2FE | | 114.4400 | 5,264,240 | 4,600,000 | | [| (16,317) | | | 7.000 | 5.911 | JJ | | | | 07/01/2037 |
| 30161N-AS-0 | EXELON CORPORATION SENIOR CORP BND | | 1 2FE | | .102.9390 | | | | | (1,040) | | | 5.100 | | JD | | | 05/19/2016 | 06/15/2045 |
| 30161N-AV-3 | EXELON CORPORATION SENIOR CORP BND | | 1 | 2, 163, 908 | | 2,045,827 | 2,175,000 | 2, 164, 444 | [| | | | 4.450 | 4.481 | A0 | | | 04/04/2016 | 04/15/2046 |
| 302508-AQ-9 | FMR CORP CORP BND 144A | | 11FE | 4,628,171 | 130.4570 | 4,631,224 | | 4,579,412 | ļ [| | | | 7.570 | 4.127 | JD | | | | |
| 313747-AV-9 | FEDERAL REALTY INVESTMENT TRUS SENIOR CO | | . 11FE | | | | | | | 10 | | | 4.500 | 4.551 | JD | | | | 12/01/2044 |
| 31428X-AT-3 | FEDERAL EXPRESS CORP SENIOR CORP BND | | . 1 | 1,277,325 | | 1,245,480 | | | | 4,506 | | | 3.875 | 4.836 | FA | | | 10/30/2013 | 08/01/2042 |
| 31428X-BE-5 | FEDERAL EXPRESS CORP SENIOR CORP BND | | . 12FE | 2,475,743 | | 2, 168, 532 | | 2,471,152 | | (3,455) | | | 4.750 | 4.277 | MN | | | 08/09/2017 | 11/15/2045 |
| 31428X-BS-4 | FEDERAL EXPRESS CORP SENIORCORPBND | | 1 2FE | 2,093,154 | | 2,029,377 | 2, 100,000 | 2,093,177 | | | | | 4.950 | 4.971 | AO | | | 10/17/2018 | 10/17/2048 |
| 316773-CH-1 | FIFTH THIRD BANK CORP BND | | 2FE | | . 132.7280 | 3,052,744 | | | | | | | 8.250 | 5.464 | MS | 63,250 | | | 03/01/2038 |
| 33616C-AB-6 | FIRST REPUBLIC BANK SUB CORP BND | | . 2 | 1,052,823 | | | 1,075,000 | 1,053,722 | | | | | 4.375 | 4.501 | FA | | | 07/25/2016 | |
| 337738-AR-9 | FISERV INC SENIORCORPBND | | . 1 | 2,723,985 | | 2,744,500 | | 2,724,142 | | | | | 4.200 | 4.318 | AO | | | 12/14/2018 | 10/01/2028 |
| 341081-EU-7 | FLORIDA POWER AND LIGHT CO CORP BND | | 11FE | 1,210,003 | . 113.1510 | 1, 199, 401 | 1,060,000 | 1, 186, 168 | | (5,050) | | | 5.400 | 4.386 | MS | | | 10/30/2013 | 09/01/2035 |
| 341081-EY-9 | FLORIDA POWER AND LIGHT CO CORP BND | | . 11FE | | 120.4960 | 6 , 627 , 280 | | 6 , 359 , 106 | | | | | 5.850 | 4.581 | MN | | | 09/30/2013 | 05/01/2037 |
| 34959J-AH-1 | FORTIVE CORP SENIOR CORP BOND | | . 12FE | | | 5,088,447 | 5,450,000 | 5, 420, 539 | | | | | 4.300 | | JD | 10,416 | | 06/20/2017 | 06/15/2046 |
| 361448-AU-7 | GATXCORP SENIOR CORP BND | | . 12FE | 1,054,345 | 101.7530 | 1,017,530 | 1,000,000 | 1,052,845 | | | | | 5.200 | 4.830 | MS | | | 04/03/2018 | 03/15/2044 |
| 370334-CJ-1 | GENERAL MILLS INC SENIORCORPBND | | . 12FE | 2, 137, 770 | | 1,990,538 | 2, 175,000 | 2, 138, 149 | | | | | 4.700 | 4.808 | AO | 21,013 | | 08/01/2018 | 04/17/2048 |
| 37045V-AF-7 | GENERAL MOTORS CO SENIOR CORP BND | | 2FE | | 93.7340 | 2,812,020 | | | | (5,416) | | | 6.250 | 5.448 | AO | | | 06/21/2016 | 10/02/2043 |
| 375558-BA-0 | GILEAD SCIENCES INC SENIOR CORP BND | | . 11FE | 1,848,342 | | 1,634,907 | 1,700,000 | 1,844,571 | | (3, 190) | | | 4.500 | 3.968 | FA | 31,875 | | 10/17/2017 | 02/01/2045 |
| 375558-BD-4 | GILEAD SCIENCES INC SENIOR CORP BND | | . 11FE | 2,458,028 | | 2,281,807 | 2,300,000 | | | (3,005) | | | 4.750 | 4.333 | MS | | | 04/08/2016 | 03/01/2046 |
| 384802-AC-8 | GRAINGER W.W. INC SENIOR CORP BND | | . 1 1FE | 1,489,830 | | 1,356,225 | 1,500,000 | 1,490,334 | | | | | 3.750 | 3.788 | MN | | | 05/09/2016 | 05/15/2046 |
| 402740-AB-0 | GULFSTREAM NATURAL GAS SYSTEM CORP BND 1 | | . 1 | | | | | | | | | | 6.190 | 4.478 | MN | | | 09/30/2013 | 11/01/2025 |
| 406216-AY-7 | HALLIBURTON COMPANY CORP BND | | . 1 | | 124.3010 | | | | | | | | 7.450 | 4.605 | MS | | | | 09/15/2039 |
| 413875-AT-2 | HARRIS CORPORATION SENIOR CORP BND | | . 1 | 1, 114, 270 | 102.8670 | 1,028,670 | | 1, 108, 561 | | (2,244) | | | 5.054 | | AU | | | | 04/27/2045 |
| 416515-AP-9 | HARTFORD FINANCIAL SERVICES GR CORP BND | | . 1 2FE | 2,422,524 | | | 2,095,000 | 2,390,371 | | | | | 6.100 | 5.050 | AU | | | 10/30/2013 | 10/01/2041 |
| 416515-AS-3 | HARTFORD FINANCIAL SERVICES GR CORP BND | | . 1 2FE 1 2FE | | | | | | ŀ | (3,280) | | | 5.950 5.100 | 3.998 | AU | | | | 10/15/2036 |
| 418056-AU-1 | HASBRO INC SENIOR CORP BND | | | | | | | | | | | | 5.100 | 4.553 3.792 | MN | | | 01/30/2015 | 05/15/2044 |
| 437076-BF-8 437076-BP-6 | HOME DEPOT INC SENIOR CORP BND HOME DEPOT INC SENIOR CORP BND | | 11FE 11FE | 2,507,300 416,520 | | 2,291,312 | 2,275,000 450,000 | | | (5, 109) | | | 4.400 | 3.792 | MG | | | 09/22/2017 | 03/15/2045 09/15/2056 |
| 437076-BP-6 455434-BL-3 | | + | . 1 | | | | | | | | | | 3.500 | | mə | , . | | | |
| 458140-AY-6 | INDIANAPOLIS POWER AND LIGHT C INDIANAPO | | 1 1FE | 2, 365, 680 3, 327, 300 | | 2,518,780 | | | <u>├</u> | (10,0/5) (6.634) | | | | 5.242 | JU | | | 09/30/2013 12/15/2017 | 06/01/2037 |
| 458140-AY-6 | INTEL COMPORATION SENTORCOMPEND | | 1 1FE | | | 2,879,490 | | | | | | | 4.100 | 3.497 | MN | | 123,000 . .448,448 | | |
| 460146-CN-1 | INTERNATIONAL BOSINESS MACHINE CONP BND | | 1 | | | | | | | | | | 5.000 | 4.711 | MN | 4,442 | | | 05/15/2046 |
| 460146-CQ-4 | INTERNATIONAL PAPER CO SENIOR CORP BND | | 1 | 1,997,980 | | 1,682,140 | 2,000,000 | 1,998,068 | | | | | 4.400 | 4.406 | F4 | | | 08/02/2016 | |
| 460146-CS-0 | INTERNATIONAL PAPER CO SENIOR CORP BND | | 1 | 2,524,500 | | | 2,475,000 | | | | | | 4.350 | 4.400 | FA | 40.673 | | | |
| 46625H-HF-0 | JP MORGAN CHASE & CO CORP BND | | 1FE | | | | | | | (37,263) | | | | 4.971 | MN | | | | 05/15/2038 |
| 46625H-LL-2 | JP MORGAN CHASE & CO SUB CORP BND | | 1FE | 10,476,252 | 101.4140 | 10,724,531 | 10.575.000 | 10,482,304 | | | | | 4.950 | 5.010 | JD | 43.622 | 523,463 | 01/14/2016 | 06/01/2045 |
| 478165-AH-6 | SC JOHNSON & SON INC SENIOR CORP BND 144 | | 1 1FE | 1,772,304 | 108.3480 | 1.733.568 | 1,600,000 | 1,769,402 | | (2,902) | | | 4.750 | 4.102 | AO | 16.044 | | 02/08/2018 | 10/15/2046 |
| 48249D-AA-9 | KKR GROUP FINANCE CO SENIOR CORP BND 144 | | 1 1FE | 1,393,483 | 101.6680 | 1,321,684 | 1,300,000 | 1,388,085 | [[| (1,923) | [| | 5.500 | 5.007 | FA | 29,792 | | | 02/01/2043 |
| 485134-BH-2 | KANSAS CITY POWER & LIGHT COMP KANSAS CI | | 1 | 1,505,576 | | 1,460,511 | 1,220,000 | | | (10,274) | | | 6.050 | 4.275 | MN | .9,431 | | | |
| 485170-AQ-7 | KANSAS CITY SOUTHERN INDS SENIOR CORP BN | | 1 | 4,506,923 | 93.0230 | 4,651,150 | 5,000,000 | 4,530,146 | | | | | 4.300 | 4.969 | MN | 27,472 | ,215,000 | | |
| 487836-AT-5 | KELLOGG COMPANY CORP BND | | 1 | 3,784,828 | 127.2870 | 3,818,610 | 3,000,000 | 3,617,481 | | (35,396) | | | 7.450 | 5.162 | A0 | 55,875 | 223,500 | 09/30/2013 | 04/01/2031 |
| 487836-BQ-0 | KELLOGG COMPANY SENIOR CORP BND | | 1 | 1,340,710 | | 1,229,123 | 1,325,000 | 1,340,284 | L [| | | | 4.500 | 4.426 | A0 | | | | |
| 49446R-AM-1 | KINCO REALTY CORPORATION SENIOR CORP BND | | 1 | 1,879,955 | | 1,681,652 | 1,900,000 | 1,881,298 | | | | | 4.250 | 4.313 | A0 | | | | |
| 494550-AW-6 | KINDER MORGAN ENERGY PARTNERS CORP BND | | 1 | 4,957,895 | | 4,600,819 | 4, 125,000 | 4,921,532 | | (23,715) | | | | | JJ | 132, 195 | | | 01/15/2038 |
| 50076Q-AR-7 | KRAFT FOODS GROUP INC SENIOR CORP BND | | 2FE | 1, 150, 976 | 111.5730 | 1,059,944 | | 1, 134, 154 | [| (5,058) | | | 6.875 | 5.295 | JJ | | | | 01/26/2039 |
| 50077L-AB-2 | KRAFTHEINZFOODSCO SENIOR CORP BND | | 1 | 2,691,512 | | 2,224,341 | 2,700,000 | 2,692,037 | | | | | 4.375 | 4.394 | JD | .9,844 | 118,125 | | |
| | | | | _,, | | | _,, | | | | | | | | | | | | |

SCHEDULE D - PART 1

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| | | o i | Admini- | | Obtain | | | Adjusted | Valuation | (Amor- | Temporary | Adjusted | | Effective | | Amount | Amount | | Contractual |
| CUSIP | | d q | Bond strative | Actual | Fair | Fair | Par | Carrying | Increase/ | tization) | Impairment | Carrying | Rate | Rate | When | Due and | Received | | Maturity |
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| Identification | Description | e n | Char Symbol | Cost | Value | Value | Value | Value | (Decrease) | Accretion | Recognized | Value | of | of | Paid | Accrued | During Year | Acquired | Date |
| 50077L-AM-8 | HEINZ H. J. COMPANY SENIOR CORP BND | | 1 | 1,149,292 | | | 1,000,000 | 1,142,606 | | (2,936) | | | 5.200 | 4.286 | JJ | | | | 07/15/2045 |
| 50540R-AS-1 | LABORATORY CORP OF AMER HLDGS LABORATORY | | 1 2FE | 3,898,292 | | 3,514,336 | 3,775,000 | | | (2,512) | | | 4.700 | 4.486 | FA | 73,927 | 177,425 | | |
| 532457-BJ-6 | ELI LILLY AND COMPANY SENIOR CORP BND | | 1 1FE | 1,990,300 | | | | 1,991,019 | | | | | 3.700 | 3.727 | MS | | | | 03/01/2045 |
| 539830-BL-2 | LOCKHEED MARTIN CORPORATION SENIOR CORP | | 1 | 1,576,080 | | 1,432,791 | 1,375,000 | 1,571,895 | | | | | 4.700 | 3.841 | MNI | 8,258 | | | |
| | | | 1 | | | | | | | | | | | | MIN | | | | |
| 546676-AU-1 | LOUISVILLE GAS & ELEC CO CORP BOND | | | | 110.4590 | 4,970,655 | 4,500,000 | 4,879,785 | | (10,314) | | | 5. 125 | 4.506 | MN | | | 10/30/2013 | 11/15/2040 |
| 548661-DQ-7 | LOWES COMPANIES INC SENIOR CORP BND | | 1 | | | | 400,000 | <u>4</u> 06,851 | | (133) | | | 4.050 | 3.948 | MN | 2,610 | | 08/21/2017 | 05/03/2047 |
| 55336V-AL-4 | MPLX LP SENIOR CORP BND | | 12FE | | | 7 , 179 , 900 | 7,800,000 | | | (2,321) | | | 5.200 | 5.026 | MS | | | 08/01/2018 | 03/01/2047 |
| 56585A-AT-9 | MARATHON PETROLEUM CORP SENIORCORPBND 14 | | 12FE | | | | | | | | | | 4.500 | 4.595 | AO | | | 10/02/2018 | 04/01/2048 |
| 571903-AS-2 | MARRIOTT INTERNATIONAL INC SENIOR CORP B | | 1 | 6,976,690 | | | 7,000,000 | | | 2, 111 | | | | 3.164 | JD | | | 06/07/2016 | 06/15/2026 |
| 579780-AN-7 | MCCORMICK & COMPANY INCORPORAT SENIOR CO | | 1 | | 94.4670 | | | 350,431 | | | | | 3.400 | 3.381 | FA | 4,496 | 12,032 | 08/11/2017 | 08/15/2027 |
| 58013M-FA-7 | MCDONALDSCORP SENIOR CORP BND | | 1 | | | | | | | | | | 4.875 | 4.317 | n | | | | |
| | | | 1 | | | | | | | | | | | | WC | | | | |
| 585055-BD-7 | MEDTRONIC INC SENIOR CORP BND | | | 4,008,846 | 103.7590 | | | | | (8,433) | | | 4.625 | 3.922 | MO | | | | 03/15/2044 |
| 594918-BM-5 | MICROSOFT CORP SENIOR CORP BND | | . 11FE | 2,711,148 | 111.9630 | | 2,400,000 | | | (3,601) | | | 4.750 | 4.082 | MN | | | 04/28/2016 | 11/03/2055 |
| 594918-BT-0 | MICROSOFT CORP SENIOR CORP BND | | 11FE | | 95.7980 | 2,873,940 | 3,000,000 | 2,986,114 | | | | | 3.700 | 3.727 | ⊦A | | | 08/01/2016 | 08/08/2046 |
| 594918-CB-8 | MICROSOFT CORP SENIOR CORP BOND | | 11FE | 3,988,200 | . 106.5460 | 4,261,840 | | | I | | ····· | | 4.500 | 4.516 | FA | | | 01/30/2017 | |
| 60871R-AH-3 | MOLSON COORS BREWING CO SENIOR CORP BND | | 1 | | | | | | | | | | 4.200 | 4.238 | JJ | | | | 07/15/2046 |
| 61746B-EG-7 | MORGANSTANLEY SENIOR CORP BND | | 1 1FE | 1,035,080 | .94.6440 | .946.440 | 1,000,000 | 1,034,227 | | (631) | | | 4.375 | 4.167 | .1.1 | 19,323 | 43,750 | .08/08/2017 | 01/22/2047 |
| 61747Y-DY-8 | MORGANSTANLEY SENTOR CORP BND | | 1 1FE | 6,231,696 | 93.5350 | 5.675.704 | 6,068,000 | 6.226.785 | | (3,339) | | | 4.300 | 4.135 | 11 | 111.617 | _260,924 | | 01/27/2045 |
| 641062-AN-4 | | | 1 | | | | | | | | | | | | JJ | | | | |
| | NESTLE HLDGS INC. SENIORCORPBND144A | | | | | | | | | 63 | | | 4.000 | 4.313 | MS | | | 11/16/2018 | 09/24/2048 |
| 64128X-AE-0 | NEUBERGER BERMAN GROUP LLC/NEU SENIOR CO | | 1 | 4,450,511 | | 4, 524, 058 | 5,075,000 | 4, 472, 138 | | 9,312 | | | 4.875 | 5.750 | AO | | | | 04/15/2045 |
| 65473Q-BG-7 | NISOURCE FINANCE CORPORATION SENIORCORPB | | . 12FE | 1,204,740 | | 1,067,064 | 1,200,000 | | | (11) | | | 3.950 | 3.927 | MS | | | 12/20/2017 | 03/30/2048 |
| 655844-BY-3 | NORFOLK SOUTHERN CORPORATION SENIORCORPB | | 1 2FE | 1,963,187 | | 1,866,160 | | 1,963,969 | | | | | 4. 150 | | FA | | | 07/30/2018 | 02/28/2048 |
| 666807-BH-4 | NORTHROP GRUMMAN CORP SENIORCORPBND | | 1 | 2,987,880 | 101.0930 | 2,628,418 | 2,600,000 | 2,978,416 | | (9,200) | | | 4.750 | 3.827 | JD | 10,292 | 123,500 | 12/20/2017 | |
| 666807-BN-1 | NORTHROP GRUMMAN CORP SENIOR CORP BND | | 1 | | .93,3000 | 513, 150 | | 513.326 | | | | | | 4.142 | .1.1 | 8.242 | .,. | 11/16/2018 | 01/15/2028 |
| 666807-BP-6 | NORTHROP GRUMMAN CORP SENIOR CORP BND | | 1 2FE | | | 1,364,265 | 1,500,000 | 1,431,642 | | | | | 4.030 | 4.308 | 40 | 12,762 | | | 10/15/2047 |
| 667274-AC-8 | | | 1 | 3,000,000 | | | | | | | | | 4.260 | 4.300 | AU | | | | |
| | NORTHWELL HEALTHCARE INC SECURED CORP BN | | | | | | | | | (45.000) | | | | | MIN | | | | |
| 677050-AG-1 | OGLETHORPE POWER CORP BND | | 12FE | 4,604,880 | _111.5870 | 4,463,480 | 4,000,000 | 4,561,901 | | (15,306) | | | 5.950 | 4.869 | MN | | | 01/14/2016 | 11/01/2039 |
| 68389X-AM-7 | ORACLE CORP CORP BND | | 11FE | 2,732,548 | 110.4960 | 2,762,400 | 2,500,000 | | | (5,431) | | | 5.375 | 4.756 | JJ | 61,962 | 134,375 | 10/30/2013 | 07/15/2040 |
| 68389X-BF-1 | ORACLE CORPORATION SENIOR CORP BND | | 11FE | | | 3,784,840 | | 4,045,586 | | | | | 4. 125 | | MN | | | 03/30/2016 | 05/15/2045 |
| 68389X-BN-4 | ORACLE CORPORATION SENIORCORPBND | | 1 | 5,645,212 | | | 5,880,000 | | | | | | 3.250 | 3.782 | MN | | | 12/17/2018 | 11/15/2027 |
| 718172-AC-3 | PHILIP MORRIS INTERNATIONAL IN CORP BND | | | 2,637,480 | 115.8690 | | 2,000,000 | 2,606,205 | | (20, 186) | | | 6.375 | 4.094 | MN | 15,938 | | 06/06/2017 | |
| 718172-BD-0 | PHILIP MORRIS INTL INC SENIOR CORP BND | | 1FE | | | | | | | (1,610) | | | 4.875 | 4.343 | MN | 5,606 | 43,875 | | |
| 718172-BL-2 | PHILIP MORRIS INTL INC SENIOR CORP BND | T | 1FE | | | | | | | | [| | 4.250 | 3.856 | MN | 19,869 | | 04/28/2016 | 11/10/2044 |
| 716172-BL-2 72650R-AM-4 | PLAINS ALL AMERICAN PIPELINE L CORP BND | | 1 2FE | | 105.9840 | | 4,300,000 | 4.977.259 | | (23, 302) | | | | | MN | | | | |
| | | | | | | | | | | | | | | | miv | | | | |
| 74432Q-AQ-8 | PRUDENTIAL FINANCIAL INC CORP BND MTN | -+ | | 4,697,883 | | 4,863,773 | 4,300,000 | 4,652,353 | | (11,901) | | | 5.700 | 5.003 | JU | | | 02/23/2016 | 12/14/2036 |
| 74432Q-BN-4 | PRUDENTIAL FINANCIAL INC CORP BND | | 11FE | | . 122. 1310 | | | | | (2,938) | | | 6.625 | 4.173 | JD | | | 08/21/2017 | 06/21/2040 |
| 744538-AA-7 | PUBLIC SERV CO OF NH CORP BND | | 11FE | 2,435,210 | . 112.8420 | 2,256,840 | 2,000,000 | 2, 392, 121 | | (16, 187) | | | 5.600 | 3.985 | AO | | 112,000 | 03/29/2016 | 10/05/2035 |
| 74456Q-BB-1 | PUBLIC SERVICE ELECTRIC & GAS SECURED CO | | 11FE | 1,053,570 | | | 1,015,000 | 1,051,105 | | | | | 3.800 | 3.575 | JJ | | | 04/27/2016 | 01/01/2043 |
| 761713-BB-1 | REYNOLDS AMERICAN INC SENIOR CORP BND | | 1 | 2,598,683 | | | 2,300,000 | | | (5,306) | | | 5.850 | | FA | | | 06/23/2016 | 08/15/2045 |
| 761713-BW-5 | REYNOLDS AMERICAN INC SENIOR CORP BOND | 1 | 1 | 1,698,615 | 107.4360 | | 1.500.000 | 1.687.756 | | (3,856) | | | 7.000 | 5.983 | FA | 42.875 | | | |
| 773903-AE-9 | ROCKWELL AUTOMATION INC ROCKWELL AUTOMAT | T | 1 | | | | | | | | [| | 6.250 | 4.871 | .ID | | | | |
| 797440-BW-3 | SAN DIEGO GAS AND ELECTRIC CO SECUREDCOR | | 1 | 1,982,920 | | 1,942,300 | | | | | | | 4.150 | 4.200 | MN | 10,606 | | | 05/15/2048 |
| | | | | | | | | | | | | | | | DUN | | | | |
| 816851-BJ-7 | SEMPRA ENERGY SENIORCORPBND | | 1 | | | | | | | | | | 4.000 | 4.078 | FA | | | 01/09/2018 | 02/01/2048 |
| 824348-AW-6 | SHERWIN-WILLIAMS COMPANY (THE) SENIOR CO | + | 1 2FE | 1,572,783 | 93.2170 | 1,468,168 | 1,575,000 | 1,573,109 | | | | | 3.450 | 3.467 | JU | 4,528 | | 05/03/2017 | 06/01/2027 |
| 824348-AX-4 | SHERWIN-WILLIAMS COMPANY (THE) SENIOR CO | | 12FE | | | | | | | | | | 4.500 | | JD | | | | |
| 828807-CE-5 | SIMON PROPERTY GROUP LP SENIOR CORP BND | | 11FE | | . 127.3460 | | | | | | | | 6.750 | 4.415 | FA | | | 01/14/2016 | |
| 842400-EV-1 | SOUTHERN CALIFORNIA EDISON CO. SOUTHERN | | 1 1FE | 4,320,148 | . 108. 1880 | 3,786,580 | 3,500,000 | 4,268,611 | | (33, 319) | | | | 3.911 | A0 | | | | |
| 842400-FC-2 | SOUTHERN CALIFORNIA EDISON CO. SECURED C | 1 1 | 1 1FE | 2,280,382 | 107.6660 | 1,942,295 | 1,804,000 | 2,234,588 | | (17,762) | | | 5.625 | 3.724 | FA | 42,281 | 101,475 | 04/27/2016 | 02/01/2036 |
| 843646-AJ-9 | SOUTHERN POWER COMPANY SENIOR CORP BND | | 1 | | | | 4,935,000 | | | (1,564) | [| | 5.250 | 5.136 | .11 | .119,468 | | 10/30/2013 | 07/15/2043 |
| 863667-AJ-0 | STRYKER CORP SENIOR CORP BND | | 1 | | | | | | | | | | 4.625 | | MC | | | 03/03/2016 | 03/15/2046 |
| | | | | | | | | | | | | | | | шЭ | | | | |
| 86765B-AK-5 | SUNOCO LOGISTICS PARTNERS OPER SUNOCO LO | | 12FE | | | | | | | (4,803) | | | 6.100 | 5.446 | FA | | | 04/12/2016 | 02/15/2042 |
| 871829-BD-8 | SYSCO CORP SENIOR CORP BND | | 12FE | | | | | | | | | | 4.500 | 4.223 | AU | | | 06/06/2017 | 04/01/2046 |
| 87305Q-CM-1 | TTX CO SENIOR CORP BND 144A | | 11FE | 2,522,374 | | 2,419,733 | | 2, 522, 549 | | 47 | | | 4.200 | 4.206 | JJ | | | 06/06/2016 | 07/01/2046 |
| 883556-BX-9 | THERMO FISHER SCIENTIFIC INC SENIOR CORP | | 12FE | | | 2,323,400 | | | | 1,604 | | | 3.200 | 3.287 | FA | | | | |
| 88579Y-BC-4 | 3MC0 SENIORCORPBND | | 2 1FE | 498,835 | 101.7610 | .508,805 | 500,000 | 498,853 | | | | | 3.625 | | MS | 5,387 | / | 11/16/2018 | 09/14/2028 |
| 89420G-AE-9 | TRAVELERS PROPERTY CASUALTY CORP BND | - [] | 1 1FE | 606.618 | 126.0750 | 630,375 | 500,000 | 586.556 | | (4,207) | | | 6.375 | | MS | 9,385 | 31.875 | 09/30/2013 | 03/15/2033 |
| 90131H-BR-5 | 21ST CENTURY FOX AMERICA INC SENIOR CORP | | 2FE | | 146.8200 | | | | | | | | 7.750 | | | | | 04/06/2015 | 12/01/2045 |
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SCHEDULE D - PART 1

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| | | o i | | Admini- | | Obtain | | | Adjusted | Valuation | (Amor- | Temporary | Adjusted | | Effective | | Amount | Amount | | Contractual |
| CUSIP | | d g | Bond | strative | Actual | Fair | Fair | Par | Carrying | Increase/ | tization) | Impairment | Carrying | Rate | Rate | When | Due and | Received | | Maturity |
| Identification | Description | e n | Char | Symbol | Cost | Value | Value | Value | Value | (Decrease) | Accretion | Recognized | Value | of | of | Paid | Accrued | During Year | Acquired | Date |
| | | e n | Unai | | | | | | | (Declease) | | Recognized | value | | | Faiu | | | | |
| 90131H-CD-5 | 21ST CENTURY FOX AMERICA INC SENIOR CORP | | 1 | 2FE | 4,983,738 | 108.4370 | 5,015,211 | 4,625,000 | 4,975,276 | | (6,643) | | | 4.750 | 4.278 | MN | | | 09/22/2017 | 11/15/2046 |
| 907818-EG-9 | UNION PACIFIC CORPORATION SENIOR CORP BN | | 1 | 1FE | 1, 142, 400 | 91.0180 | 1,092,216 | 1,200,000 | 1, 143, 407 | | | | | 4.375 | 4.622 | MN | | | | |
| 907818-EM-6 | UNION PACIFIC CORP SENIOR CORP BND | | 1 | 1FE | 1,618,272 | 84.8160 | 1,350,695 | 1,592,500 | | | | | | 3.799 | 3.713 | AO | | | | 10/01/2051 |
| 913017-BT-5 | UNITED TECHNOLOGIES CORPORATN SENIOR COR | | 1 | 2FE | 5.986.734 | .94.4740 | .5, 196, 070 | 5,500,000 | .5,959,568 | | (11,762) | | | 4.500 | 3.950 | ID | 20,625 | 247.500 | | .06/01/2042 |
| 91324P-CR-1 | UNITEDHEALTH GROUP INCORPORATE SENIOR CO | | 4 | 1FE | | 105.8000 | | | | | (511) | | | 4.750 | 4.218 | | 6.571 | | 12/20/2016 | |
| | | | ! | | | | | | | | | | | | | JJ | | | | |
| 91324P-DF-6 | UNITEDHEALTH GROUP INCORPORATE SENIORCOR | | Ľ | 1FE | | 91.5170 | 1,830,340 | | | | (885) | | | 3.750 | 3.618 | MU | | | 12/15/2017 | 10/15/2047 |
| 92277G-AF-4 | VENTAS REALTY LP VENTAS REALTY LP | -+ | 1 | 2FE | 1,761,500 | | 1,589,088 | 1,750,000 | | · | (231) | | | 4.375 | 4.335 | ⊦A | | | 01/14/2015 | 02/01/2045 |
| 92343V-CK-8 | VERIZON COMMUNICATIONS INC SENIOR CORP B | | 1 | 2FE | | | | | | | 161 | | | 4.862 | 5.208 | FA | | | 12/14/2015 | 08/21/2046 |
| 92343V-CM-4 | VERIZON COMMUNICATIONS INC SENIOR CORP B | | 1 | 2FE | | | | | 5, 152, 520 | | | | | 5.012 | 5.062 | FA | | | 04/06/2016 | 08/21/2054 |
| 92343V-CX-0 | VERIZON COMMUNICATIONS INC SENIOR CORP B | | 1 | 2FE | 1,030,420 | 93.7250 | 937.250 | 1,000,000 | 1,029,202 | | (475) | | | 4.522 | 4.346 | MS | 13,315 | 45,220 | 04/06/2016 | 09/15/2048 |
| 92343V-CZ-5 | VERIZON COMMUNICATIONS INC SENIOR CORP B | | 1 | 2FE | 1, 197, 828 | | 1,101,960 | 1,200,000 | | | | | | 4.672 | 4.682 | MS | | | | 03/15/2055 |
| 927804-FW-9 | | | 4 | 2FE | | | | | | | | | | 4.072 | | | | | | |
| | VIRGINIA ELECTRIC AND POWER CO SENIOR CO | | l | | | | | | | | | | | | | | | | 08/21/2017 | 11/15/2046 |
| 927804-FY-5 | VIRGINIA ELECTRIC AND POWER CO SENIORCOR | | l | 1FE | 1,313,326 | | 1,287,174 | 1,400,000 | 1,313,935 | | | | | 3.800 | 4.169 | | | | 08/02/2018 | 09/15/2047 |
| 931427-AC-2 | WALGREENS BOOTS ALLIANCE INC SENIOR CORP | | 1 | 2FE | | | 1,820,940 | | | | (4, 174) | | | 4.800 | 4.186 | MN | | | 04/28/2015 | 11/18/2044 |
| 931427-AQ-1 | WALGREENS BOOTS ALLIANCE INC SENIOR CORP | | 1 | 2FE | 2,748,950 | | | | | | | | | 3.450 | 3.454 | JD | | | | |
| 94973V-BB-2 | ANTHEM INC SENIOR CORP BND | | 1 | 2FE | 273.483 | | 242,853 | 250,000 | | | (537) | | | 4.650 | 4.067 | JJ | 5.360 | 11.625 | | 01/15/2043 |
| 94974B-GQ-7 | WELLSFARGO&COMPANY SUB CORP BND | | | 1FE | 200,210 | | | 200,000 | 200,208 | | | | | 4.900 | 4.893 | MN | 1, 198 | | 12/14/2015 | 11/17/2045 |
| 94980V-AG-3 | WELLS FARGO BANK NA CORP BND | | | 1FE | 5,712,050 | | | | | | (21,398) | | | 5.950 | 4.906 | | 103,299 | | 10/16/2013 | |
| | | | | | | | | | | | | | | | | | | | | |
| 958254-AD-6 | WESTERN GAS PARTNERS LP WESTERN GAS PART | | ! | 2FE | 3,937,720 | | | 4,000,000 | | | | | | 5.450 | 5.557 | AU | | | 03/11/2014 | 04/01/2044 |
| 963320-AV-8 | WHIRLPOOL CORPORATION SENIOR CORP BND | | 1 | 2FE | 1,091,211 | | | 1, 100,000 | 1,091,605 | | | | | 4.500 | | JD | 4, 125 | | 05/18/2016 | |
| 96950F-AF-1 | WILLIAMS PARTNERS LP CORP BND | | 1 | 2FE | | 106.3780 | 5,318,900 | | 5,246,119 | | (5,686) | | | 6.300 | 5.891 | AO | | | 09/30/2013 | 04/15/2040 |
| 96950F-AK-0 | WILLIAMS PARTNERS LP SENIOR CORP BND | | 1 | 2FE | 1, 106, 400 | . 100.4580 | 1,004,580 | 1,000,000 | 1,099,250 | | (2,025) | | | 5.800 | 5.085 | MN | | | | 11/15/2043 |
| 98978V-AH-6 | ZOETIS INC SENIOR CORP BND | | 1 | 2FE | 2,330,265 | 101.3940 | 2,534,850 | 2,500,000 | 2,345,331 | | 3, 191 | | | 4.700 | 5.151 | | 48,958 | 117,500 | 10/30/2013 | 02/01/2043 |
| 13645R-AF-1 | CANADIAN PACIFIC RAILWAY CO CORP BND | ٨ | 4 | 2FE | | | | | | | (14,657) | | | 5.950 | 5.172 | | | | 09/30/2013 | 05/15/2037 |
| | | A | 1 | | | | | | | | | | | | | MIN | | | | |
| 884903-BH-7 | THOMSON REUTERS CORPORATION THOMSON REUT | A | ! | 2FE | 2, 102, 458 | 105.3280 | 2, 106, 560 | 2,000,000 | | | (2,240) | | | 5.850 | 5.481 | AU | | | 09/30/2013 | 04/15/2040 |
| 00185A-AB-0 | AON PLC AON PLC | D | 1 | 2FE | | | 3,546,800 | 4,000,000 | 3,545,178 | | | | | 4.250 | 5.076 | JD | | | 10/30/2013 | 12/12/2042 |
| 00507U-AH-4 | ALLERGAN FUNDING SCS SENIOR CORP BND | D | 1 | 2FE | 2,793,534 | 94.4180 | 2,572,891 | 2,725,000 | | | (1,212) | | | 4.850 | 4.690 | JD | | | 01/08/2015 | 06/15/2044 |
| 055451-AV-0 | BHP BILLITON FINANCE (USA) LTD SENIOR CO | D | 1 | 1FE | | 109.2490 | | | | | | | | 5.000 | 4.660 | MS | | | | 09/30/2043 |
| 067316-AH-2 | BACARDI LTD SENIORCORPBND144A | D | 1 | 2FE | 1,360,660 | | 1,263,878 | | 1,360,953 | | | | | | 5.492 | MN | | | | |
| 21684A-AD-8 | COOPERATIEVE CENTRALE RAIFFESE SUB CORP | n | • | 2FE | 1,751,578 | . 103.1120 | 1,752,904 | 1,700,000 | 1,748,944 | | (860) | | | 5.250 | 5.052 | | | | 08/28/2015 | |
| 21685W-CJ-4 | COOPERATIEVE CENTRALE RAIFFESE CORP BND | | | | 3,465,084 | 110.1510 | | 2,905,000 | | | (11,076) | | | 5.250 | 3.969 | | 15,675 | | | 05/24/2041 |
| | | ······ | | | | | | | | | | | | | | MIN | | | | |
| 25156P-BB-8 | DEUTSCHE TELEKOM INTERNATIONAL SENIORCOR | | 2 | 2FE | | | | | | | 108 | | | 4.375 | 4.622 | JD | 608 | | 11/16/2018 | 06/21/2028 |
| 35177P-AX-5 | ORANGE SA SENIOR CORP BND | D | 1 | 2FE | | 104.7730 | | | | | (1,497) | | | 5.375 | 3.881 | JJ | 6,271 | | 07/27/2016 | 01/13/2042 |
| 36164Q-NA-2 | GE CAPITAL INTERNATIONAL FUNDI SENIOR CO | | 1 | 2FE | | | 4,962,602 | 5,925,000 | 5,924,835 | | 6 | | | 4.418 | 4.418 | MN | | | 07/08/2016 | 11/15/2035 |
| 404280-AQ-2 | HSBC HOLDINGS PLC SUB CORP BND | | | 1FE | | | | | | | (8,455) | | | 5.250 | 4.909 | MS | | | 08/27/2015 | 03/14/2044 |
| 50247V-AB-5 | LYB INTERNATIONAL FINANCE BV SENIOR CORP | n | 1 | 2FE | 6,863,472 | | | | | | | | | | | JJ | 169,458 | | | 07/15/2043 |
| 55608J-AB-4 | MACQUARIE GROUP LTD SENIOR CORP BND 144A | n | | | | . 102.5890 | | 400,000 | | [| (20,530) | [| [| 7.625 | 2.328 | FA | | | | |
| 685218-AB-5 | | | 1 | 2FE | 4.843.980 | 102.3890 | | 4,000,000 | 4.814.140 | | (18,721) | | | | | EA | | | | 08/13/2019 |
| | ORANGE SA SENIOR CORP BND | | L | | | | | | | | | | | | | | | | | |
| 76720A-AD-8 | RIO TINTO FINANCE (USA) PLC SENIOR CORP | | l | 1FE | | 103.8900 | | | | | 64 | | | 4.750 | 4.790 | | 6,531 | 23,750 | 06/05/2015 | 03/22/2042 |
| 82620K-AF-0 | SIEMENS FINANCIERINGSMAATSCHAP SENIORCOR | D | 1 | 1FE | 2,040,909 | 101.9840 | 1,988,688 | 1,950,000 | | | (747) | | | 4.400 | 4.110 | | | | 08/01/2018 | 05/27/2045 |
| 853254-AN-0 | STANDARD CHARTERED PLC SUB CORP BND 144A | D | | 2FE | | 100.0680 | | | | | | | | 5.700 | | MS | 1,354 | | | 03/26/2044 |
| 3299999 Sul | ototal - Bonds - Industrial and Miscellane | ous (Unaffil | iated) - Is | suer | | | | | | | | | | | | | | | | |
| | | Sas (Shaili | | | 040 100 0 | VVV | F00 000 0 | F77 400 F77 | 000 101 075 | 1 | (075 00.11 | | | VVV | VVV | VVV | 0 000 571 | 07 000 005 | VVV | VVV |
| | ligations | | | | 612,483,906 | XXX | 583,629,977 | 577, 102, 500 | 609, 131, 258 | | (975,221) | | | XXX | XXX | XXX | 6,629,544 | 27,220,630 | XXX | XXX |
| 05530V-AN-9 | BCAP_07-AA3 WHOLE CMO 07-AA3 | | 4 | 1FM | 1,266,126 | | 1,257,920 | 1,359,802 | 1,266,126 | L | <u>(</u> 120) | | | 2.726 | 4.683 | MON | 618 | | 10/24/2018 | 05/25/2047 |
| 05951F-BB-9 | BAFC 07-1B SUPSENWHOLECMO07-1B | | 4 | 1FM | | 83.8460 | | | | | | | | 3. 156 | 4.788 | MON | | | 10/25/2018 | 01/25/2037 |
| 86359D-UP-0 | LHXSTR 05-5N RMBS 05-5N 2A1 | | 4 | 1FM | 4,071,295 | | 4,623,146 | | 4,032,851 | | (51,586) | | | 3. 187 | 7.427 | | | | | |
| 89172P-AF-6 | TOWD POINT MORTGAGE TRUST TPMT WHOLECMO1 | | 4 | 1FM | 3,854,091 | | | 4,000,000 | | | | | | | 4.096 | | 11,656 | | | |
| | | | 7 | | | | | | | | (23,991) | | | | | | | | | |
| 89172Y-AE-0 | TPMT_2016-3 SUBWHOLECM02016-3144A | | 4 | IFM | 10,840,999 | 101.0080 | 16,573,291 | | 10,010,14/ | | | | | 4.151 | 824.د | MUN | | 676,980 | 12/20/2017 | 04/25/2056 |
| 3399999. Sub | ototal - Bonds - Industrial and Miscellane | ous (Unaffil | iated) - | | | | | | | 1 | | | | | | | | | | |
| | sidential Mortgage-Backed Securities | | | | 35.895.357 | XXX | 35.838.170 | 38,493,800 | 35.837.727 | 1 | 20.600 | | | XXX | XXX | XXX | 88.937 | 983, 239 | XXX | XXX |
| 05524R-AA-4 | BAMLL 13-FRR1 CMBS 13-FRR1-A1 144A | <u> </u> | 4 | 1FM | 3,038,456 | | 4,340,481 | 4,752,229 | 4,225,612 | + | 258,643 | | | 0.000 | 6.323 | N/A | 00,001 | 300,203 | | 12/26/2020 |
| | | | 4 | | | | | | | | | | | | | | | 440.505 | | |
| 05525M-AG-1 | BANCOFAMERICAMERRILLLYNCH BAMLL_14-520M | -+ | 4 | 1FM | 3,335,280 | | 3, 179,034 | | | | 6,711 | | | 4.214 | 4.680 | | | 149,535 | 08/01/2014 | 08/15/2046 |
| 05604F-AN-5 | BWAY_13-1515 CMBS_13-1515 D 144A | | 4 | 1FM | | | 6,448,439 | 6,630,000 | 6, 376, 232 | | 15,277 | | | 3.633 | 4.381 | | | 80,294 | 08/02/2018 | 03/10/2033 |
| 07325M-AA-2 | BAYC_07-1 SENIOR/CMBS 07-1 144A | | 4 | 1FE | | 93.7440 | 2,641,941 | | | | | | | 2.726 | 6.153 | MON | | | | 03/25/2037 |
| 07325Y-AA-6 | BAYVIEW COMMERCIAL ASSET TRUST BAYC 07-3 | | 4 | 1AM | 1,616,254 | 93.9390 | 1,958,544 | 2,084,903 | 1,711,079 | | 3,036 | | | 2.746 | 6.914 | | 954 | | .09/30/2013 | 07/25/2037 |
| 12595B-BD-2 | CSAIL 2017-C8 CMBS 2017-C8 85 | | 4 | 1FM | 2,769,246 | | 2,878,032 | 2,970,000 | 2,772,630 | | | | | 3.677 | 4.734 | | 9,100 | | 11/02/2018 | |
| 123330-00-2 | 000112_2017-00 00002017-00_00 | -+ | ····· • | | £,109,240 | | 2,010,032 | | 2,112,030 | | ა, აი4 | | | | | mUN | | | 1 1/ 02/ 20 10 | |
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SCHEDULE D - PART 1

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| D2004-4 Diff P11 1742 bit | | | a | | | | | | | | | | | | | | | | | | • · · | |
| Types A PR 4.06.67 5.00 4.06.67 () 4.08 4.88 4.88 M. M. 40.07 T7.056 0.00/07.05 0.01/62/03 3499995 Subtral = Dords - Industrial and Macellaneous (Lindistrad) - Commercial Mortage=Backed Securities 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.758.81 28.757.84 29.178 XXX XXX 39.81 59.71 10.771.81 M. 4.971 28.657.91 4.973 28.657.91 4.973 28.657.91 4.973 28.657.91 4.973 28.657.91 4.973 28.657.91 4.973 28.657.91 4.973 29.655.91 29.657.91 4.973 29.655.91 29.657.91 4.973 29.65.91 4.973 4.973 4.973 4.976.91 4.977.91 4.977.926 4.977.926 4.977.926 4.977.926 4.977.926 4.977.926 4.977.926 4.977.926 4.977. | | | е | n | Char | | | | | | | (Decrease) | | Recognized | value | | | | | | | |
| 3499999. Subtal - Bonds - Industrial and Miscellaneous (Unaffiliated) - 5. 18, 78 37.75, 81 5. 73, 74, 75 91.76 XXX XXX Social Control | | | | | 4 4 | | | | | | | | | | | | | | | | | |
| Commercial Mortgage-Backed Securities 5, 18, 78 5, 18, 78 5, 77, 88 XXX XXX XXX XXX <t< td=""><td></td><td></td><td>nus (l</td><td>Inaffil</td><td>iated) -</td><td></td><td>1,010,012</td><td></td><td></td><td></td><td>1,010,101</td><td></td><td>(010)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | | | nus (l | Inaffil | iated) - | | 1,010,012 | | | | 1,010,101 | | (010) | | | | | | | | | |
| D02194-4-2 MRT H HE 6.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.471 961 5.71 11 11 11 11 11 11 11 11 11 11 11 11 1 | | | | mann | iatoa) | | 25 189 788 | XXX | 26 625 581 | 28 755 381 | 26 734 675 | | 321 796 | | | XXX | XXX | XXX | 59 931 | 595 069 | XXX | XXX |
| 0879-44-1 AP, 51 483, 15 1, 144 AP, 51 483, 15 1, 144 AP, 51 183, 15 1, 144 AP, 51 183, 15 1, 15 144 AP, 51 184, 15 144, 14 184, 14 | | | 1 | 1 | 4 | 1FE | | | | | | | | | | | | | 00,001 | 000,000 | | |
| 18/173-0-2 0026 ¹¹ 571-174.88 2015-176 3144. 4 9FE 4.800.00 4.800.90 4.800.80 2.1866 5.300 5.772 0.00 4.800.7017 1/072/301 2/072/301 55227-4-0 14444 9FE 4.776 9.8877 6.984.997 4.777.93 6.984.997 4.777.93 5.900.00 5.928 4.800.00 5.928 1/072/301 1/072/ | | | | | 4 | | | | | | | | | | | 3.000 | 3.018 | MON | | 116,389 | 01/14/2015 | |
| cbs222-44-0 Lemixitizatus 0: 69-29 288e/useds -42 4 .94 .96 .947, 70 .250 .3.08 INI .3.08 .100, 813 .9119/0.18 .065/2046 68386 4-6-3 MVR1 5-4 48 84 340 4-48 1444 4 .9FE .6.92, 677 .850, 20 .560, 00 .6.948, 391 .3.08 INI .778 .776, 00 .011/10/2016 .025/2046 68386 4-6-3 MVR1 16-4 88 84 3016-48 1444 4 .9FE .6.92, 677 .550, 00 .6.948, 317 .3.08 INI .778 .776, 00 .011/10/2016 .025/2046 69021-6-5 MVR1 16-4 88 848 2016-48 1444 1/2-44 .9FE .6.950, 00 .6.958, 119 .55, 66 .2.301 .778/76 .000 .011/10/2016 .0178/7016 | 25151K-AC-3 | DALT_07-3 SUPSEN ABS_07-3-2A1 | | | 4 | | | | | | | | | | | | | | | | | |
| etwords etwords <t< td=""><td></td><td>GOCAP_13-17A ABS_2013-17A_B 144A</td><td></td><td></td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | | GOCAP_13-17A ABS_2013-17A_B 144A | | | 4 | | | | | | | | | | | | | | | | | |
| essegen-b-5 NVME 16-8 88 / 88 201-8-48 1444 4 1FE 6.5882 7.642.757 8.000.000 6.851 19 9.65,646 3.500 5.608 NUM 172.44 420.000 0.72/2016 172.163/2016 64032-46-1 NSL T_2-44 NSL T_2-44 4 FE 4.458 173.03 143.05 3.506 4.301 NUM 2.222 150.05 0.902/2014 0.728/27485 64032-46-1 NSL T_2-44 NET <t_2-44< td=""> 4 FE 4.500.01 4.508 4.401 4.006 4.401 0.902/2014 0.728/27485 64032-46-1 NSL T_2-44 NST T_2-44</t_2-44<> | 525227-AK-0 | LEHMANXSTRUSTLXS_06-GP2 SUPSENABS06-GP2 | | | 4 | | | | | | | | | | | | | | | | | |
| 64002:4-0-1 NS.T [2-34 NS. | | | | | 4 | | | | | | | | | | | | | | | | | |
| 4403.4+0.0 NNLT 12-44 NLT 12-4 | | | | | 4 | | | | | | | | | | | | | | | | | |
| 64032-49-2 NELIFE STUDENT LANT NAST NAST ARS 1482 13-2 4 IFE 9.500.000 9.500.000 9.500.000 9.173 4 4.488 19.620.000 0.407.697.2052 794489-4-7 SiB PVE TD STAT SLA SLAS 88 1444 4 IFE 1.929.650 10.757.000 9.800.000 1.974.85 4.450 4.468 4.488 14.4 | | | | | 4 4 | | | | | | | | | | | | | | | | | |
| Total Price Titles Ti | | | | | 4 | | | | | | | | | | | | | | | | | |
| 42086-HE-3 INING TR-84. SEMICIONESQUE Sentination IC 4 IFE 5,000,000 3,890 5,013,478 20.986 3,949 4.489 JULO 38,942 109,536 03/09/2018 04/20/2031 33599999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other 62.910,677 XXX 64,758,531 66,086,317 64,054,222 72,744 XXX XXX 148,852 1974,072 XXX XXX XXX 148,852 1974,072 XXX XXX XXX 148,852 1974,072 XXX XXX 148,852 1974,072 XXX XXX XXX 148,852 1974,072 XXX XXX 148,852 1974,072 XXX XXX 148,852 1974,072 XXX XXX 148,852 1974,072 XXX XXX 1980,2716 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 10974,072 | 78448P-AF-7 | SMB PVT ED TRUST 2015-A CLASS ABS 144A | | | 4 | | | | | | 1,954,135 | | | | | | | | | | | |
| 3599999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities 62,90,877 XXX 64,758,531 66,096,317 64,054,252 729,794 XXX XXX 194,072 XXX XXXX XXX XXX XXX< | | | | C | 4 | | | | | | | | | | | | | | | | | |
| Loan-Backed and Structured Securities 62,910,877 XXX 64,758,531 66,036,317 64,054,252 732,794 XXX XXX< | | | | C | 4 | | 5,000,000 | 93.8290 | 4,691,460 | | 5,013,478 | | | | | 3.949 | | JAJO | | | 03/09/2018 | 04/20/2031 |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds 76,479,928 XXX 710,82,259 710,837,998 725,75,912 99,969 XXX XXX 6,927,284 30,773,010 XXX XXX XXX 50022-AJ-2 BMK OF AIRERICA CORP CORP BND 0 1 27E 2,259,601 10,9940 2,198,080 2,000,000 2,87,821 16,972 . | | | ous (L | Jnaffil | iated) - C | Other | | | | | | | | | | | | | | | | |
| 5902C-AJ-2 BANK OF AMERICA CORP CORP BID 1 2FE 2,285,960 109.9040 2,199,080 2,200,000 437,82 0.6,110 4.978 JJ 6.51,596 122,200 0.8/28/2015 0.1/29/2037 40280-AH-2 H80HDLINGSPL CORP BID D 1FE 458,630 113.3300 396,676 350,000 433,782 (3,595) 6.500 4.196 Ms 6.609 22,70 0.8/21/2017 0.9/21/2017 | | | | | | | 62,910,877 | | | / . /. | | | | | | | | | | | | |
| 44280-AH-2 HSBCHULINGSPLC COPP BIO 0 IFE 458 680 113 380 396 676 350,000 453,782 (3,595) 6.500 4.196 NS 6.699 22,750 08/21/2017 09/15/2037 4299999. Subtal - Bonds - Hybrid Securities - Issuer Obligations 2,754,590 XXX 2,594,756 2,350,000 2,721,603 (12,567) XXX XXX XXX 58,295 144,950 XXX XXX 4399999. Total - Hybrid Securities 2,754,590 XXX 2,594,756 2,350,000 2,721,603 (12,567) XXX XXX XXX 58,295 144,950 XXX XXX 5599999. Total - Hybrid Securities 2,754,590 XXX 2,594,756 2,350,000 2,721,603 (12,567) XXX XXX <td></td> <td></td> <td>ated)</td> <td>Bond</td> <td>S</td> <td></td> <td></td> <td></td> <td></td> <td>710,387,998</td> <td></td> | | | ated) | Bond | S | | | | | 710,387,998 | | | | | | | | | | | | |
| 4299999. Subtotal - Bonds - Hybrid Securities - Issuer Obligations 2,754,590 XXX 2,594,756 2,350,000 2,721,603 (12,67) XXX XXX XXX S8,295 144,960 XXX XXX 4899999. Total - Hybrid Securities 2,754,500 XXX 2,594,756 2,350,000 2,721,603 (12,567) XXX XXX XXX S8,295 144,960 XXX XXX 5599999. Total - Parent, Subsidiaries and Affiliates Bonds XXX 6099999. Subtotal - SVO Identified Funds XXX XXXX XXX XXX | | | | | 1 | | | | | | | | | | | | | | | | | |
| 4899999. Total - Hybrid Securities 2,754,590 XXX 2,594,756 2,350,000 2,721,603 (12,567) XXX XXXX XXXX <td></td> <td></td> <td></td> <td>D</td> <td></td> <td>1FE</td> <td></td> | | | | D | | 1FE | | | | | | | | | | | | | | | | |
| 5599999. Total - Parent, Subsidiaries and Affiliates Bonds XXX XXX XXX XXX XXX XXX XXX XXX 6099999. Subtotal - SVO Identified Funds XXX XXX< | | | Oblig | gations | 5 | | 1 - 1 | | _, | _,, | 1 1 . | | | | | | | | | 1 | | |
| 6099999. Subtotal - SVO Identified Funds XXX | | | | | | | 2,754,590 | | 2,594,756 | 2,350,000 | 2,721,603 | | (12,567) | | | XXX | | | 58,295 | 144,950 | | |
| 6599999. Subtotal -Bank Loans XXX XX | | | onds | | | | | | | | | | | | | XXX | | | | | | |
| 7799999. Total - Issuer Obligations 691,968,162 XXX 667,682,103 644,537,325 687,862,182 (1,176,007) XXX XXX 7,729,821 31,255,204 XXX XXX 7899999. Total - Residential Mortgage-Backed Securities 35,895,357 XXX 35,838,170 38,493,800 35,837,727 20,600 XXX XXX 88,937 983,239 XXX XXX 7999999. Total - Commercial Mortgage-Backed Securities 42,329,518 XXX 44,383,255 499,233 XXX XXX 119,660 1,322,018 XXX XXX 8099999. Total - Other Loan-Backed and Structured Securities 63,464,612 XXX 65,265,696 66,538,317 64,565,068 714,468 XXX XXX 159,865 2,000,502 XXX XXX | 6099999. Sub | ototal - SVO Identified Funds | | | | | | XXX | | | | | | | | XXX | XXX | XXX | | | XXX | XXX |
| 7899999. Total - Residential Mortgage-Backed Securities 35,895,357 XXX 38,493,800 38,87,727 20,600 XXX XXX 88,937 983,229 XXX XXX 7999999. Total - Commercial Mortgage-Backed Securities 42,329,518 XXX 45,275,664 47,755,381 44,383,255 499,233 XXX XXX 119,660 1,322,018 XXX XXX 8099999. Total - Other Loan-Backed and Structured Securities 63,464,612 XXX 65,265,696 66,538,317 64,565,068 714,468 XXX XXX 159,865 2,000,502 XXX XXX | 6599999. Sub | ototal -Bank Loans | | | | | | XXX | | | | | | | | XXX | XXX | XXX | | | XXX | XXX |
| 7999999. Total - Commercial Mortgage-Backed Securities 42,329,518 XXX 44,382,255 499,233 XXX XXX 119,660 1,322,018 XXX XXX 8099999. Total - Other Loan-Backed and Structured Securities 63,464,612 XXX 65,265,696 66,538,317 64,565,068 714,468 XXX XXX 159,865 2,000,502 XXX XXX | 7799999. Tota | al - Issuer Obligations | | | | | 691,968,162 | XXX | 667,682,130 | 644,537,325 | 687,862,182 | | (1,176,007) | | | XXX | XXX | XXX | 7,729,821 | 31,255,204 | XXX | XXX |
| 8099999. Total - Other Loan-Backed and Structured Securities 63,464,612 XX 65,265,696 66,536,317 64,565,068 714,468 XX XX XX 159,865 2,000,502 XXX XXX | 7899999. Tota | al - Residential Mortgage-Backed Securit | ties | | | | 35,895,357 | XXX | 35,838,170 | 38,493,800 | 35,837,727 | | 20,600 | | | XXX | XXX | XXX | 88,937 | 983,239 | XXX | XXX |
| | 7999999. Tota | al - Commercial Mortgage-Backed Secur | rities | | | | 42,329,518 | XXX | 45,275,664 | 47,755,381 | 44,383,255 | | 499,233 | | | XXX | XXX | XXX | 119,660 | 1,322,018 | XXX | XXX |
| | | | | ties | | | 63,464.612 | XXX | 65,265.696 | 66,536.317 | 64,565,068 | | 714,468 | | | XXX | XXX | XXX | 159,865 | 2,000,502 | XXX | XXX |
| | | | | | | | ., , | XXX | | | | | , | | | XXX | XXX | XXX | | , , | XXX | XXX |
| 829999. Total - Bank Loans XXX XX XXX XXX XXX XXX XXX XXX XXX XX | | | | | | | | | | | | | | | | XXX | | | | | XXX | |
| 8339999 - Total Bonds 833,657,649 XXX 814,061,660 797,322,823 832,648,232 58,294 XXX XXX 84,088,283 35,560,963 XXX XXX | | | | | | | 833,657,649 | | 814,061,660 | 797,322,823 | 832,648,232 | | 58,294 | | | | | | 8,098,283 | 35,560,963 | XXX | |

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned NONE

Schedule D - Part 2 - Section 2 - Common Stocks Owned NONE

SCHEDULE D - PART 3

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

| 1 | 2 | 3 | 4 | | 6 | 7 | 8 | 9 |
|----------------------------|---|---------|--------------------------|---|---------------------------------------|----------------------|------------------------|-------------------|
| | | | | | | | | Paid for Accrued |
| CUSIP | Description | | Date | | Number of Shares | A sture I O s st | Deville | Interest and |
| Identification | Description UNITED STATES TREASURY TBILLCASH | Foreign | Acquired | Name of Vendor | of Stock | Actual Cost | Par Value 1,000,000 | Dividends |
| | otal - Bonds - U.S. Governments | | | J.F. HUNDAN GLOONTTILS INC | | 973.256 | 1,000,000 | |
| | ALBEMARLE CORP SENIOR CORP BND | | 04/03/2018 | ACCORDIA | | 546,175 | 500,000 | |
| 023135-BJ-4 | AMAZON.COM INC SENIOR CORP BND 144A | | | Tax Free Exchange | | | | |
| 025816-BF-5 | AMERICAN EXPRESS COMPANY SENIOR CORP BND | | 11/16/2018 | Various | | | | |
| 03040W-AT-2 03522A-AF-7 | AMERICAN WATER CAPITAL CORP SENIOR CORP ANHEUSER-BUSCH INBEV FINANCE I SENIOR CO | | | . MERRILL LYNCH & CO Tax Free Exchange | - | | | |
| 035240-AN-0 | ANHEUSER-BUSCH INBEV FINANCE I SENIOR CO | | 03/20/2018 | MERRILL LYNCH & CO. | | 298.302 | | |
| 05530V-AN-9 | BCAP_07-AA3 WHOLE CMO 07-AA3 | | 10/24/2018 | ACCORDIA | | 1,266,246 | 1,359,802 | |
| 05604F-AN-5 | BWAY_13-1515 CNBS_13-1515 D 144A | | 08/02/2018 | _ ACCORD I A | | | | |
| 05951F-BB-9 075887-BX-6 | BAFC_07-1B SUPSENIHOLECM007-1B | | 10/25/2018 03/28/2018 | . ACCORDIA | · | | | 30.089 |
| 075887-CD-9 | BECTON DICKINSON AND COMPANY SENTOR CORP | | | Taxable Exchange | | | | |
| 075887-CE-7 | BECTON DICKINSON AND COMPANY BOND CORP | | | Tax Free Exchange | | 1, 133, 516 | | |
| | BP CAPITAL MARKETS AMERICA INC SENIOR CO | | | . JANNEY MONTGOMERY SCOTT | | | | |
| | CSAIL_2017-C8 CMBS_2017-C8_85 | | 11/02/2018 | | | | | |
| 126408-HJ-5 151020-AM-6 | CSX CORP SENIOR CORP BND | | 11/16/2018 | _ JEFFRIES & CO. INC | - | 486,235 5,108,800 | | 4, 169 53, 316 |
| 166754-AS-0 | CHEVRON PHILLIPS CHEMICAL COL SENIORCOR | | 12/13/2018 | | | | | |
| 171340-AL-6 | CHURCH & DWIGHT CO INC SENIORCORPBND | | 12/13/2018 | WELLS FARGO SECURITIES | | | | |
| 209111-FL-2 | CONSOLIDATED EDISON CO OF NEW SENIORCORP | | 08/02/2018 | | | | | |
| 26078J-AD-2 | DOWDUPONT INC SENIOR CORP BND | | | CORESTATES CAPITAL MARKETS | · | | | |
| 26078J-AF-7 26138E-AT-6 | DOWDUPONT INC SENIOR CORP BND | | 11/14/2018 | | - | | | |
| 278865-BA-7 | ECOLAB INC SENIORCORPBND144A | | 04/18/2018 | | - | 1,998,429 | 2,062,000 | |
| 302508-AQ-9 | FMR CORP CORP BND 144A | | | | | 4,628,171 | | |
| 31428X-BS-4 | FEDERAL EXPRESS CORP SENI ORCORPBND | | 10/17/2018 | BARCLAYS CAPITAL | | | | |
| 337738-AR-9 | FISERV INC SENIORCORPBND | | 12/14/2018 | . Var i ous | | | | |
| 361448-AU-7 370334-CJ-1 | GATXCORP SENIOR CORP BND | | 04/03/2018 | | - | | | |
| 37045V-AF-7 | GENERAL MOTORS CO SENIOR CORP BND | | 01/01/2018 | ACCORDIA | | | 3,000,000 | |
| 478165-AH-6 | SC JOHNSON & SON INC SENIOR CORP BND 144 | | | ACCORDIA | | | 1,600,000 | |
| 525227-AK-0 | LEHMANXSTRUSTLXS_06-GP2 SUPSENABS06-GP2 | | 01/19/2018 | SANDLER ONE IL & PARTNERS | | | | |
| 55336V-AL-4 56585A-AT-9 | MPLX LP SENIOR CORP BND | | | . CREDIT SUISSE FIRST BOSTON COR | · | 5,377,539 | | |
| 585055-BD-7 | MARATHUN PETRULEUM CORP SENTURCURPBND 14 | | 10/02/2018 | . Taxable Exchange | | | | |
| 641062-AN-4 | NESTLE HLDGS INC. SENI ORCORPBND144A | | 11/16/2018 | CORESTATES CAPITAL MARKETS | | | | |
| 655844-BY-3 | NORFOLK SOUTHERN CORPORATION SENIORCORPB | | 07/30/2018 | | | 1,963,187 | 2,000,000 | |
| 666807-BN-1 | NORTHROP GRUMMAN CORP SENIOR CORP BND | | 11/16/2018 | CORESTATES CAPITAL MARKETS | | | | |
| 666807-BP-6 68389X-BN-4 | NORTHROP GRUMMAN CORP SENIOR CORP BND | | 03/28/2018 12/17/2018 | . MORGAN STANLEY & CO. INC | - | | | |
| 797440-BW-3 | SAN DIEGO GAS AND ELECTRIC CO SECUREDCOR | | | JEFFRIES & CO. INC. | - | | 2,000,000 | |
| 816851-BJ-7 | SEMPRA ENERGY SENIORCORPBND | | | | | | | |
| 88579Y-BC-4 | 3MC0 SENIORCORPBND 3.625% 09/14/28 | | | . WELLS FARGO SECURITIES | | | | |
| 89172P-AF-6 | TOWD POINT MORTGAGE TRUST TPINT WHOLECMO1 | | | J.P. MORGAN SECURITIES INC | | | | |
| 927804-FY-5 958254-AD-6 | VIRGINIA ELECTRIC AND POWER CO SENIORCOR | | | . SCOTIA CAPITAL | - | | 1,400,000 4,000,000 | |
| 958254-AD-6 00507U-AH-4 | ALLERGAN FUNDING SCS SENIOR CORP BND | D | 01/01/2018 | | · | | | |
| 067316-AH-2 | BACARDI LTD SENIORCORPBND144A | D | | BARCLAYS CAPITAL | | 1,360,660 | 1,400,000 | |
| 21685W-CJ-4 | COOPERATIEVE CENTRALE RAIFFESE CORP BND | D | 04/03/2018 | ACCORDIA | | | | |
| 25156P-BB-8 | DEUTSCHE TELEKOM INTERNATIONAL SENIORCOR | D | 11/16/2018 | J.P. MORGAN SECURITIES INC | - | | | |
| 36318W-AG-5 42086P-AE-3 | GALXY_13-15A ABS_13-15A_CR | G | 03/28/2018 | NOMURA SECURITIES INTL. INC. | - | | | 11,785 |
| 42086P-AE-3 82620K-AF-0 | SIEMENS FINANCIERINGSMAATSCHAP SENIORCOR | D | | CREDIT SUISSE FIRST BOSTON COR | • - | | | |
| | STANDARD CHARTERED PLC SUB CORP BND 144A | D | 04/03/2018 | | | | | |
| | otal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | · · · · · · · · · · · · · · · · · · · | 135,819,805 | 137,489,724 | 1,231,956 |
| | I - Bonds - Part 3 | | | | | 136,793,061 | 138,489,724 | 1,231,956 |
| | I - Bonds - Part 5 | | | | | 7,275,026 | 6,924,630 | 62,990 |
| 8399999. Tota | | | | | | 144.068.087 | 145,414,354 | 1.294.946 |
| | I - Preferred Stocks - Part 3 | | | | | , | XXX | 1,201,040 |
| | I - Preferred Stocks - Part 5 | | | | | | XXX | |
| | I - Preferred Stocks | | | | | | XXX | |
| | | | | | | | | |

SCHEDULE D - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|--------------------------------|-----------------|---------|----------|----------------|------------------|-------------|-----------|------------------|
| | | | | | | | | Paid for Accrued |
| CUSIP | | | Date | | Number of Shares | | | Interest and |
| Identification | Description | Foreign | Acquired | Name of Vendor | of Stock | Actual Cost | Par Value | Dividends |
| 9799997. Total - Common Sto | ocks - Part 3 | | | | | | XXX | |
| 9799998. Total - Common Sto | ocks - Part 5 | | | | | | XXX | |
| 9799999. Total - Common Sto | ocks | | | | | | XXX | |
| 9899999. Total - Preferred and | d Common Stocks | | | | | | XXX | |
| 9999999 - Totals | | | | | | 144,068,087 | XXX | 1,294,946 |

SCHEDULE D - PART 4

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | Carrving Value | | 16 | 17 | 18 | 19 | 20 | 21 |
|-------------|---|---------|--------------------------|---|-----------|--------------------|--------------------|-------------------------|--------------------|------------|--------------|--------------|---------------------|-----------|-------------------------|--------------|-------------|---------------|-----------|--------------------------|
| | 2 | Ŭ | - | 0 | Ū | ' | 0 | 5 | 10 | 11 | 12 | 13 | 14 | 15 | 10 | | 10 | 15 | 20 | 21 |
| | | | | | | | | | | | 12 | 15 | 14 | Total | | | | | | |
| | | | | | | | | | | | | Current | Tatal | | | | | | Bond | |
| | | | | | | | | | | | | Current | Total | Foreign | Deels/ | | | | | |
| | | | | | | | | | D · V | | | Year's | Change in | Exchange | Book/ | - · | | | Interest/ | <u>.</u> |
| | | | | | | | | | Prior Year | | Current | Other- | Book/ | Change in | Adjusted | Foreign | | | Stock | Stated |
| | | | | | | | | | Book/ | Unrealized | Year's | Than- | Adjusted | Book/ | Carrying | Exchange | | | Dividends | Con- |
| CUSIP | | | | | Number of | | | | Adjusted | Valuation | (Amor- | Temporary | Carrying | Adjusted | Value at | Gain | Realized | Total Gain | Received | tractual |
| Identi- | | For- | Disposal | Name | Shares of | Con- | | | Carrying | Increase/ | tization)/ | Impairment | Value | Carrying | Disposal | (Loss) on | Gain (Loss) | (Loss) on | During | Maturity |
| fication | Description | eign | Date | of Purchaser | Stock | sideration | Par Value | Actual Cost | Value | Decrease | Accretion | Recognized | (11+12-13) | Value | Date | Disposal | on Disposal | Disposal | Year | Date |
| 13063A-7D-0 | CALIFORNIA ST MUNI BND GO | | 10/26/2018 | ACCORDIA | | 1,717,775 | 1,250,000 | 1,929,625 | 1,903,683 | | (16,221) | | (16,221) | | | | | (169,687) | | 10/01/2039 |
| 1799999. S | Subtotal - Bonds - U.S. States, Territo | ories a | and Possess | sions | | 1,717,775 | 1,250,000 | 1,929,625 | 1,903,683 | | (16,221) | | (16,221) | | 1,887,462 | | (169,687) | (169,687) | 97,587 | XXX |
| 00213V-AA-2 | ARCF1_13-1 ARLFR_13-1 0.000% 06/08/63 | | 10/03/2018 | Paydown | | | | 1,064,359 | 1,044,654 | | (198, 952) | | (198,952) | | | | | | | 06/08/2063 |
| | AMAZON.COM INC SENIOR CORP BND 144A | | | Tax Free Exchange | | | 7,000,000 | 6,948,270 | 6,948,590 | | | | | | 6,948,985 | | | | | 08/22/2047 |
| | ANDEAVOR SENIORCORPBND | | | Taxable Exchange | | | | | | | | | | | | | (134) | (134) | | 04/01/2048 |
| | ANHEUSER-BUSCH INBEV FINANCE I SENIOR CO | | 11/13/2018 | Tax Free Exchange | | | 2,850,000 | | 2,877,953 | | (447) | | (447) | | 2,877,506 | | (189,962) | (189 , 962) | | |
| | ARC_13-1 ABS_13-1 A 144A | | 12/15/2018 | Paydown | | | | | | | | | | | | | | | | 07/01/2038 |
| | CR BARD INC C R BARD INC | | 01/01/2018 | Taxable Exchange | | 404.050 | 404 050 | | 440 445 | | | | | | 404.050 | | | | 4 000 | 12/01/2026 |
| | BAYC_07-1 SENIOR/CMBS 07-1 144A BAYVIEW COMMERCIAL ASSET TRUST BAYC 07-3 | | 12/26/2018 12/26/2018 | Paydown Paydown | | 481,350 347,043 | 481,350 347.043 | | 412,115 278,808 | | | | 69,235 68,235 | | 481,350 347,043 | | | | | 03/25/2037 07/25/2037 |
| U/3201-AA-0 | DAIVIEN COMMENCIAL ASSET THUST DAIC_U/-3 | | 12/20/2018 | MORGAN STANLEY & CO. | | | | | | | | | | | | | | | | |
| 25151K-AA-7 | DALT 07-3 SUPSEN ABS 07-3 | | 06/01/2018 | INC | | 8,118,961 | 8.637.192 | 7,425,989 | 7,413,303 | | | | | | 7.494.544 | | 624.417 | 624.417 | | |
| | DALT 07-3 SUPSEN ABS 07-3 | | _06/01/2018 | Paydown | | 690,959 | | 656.629 | | | | | | | 690,959 | | | | | 10/25/2047 |
| | DALT 07-3 SUPSEN ABS 07-3-2A1 | | 12/26/2018 | Paydown | | 1,177,278 | 1,343,241 | 1.050.008 | 1,059,037 | | | | | | 1, 177, 278 | | | | | |
| | EI DU PONT DE NEMOURS & CO CORP BND | | 11/29/2018 | TENDER OFFER | | | 4,892,000 | 5,847,004 | 5,624,949 | | (53,586) | | (53,586) | | 5,571,363 | | | | | 01/15/2028 |
| 278865-AZ-3 | ECOLAB INC SENIORCORPBND144A | | 04/18/2018 | Tax Free Exchange | | 1,998,429 | 2,062,000 | 2,088,512 | 2,088,482 | | (134) | | (134) | | 2,088,347 | | (89,919) | (89,919) | | 12/01/2047 |
| | | | | J.P. MORGAN SECURITIES | | | | | | | | | | | | | | | | |
| | FORD MOTOR COMPANY SENIOR CORP BND | | | INC | | | 2,000,000 | 2,000,000 | | | | | | | 2,000,000 | | (339,500) | (339,500) | | |
| | GOLDMAN SACHS GROUP INC CORP BND | | | TENDER OFFER | | | | 2,234,961 | 2,201,844 | | | | | | 2, 195, 170 | | | | | 02/15/2033 |
| | LABORATORY CORP OF AMER HLDGS LABORATORY MCKESSON CORP SENIOR CORP BND | | 01/19/2018 01/19/2018 | WELLS FARGO SECURITIES . MERRILL LYNCH & CO. | | 1,292,363 | 1,225,000 | 1, 189, 708 820, 968 | 1, 190, 246 | | | | | | 1, 190, 284 820, 239 | | 102,079 | | | 02/01/2045 03/15/2044 |
| | MCKESSON CORP SENTOR CORP BND | | | Various | | | | 438.820 | | | | | (76) | | | | | | | 03/01/2044 |
| | MOLSON COORS BREWING CO SENIOR CORP BND | | 10/17/2018 | BARCLAYS CAPITAL | | | | | | | | | | | | | | | | 05/01/2041 |
| | PEPSIAMERICAS INC. CORP BND | | 10/26/2018 | TENDER OFFER | | 5,427,114 | 4,620,000 | 5.011.848 | 4,963,439 | | (10,570) | | (10,570) | | 4,952,868 | | 474,246 | | | 05/15/2035 |
| 713448-BP-2 | PEPSICO INC CORP BND 5.500% 01/15/40 | | 10/26/2018 | TENDER OFFER | | 4,961,169 | 4, 140, 000 | 5, 494, 153 | 5,439,402 | | (32,843) | | (32,843) | | 5,406,559 | | (445,390) | (445,390) | | 01/15/2040 |
| 84861C-AB-1 | SPMF_14-4A SPMF_14-4A 4.629% 01/20/45 | | 06/01/2018 | CREDIT SUISSE ZURICH | | | | | | | | | | | | | (5,788) | (5,788) | | 01/20/2045 |
| | LHXSTR_05-5N RMBS_05-5N 2A1 | | 12/01/2018 | Paydown | | | | | | | | | | | | | | | | 11/25/2035 |
| 871829-AN-7 | SYSCO CORP SENIOR CORP BND | | 03/23/2018 | TENDER OFFER | | 5,549,596 | 4, 100,000 | 5,251,075 | 5, 195, 543 | | | | | | 5, 188, 582 | | | | | 03/17/2039 |
| 201020 41 5 | EMERA US FINANCE LP SENIOR CORP BND | | 01/19/2018 | CITICORP SECURITIES MARKETS | | 5.918.820 | 6,000,000 | 5.984.310 | 5.985.801 | | 89 | 1 | 89 | | 5,985,890 | 1 | (67.070) | (67.070) | 00 400 | 06/15/2026 |
| | GOLDCORP INC SENIOR CORP BND | ۸ | | MARKEIS BARCLAYS CAPITAL | | | | 5,984,310 | 5,985,801 | | | | | | | | | | | 06/15/2026 06/09/2044 |
| | GLENCORE FINANCE CANADA LTD GLENCORE FIN | Δ | 01/24/2018 | BARCLAYS CAPITAL | | | | | | | (59) | | (2) (59) | | | | | | | |
| | XSTRATA FINANCE (CANADA) LTD GLENKONE FIN | A | | BARCLAYS CAPITAL | | | 425.000 | | | | (22) | | (33) | | | | | | | |
| | CENTRICA PLC SENIOR CORP BND 144A | | | TENDER OFFER | | 3,916,302 | 3,450,000 | 3,423,573 | 3,425,250 | | | | | | 3,425,338 | | 490,962 | | | 10/16/2043 |
| | ubtotal - Bonds - Industrial and Misce | | | | | 69,359,421 | 64,596,956 | 66,954,392 | 66.548.672 | | 267.068 | | 267.068 | | 66,815,739 | | 2.543.680 | 2.543.680 | 2,244,260 | XXX |
| | otal - Bonds - Part 4 | | and the second | | | 71.077.196 | 65,846,956 | 68,884,017 | 68,452,355 | | 250,847 | t | 250,847 | 1 | 68,703,201 | t | 2,373,993 | 2,373,993 | 2.341.847 | XXX |
| | otal - Bonds - Part 5 | | | | | 6,848,062 | 6,924,630 | 7.275.026 | 00, 402, 000 | | (10.060) | | (10,060) | | 7.264.966 | | (416.905) | (416,905) | 2,341,847 | XXX |
| | otal - Bonds - Fait 5 | | | | | 6,848,062 | 1.2 7 2 | 1 . 1 | 00 450 055 | | 240.787 | | (10,060) 240,787 | | 7,264,966 | ł | (416,905) | (416,905) | | XXX |
| | | | | | | 11,925,258 | 72,771,586 | 76,159,043 | 68,452,355 | | 240,787 | | 240,787 | | /5,968,16/ | l | 1,957,088 | 1,957,088 | 2,572,994 | |
| | otal - Preferred Stocks - Part 4 | | | | | | XXX | | | | | | | | | | | | | XXX |
| | otal - Preferred Stocks - Part 5 | | | | | | XXX | | | | | ļ | | | | ļ | | | | XXX |
| 8999999. T | otal - Preferred Stocks | | | | | | XXX | | | | | | | | | | | | | XXX |
| 9799997. T | otal - Common Stocks - Part 4 | | | | | | XXX | | | | | | | | | | | | | XXX |
| 9799998 T | otal - Common Stocks - Part 5 | | | | | | XXX | | | | | | | | | | | | | XXX |
| | otal - Common Stocks | | | | | | XXX | | | | 1 | 1 | 1 | 1 | | 1 | | | | XXX |
| | otal - Preferred and Common Stocks | - | | | | | XXX | | | | | | <u> </u> | 1 | | | | | | XXX |
| | | 5 | | | | 77.005.655 | | 70 450 515 | | | | | | | 75 000 155 | | 4 077 | | | |
| 9999999 - 7 | Iotais | | | | | 77,925,258 | XXX | 76,159,043 | 68,452,355 | | 240,787 | | 240,787 | | 75,968,167 | | 1,957,088 | 1,957,088 | 2,572,994 | XXX |

SCHEDULE D - PART 5

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

| | - | - | | | | Long-Term Bonds | - | 1 | v | | | | | | | . – | | | | 1 |
|-------------|---|---------|------------|--------------------------|---------------------------------------|--------------------|------------|-------------|------------|------------|------------|-----------|---------------|------------|-----------|-----------|-----------|-------------|------------------|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | <u>u</u> | ok/Adjusted C | 1 0 | | 17 | 18 | 19 | 20 | 21 |
| | | | | | | | | | | | 12 | 13 | 14 | 15 | 16 | | | | | |
| | | | | | | | | | | | | | | | Total | | | | | |
| | | | | | | | | | | | | | Current | Total | Foreian | | | | | |
| | | | | | | | Par Value | | | | | | Year's | Change in | Exchange | | | | Interest | |
| | | | | | | | (Bonds) | | | Book/ | | Current | Other- | Book/ | Change in | Foreign | | | and | Paid for |
| | | | | | | | or | | | Adjusted | Unrealized | Year's | Than- | Adjusted | Book/ | Exchange | Realized | | Dividends | Accrued |
| | | | | | | | | | | | | | | | | | | Tatal Oalis | | Interest |
| CUSIP | | - | | | D' 1 | N (| Number of | | 0 | Carrying | Valuation | (Amort- | Temporary | Carrying | Adjusted | Gain | Gain | Total Gain | Received | |
| Identi- | | For- | Date | | Disposal | Name of | Shares | | Consid- | Value at | Increase/ | ization)/ | | Valu (12 + | Carrying | (Loss) on | (Loss) on | (Loss) on | During | and |
| fication | Description | eign | Acquired | Name of Vendor | Date | Purchaser | (Stock) | Actual Cost | eration | Disposal | (Decrease) | Accretion | Recognized | 13 - 14) | Value | Disposal | Disposal | Disposal | Year | Dividends |
| | ANHEUSER-BUSCH INBEV WORLDWIDE SENIORCOR | | | | | | | | | | | | | | | | | | | |
| 035240-AN-0 | | | | MERRILL LYNCH & CO. | | MERRILL LYNCH & CO | | | 451,967 | | | | | | | | 4,514 | 4,514 | | |
| | BCAP_07-AA3 WHOLE CM0 07-AA3 | | 10/24/2018 | ACCORDIA | 12/26/2018 | | | | | | | 4,878 | | | | | | | | \$ |
| | BAFC_07-1B_SUPSENWHOLECM007-1B | | 10/25/2018 | ACCORDIA | 12/25/2018 | | | | | | | (56,461) | | (56,461) | | | | | | 0.055 |
| | BECTON DICKINSON AND COMPANY BOND CORP LEHMANXSTRUSTLXS 06-GP2 SUPSENABS06-GP2 | | 01/01/2018 | Taxable Exchange | 05/01/2018 | Tax Free Exchange | | 1, 134, 743 | 1, 128,607 | 1, 128,607 | | (6,136) | | | | | | | | 2,355 |
| 525227-AK-0 | LEHWANXSTRUSTLXS_00-GP2 SUPSEIVABS00-GP2 | | 01/10/2019 | SANDLER ONEIL & PARTNERS | | Baudawn | | 1,065,911 | 1,117,894 | | | 51.983 | | 51,983 | | | | | | |
| | MOLSON COORS BREWING CO SENIOR CORP BND | | 01/19/2010 | SANULER UNEIL & FARINERS | 12/20/2010 | . Fayuuwii | 1, 130,490 | | | 1, 117,094 | | | | | | | | | 12,002 | 1,347 |
| 60871R-AD-2 | INCESON COORS DREITING CO SENTON CORP DND | | | ACCORDIA | 10/17/2018 | BARCLAYS CAPITAL | 3,950,000 | 4.242.588 | 3.816.846 | 4.238.264 | | (4.324) | | | | | (421,419) | (421,419) | | |
| | Subtotal - Bonds - Industrial and M | liscell | | | | | 6,924,630 | 7.275.026 | 6,848,062 | 7,264,966 | | (10,060) | | (10,060) | | | (416,905) | | 231.147 | 62,990 |
| | otal - Bonds | nooond | | | | | 6,924,630 | 7,275,026 | 6,848,062 | 7,264,966 | | (10,060) | | (10,060) | | | (416,905) | | | 62,990 |
| | otal - Preferred Stocks | | | | | | 0,924,030 | 1,213,020 | 0,040,002 | 7,204,300 | | (10,000) | | (10,000) | | | (410,505) | (410,505) | 201, 14/ | 02,990 |
| | otal - Common Stocks | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 9899999. I | otal - Preferred and Common Sto | DCKS | | 1 | 1 | | 1 | | | | | | | | | | | | | |
| | | | | | | | | + | | | | | | | | | | | | |
| | | | | | ····· | | | | | | | | | | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | | | |
| | | | <u> </u> | 1 | | | | t | | | | | | | | | | | | |
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| | | | | 1 | | | | 1 | | | | | | | | | | | | |
| | | | |] | | | | | | | | | | | | | | | | |
| 9999999 - | Totals | | | • | | | • | 7.275.026 | 6.848.062 | 7.264.966 | | (10,060) | | (10,060) | | | (416,905) | (416,905) | 231.147 | 62,990 |
| | | | | | | | | .,2.0,020 | 0,010,00L | .,201,000 | | (.0,000) | | (10,000) | | | (110,000) | (110,000) | 10 1, 147 | 32,000 |

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies **NONE**

Schedule D - Part 6 - Section 2 **NONE**

SCHEDULE DA - PART 1

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

| 1 | Cod | es | 4 | 5 | 6 | 7 | | | usted Carrying | | 12 | 13 | | | Intere | st | | | 20 |
|--|-------------|----------------------------|-------------|----------------------------|-------------|-----------|--|------------------|--------------------|-------------------|-----------|-------------|-------------------------|------------------|--------|-----------|------|--------------------|----------|
| | 2 | 3 | | | | | 8 | 9 | 10 | 11 | | | 14 | 15 | 16 | 17 | 18 | 19 | 1 |
| | | | | | | | | | | Total | | | | | | | | | 1 |
| | | | | | | | | | Current | Foreign | | | Amount Due | | | | | | 1 |
| | | | | | | | | A 1 | Year's | Exchange | | | and Accrued | | | | | | 1 |
| | | | | | | Book/ | Lines allows at | Current | Other- | Change in | | | Dec. 31 of | New | | | | A | 1 |
| | | | | | | Adjusted | Unrealized Valuation | Year's (Amor- | Than- Temporary | Book/ Adjusted | | | Current Year on Bond | Non- Admitted | | Effective | | Amount Received | Paid for |
| | | For- | Date | | Maturity | Carrying | Increase/ | tization)/ | Impairment | Carrying | | | Not | Due and | Rate | Rate | When | During | Accrued |
| Description | Code | | Acquired | Name of Vendor | Date | Value | (Decrease) | Accretion | Recognized | Value | Par Value | Actual Cost | in Default | Accrued | of | of | Paid | Year | Interest |
| UNITED STATES TREASURY TBILLCASH | | | 04/02/2018 | J.P. MORGAN SECURITIES INC | _03/28/2019 | | (= = = = = = = = = = = = = = = = = = = | | | | 2,000,000 | | | | 2.018 | 2.077 | MAT | | |
| 0199999. Subtotal - Bonds - U.S. Gove | ernments | Issuer | Obligations | i | | 1,990,261 | | 30,498 | | | 2,000,000 | 1,959,762 | | | XXX | XXX | XXX | | |
| 0599999. Total - U.S. Government Bor | | | | | | 1,990,261 | | 30,498 | | | 2,000,000 | 1,959,762 | | | XXX | XXX | XXX | | l |
| 1099999. Total - All Other Government | Bonds | | | | | | | | | | | | | | XXX | XXX | XXX | | 1 |
| 1799999. Total - U.S. States, Territorie | | | ns Bonds | | | | | | | | | | | | XXX | XXX | XXX | | 1 |
| 2499999. Total - U.S. Political Subdivis | | | | | | | | | | | | | | | XXX | XXX | XXX | | |
| 3199999. Total - U.S. Special Revenue | | | | | | | | | | | | | | | XXX | XXX | XXX | | |
| 3899999. Total - Industrial and Miscella | aneous (L | Jnaffiliat | ted) Bonds | | | | | | | | | | | | XXX | XXX | XXX | | ļ |
| 4899999. Total - Hybrid Securities | | | | | | | | | | | | | | | XXX | XXX | XXX | | ļ |
| 5599999. Total - Parent, Subsidiaries a | | tes Bon | ds | | | | | | | | | | | | XXX | XXX | XXX | | I |
| 6099999. Subtotal - SVO Identified Fur | nds | | | | | | | | | | | | | | XXX | XXX | XXX | | I |
| 6599999. Subtotal - Bank Loans | | | | | | | | | | | | | | | XXX | XXX | XXX | | |
| 7799999. Total - Issuer Obligations | | | | | | 1,990,261 | | 30,498 | | | 2,000,000 | 1,959,762 | | | XXX | XXX | XXX | | |
| 7899999. Total - Residential Mortgage- | | | | | | | | | | | | | | | XXX | XXX | XXX | | I |
| 7999999. Total - Commercial Mortgage | | | | | | | | | | | | | | | XXX | XXX | XXX | | |
| 8099999. Total - Other Loan-Backed and | | ured Se | curities | | | | | | | | | | | | XXX | XXX | XXX | | I |
| 8199999. Total - SVO Identified Funds | | | | | | | | | | | | | | | XXX | XXX | XXX | | I |
| 8299999. Total - Bank Loans | | | | | | | | | | | | | | | XXX | XXX | XXX | | I |
| 8399999. Total Bonds | 1. 4. (())) | | | | | 1,990,261 | | 30,498 | | | 2,000,000 | 1,959,762 | | | XXX | XXX | XXX | | ļ |
| 8699999. Total - Parent, Subsidiaries a | ind Attilia | tes | | | | | | | | | XXX | | | | XXX | XXX | XXX | | I |
| 9199999 - Totals | | | | | | 1,990,261 | | 30,498 | | | XXX | 1,959,762 | | | XXX | XXX | XXX | | <u> </u> |

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated **NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open **NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

> Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE**

> Schedule DL - Part 2 - Reinvested Collateral Assets Owned **NONE**

| SCHEDUL | | | | 1 | | |
|--|------|----------|-------------------------|-------------------------|---------|------|
| 1 | 2 | 3 | 4 Amount of Interest | 5 Amount of Interest | 6 | 7 |
| | | Rate of | Received During | Accrued December 31 | | |
| Depository | Code | Interest | Year | of Current Year | Balance | * |
| JS Bank | | 0.000 | | | | XXX. |
| 0199998 Deposits in depositories which do not exceed the allowable limit in any one depository (See instructions) - open | | | | | | |
| depositories | XXX | XXX | | | | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | | | | XXX |
| 0299998 Deposits in depositories which do not exceed the | | | | | | |
| allowable limit in any one depository (See instructions) - suspended | | | | | | |
| depositories | XXX | XXX | | | | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | | | | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | | | | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | | XXX |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 0599999 Total - Cash | XXX | XXX | | | | XXX |

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

| 2. February | 1. | January | | 4. | April | 7. | July | 10. | October |
|---|----|----------|--------|----|-------|--------|-----------|-----|----------|
| 3 March 38.307 6 June 9 September 12 December | 2. | February | | 5. | May | 8. | August | 11. | November |
| | 3. | March | 38,307 | 6. | June | 9. | September | 12. | December |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

| 1 2 3 4 5 6 7 8 9 CUSP Dist Non Unine Description Code Date Acquired Rate of Interest in Maturity Date Carning Value During Date Acquired Rate of Interest in Maturity Date During Date Acquired Rate of Interest in Maturity Date During Date Acquired Rate of Interest in Maturity Date During Date Acquired Rate of Interest in Maturity Date During Date Acquired Rate of Interest in Maturity Date During Date Acquired Rate of Interest in Maturity Date Date Acquired Rate of Interest in Maturity Date Rate of Interest in Maturity D |
|--|
| CUSIP Description Code Date Acquired Rate of Interest Muturity Date Carrying Value Due and Accrued During UNITES TREATER TRACTING TREATER T |
| Image: Number Name 11/09/2018 2.00 0.207/2019 1.945.356 01999999. Total - U.S. Governments - Issuer Obligations 1.945.366 1.945.366 1.945.366 1099999. Total - U.S. Government Bonds 1.945.366 1.945.366 1.945.366 1099999. Total - U.S. States, Territories and Possessions Bonds 1.945.366 1.945.366 1.945.366 2499999. Total - U.S. States, Territories and Possessions Bonds 1.945.366 1.945.366 1.945.366 3199999. Total - U.S. States, Territories and Possessions Bonds 1.945.366 1.945.366 1.945.366 3199999. Total - U.S. States, Territories and Possessions Bonds 1.945.366 1.945.366 1.945.366 3199999. Total - Hothstinal and Miscellaneous (Unaffiliated) Bonds 1.945.366 1.945.366 1.945.366 3999999. Total - Hoth Stutial and Miscellaneous (Unaffiliated Bonds 1.945.366 1.945.366 1.945.366 65999999. Total - Studiate Bonds 1.945.366 1.945.366 1.945.366 1.945.366 7999999. Total - Marce Market Bonds 1.945.366 1.945.366 1.945.366 1.945.366 1.945.366 1.945.366 1.945.366 1.945.366 |
| 0199999. Subical - Bonds - U.S. Governments - Issuer Obligations 1,95,35 1 0599999. Total - U.S. Government Bonds 1,95,36 1 1799999. Total - All Other Government Bonds 1,95,36 1 1799999. Total - U.S. States, Territories and Possessions Bonds 2 1 2499990. Total - U.S. Special Revenues Bonds 2 2 3199999. Total - U.S. Special Revenues Bonds 2 2 399999. Total - Mustritoria Muthyliosins Bonds 2 2 399999. Total - Mustritian and Misciellaries and Possessions Bonds 2 2 399999. Total - Mustritian and Misciellaries Bonds 2 2 4899990. Total - Hybrid Securities 2 2 2 5699999. Subtal - SVO Identified Funds 2 2 2 6699999. Total - Susce Obligations 3 2 2 2 7999990. Total - Susce Obligations 3 2 |
| 0599999. Total - U.S. Government Bonds 1,945,36 1 1099999. Total - U.S. States, Territrices and Possessions Bonds 2 2 2499999. Total - U.S. Political Subdivisions Bonds 2 2 3199999. Total - U.S. Political Subdivisions Bonds 2 2 3199999. Total - U.S. Political Subdivisions Bonds 2 2 3199999. Total - U.S. Political Subdivisions Bonds 2 2 3199999. Total - U.S. Political Subdivisions Bonds 2 2 3899999. Total - U.S. Political Subdivisions Bonds 2 2 3899999. Total - U.S. Political Subdivisions Bonds 2 2 3899999. Total - Name State States States 2 2 3899999. Total - Name States States 2 2 4899999. Total - Parent, Subsidiaries and Affiliates Bonds 2 2 60599999. Subtotal - SVO Identified Funds 2 2 2 7999999. Total - Subcital Subcital States Political States Political Structured Securities 1,945,356 2 7999999. Total - Camerical Mortgage-Backed Securities 2 2 2 7099999. Total - Subret State Structured Securities 2 |
| 1099999. Total - All Other Government Bonds |
| 1799999. Total - U.S. States, Territories and Possessions Bonds 2499999. Total - U.S. Political Subdivisions Bonds |
| 2499999. Total - U.S. Political Subdivisions Bonds < |
| 3199999. Total - U.S. Special Revenues Bonds |
| 3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds 4899999. Total - Hybrid Securities 5599999. Total - Parent, Subsidiaries and Affiliates Bonds 5099999. Total - Parent, Subsidiaries and Affiliates Bonds <t< td=""></t<> |
| 4899999. Total - Hybrid Securities < |
| 489999. Total - Hybrid Securities <t< td=""></t<> |
| 5599999. Total - Parent, Subsidiaries and Affiliates Bonds |
| 609999. Subtotal - SVO Identified Funds |
| 6599999. Subtotal - Bank Loans 1,945,356 7799999. Total - Issuer Obligations 1,945,356 7899999. Total - Residential Mortgage-Backed Securities 1 7999999. Total - Commercial Mortgage-Backed Securities 1 8099999. Total - Other Loan-Backed and Structured Securities 1 8099999. Total - Other Loan-Backed and Structured Securities 1 8099999. Total - SVO Identified Funds 1 8299999. Total - Bank Loans 1 8399999. Total - Bank Loans 1 8399999. Total - Bank Loans 1 8399999. Total - SVO Identified Funds 1 8399999. Total - Bank Loans 1 8399999. Total - SVO Identified Funds 1 8399999. Total - SVO Identified Funds 1 839999. Total - SVO Identified Funds 1 8399999. Total - Bank Loans 1 839999. Total - Bank Loans 1 839999. Total - Bank Loans 1 839999. Total - SVO Identified Funds 1 839999. Total - Bank Loans 1 <t< td=""></t<> |
| 7799999. Total - Issuer Obligations 1,945,356 1 7899999. Total - Residential Mortgage-Backed Securities 1 1 7999999. Total - Commercial Mortgage-Backed Securities 1 1 8099999. Total - Other Loan-Backed and Structured Securities 1 1 8099999. Total - Other Loan-Backed and Structured Securities 1 1 819999. Total - SVO Identified Funds 1 1 8299999. Total - SVO Identified Funds 1 1 8299999. Total - Bank Loans 1 1 1 839999. Total Bonds 1 1 1 1 8314111-82-3 1 1 1 1 1 1 |
| 7899999. Total - Residential Mortgage-Backed Securities 1 7999999. Total - Commercial Mortgage-Backed Securities 1 8099999. Total - Other Loan-Backed and Structured Securities 1 8199999. Total - SVO Identified Funds 1 819999. Total - SVO Identified Funds 1 829999. Total - SVO Identified Funds 1 8399999. Total - SVO Identified Funds 1 819999. Total - SVO Identified Funds 1 819999. Total - SVO Identified Funds 1 819999. Total - SVO Identified Funds 1 8199999. Total - SVO Identified Funds 1 81999999. Total - SVO Identified Funds 1 819 |
| 7999999. Total - Commercial Mortgage-Backed Securities |
| 8099999. Total - Other Loan-Backed and Structured Securities < |
| 8199999. Total - SVO Identified Funds Image: Constraint of the system of the syste |
| 8299999. Total - Bank Loans 9< |
| 8399999. Total Bonds 3814/W-32-3 GOLDMAN SACHS FIN SQ TR OB-IN STIF FUND |
| 38141W-22-3 |
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| |
| 8899999 - Total Cash Equivalents |

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cape Verity I, Inc. SCHEDULE E - PART 3 - SPECIAL DEPOSITS

| | | 1 | 2 | Deposite | s For the | | |
|-------|------------------------------------|--------------------|--------------------|---------------------------------|--------------------|-----------------------------------|------------|
| | | | | Benefit of All 3 | Policyholders 4 | All Other Special Deposits 5 6 | |
| | States, Etc. | Type of Deposit | Purpose of Deposit | Book/Adjusted Carrying Value | Fair Value | Book/Adjusted Carrying Value | Fair Value |
| 1. | AlabamaAL | | | earrying value | | | |
| | AlaskaAK | | | | | | |
| 3. | ArizonaAZ | | | | | | |
| 4. | ArkansasAR | | | | | | |
| 5. | CaliforniaCA | | | | | | |
| | ColoradoCO | | | | | | |
| 7. | ConnecticutCT | | | | | | |
| 8. | DelawareDE | | | | | | |
| | District of ColumbiaDC | | | | | | |
| | FloridaFL | | | | | | |
| | GeorgiaGA HawaiiHI | | | | | | |
| | IdahoID | | | | | | |
| | IllinoisJL | | | | | | |
| | IndianaIN | | | | | | |
| 16. | lowaIA | | | | | | |
| | KansasKS | | | | | | |
| | KentuckyKY | | | | | | |
| | LouisianaLA | | | | | | |
| 20. | MaineME | | | | | | |
| | MarylandMD | | | | | | |
| | MassachusettsMA | | | | | | |
| 23. | MichiganMI | | | | | | |
| | MinnesotaMN | | | | | | |
| | MississippiMS | | | | | | |
| | MissouriMO | | | | | | |
| | MontanaMT | | | | | <u> </u> | |
| | NebraskaNE | | | | | | |
| | NevadaNV | | | | | | |
| | New HampshireNH New JerseyNJ | | | | + | | |
| | New MexicoNM | · | | | | | |
| | New YorkNY | | | | | | |
| | North CarolinaNC | | | | | | |
| | North DakotaND | | | | | | |
| | OhioOH | | | | | | |
| | OklahomaOK | | | | | | |
| | OregonOR | | | | | | |
| | PennsylvaniaPA | | | | | | |
| 40. | Rhode IslandRI | | | | | | |
| | South CarolinaSC | | | | | | |
| | South DakotaSD | | | | | | |
| | TennesseeTN | | | | | | |
| | TexasTX | | | | | | |
| | UtahUT | | | | | | |
| | VermontVT | | | | | | |
| | VirginiaVA | | | | + | <u> </u> | |
| | Washington | | | | + | | |
| | West VirginiaWV WisconsinWI | | | | | | |
| | WyomingWY | | | | | | |
| | American SamoaAS | | | | | | |
| | GuamGU | | | | | | |
| | Puerto RicoPR | | | | | | |
| | U.S. Virgin IslandsVI | | | | | | |
| | Northern Mariana IslandsMP | | | | | | |
| | CanadaCAN | | | | | | |
| | Aggregate Alien and OtherOT | XXX | XXX | | | | |
| 59. | Subtotal | XXX | XXX | | | | |
| | DETAILS OF WRITE-INS | | | | | | |
| 5801. | | | | | | | |
| 5802. | | | | | | | |
| | | | | | | | |
| 5898. | Summary of remaining write-ins for | | | | | | |
| 1 | Line 58 from overflow page | XXX | XXX | | | | |
| | Totals (Lines 5801 thru 5803 plus | | | | | | |