

**NEW YORK STATE
DEPARTMENT OF
FINANCIAL SERVICES**

**SUPPLEMENT TO
LIFE AND ACCIDENT AND HEALTH
ANNUAL STATEMENT**

**To be filed with the
Annual Statement – December 31, 2022
of the**

Name of Insurer

LIFE and A&H

2022

INSTRUCTIONS

For completing Life and Accident and Health
Annual Statement Supplement

GENERAL

1.

Two copies of the Supplement, completed according to these instructions, should be filed by ALL Life and Accident and Health Insurers licensed or accredited in New York.

The Supplement must be filed with pages that are 8 ½" wide x 14" long, and must be filed in the same sequence as presented by the Department in the electronic prototypes available to each insurer through the Department’s web site.

All pages of the Supplement Must be bound or stapled together along the left margin and MUST have a cover sheet that precedes the Jurat page. Supplements returned as loose pages without covers or in a larger or smaller size will not be accepted as meeting the filing requirements.
2.

All forms except the Accident & Health Policy Experience Exhibit (see due date) are to be filed by March 1. Address all forms to: Life Bureau, New York State Department of Financial Services, One State St., New York, New York 10004.

Pages 2 and 3 of this Supplement are intended to identify those adjustments necessary to modify the insurer’s Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Domestic insurers must complete the Annual Statement pursuant to New York Law, Rules, Regulations and reporting requirements and, accordingly, shall not complete pages 2 and 3.

U.S. Branches of a non-U.S. insurer will use Pages 2 and 3, as described above, to identify those adjustments necessary to modify the insurer’s NAIC Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Adjustments to the NAIC Trusteed Surplus Statement will be made on Page 62, “New York Adjustments to Home State NAIC Trusteed Surplus Statement”.

The format of the Supplement has been designed to facilitate data capture. Therefore, do not change the captions for pre-printed items, lines or columns. An entry for which there is no specific pre-printed line or item must be reported with an identifying caption in the “Details” section on the appropriate page. These write-in lines should be reported in descending order. If there is not sufficient room in a “Details” section to accommodate all write-ins, report the additional “Details” section on the Overflow Page, Page 63.

The page numbers designated in the blank should not be changed. If additional pages are needed use decimals after the page number, for example, 27.1, 27.2, etc.
5.

Supplemental Exhibits and Schedules Interrogatories, Page 7

This section refers to Schedules NP, Q, and U, Accident and Health Policy Experience Exhibit, Exhibit of Participants in Accident and Health Contracts, Exhibit of Grievances and Utilization Review Appeals and Report of Premiums. If there is nothing to report on any of these Exhibits and Schedules, companies should complete the Supplemental Exhibits and Schedules Interrogatories on page 7 of this Supplement and not print the Exhibits and/or Schedules on which there is nothing to report. Certain Exhibits and Schedules require the use of bar codes. For any Supplemental Interrogatory to which an insurer responds that it is not required to submit the form in question and the form requires the use of a bar code, the insurer is required to affix the appropriate bar code in the space indicated. Note that it is only the Supplemental Interrogatories to which the insurer has responded “NO” that it does not have to file a particular exhibit or form, and for which the physical page or form is marked “NONE” that the appropriate bar code be affixed. In all other instances no bar code should be affixed.

Some interrogatories require that a bar code be affixed in addition to indicating “**NO**”. The appropriate bar code **must be affixed** at any Supplemental Interrogatory where the bar code is required and the insurer responds that it is not required to submit the form. A bar code should not be affixed to any interrogatory: 1) that does not indicate that the bar code be affixed 2) where the response is “YES”.
6.

INDUSTRIAL LIFE INSURANCE: Companies that have industrial life insurance in force must attach to this Supplement, the following items from the NAIC Annual Statement: Page 3, the Capital and Surplus Account from Page 4 and Exhibits 2, 3 and 4, showing ordinary, industrial and accident and health business, each on a separate page.
7.

PARTICIPATING AND NON-PARTICIPATING LIFE INSURANCE: Companies with both participating and non-participating life insurance in force must complete Schedule NP* and must attach to this Supplement, the following items: Page 6 – Summary from the NAIC Annual Statement showing participating and non-participating business, each on a separate page.

***NOTE** that Schedule NP may be required even if the company does not have both participating and non-participating business in force. Read instruction 1 of Schedule NP on page 19 to determine if the Schedule must be completed.
8.

In many instances items reported on Pages 2 and 3 in the Home State Annual Statement are not readily reconcilable with Page 4, and supporting Exhibits and Schedules. When an item reported in the Annual Statement is derived from a number of accounts, or parts thereof, a reconciling analysis must be attached to this Supplement.

EXAMPLE:

Reconciliation of Exhibit 12, Line 30, Aggregate write-ins for decreases in ledger assets

| | | | |
|---|-------------------|-------------------|-------------------|
| | Current | Prior | |
| | Year | Year | Change |
| Page 3, Line 18 | \$ 18,500 | \$ 28,500 | |
| Page 3, Line 20 | 110,000 | 200,000 | |
| Page 3, Line 24.4 | 80,000 | 85,000 | |
| Page 3, Line 25 (Aggregate write-in line) | <u>(-)5,000</u> | <u>40,000</u> | |
| | \$ 203,500 | \$ 353,500 | \$ 150,000 |
9.

The following worksheet shows the pages, Exhibits and Schedules in this Supplement that must be filed by each type of insurer. Each domestic, foreign and accredited reinsurance company is required to file the pages, Exhibits or Schedules, as applicable, where an X appears under the appropriate description.

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

| SUPPLEMENT PAGE NO. TITLE | DOMESTIC | FOREIGN | ACCREDITED REINSURER |
|---|----------|---------|-------------------------|
| 1 Jurat | X | X | X |
| 2 New York Adjustments to Home State Balance Sheet | | X | X |
| 3 New York Adjustments to Summary of Operations and Capital and Surplus Account | | X | X |
| 4 New York General Interrogatories | X | X | X |
| 5 Schedule I | X | X | |
| 6 New York Notes to Financial Statements | X | X | X |
| 7 Supplemental Exhibits and Schedules Interrogatories | X | X | X |

WORKSHEET OF SUPPLEMENT PAGES TO BE FILED

| SUPPLEMENT PAGE NO. TITLE | DOMESTIC* | FOREIGN | ACCREDITED REINSURER |
|--|---------------------------------|---------|-------------------------|
| 8 Certificate of Compliance (Advertising) | X | X | |
| 9 Schedule G | X | X | |
| 10 Schedule J | X | X | |
| 10 Schedule K | X | X | |
| 11 Schedule L | X | X | |
| 12 Schedule M | X | X | |
| 19 Schedule NP | X | X | |
| 24 Schedule Q | X | X | |
| 29 Exhibit of Captive Reinsurance Transactions | X | X | |
| 30 Schedule SR | X | X | |
| 34 Schedule U | X | X | |
| 35 Analysis of Valuation Reserves | X | X | |
| 45 Accident and Health Policy Experience Exhibit | X | X | X |
| 54 Exhibit of Participants in Accident and Health Contracts | X | X | |
| 56 New York Direct Business for Credit Life and A&H Insurance | X | X | |
| 57 Countrywide Business Page for Credit Life and A&H Insurance | X | X | |
| 58 Exhibit of Grievances and Utilization Review Appeals | X | X | |
| 61 New York Supplement to Trusteed Surplus Statement | U.S. Branches of Alien Insurers | | |
| 65 Report of Premiums | X | X | |
| 69 Computation of Section 206 Premium Base | X | | |
| 71 Health Insurance Claims Payable | X | X | |

JURAT PAGE - PAGE 1

The jurats in both copies of the NAIC Annual Statement and the New York Supplement must be signed by the same officers and notarized. Photocopies will NOT be accepted.

NEW YORK ADJUSTMENTS TO THE NAIC BLANK FILED ON A HOME STATE
BASIS-PAGES 2 AND 3

Both of these pages contain “Details” sections. The totals of these sections are carried forward to summary line; for example, on Page 2 the total of “Details of Admitted Asset Adjustments” from Line 0299 is carried forward to Line 2.

Each item reported in the Annual Statement completed on a Home State Basis that requires an adjustment in order to be reported in accordance with New York requirements should be listed separately in the appropriate “Details” section, unless a printed line has been provided in the Supplement. Any adjustment on these pages which is not self explanatory should be described in an attachment to this Supplement.

When reporting an adjustment to an aggregate write-in line, the item number reported in the Supplement should be the NAIC blank aggregate write-in item number and the caption should be reported in the “Details” section for that aggregate write-in item; for example, adjustments to Page 2, Item 25 of the NAIC blank would be listed in the “Details of Admitted Asset Adjustments” on Page 2 in this Supplement as follows:

| Pg 2, Item No., <u>Home State A.S.</u> | <u>Caption</u> | |
|---|--|-------|
| 0201 25 | Descriptive caption from “Details of Write-ins Aggregated at Item 25 For Other Than Invested Assets” | \$XXX |
| 0202 25 | Descriptive caption from “Details of Write-ins Aggregated at Item 25 For Other Than Invested Assets” | \$XXX |

ASSETS-PAGE 2

Line 2-Total New York Admitted Asset Adjustments

An insurance company owning stock of another insurance company MUST NOT use a value greater than the value permitted by Section 1414(c) of the New York Insurance Law. The total of all adjustments to the assets reported in the Annual Statement filed on a Home State basis should be reported on Page 2, Line 2 of this Supplement. Each adjustment should be listed in the “Details of Admitted Asset Adjustments”, identified by item number, caption and amount.

When the asset adjustments include changes in assets that are individually listed in one of the invested asset schedules, attach a statement to this Supplement providing a full description and the amount of change for each individual item.

LIABILITIES, SURPLUS AND OTHER FUNDS-PAGE 2

Line 5-New York Liability Adjustments

Include any adjustment necessary to reflect an additional liability or amount of liability that is required pursuant to New York Law, or to reclassify liabilities established on a Home State basis for reporting to New York. Each adjustment should be listed in the “Details of All Other Liability Adjustments”, identified by item number, caption and amount.

Line 9-Adjustment to Home State A.S., Page 3, Item 34, Special Surplus Funds

Each adjustment should be listed in the “Details of Special Surplus Funds Adjustments”. Include: “Group Contingency Life Reserve” if the full amount has not been included in the Annual Statement completed on a Home State basis, “Reserve For Aviation Reinsurance” if the amount included in the Annual Statement on a Home State basis is not equal to at least the sum of capital and surplus required by New York State of a fire and casualty insurer transacting the same kind of business. Any other special fund required or appropriate under New York law.

Line 10-Adjustment to Home State A.S., Page 3, Item 35, Unassigned Funds

The total adjustment on Line 10 should represent the net effect of all other adjustments reported on Lines 2, and 5.

Line 11-All Other Surplus and Other Funds Adjustments

Include any New York adjustments to Home State A.S., Page 3, Items 29, 30, 31, 32, 33 and 36.

SUMMARY OF OPERATIONS-PAGE 3

Line 2-New York Adjustments to Net Income

This line develops income on a New York basis.

Include adjustments to assets and for liabilities affecting income. Amounts reported should be the change between years.

CAPITAL AND SURPLUS ACCOUNT-PAGE 3

Lines 6, 7, 8, and 9 General Instruction
The amount reported at these lines should be the current year’s adjustment. DO NOT REPORT CHANGE BETWEEN YEARS.

Line 6-Current year adjustment to assets and/or liabilities affecting net income.
Include the actual difference between the amounts reported in the Home State Annual Statement and assets and/or liabilities reported in the New York Supplement.

Line 7-Current year adjustment to net unrealized capital gains or (losses)
Include any changes in unrealized capital gains or losses resulting from adjustments in invested values that are reported on Page 2, Line 2 of this Supplement.

Line 8-Current year adjustment to non admitted assets and related items
Include any New York changes in admitted asset values resulting from adjustments in admitted assets that are reported on Page 2, Line 2 of this Supplement.
Do not include adjustments in invested assets. These are reported at Line 2.

Line 9-All other capital and surplus adjustments.
Exclude any adjustments which do not result in an overall change in total capital and surplus.

NEW YORK NOTES TO FINANCIAL STATEMENTS

This Schedule provides specific formats for presenting certain information reported in the Notes to Financial Statements in the NAIC Annual Statement. All companies must complete this form.

CERTIFICATE OF COMPLIANCE

Companies must certify that all advertising by or on behalf of the insurer of accident and health and/or life insurance meets the requirements of Regulations 34 and/or 34-A.

SCHEDULE G

In compliance with the requirements of Section 4233 of the New York Insurance Law, all domestic and foreign life insurance companies are required to file Schedule G.

SCHEDULE I

In compliance with the requirements of Section 4233 of the New York Insurance Law, all domestic and foreign life insurance companies are required to file Schedule I.

SCHEDULE J

In compliance with the requirements of Section 4233 of the New York Insurance Law, all domestic and foreign life insurance companies are required to file Schedule J.

SCHEDULE K

In compliance with the requirements of Section 4233 of the New York Insurance Law, all domestic and foreign life insurance companies are required to file Schedule K.

SCHEDULE L

In compliance with the requirements of Section 4233 of the New York Insurance Law, all domestic and foreign life insurance companies are required to file Schedule L.

SCHEDULE M

In compliance with the requirements of Section 4233 of the New York Insurance Law, all domestic and foreign life insurance companies are required to file Schedule M. For completion requirements refer to instructions included in the supplement.

SCHEDULE NP

This form is not required to be completed by accredited reinsurers.
ALL OTHER COMPANIES, STOCK and MUTUAL, must read Instruction 1 on Page 19 to determine if they are required to file. This schedule will furnish the information called for by Sections 4231(e), 4231(f), 4231(g) and 4233(b)(6) of the New York Insurance Law.

SCHEDULE Q

All companies, except accredited reinsurers, must complete this form. Refer to instructions and worksheet, provided on the website, for completion of the report and interrogatories.

EXHIBIT OF CAPTIVE REINSURANCE TRANSACTIONS

This form is required to be filed by all New York licensed companies. The form is due by March 1.

SCHEDULE SR

All companies authorized to do business pursuant to Article 63 of the Insurance Law (Special Risks) must complete this form.

SCHEDULE U

Pursuant to Regulation No. 63 of the New York Department of Financial Services all life insurers engaged in aviation reinsurance are required to complete Schedule U-Aviation Reinsurance.

ANALYSIS OF VALUATION RESERVES

All companies, except accredited reinsurers, must file this form by March 1.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This form is required to be filed by all companies with A & H business in force. The form is due by April 1.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS

This form is required to be filed March 1 by all companies with Accident and Health business in force in New York State.

NEW YORK DIRECT BUSINESS PAGE FOR CREDIT LIFE AND ACCIDENT AND HEALTH INSURANCE

All companies writing credit business in New York State are required to file this form by March 1.
Note the instructions in the lower left corner of the Exhibit for correct reporting of columns 1 through 5 and columns 6 and 7.

COUNTRYWIDE BUSINESS PAGE FOR CREDIT LIFE AND ACCIDENT AND HEALTH INSURANCE

This Exhibit is reported on a countrywide basis. All companies writing credit business are required to file this form by March 1.
Note the instructions in the lower left corner of the Exhibit for correct reporting of columns 1 through 5 and columns 6 and 7.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS

This form is required to be filed March 1 by all companies with Accident and Health business in force in New York State.

NEW YORK SUPPLEMENT TO TRUSTEED SURPLUS STATEMENT

All United States Branches of Alien Life and Accident & Health insurers must complete this form. Refer to instructions on Page 61.

REPORT OF PREMIUMS

This form is required to be filed by all companies, except accredited reinsurers. The form is due by March 1.

HEALTH INSURANCE CLAIMS PAYABLE

This form is required to be filed by all companies writing Accident and Health insurance in New York State. The form is due by March 1.

COMPUTATION OF SECTION 206 PREMIUM BASE

This form is required to be filed by all New York domiciled companies. The form is due by March 1.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
ANNUAL STATEMENT SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
of the Condition of the

| | | |
|---|------------------|----------------|
| NAIC Group Code | _____ | _____ |
| | (Current period) | (Prior period) |
| NAIC Company Code | _____ | |
| Employer's ID Number | _____ | |
| Organized Under the Laws of the State of | _____ | |
| Company Web Site Address | _____ | |
| Annual Statement Contact Person and Phone Number | _____ | |
| Annual Statement Contact E-Mail Address | _____ | |
| Electronic Filing Contact Person and Phone Number | _____ | |
| Electronic Filing Contact E-Mail Address | _____ | |
| Vendor Name And Version Number | _____ | |

JURAT

_____)
State of _____)
_____)
County of _____)

Certification of the New York Annual Statement Supplement - The UNDERSIGNED, being duly sworn, do hereby certify that they are the below described officers of the said insurer, and that on the thirty-first day of December last, this Supplement together with the accompanying Annual Statement and related exhibits, schedules and explanations therein and herein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said insurer as of the thirty-first day of December last, pursuant to the laws of the State of New York, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief respectively.

Certification of the New York Annual Statement Supplement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the New York Supplement electronic filing submitted for the reporting period stated above was prepared in compliance with the New York specification, that the filing has been tested against the validations included in these specifications, and that information contained in this filing is identical to the information contained in the 2022 New York Annual Statement supplement blank filed with the New York State Department of Financial Services.

Certification of the NAIC Annual Statement electronic filing - The UNDERSIGNED further certify, according to the best of their knowledge and belief, that the NAIC Annual Statement electronic filing submitted for the reporting period stated above was prepared in compliance with the NAIC specification, that the filing has been tested against the validations included in these specifications, and that annual statement information contained in this filing is identical to the information contained in the 2022 Annual Statement blank filed with the insurer's domiciliary state insurance department. In addition, all filings submitted have been scanned through a virus detection software package and no viruses are present on the submissions.

| | |
|-----------------|-----------|
| Print Name | Signature |
| PRESIDENT _____ | _____ |
| SECRETARY _____ | _____ |
| TREASURER _____ | _____ |

Subscribed and sworn to before me this
_____ day of _____, 2023

| NEW YORK ADJUSTMENTS TO HOME STATE BALANCE SHEET | | | |
|--|--|--------------|------------|
| ASSETS | | 1 | 2 |
| | | Current Year | Prior Year |
| 1. | Total Admitted Assets, Home State A.S., Page 2, Item 28..... | ..... | ..... |
| 2. | Total New York Admitted Asset Adjustments (Line 0299)..... | | |
| 3. | Total Assets, N.Y. Basis (Line 1 - 2)..... | | |
| DETAILS OF ADMITTED ASSET ADJUSTMENTS | | | |
| | Page 2, Line No., Home State A.S. | | |
| | Caption | | |
| 0201. | ..... | ..... | ..... |
| 0202. | ..... | ..... | ..... |
| 0203. | ..... | ..... | ..... |
| 0204. | ..... | ..... | ..... |
| 0298. | Summary of remaining write-ins for Line 2 from overflow page..... | ..... | ..... |
| 0299. | Total N.Y. Admitted Asset Adjustments | | |
| LIABILITIES, SURPLUS AND OTHER FUNDS | | | |
| LIABILITIES | | | |
| 4. | Total Liabilities, Home State A.S., Page 3, Item 28..... | | |
| New York Liability Adjustments | | | |
| 5. | New York Liability Adjustments (Line 0599)..... | | |
| 6. | Total Liabilities, N.Y. Basis (Line 4 + 5)..... | | |
| SURPLUS AND OTHER FUNDS | | | |
| 7. | Capital, Home State A.S., Page 3, Lines 29 + 30..... | | |
| 8. | Surplus, Home State A.S., Page 3, Line 37..... | ..... | ..... |
| New York Surplus and Other Funds Adjustments | | | |
| 9. | Adjustment to Home State A.S., Page 3, Line 34 Special Surplus Funds (Line 0999)..... | ..... | ..... |
| 10. | Adjustment to Home State A.S., Page 3, Line 35 Unassigned Funds..... | ..... | ..... |
| 11. | All Other Surplus and Other Funds Adjustments (Line 1199)..... | | |
| 12. | Total N.Y. Surplus and Other Funds Adjustments (Line 9 + 10 + 11)..... | | |
| 13. | Surplus and Other Funds, N.Y. Basis, (Lines 8 - 12)..... | ..... | ..... |
| 14. | Capital and Surplus, N.Y. Basis, (Line 7 + 13)..... | | |
| 15. | Total of Lines 6 and 14 | | |
| DETAILS OF NEW YORK LIABILITY ADJUSTMENTS | | | |
| | Page 3, Line No., Home State A.S. | | |
| | Caption | | |
| 0501. | ..... | ..... | ..... |
| 0502. | ..... | ..... | ..... |
| 0503. | ..... | ..... | ..... |
| 0504. | ..... | ..... | ..... |
| 0598. | Summary of remaining write-ins for Line 5 from overflow page..... | ..... | ..... |
| 0599. | Total, New York Liability Adjustments (line 5) | | |
| DETAILS OF SPECIAL SURPLUS FUNDS ADJUSTMENTS | | | |
| | Page 3, Line No., Home State A.S. | | |
| | Caption | | |
| 0901. | ..... | ..... | ..... |
| 0902. | ..... | ..... | ..... |
| 0903. | ..... | ..... | ..... |
| 0904. | ..... | ..... | ..... |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page..... | ..... | ..... |
| 0999. | Total, Special Surplus Funds Adjustments (Line 9) | | |
| DETAILS OF ALL OTHER SURPLUS AND OTHER FUNDS ADJUSTMENTS | | | |
| | Page 3, Line No., Home State A.S. | | |
| | Caption | | |
| 1101. | ..... | ..... | ..... |
| 1102. | ..... | ..... | ..... |
| 1103. | ..... | ..... | ..... |
| 1104. | ..... | ..... | ..... |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page..... | ..... | ..... |
| 1199. | Total, All Other Surplus and Other Funds Adjustments (Line 11) | | |

NEW YORK ADJUSTMENTS TO SUMMARY OF OPERATIONS AND
CAPITAL AND SURPLUS ACCOUNT

| SUMMARY OF OPERATIONS | | 1 Current Year | 2 Prior Year |
|--|--|-------------------|-----------------|
| 1. | Net Income, Home State A.S., Pg. 4, Line 35..... | ..... | ..... |
| 2. | Total New York Adjustments to Net Income (Line 0299)..... | | |
| 3. | Net Income, N.Y. Basis (Line 1 + 2)..... | | |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 4. | Capital, Home State A.S., Pg. 3, Lines 29 + 30..... | | |
| 5. | Surplus, Home State A.S., Pg. 3, Line 37..... | | |
| 6. | Current year adjustment to assets and/or liabilities affecting net income..... | ..... | ..... |
| 7. | Current year adjustment to net unrealized capital gains or (losses)..... | ..... | ..... |
| 8. | Current year adjustment to non admitted assets and related items..... | ..... | ..... |
| 9. | All other surplus adjustments (Line 0999)..... | | |
| 10. | Total N.Y. Adjustments to Surplus (Line 6 + 7 + 8 + 9)..... | | |
| 11. | Surplus, N.Y. Basis, (Line 5 - 10) (Pg. 2, Line 13)..... | ..... | ..... |
| 12. | Capital and Surplus, N.Y. Basis, (Line 4 + 11) (Pg. 2, Line 14) | | |
| DETAILS OF ADJUSTMENTS TO NET INCOME | | | |
| Page 4, Line No., <u>Home State A.S.</u> <u>Caption</u> | | | |
| 0201. | ..... | ..... | ..... |
| 0202. | ..... | ..... | ..... |
| 0203. | ..... | ..... | ..... |
| 0204. | ..... | ..... | ..... |
| 0298. | Summary of remaining write-ins for Line 2 from overflow page..... | ..... | ..... |
| 0299. | Total, Adjustments to Net Income (Line 2) | | |
| DETAILS OF ALL OTHER CAPITAL & SURPLUS ADJUSTMENTS | | | |
| Page 4, Line No., <u>Home State A.S.</u> <u>Caption</u> | | | |
| 0901. | ..... | ..... | ..... |
| 0902. | ..... | ..... | ..... |
| 0903. | ..... | ..... | ..... |
| 0904. | ..... | ..... | ..... |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page..... | ..... | ..... |
| 0999. | Total, All Other Capital and Surplus Adjustments (Line 9) | | |

NEW YORK GENERAL INTERROGATORIES

Note: Accredited Reinsurers should answer Interrogatories 4 through 12 only.

To Be Answered By All Companies

- 1.1. Does the company write universal life policies or other policies or contracts with non-guaranteed elements as described in Section 4231(g)(1), subparagraphs (A), (B) and (D) of the Insurance Law?

Yes [] No []
- 1.2. If yes, has the company completed Schedules NP pursuant to Instruction Number 1 of that schedule with respect to Universal Life type or Indeterminate Premium policies?
If the company has not so complied, attach a statement providing a full explanation.

Yes [] No []

Note: Refer to the Instructions to Schedule NP on Page 19 of this Supplement.

- 2.1. Does the company write group life policies or contracts for which employees pay substantially all the premiums via payroll deduction or otherwise?

Yes [] No []
- 2.2. Have these policies or contracts been included in preparing Schedule Q?

Yes [] No []
- 2.3. Has the company filed its plan of agents' compensation for these policies or contracts with the New York Department of Financial Services?
If the company has not so complied, attach a statement providing a full explanation.

Yes [] No []
3. Are any of the assets reported in this statement held pursuant to Section 1404(b) or 1405(a)(8) of the New York Insurance Law?
If answer is yes, attach a statement providing full information.

Yes [] No []
- 4.1. State the largest amount invested in, or loaned upon, the securities of any one institution at any time during the year.

\$.....
- 4.2. (Include partnerships, other equity interests and investment subsidiaries as defined in Section 1702 of the New York Insurance Law; exclude U.S. Government and insurance subsidiary investments)

Name of Institution

5. Do all reinsurance agreements to which this insurer and one or more other insurers, authorized to do business in New York, are parties, insofar as they are applicable to reinsurance made, ceded, renewed or otherwise becoming effective after January 1, 1940, provide, either by their original terms or by a supplemental contract binding on the assuming insurer or insurers, that the reinsurance shall be payable by the assuming insurer on the basis of the liability of the ceding insurer under the contract or contracts reinsured without diminution because of the insolvency of the ceding insurer, and that any payments to be made by the assuming insurer under reinsurance made, ceded, renewed or otherwise becoming effective after September 1, 1952 shall be made directly to the ceding insurer, or to its liquidator, receiver or other statutory successor, except as provided by Section 4118(a) of the Insurance Law or except where the contract specifically provides another payee of such reinsurance, in the event of the insolvency of the ceding insurer and where the assuming insurer, with the consent of the direct insured or insureds, has assumed such policy obligations of the ceding insurer as direct obligations of the assuming insurer to the payees under such policies and in substitution for the obligations of the ceding insurer to such payee:

5.1. With respect to reinsurance agreements under which this insurer is the ceding insurer?

Yes [] No []

5.2. With respect to reinsurance agreements under which this insurer is the assuming insurer?
If answer is "No" under either 5.1 or 5.2, attach a schedule listing the names of all insurers authorized to do business in New York which are parties to the insurance agreement(s) to which each "No" applies.

Yes [] No []

To Be Answered Only By Companies That Have Separate Accounts

6. Has a Separate Account Statement been filed with this Department?
If yes, complete Interrogatories 7 and 8 below:
If no, continue at Interrogatory 9.

Yes [] No []
7. State the total amount of separate account assets that are required to be valued in accordance with Section 1414 of the New York Insurance Law.

\$.....
8. Has an Asset Valuation Reserve and Interest Maintenance Reserve been established with respect to these assets?

Yes [] No []
9. Does the company assume aviation reinsurance?
If yes, complete Interrogatories 10 through 12 below.

Yes [] No []

To Be Answered By Companies Assuming Aviation Reinsurance

10. Has the company assumed an aviation risk in excess of two percent of its total capital and surplus of the preceding year end?

Yes [] No []
11. In all cases where the company has assumed aviation risks from another company, a reserve should be established equal to that which the original company would have been required to establish had it retained the risks. Does the company's reserve comply with this requirement?

Yes [] No []
12. Has the company retroceded any aviation risks to companies unauthorized in New York?
If yes, attach a statement providing the same information and in the same format as Schedule S - Part 4, listing each unauthorized reinsurer individually.
Indicate by line number, caption and amount any liability established for such retrocessions.

Yes [] No []

To Be Answered By Non Domestic Companies Only

13. Are there any amounts reported to the Home State at Page 4, Item 21 or Exhibit 2, Line 2 that conflict with New York Regulation 33 (11NYCRR 90 & 91)?
If yes, attach a statement detailing the differences.

Yes [] No []

To Be Answered By All Companies Issuing Participating Policies

14. With respect to participating policies subject to the provisions of Section 4220 or 4221 upon which the reserves determined in accordance with Section 4217 were calculated at an interest rate lower than that used in calculating the cash surrender values permanently guaranteed for such policies, complete the following:

14.1. State the approximate amount by which such reserves for policies issued prior to January 1, 1948 are greater than they would have been had they been computed at the interest rate used in computing the reserves for such policies as of December 31, 1947.

\$.....

14.2. State the approximate amount by which such reserves for policies issued on and after January 1, 1948 are greater than they would have been had they been computed at the interest rate used in computing the cash surrender values permanently guaranteed for such policies.

\$.....

14.3. Attach a schedule supporting the amounts shown in 14.1 and 14.2 above, in accordance with the same subdivisions as are used in reporting the reserve on page 7 of the Annual Statement.

14.4. State the nature of increase, if any, in the cash surrender values and non-forfeiture benefits allowed on policies on which a default in payment of a premium occurred during the year over those permanently guaranteed for such policies.
Answer: _____

14.5. State the aggregate amount in excess of guaranteed values paid out during the year on policies surrendered for cash.

\$.....

To Be Answered By Foreign Insurers

- 15.1 Does the company have exchange traded funds that meet the criteria specified in Section 77.2 of Regulation 220?

Yes [] No []
- 15.2 If the answer to 15.1 is "Yes", pursuant to Section 83.3(d) of Regulation 172, provide the company's risk-based capital calculated in accordance with Section 77.2 of Regulation 220.

.....%

SCHEDULE I

New York State Investments, Contributions and Activities
(Required pursuant to Section 4233 of the New York Insurance Law)

THE EXPLANATORY NOTES AT THE BOTTOM OF THE FORM ARE TO BE FOLLOWED, IN ORDER TO PROPERLY COMPLETE THIS SCHEDULE. EACH INVESTMENT, CONTRIBUTION AND ACTIVITY IS TO BE LISTED SEPARATELY. REFERENCES TO OTHER SCHEDULES ARE NOT ACCEPTABLE AND WILL REQUIRE A REFILING.

| Description | Statement Value | |
|---|-------------------------|-------------------------|
| | New York State Total | Community Investment |
| <u>Debt Obligations</u> ¹ | | |
| | | |
| | | |
| | | |
| 0199999 — Sub-total | | |
| <u>Real Estate</u> ² | | |
| | | |
| | | |
| | | |
| 0299999 — Sub-total | | |
| <u>Mortgages</u> ³ | | |
| | | |
| | | |
| | | |
| 0399999 — Sub-total | | |
| <u>Common Stock and Other Securities</u> ⁴ | | |
| | | |
| | | |
| | | |
| 0499999 — Sub-total | | |
| <u>Charitable and Philanthropic Contributions</u> ⁵ | | |
| | | |
| | | |
| | | |
| 0599999 — Sub-total | | |
| <u>Activities to make the public aware of Investments, Activities or Contributions</u> ⁶ | | |
| | | |
| | | |
| | | |
| 0699999 — Sub-total | | |
| <u>Other New York State Investments not classified above</u> ⁷ | | |
| | | |
| | | |
| | | |
| 0799999 — Sub-total | | |
| 9999999 — Total | | |

Notes:

1. All New York debt obligations following Schedule D Part 1 of the Annual Statement should be reported in the Total column. Obligations of state government, its agencies, municipalities or other instrumentalities should also be reported in the Community Investment column.
2. New York Real Estate holdings should follow Schedule A Part 1 of the Annual Statement and be reported in both the Total and Community Investment columns.
3. The total New York mortgage portfolio should be reported under the Total column and follow Schedule B Part 1 of the Annual Statement. Mortgages, referring to the financing of housing, the construction or rehabilitation of which is undertaken in conjunction with the federal low-income housing tax credit program, should also be reported in the Community Investment column.
4. All New York Common Stock and other securities should be reported in the Total column and follow Schedule D Part 2 and Schedule BA Part 1 of the Annual Statement. Common Stock and Other Securities of business and industry including existing and new small business and commercial enterprise in state empire zones or in federal empowerment zones or enterprise communities should also be reported in the Community Investment column.
5. Charitable and Philanthropic Contributions in New York or to New York organizations should be reported in both the Total and Community Investment columns.
6. Activities conducted in New York to make the public aware of the investments, activities or contributions. Expenditures, **if any**, associated with such activities should be reported in both the Total and Community Investment columns.
7. Any other New York State investments that could not be classified into any of the foregoing categories. These should be reported in both the Total and Community Investment columns.

NEW YORK NOTES TO FINANCIAL STATEMENTS

Refer to the Annual Statement Instruction Manual for Life, Accident and Health for the basic instructions for completing Notes to Financial Statements. Provide the information for the below indicated items in the following format:

Corresponding
NAIC Note #

14.

Liabilities, Contingencies and Assessments

1.

Has the Company indicated any liabilities, contingencies or assessments at Note 14 in the Annual Statement?

Yes [] No []

2.

If yes, indicate the total amount of all such items.

\$.....

32.

Analysis of Annuity Actuarial Reserves and Deposit-Type Liabilities by Withdrawal Characteristics

Gross Amount*

1.

Subject to discretionary withdrawal:

1A.

with Market Value adjustment

.....

1B.

at Book Value less surrender charge

.....

1C.

at Book Value (no charge or adjustment)

.....

1D.

Subtotal

.....

2.

Not subject to discretionary withdrawal provision

.....

3.

Total Annuity Reserves and Deposit Liabilities

.....

* Show amounts prior to reduction for reinsurance.
* Do not include Separate Accounts.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following Exhibits or Schedules are required to be filed. In the event that the company does not transact or have in force the type of business pertaining to any Exhibit or Schedule, in lieu of filing the form marked “None” or “NA”, indicate “No” for the appropriate interrogatory; affix a bar code, if indicated; explain the reasons the form is not being filed; and tear out the form from this Supplement.

Refer to the instructions on the inside front cover of this Supplement.

Note: ALL below listed exhibits and schedules are due on **March 1**, except Item 4.1 (See due date).

1.1. Will Schedule NP be filed with this Department?

Yes [] No []

1.2. If answer is no, please explain:.....

.....

.....

.....

Affix Bar Code Above

2.1. Will Schedule Q be filed with this Department?

Yes [] No []

2.2. If answer is no, please explain:.....

.....

.....

.....

Affix Bar Code Above

3.1. Will Schedule U be filed with this Department?

Yes [] No []

3.2. If answer is no, please explain:.....

.....

.....

.....

4.1. Will the Accident and Health Policy Experience Exhibit, **due April 1**, be filed with this Department?

Yes [] No []

4.2. If answer is no, please explain:.....

.....

.....

.....

Affix Bar Code Above

5.1. Will the Exhibit of Participants in Accident and Health Contracts be filed with this Department?

Yes [] No []

5.2. If answer is no, please explain:.....

.....

.....

.....

Affix Bar Code Above

6.1. Will the Exhibit of Grievances and Utilization Review Appeals be filed with this Department?

Yes [] No []

6.2. If answer is no, please explain:.....

.....

.....

.....

Affix Bar Code Above

7.1. Will the New York Supplement to the Trusteed Surplus Statement be filed with this Department?

Yes [] No []

7.2. If answer is no, please explain:.....

.....

.....

.....

8.1. Will the Report of Premiums be filed with this Department?

Yes [] No []

8.2. If answer is no, please explain:.....

.....

.....

.....

Affix Bar Code Above

9.1. Will the Health Insurance Claims Payable Form be filed with this Department?

Yes [] No []

9.2. If answer is no, please explain:.....

.....

.....

.....

CERTIFICATE OF COMPLIANCE
(Filed pursuant to requirements of Regulations No. 34 and/or
34A of the Department of Financial Services)

STATE OF)
)
COUNTY OF) SS:

_____ being duly sworn
deposes and says that (he, she) is the _____ of the

_____ Company and hereby
certifies that, to the best of (his, her) knowledge, information and belief, advertisements disseminated by said
insurer during the past calendar year complied, or were made to comply, with the provisions of the Insurance Law
of the State of New York and the requirements of Regulations No. 34 and/or 34A promulgated pursuant to said
law.

Subscribed and sworn to before me this
_____ day of _____ 20_____

Affix Bar Code Above

SCHEDULE G

Required pursuant to Section 4233 of the New York Insurance Law

INCLUDE IN THIS SCHEDULE THE AGGREGATE AMOUNT RECEIVED BY THE PAYEE ATTRIBUTABLE TO SERVICES PERFORMED FOR, OR ON BEHALF OF, THE REPORTING INSURER, REGARDLESS OF WHETHER THE PAYEE IS EMPLOYED AND PAID BY THE INSURER OR A RELATED OR AFFILIATED COMPANY.

Showing any and all remuneration, including all wages, salaries, commissions, stock grants, gains from the exercise of stock options and other emoluments paid, in the current year, to or on behalf of (1) the chief executive officer (or equivalent title) and each of the four most highly paid other executive officers regardless of the amount thereof, and the next five highly paid employees whose individual total remuneration is in excess of \$100,000; (2) each director or trustee (other than those officers or employees who have been disclosed above and who also serve as directors) regardless of the amount thereof; and (3) any other officers or employees whose individual total remuneration is in excess of \$750,000. (Amounts reported for directors must include all payments for service on the board and committees, as well as any other payment for any other activity or service, such as consulting agreements.)

| 1 | 2 | 3 |
|---|---------------|-------------|
| Title | Name of Payee | Amount Paid |
| <u>Directors or Trustees</u> | | |
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| | | |
| | | |
| | | |
| 0199999 - Sub-total | XXX | |
| <u>Chief Executive Officer (or equivalent title) and Four Highest Paid Other Executive Officers regardless of amount, and the Next Five Highest Paid Employees in excess of \$100,000</u> | | |
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| | | |
| 0299999 - Sub-total | XXX | |
| <u>Remaining Officers and Employees Paid in excess of \$750,000</u> | | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| | XXX | |
| 0399999 - Sub-total | XXX | |
| 9999999 - Total | XXX | |

SCHEDULE J

Showing all legal expenses paid during the year, other than the salaries of officers or employees. List individually all items of \$500 or more.

| Payee | | 3 Date(s) | 4 Amount Paid | 5 By Whom Authorized |
|--|--------------|--------------|------------------|-------------------------|
| 1 Name | 2 Address | | | |
| | | | | |
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| 0199999 Total of all items of \$500 or more. | XXX | XXX | | XXX |
| 0299999 Total of all other items | XXX | XXX | | XXX |
| 9999999 Grand Total | XXX | XXX | | XXX |

SCHEDULE K

Showing all expenditures in connection with matters before legislative bodies, officers or departments of government during the year.
Items of less than \$100 may be grouped.

| Payee | | 3 Date(s) | 4 Amount Paid | 5 Measure or Proceeding | 6 Interest of the Company Therein |
|---|--------------|--------------|------------------|----------------------------|---|
| 1 Name | 2 Address | | | | |
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| | | | | | |
| 0199999 Total of all items of \$100 or more | XXX | XXX | | XXX | XXX |
| 0299999 Total of all other items | XXX | XXX | | XXX | XXX |
| 9999999 Grand Total | XXX | XXX | | XXX | XXX |

SCHEDULE L

Required pursuant to Section 4233 of the New York Insurance Law

Proceedings at last annual election held on.....

| 1 Name of Candidates for Director or Trustee | Number of Votes Cast for Each Candidate | | | 5 Total Votes |
|---|---|---------------|--------------|------------------|
| | 2 In Person | 3 By Proxy | 4 By Mail | |
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| 9999999 Total | | | | |

Note-Attach to this schedule a copy of the official minutes of annual meeting.

INSTRUCTIONS TO SCHEDULE M
SCHEDULE M - PART 1
DIVIDENDS ACTUALLY PAID ON POLICIES ISSUED TWENTY YEARS PRIOR TO
YEAR OF STATEMENT

This schedule displays the actual dividend experience for a limited sample of principal policies issued twenty years prior to the statement year.

All figures should be per \$1,000 face amount of individual life insurance.

Column 1 – Description of Policy

Show information for those plans considered by the company to be its principal plans, and for any other plan with a volume (face amount of insurance) issued 20 years prior to statement year of 5% or more of total written business (individual policies) for year. Give a descriptive title showing term of coverage and premium paying period.

Column 3 – Amount

When size bands, constant add-on factors or other methods of gradation by size of policy are used, show figures for both \$10,000 and \$25,000 policies and each such amount in this column followed by “G.” Otherwise, show figures for policies issued for minimum amounts (if issued) and each such amount in this column followed by “M.”

Columns 4 through 6 – Gross Premiums

Male premiums to be shown. Exclude charge for additional benefits. If such charge is not separable, attach description of the additional benefits included and list approximate yearly value of these for each plan and issue age. State adjustments for female premiums.

For modified premium plans, indicate number of years each premium is payable in parentheses after the premium. For level premium plans, enter the premium in the “Ultimate Premium” column.

Column 28 – 20th Year Terminal Dividend
Column 30 – 10th Year Terminal Dividend

If terminal dividends are not payable until a policy year later than the 10th or 20th, enter amount of terminal dividend for earliest policy year payable and enter such policy year in parentheses after amount of terminal dividend. If no policies have been issued which are in their 20th or succeeding policy years, data must be shown in this schedule for policies issued less than 20 years for the maximum period such policies have been in force.

SCHEDULE M – PART 2
ILLUSTRATIVE DIVIDENDS FOR POLICIES ISSUED IN YEAR OF STATEMENT BASED UPON
DIVIDEND SCALE IN EFFECT FOR YEAR OF STATEMENT

This schedule displays an illustration of future dividend experience for a limited sample of principal policies issued in the statement year. The illustration is based on the current dividend scale.

All figures should be per \$1,000 face amount of individual life insurance.

Column 1 – Description of Policy

Show information for those plans considered by the company to be its principal plans, and for any other plan with a volume (face amount of insurance) issued during the statement year of 5% or more of total written business (individual policies) for year.

Column 3 – Amount

When size bands, constant add-on factors or other methods of gradation by size of policy are used, show figures for both \$10,000 and \$25,000 policies and each such amount in this column followed by “G.” Otherwise, show figures for policies issued for minimum amounts (if issued) and each such amount in this column followed by “M.”

Columns 4 through 6 – Gross Premiums

Male premiums to be shown. Exclude charge for additional benefits. If such charge is not separable, attach description of the additional benefits included and list approximate yearly value of these for each plan and issue age. State adjustments for female premiums.

For modified premium plans, indicate number of years each premium is payable in parentheses after the premium. For level premium plans, enter the premium in the “Ultimate Premium” column.

Column 28 – 20th Year Terminal Dividend
Column 30 – 10th Year Terminal Dividend

If terminal dividends are not payable until a policy year later than the 10th or 20th, enter amount of terminal dividend for earliest policy year payable and enter such policy year in parentheses after amount of terminal dividend.

SCHEDULE M INTERROGATORIES AND ACTUARIAL OPINION
If more space is needed to respond to these interrogatories attach additional pages to this page.

SECTION 1

The following interrogatories deal with dividends:

- i. Apportioned for payment during the year 2023; and
- ii. Authorized for illustration by the company for payment on new or existing business in the year 2023 and later.

1. Process of Dividend Determination

Describe the general methods and procedures used to determine dividends.....
.....
.....

2. Description of Experience Factors

Describe the basis used in making any distinction in experience factors that underlie the determination of dividends. The description should specifically include the basis for the following:

- (2.1) Investment income factors.....
.....
.....
- (2.2) Claims factors.....
.....
.....
- (2.3) Expense factors.....
.....
.....
- (2.4) Termination factors.....
.....
.....
- (2.5) Any other factors that may have a material effect on the dividends of any group of policies.....
.....
.....
- (2.6) Also, describe in a qualitative way any material changes made in the bases used to determine those factors since Schedule M was last filed.....
.....
.....

SECTION 2

- 1.1 Has the contribution principle been followed in determining dividends? Yes [] No []
- 1.2 If no, describe.....
.....
- 2.1 Since Schedule M was last filed, has any material change occurred with respect to the determination of policy factors? Yes [] No []
- 2.2 If yes, describe
.....
- 3.1 Since Schedule M was last filed, have there been any changes in the scales of dividends on new or existing business authorized for illustration by the company? Yes [] No []
- 3.2 If yes, describe in general the changes that were made.....
.....
- 3.3 Since Schedule M was last filed, have there been any changes in the scales of dividends apportioned for payment? Yes [] No []
- 3.4 If yes, describe in general the changes that were made.....
.....
- 3.5 For each major block of business, indicate when the dividend scale was last changed (including changes described in 3.3 above), and indicate the extent of such change in terms of the percentage by which dividends payable under the new scale exceeded or were less than those that would have been paid in the year of change had the scale not been changed.....
.....
.....
.....

SCHEDULE M INTERROGATORIES AND ACTUARIAL OPINION (continued)

4.1

Does the dividend scale incorporate the use of projections or forecasts of experience factors for any period in excess of two years beyond the effective date of the scale?

Yes []

No []

4.2

If yes, describe.....

5.

In the basis of determining investment income experience factors, state whether the company uses:

5.1

a portfolio average approach

Yes []

No []

5.2

an investment generation approach

Yes []

No []

5.3

a combination of the two approaches

Yes []

No []

5.4

If (5.2) or (5.3), describe the general basis used, including the issue year groupings.....

6.

With respect to policy loan provisions:

6.1

Describe how differences in such provisions affect dividends.....

6.2

Does the dividend scale contain any provision for varying the amount of dividends in accordance with the extent to which an individual policy's loan provision is utilized?

Yes []

No []

6.3

If yes, indicate the blocks of business where this treatment pertains, and describe the basis of variation used.....

7.1

Does the company pay termination dividends on its policies?

Yes []

No []

If yes:

7.2

Are they payable on death, surrender, and maturity?

Yes []

No []

7.3

Are they payable or credited either upon the commencement of nonforfeiture insurance or upon termination thereof by death, surrender, or maturity?

Yes []

No []

7.4

Do they reflect the incidence, size, and growth of amounts that may be attributed to the policies in question?

Yes []

No []

7.5

If the answer to (7.2), (7.3) or (7.4) is no, describe the basis used.....

8.1

Does the company maintain separate participating and non-participating accounts?

Yes []

No []

8.2

If yes, describe the basis.....

9.1

Are any transfers made from a participating account to another participating, non-participating, or shareholders' account?

Yes []

No []

9.2

If yes, describe the basis for the transfers.....

10.1

Does the undersigned believe there is a substantial probability that, because of expected deterioration of experience or for any other reason, the dividends illustrated on new or existing business cannot be supported for at least two years?

Yes []

No []

10.2

If yes, explain why.....

11.

Describe any aspects of the determination of the dividend scale not covered above that involve material departures from the actuarial principles and practices of the American Academy of Actuaries applicable to the determination of dividends.....

12.

Describe any material changes in the basis of determination of the dividend scale that were made since Schedule M was last filed and that are not covered above.....

SCHEDULE M INTERROGATORIES AND ACTUARIAL OPINION (continued)

Actuarial Opinion

I, (name, title), am (relationship to company), and a member of the American Academy of Actuaries. I have examined the actuarial assumptions and methods used in determining dividends under the dividend scale for the individual participating life insurance policies of the Company issued for delivery in the United States. The dividends encompassed by this scale include:

- i. Those apportioned for payment during the year 2023; and
- ii. Those authorized for illustration by the Company for payment on new or existing business in the year 2023 and later.

My examination included such review of the actuarial assumptions and methods of the underlying basic records and such tests of the actuarial calculations as I considered necessary. In my opinion, these dividends have been determined in accordance with actuarial principles and practices of the American Academy of Actuaries applicable to the determination of dividends except as described above.

Signature of Actuary

Date

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SCHEDULE M - PART 1

Dividends Actually Paid On Policies Issued Twenty Years Prior To Year of Statement (Year of Issue 20..)

| (1) Description of Policy | (2) Age at Issue | (3) Amt | Gross Premiums(a) | | | Dividends Actually Paid for Policy Years | | | | | | | | | | | | | | | | | | | | (27) 20th Year Cash Value | (28) 20th Year Terminal Dividend | (29) 10th Year Cash Value | (30) 10th Year Terminal Dividend | |
|------------------------------|---------------------------|------------|-------------------|-------------|-----------------|--|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------------------------|---|------------------------------------|---|--|
| | | | (4) Initial | (5) Next | (6) Ultimate | (7) 1 | (8) 2 | (9) 3 | (10) 4 | (11) 5 | (12) 6 | (13) 7 | (14) 8 | (15) 9 | (16) 10 | (17) 11 | (18) 12 | (19) 13 | (20) 14 | (21) 15 | (22) 16 | (23) 17 | (24) 18 | (25) 19 | (26) 20 | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(a) Male Premiums to be shown. Exclude charge for additional benefits. If such charge is not separable, attach description of the additional benefits included and list approximate yearly value of these for each plan and issue age. State adjustments for Female premiums.....
For modified premium plans, indicate number of years each premium is payable in parentheses after the premium. For level premium plans, enter premium in the “Ultimate Premium” column.

SCHEDULE M - PART 2

Illustrative Dividends for Policies Issued in Year of Statement Based Upon Dividend Scale in Effect For Year of Statement (Year of Issue 20..)

| (1) Description of Policy | (2) Age at Issue | (3) Amt | Gross Premiums(a) | | | Current Dividend Scale for Policy Years | | | | | | | | | | | | | | | | | | | | (27) 20th Year Cash Value | (28) 20th Year Terminal Dividend | (29) 10th Year Cash Value | (30) 10th Year Terminal Dividend | |
|------------------------------|---------------------------|------------|-------------------|-------------|-----------------|---|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------------------------|---|------------------------------------|---|--|
| | | | (4) Initial | (5) Next | (6) Ultimate | (7) 1 | (8) 2 | (9) 3 | (10) 4 | (11) 5 | (12) 6 | (13) 7 | (14) 8 | (15) 9 | (16) 10 | (17) 11 | (18) 12 | (19) 13 | (20) 14 | (21) 15 | (22) 16 | (23) 17 | (24) 18 | (25) 19 | (26) 20 | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(a) Male Premiums to be shown. Exclude charge for additional benefits. If such charge is not separable, attach description of the additional benefits included and list approximate yearly value of these for each plan and issue age. State adjustments for Female premiums.....
For modified premium plans, indicate number of years each premium is payable in parentheses after the premium. For level premium plans, enter premium in the “Ultimate Premium” column.

SCHEDULE NP

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Affix Bar Code Above

INSTRUCTIONS

1. STOCK COMPANIES: This schedule must be completed by all stock companies that have in force any policies or contracts with non-guaranteed elements, including: traditional participating policies or contracts; universal life and indeterminate premium type policies; accumulation-type deferred annuities, etc.; or that report a Surplus Management or Corporate Account in Column (8) of the Analysis of Operations – Summary on page 6 of the annual statement.
- MUTUAL COMPANIES: It is also required of all mutual companies with any or all of the following in force: nonparticipating policies or contracts other than immediate annuities; policies or contracts with non-guaranteed elements other than traditional dividends, such as universal life and indeterminate premium type policies and accumulation-type deferred annuities; or with a Surplus Management or Corporate Account in Column (8) of the Analysis of Operations – Summary on page 6 of the annual statement.
- FORMERLY MUTUAL LIFE INSURANCE COMPANIES THAT HAVE BEEN REORGANIZED INTO STOCK LIFE INSURANCE COMPANIES: For companies in this category, all business issued prior to the date of reorganization is to be included as nonparticipating, even if such business originally was issued on a participating basis.
2. Policies and contracts that are nominally participating but on which it is not expected that dividends will be paid must be included as participating. Policies and contracts having non-guaranteed elements other than (or in addition to) traditional policyholder dividends, such as universal life and indeterminate premium life, accumulation-type deferred annuities, etc., must be included in column 4 (if nominally participating) or column 7 (if nonparticipating).
3. DOMESTIC COMPANIES: The Grand Total columns on pages 20, 21 and 22 should agree with pages 2, 3 and 4, respectively, of the NAIC Blank annual statement. Cross references on Page 20, Line 28; Page 21, Lines 28 & 39; and Page 22, Line 35 **apply to foreign companies only.**
4. FOREIGN COMPANIES: Any New York adjustment on Pages 2 and 3, of this Supplement should be reflected in the appropriate lines on pages 20, 21 and 22 of this Supplement. Accordingly, the totals in the Grand Total columns, for each respective line on pages 20, 21 and 22 should agree with the respective **totals** reported on Pages 2 and 3, of this Supplement. Cross references are provided on Page 20, Line 28; Page 21, Lines 28 & 39; and Page 22, Line 35 for further guidance.
5. There are no "Details for Aggregate Write-ins" sections on pages 20, 21 and 22. Page 23 of the Supplement does have a "Details" section which should be filled out appropriately for all columns.
6. A worksheet should be appended to Schedule NP for the item on Page 23 of the Supplement entitled "Profits on participating policies credited to Stockholders Fund", showing in full detail the basis for the item and the calculation of the limit on such transfers prescribed by Section 4231(f)(2)(B) of the Insurance Law.

SCHEDULE NP

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Affix Bar Code Above

| | Grand Total 1 | Stockholder's Fund— Corporate Account— Surplus Management Account— [Indicate type by (x)] 2 | Participating | | | Non-Participating | | |
|--|------------------|--|---------------|--|------------|-------------------|--|------------|
| | | | Total 3 | Universal Life, Deferred Annuities Etc. (see instruction #2) 4 | Other 5 | Total 6 | Universal Life, Deferred Annuities Etc. (see instruction #2) 7 | Other 8 |
| ASSETS | | | | | | | | |
| 1. Bonds..... | | | | | | | | |
| 2. Stocks: | | | | | | | | |
| 2.1 Preferred stocks..... | | | | | | | | |
| 2.2 Common stocks..... | | | | | | | | |
| 3. Mortgage loans on real estate..... | | | | | | | | |
| 4. Real estate: | | | | | | | | |
| 4.1 Properties occupied by the company..... | | | | | | | | |
| 4.2 Properties held for the production of income..... | | | | | | | | |
| 4.3 Properties held for sale..... | | | | | | | | |
| 5. Cash, cash equivalents and short-term investments..... | | | | | | | | |
| 6. Contract loans | | | | | | | | |
| 7. Derivatives (Schedule DB)..... | | | | | | | | |
| 8. Other invested assets (Schedule BA Part 1)..... | | | | | | | | |
| 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 (Items 1 to 11)..... | | | | | | | | |
| 13. Title plants (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, agents' balances and installments booked but deferred and not yet due..... | | | | | | | | |
| 15.3. Accrued retrospective premiums..... | | | | | | | | |
| 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.. | | | | | | | | |
| 18.2. Net deferred tax asset..... | | | | | | | | |
| 19. Guaranty funds receivable or on deposit..... | | | | | | | | |
| 20. Electronic data processing equipment and software..... | | | | | | | | |
| 21. Furniture & 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 (Items 12 to 25)..... | | | | | | | | |
| 27. Separate Accounts, Segregated Accounts and Protected Cell Accounts . | | | | | | | | |
| 28. Totals (Lines 26 and 27) (NY Supp., Page 2, Line 3)*..... | | | | | | | | |

*Applies to foreign companies only.

Affix Bar Code Above

| | | Stockholder's Fund— Corporate Account— Surplus Management Account— [Indicate type by (x)] 2 | Participating | | | Non-Participating | | |
|--------------------------------------|---|--|---------------|--|------------|-------------------|--|------------|
| Grand Total 1 | | | Total 3 | Universal Life Deferred Annuities Etc. (see instruction #2) 4 | Other 5 | Total 6 | Universal Life Deferred Annuities Etc. (see instruction #2) 7 | Other 8 |
| LIABILITIES, SURPLUS AND OTHER FUNDS | | | | | | | | |
| 1. | Aggregate reserve for life contracts..... | | | | | | | |
| 2. | Aggregate reserve for accident and health contracts..... | | | | | | | |
| 3. | Liability for deposit-type contracts..... | | | | | | | |
| 4. | Contract claims: | | | | | | | |
| | 4.1 Life..... | | | | | | | |
| | 4.2 Accident and health..... | | | | | | | |
| 5. | Policyholders' dividends and coupons due and unpaid..... | | | | | | | |
| 6. | Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts: | | | | | | | |
| | 6.1 Dividends apportioned for payment to..... | | | | | | | |
| | 6.2 Dividends not yet apportioned..... | | | | | | | |
| | 6.3 Coupons and similar benefits..... | | | | | | | |
| 7. | Amount provisionally held for deferred dividend policies not included in Line 6... | | | | | | | |
| 8. | Premiums and annuity considerations for life and accident and health policies and contracts received in advance..... | | | | | | | |
| 9. | Contract liabilities not included elsewhere: | | | | | | | |
| | 9.1 Surrender values on canceled contracts..... | | | | | | | |
| | 9.2 Provision for experience rating refunds..... | | | | | | | |
| | 9.3 Other amounts payable on reinsurance..... | | | | | | | |
| | 9.4 Interest maintenance reserve..... | | | | | | | |
| 10. | Commissions to agents due or accrued..... | | | | | | | |
| 11. | Commissions and expense allowances payable on reinsurance assumed..... | | | | | | | |
| 12. | General expenses due or accrued..... | | | | | | | |
| 13. | Transfers to Separate Accounts due or accrued (net)..... | | | | | | | |
| 14. | Taxes, licenses and fees due or accrued, excluding federal income taxes..... | | | | | | | |
| 15.1 | Current federal and foreign income taxes..... | | | | | | | |
| 15.2 | Net deferred tax liability..... | | | | | | | |
| 16. | Unearned investment income..... | | | | | | | |
| 17. | Amounts withheld or retained by company as agent or trustee..... | | | | | | | |
| 18. | Amounts held for agents' accounts..... | | | | | | | |
| 19. | Remittances and items not allocated..... | | | | | | | |
| 20. | Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | | | | |
| 21. | Liability for benefits for employees and agents if not included above..... | | | | | | | |
| 22. | Borrowed money..... | | | | | | | |
| 23. | Dividends to stockholders declared and unpaid..... | | | | | | | |
| 24. | Miscellaneous liabilities: | | | | | | | |
| | 24.01 Asset valuation reserve..... | | | | | | | |
| | 24.02 Reinsurance in unauthorized and certified companies..... | | | | | | | |
| | 24.03 Funds held under reinsurance treaties with unauthorized reinsurers..... | | | | | | | |
| | 24.04 Payable to parent, subsidiaries and affiliates..... | | | | | | | |
| | 24.05 Drafts outstanding..... | | | | | | | |
| | 24.06 Liability for amounts held under uninsured plans..... | | | | | | | |
| | 24.07 Funds held under coinsurance..... | | | | | | | |
| | 24.08 Derivatives..... | | | | | | | |
| | 24.09 Payable for securities..... | | | | | | | |
| | 24.10 Payable for securities lending..... | | | | | | | |
| | 24.11 Capital notes..... | | | | | | | |
| 25. | Aggregate write-ins for liabilities..... | | | | | | | |
| 26. | Total Liabilities excluding Separate Accounts business (Items 1 to 25)..... | | | | | | | |
| 27. | From Separate Accounts Statement..... | | | | | | | |
| 28. | Total Liabilities (Items 26 + 27) (NYSupp, Page 2, Line 6)*..... | | | | | | | |
| 29. | Common capital stock..... | | | | | | | |
| 30. | Preferred capital stock..... | | | | | | | |
| 31. | Aggregate write-ins for other than special surplus funds..... | | | | | | | |
| 32. | Surplus notes..... | | | | | | | |
| 33. | Gross paid in and contributed surplus..... | | | | | | | |
| 34. | Aggregate write-ins for special surplus funds..... | | | | | | | |
| 35. | Unassigned funds (surplus)..... | | | | | | | |
| 36. | Less treasury stock, at cost..... | | | | | | | |
| 37. | Surplus (total Lines 31 + 32 + 33 + 34 + 35 – 36)..... | | | | | | | |
| 38. | Total of Lines 29, 30 and 37..... | | | | | | | |
| 39. | Total of Lines 28 and 38 (NYSupp, Page 2, Line 15)*..... | | | | | | | |

*Applies to foreign companies only

SCHEDULE NP

Affix Bar Code Above

| SUMMARY OF OPERATIONS (Excluding Unrealized Capital gains and Losses) | | Grand Total 1 | Stockholder's Fund— Corporate Account— Surplus Management Account— [Indicate type by (x)] 2 | Participating | | | Non-Participating | | |
|--|---|----------------------|--|----------------|--|----------------|-------------------|--|----------------|
| | | | | Total 3 | Universal Life Deferred Annuities Etc. (see instruction #2) 4 | Other 5 | Total 6 | Universal Life Deferred Annuities Etc. (see instruction #2) 7 | Other 8 |
| | | | | | | | | | |
| 1. | Premiums and annuity considerations for life and accident and health contracts..... | | | | | | | | |
| 2. | Considerations for supplementary contracts with life contingencies..... | | | | | | | | |
| 3. | 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. | 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..... | | | | | | | | |
| 9. | Totals (Lines 1 to 8.3)..... | | | | | | | | |
| 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..... | | | | | | | | |
| 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..... | | | | | | | | |
| 23. | General insurance expenses..... | | | | | | | | |
| 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..... | | | | | | | | |
| 28. | Totals (Lines 20 to 27)..... | | | | | | | | |
| 29. | Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)..... | | | | | | | | |
| 30. | Dividends to policyholders..... | | | | | | | | |
| 31. | Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)..... | | | | | | | | |
| 32. | Federal and foreign income taxes incurred (excluding tax on capital gains)..... | | | | | | | | |
| 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)..... | | | | | | | | |
| 34. | Net realized capital gains or (losses) less capital gains tax (excluding taxes transferred to the IMR)..... | | | | | | | | |
| 35. | Net income (Line 33 plus Line 34)(NYSupp, Page 3, Line 3)*..... | | | | | | | | |

*Applies to foreign companies only.

SCHEDULE NP

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Affix Bar Code Above

SURPLUS FUND ACCOUNTS EXHIBITS

| This Exhibit must be completed by <u>all</u> companies | Grand Total 1 | Stockholder's Fund— Corporate Account— Surplus Management Account— [Indicate type by (x)] 2 | Participating | | | Non-Participating | | |
|---|----------------------|--|----------------|---|----------------|-------------------|---|----------------|
| | | | Total 3 | Universal Life Deferred Annuities Etc. (see instruction #2) 4 | Other 5 | Total 6 | Universal Life Deferred Annuities Etc. (see instruction #2) 7 | Other 8 |
| 1. Balance, December 31, previous year | | | | | | | | |
| 2. Net income, Page 22, Line 35, Sch. NP | | | | | | | | |
| 3. Profits on participating policies credited to Stockholders Fund | | | | | | | | |
| 4. Aggregate transfers from other funds | | | | | | | | |
| 5. Net gain (losses) from change in difference between book and admitted values | | | | | | | | |
| 6. Aggregate other gains | | | | | | | | |
| 7. Total | | | | | | | | |
| Less: | | | | | | | | |
| 8. Dividends to stockholders | | | | | | | | |
| 9. Aggregate transfers to other funds | | | | | | | | |
| 10. Aggregate other deductions | | | | | | | | |
| 11. Balance December 31, current year | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 4 FOR TRANSFERS FROM OTHER FUNDS | | | | | | | | |
| 0401. | | | | | | | | |
| 0402. | | | | | | | | |
| 0403. | | | | | | | | |
| 0498. | | | | | | | | |
| 0499. Total, Transfers from other funds (Line 4) | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 6 FOR OTHER GAINS | | | | | | | | |
| 0601. | | | | | | | | |
| 0602. | | | | | | | | |
| 0603. | | | | | | | | |
| 0698. | | | | | | | | |
| 0699. Total, Other gains (Line 6) | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 9 FOR TRANSFERS TO OTHER FUNDS | | | | | | | | |
| 0901. | | | | | | | | |
| 0902. | | | | | | | | |
| 0903. | | | | | | | | |
| 0998. | | | | | | | | |
| 0999. Total, Transfers to other funds (line 9) | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 10 FOR OTHER DEDUCTIONS | | | | | | | | |
| 1001. | | | | | | | | |
| 1002. | | | | | | | | |
| 1003. | | | | | | | | |
| 1098. | | | | | | | | |
| 1099. Total, Other Deductions (Line 10) | | | | | | | | |

SCHEDULE Q
REPORT

The supporting Worksheets need not be submitted; however they must be retained by the Company for six years.

TOTAL SELLING EXPENSE

(Note: the entry for each item below should be the amount incurred during the year of the report.)

| Line | Expense | Amount |
|------|---|--------|
| 1. | Commissions: Individual life insurance and annuity commissions. § 4228 (c)(2)(A) and Definition: § 4228 (b)(5) (from Total Selling Expense Worksheet, item A) | |
| 2. | Net advances and loans to agents and loan interest subsidies, including amounts charged off by company. § 4228 (c)(2)(B) (from Total Selling Expense Worksheet, item B) | |
| 3. | Direct solicitation advertising expense. § 4228 (c)(2)(C) | |
| 4. | Expense of distribution, marketing and sales support directly related to the procurement of new business. § 4228 (c)(2)(D)(i),(ii),(iii),(iv) | |
| 5. | Expense allowances paid to agents and brokers by the company and agent, broker or agency expenses assumed or reimbursed by the company. § 4228 (c)(2)(E) | |
| 6. | Company cost of sales conferences, training meetings and awards. § 4228 (c)(2)(F) | |
| 7. | All other compensation and expense currently incurred on behalf of active and retired agents and brokers not included in Line 1, including the cost of all security benefits provided to agents. § 4228 (c)(2)(G) | |
| 8. | Total Selling Expense Calculation: Lines 1 + 2 + 3 + 4 + 5 + 6 + 7 | |

TOTAL SELLING EXPENSE LIMIT

| Line | Limit | Amount |
|------|---|--------|
| 9. | Amount (see worksheet) of qualifying first year premiums on life insurance policies. § 4228(c)(4)(A) and § 4228 (c)(4)(K) (entry from: Total Selling Expense Limit Worksheet, item 1) | |
| 10. | 5% of excess premiums on life insurance policies. § 4228 (c)(4)(B) (entry from: Total Selling Expense Limit Worksheet, item 2) | |
| 11. | 5% of all considerations on annuities and supplementary contracts. § 4228 (c)(4)(B) (a) Calculated amount from: Total Selling Expense Limit Worksheet, item 3) \$ (b) Reduction from Adjustment Worksheet, Part III-Summary Reduction: \$ (c) (a) – (b) | |
| 12. | 110% of the sum of Lines 9 + 10 + 11. § 4228(c)(4)(C) | |
| 13. | \$1.00 for each \$1,000 of life insurance issued during the year for which any premium was paid, excluding term insurance issued for less than one year. § 4228 (c)(4)(D)(i)thru(iv) (entry from: Total Selling Expense Limit Worksheet, item 4) | |
| 14. | \$70 for each new policy, other than policies for term insurance for less than one year, and for each new annuity contract and supplementary contract paid for during the current year. § 4228 (c)(4)(E) (entry from: Total Selling Expense Limit Worksheet, item 5) | |

(Note: The Amount calculated for each Line used to prepare the Total Selling Expense Limit should be the product of the rate or percentage shown and the sum of amounts from the General Account and, where applicable, each Separate Account.)

| Line | Limit | Amount |
|------|---|-------------|
| 15. | Amount (see worksheet) of renewal premiums on life insurance policies, adjusted where a company chooses, to recognize fund-based compensation (see worksheet). § 4228 (c)(4)(F) and § 4228 (c)(4)(K) (entry from: Total Selling Expense Limit Worksheet, item 6) | <div></div> |
| 16. | \$0.15 for each \$1,000 of life insurance in force at the end of the current year. § 4228 (c)(4)(G) (entry from: Total Selling Expense Limit Worksheet, item 7) | <div></div> |
| 17. | For Life Insurance In Force on December 31 of the current year, the sum of (a) and (b) : § 4228 (c)(4)(H)(i)+(ii) (a) \$1.00 for each \$1,000 of the first \$1 billion of in force \$ <div></div> (b) \$0.50 for each \$1,000 of the next \$1 billion of in force \$ <div></div> (c) (a) + (b) (entries from: Total Selling Expense Limit Worksheet, item 8) | <div></div> |
| 18. | For Annuities and for Supplementary Contracts In Force on December 31 of the current year, the sum of (a) and (b) : § 4228 (c)(4)(H)(iii)+(iv) (a) .050% of the first \$1 billion of annuity reserves \$ <div></div> (b) .025% of the next \$1 billion of annuity reserves \$ <div></div> (c) (a) + (b) (entries from: Total Selling Expense Limit Worksheet, item 9) | <div></div> |
| 19. | For agents who are qualified to receive a training allowance subsidy under the terms of Section 4228 (e)(3): § 4228 (c)(4)(I) (a) \$30,000 for each such agent appointed during the current year: \$ <div></div> (b) \$20,000 for each such agent appointed in the calendar year prior to the current year and still employed by the company on January 1 of the current year: \$ <div></div> (c) \$10,000 for each such agent appointed in the calendar year two prior to the current year and still employed by the company on January 1 of the current year: \$ <div></div> (d) (a) + (b) + (c) (entries from: Total Selling Expense Limit Worksheet, item 10) | <div></div> |
| 20. | Increment to limit for compensation based on annuity funds. § 4228 (c)(4)(K)(iii) (entries from Adjustments Worksheet, Part III: Increment to Amount of Limit) | <div></div> |
| 21. | From the Prior Calendar Year's Report: § 4228 (c)(4)(J) Excess of Total Selling Expense Limit over Total Selling Expense, not to exceed 5% of the Total Selling Limit determined excluding this item for the prior calendar year, calculated as: .05 x (Prior year: Line 22 less Line 21). (entries from: Total Selling Expense Limit Worksheet, item 11) | <div></div> |
| 22. | Total Selling Expense Limit: Lines 9 + 10 + 11 + 12 + 13 + 14 + 15 + 16 + 17c + 18c + 19d + 20 + 21 | <div></div> |

(Note: The Amount calculated for each Line used to prepare the Total Selling Expense Limit should be the product of the rate or percentage shown and the sum of amounts from the General Account and, where applicable, each Separate Account.)

SCHEDULE Q

INTERROGATORIES

1. SCHEDULE Q LIMIT RESULTS: TOTAL SELLING EXPENSE MARGIN

- a) EXPERIENCE OF THE CURRENT AND PRIOR YEARS
- For the current calendar year (2022) and the three calendar years preceding the current calendar year, show the amount from Schedule Q Report for Total Selling Expense Limit (Line 22), the Total Selling Expense (Line 8) and then calculate the Total Selling Expense Margin:

| | <u>Year</u> | <u>Total Selling Expense Limit</u> (1) | <u>Total Selling Expense</u> (2) | <u>Total Selling Expense Margin</u> (3) = (1) – (2) |
|----|-------------|---|---|--|
| 1. | 2022 | | | |
| 2. | 2021 | | | |
| 3. | 2020 | | | |
| 4. | 2019 | | | |

- b) PROJECTED EXPERIENCE OVER THE NEXT THREE YEARS
- For each of the three years following the current calendar year (2022), report the Company’s projected Total Selling Expense Limit, Total Selling Expense and Total Selling Expense Margin, based on reasonable assumptions and all changes currently contemplated.

| | <u>Year</u> | <u>Total Selling Expense Limit</u> (1) | <u>Total Selling Expense</u> (2) | <u>Total Selling Expense Margin</u> (3) = (1) – (2) |
|----|-------------|---|---|--|
| 1. | 2023 | | | |
| 2. | 2024 | | | |
| 3. | 2025 | | | |

The Statement below is to be signed by a knowledgeable officer of the company, whose signature confirms that the officer has performed a personal review of the information included and the responses provided:

I have reviewed the sources of total selling expenses reported for the current calendar year and, to the best of my knowledge and belief, on the basis of the projected experience over the next three years based on reasonable assumptions, including changes currently being contemplated, the company’s expenses will not exceed the limit imposed thereon by New York Insurance Law Section 4228.

(Date) (Signature) (Name) (Title)

If the officer cannot attest to the final clause of the statement above, then complete the following:

I have projected total selling expenses and total selling expense limits over the next three years using reasonable assumptions and currently contemplated changes, and I have determined that total selling expenses are expected to exceed the total selling expense limit imposed thereon by New York Insurance Law Section 4228 for the following years:

| | <u>Year</u> (1) | <u>Amount of Excess of Expense over Limit</u> (2) |
|----|--------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |

(Date) (Signature) (Name) (Title)

SCHEDULE Q INTERROGATORIES (Continued)

2. COMPENSATION FILINGS

(The situations in which a filing of compensation plans is required, and the timing and required contents of such a filing, are set out in §4228 (f)).

- a) With respect to the current calendar year, has your company made any changes in compensation plans for which a filing is required?

Yes ☐ No ☐
- b) If Yes, these changes are covered by filings under §4228(f) which:

i) will be made separately

Yes ☐ No ☐

ii) have been made separately

Yes ☐ No ☐

Note that all filings under §4228(f) should be mailed to Mr. Roy Mensch of the New York State Department of Financial Services at One State Street, New York, NY 10004 or emailed to him at sub4228@dfs.ny.gov

- c) With respect to the current calendar year, has your company made any changes in compensation plans for which a filing other than §4228(f)(1)(A) is required?

Yes ☐ No ☐

3. CHANGE IN REPORTING METHODS

- a) Has any information been reported in this year's Schedule Q using a method materially different from last year's Schedule Q?

Yes ☐ No ☐

- b) If YES, identify and describe the material difference(s).

4. APPROXIMATIONS

- a) Have any approximations been used to determine amounts or values used in the preparation of Schedule Q?

Yes ☐ No ☐

- b) If YES,

i) Benchmark Gross Level Premium. Describe:

ii) Other. Describe:

Exhibit of Captive and Offshore Affiliate Reinsurance Transactions

General Instructions

- A. This exhibit requires that licensed insurers report transactions entered into by the licensed insurer as well as transactions entered into by any U.S. insurer in the licensed insurer's holding company system. All transactions by U.S. Insurers within the insurer's holding company system involving life and annuity risks ceded to an affiliated captive or affiliated offshore reinsurer must be reported on this exhibit, excluding business ceded to a "pure captive" (i.e. business involving employees within the Holding Company system).
- B. The information reported in this Exhibit is to be reported on a treaty by treaty basis.
- C. Where there are multiple New York licensed insurers in a holding company, do not duplicate any information reported for affiliates. One of the licensed insurers should take the lead in reporting affiliate transactions.
- D. Although this exhibit is not limited to guarantees, transactions involving guarantees need to be distinguished from those that do not include guarantees. A parental guarantee associated with a Letter of Credit includes assurances given by a parent or affiliate of the reinsurer (i.e., credit reimbursement agreement or co-signature arrangement) that guarantees reimbursement to a financial institution of any funds withdrawn by the ceding insurer from the Letter of Credit. Other forms of parental guarantees include assurances given by a parent or affiliate to secure any type of financing that is related to a reinsurance transaction with an affiliated captive reinsurer or affiliated offshore insurer. These types of assurances include but are not limited to commitments given to any investors, risk-takers, and financial institutions concerning interest rates swaps, surplus notes arrangements, pledges or guarantees, and repayment methods.
- E. Funds withheld should not be included in the table above if there are no associated parental guarantees.

Column Instructions:

- Column 1 - Enter the line number for each transaction in the "Exhibit Line Number" column, starting at 1.
- Column 8 - Enter type of business reinsured, e.g., term life, universal life, universal life with secondary guarantees, or variable life.
- Column 9 - Enter the applicable NAIC codes for type of reinsurance ceded from Schedule S.
- Column 10 - Report the Cedent's gross statutory reserves, for the percentage of business reinsured, required to be maintained by the domiciliary state.
- Column 11 - Report the reserve credit taken by the cedent reported in Schedule S, Part 4 of the Statutory Annual Statement.
- Column 12 - Report the reserve liability established by the reinsurer on the risk reinsured. If the reinsurer is setting up reserves equal to the reserve credit taken by the cedent, but is reporting an asset for the difference between the cedent's gross statutory reserve and the reinsurer's reserving method, then the reserve liability reported in this column should be net of this asset amount.
- Column 13 – Report the amount, if any, that the reinsurer is reporting as an asset for the difference between the cedent's gross statutory reserve (reported in Column 10) and the reinsurer's reserving method (reported in Column 12).
- Column 14 - Provide the basis upon which the reserves in Column 12 are calculated, i.e., statutory, GAAP, IFRS, other.
- Column 15 - Report the amount of any trust funded by assets obtained by any type of collateral financing arrangements using parental or affiliate guarantees.
- Column 16 – Report the amount of any letter of credit that has any type of parental or affiliate guarantee.
- Column 17 - Report whether the letter of credit has any type of condition(s) that must be met by the cedent prior to the bank allowing a drawdown on the letter of credit.
- Column 18 - Report the amount of any other parental or affiliate guarantees (other than trusts or letters of credit), e.g., naked parental guarantee, affiliate guarantee.
- Column 19 - Report the amount of any credit-linked notes, contingent notes, demand notes, etc. that are reported as an admitted asset on the financial statements of the reinsurer.
- Column 20 - Report the amount of any excess-of-loss reinsurance that is reported as an admitted asset on the financial statements of the reinsurer or used as other forms of acceptable collateral.
- Column 21 - Enter the name of the entity providing any guarantees related to the amounts reported in columns 15, 16, 18, 19 and 20.
- Column 22 - Provide the amount of any liability established in the financial statements of the guarantor related to any amounts reported in columns 15, 16, 18, 19 and 20.
- Column 23 - Report the amount of columns 15, 16 and 18 that is reported as an asset on the financial statements of the reinsurer.
- Column 24 – Report the amount associated with any permitted or prescribed accounting practices received by the captive reinsurer from its domiciliary regulator not captured in columns 15, 16, 18, 19 and 20.
- Column 25 - Report the amount of all letters of credit without a parental or affiliate guarantee that is reported as an admitted asset on the financial statements of the reinsurer.
- Column 26 - For each treaty, provide the change (+/-) in the Risk Based Capital ratio (Company Action Level) of the cedent as a result of the transaction for December 31 of the current year. For example, if the cedent's 2022 RBC ratio (Company Action Level) is 350% without taking into account the impact of the particular treaty and 360% after the impact of the treaty is calculated, the cedent should report a +10% change in RBC for such treaty (the goal is that the reported impact may be subtracted from the reported 2022 RBC ratio for such cedent to determine the RBC ratio without such treaty).

Exhibit of Captive and Offshore Affiliate Reinsurance Transactions

BY: NEW YORK LICENSED INSURERS AND ALL AFFILIATE
U.S. INSURERS WITHIN THE INSURER'S HOLDING COMPANY SYSTEM;
AS OF DECEMBER 31 OF CURRENT YEAR

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---------------------------|--------|--------------------------------|-----------|-----------------------------------|--|--------------------------------|---------------------|---------------------------------|----------------------------------|---|--|---|---|
| Exhibit Line Number | Cedent | NAIC CoCode of Cedent | Reinsurer | NAIC CoCode of Reinsurer | Domiciliary State/Country of Reinsurer | Effective date of treaty | Type of business | Type of reinsurance ceded | Cedent's statutory reserve | Reserve credit taken by Cedent | Reserves established by Reinsurer | Amount of the difference between the Cedent's and Reinsurer's reserve reported as an asset by the Reinsurer | Basis of Reinsurer reserve calculation GAAP/Other |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX |

Exhibit of Captive and Offshore Affiliate Reinsurance Transactions

BY: NEW YORK LICENSED INSURERS AND ALL AFFILIATE
U.S. INSURERS WITHIN THE INSURER'S HOLDING COMPANY SYSTEM;
AS OF DECEMBER 31 OF CURRENT YEAR

(Continued)

| | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---------------------------|-----------------|---|---|---|---|--|---|---|--|--|---|--|
| Exhibit Line Number | Trust amount | Letter of credit with guarantee amount | Is letter of credit conditional Yes/No | Amount of other types of parental or affiliate guarantees | Amount of credit-linked notes, contingent notes, demand notes, etc. | Amount of excess-of- loss reinsurance | Parental or affiliate guarantor of the amounts in columns 15, 16, 18, 19 and 20 | Amount of liability set-up by guarantor for the amounts in columns 15, 16, 18, 19 and 20 | Amount of columns 15, 16 and 18 reported as an asset by the Reinsurer | Amount of any permitted or prescribed accounting practice not captured in columns 15, 16, 18, 19 and 20 | Letter of credit without guarantee amount | Estimated RBC impact on Cedent at December 31 of current year (Company Action Level) |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| XXX | | | XXX | | | | XXX | | | | | XXX |

Exhibit of Captive and Offshore Affiliate Reinsurance Transactions

INTERROGATORIES

1.

Were the parental guarantees reported in Part 1 disclosed in the statutory statements filed with the NAIC by the cedent?
If so, please identify the schedules, notes or exhibits.
If not, please explain. _____

Yes [] No []
- 2a.

Were the parental guarantees reported in Part 1 disclosed in any Securities and Exchange Commission publicly available filing or report?
If yes, specify which filings or reports. If no, explain why not. _____

Yes [] No []
- 2b.

Will the parental guarantees reported in Part 1 be disclosed in the current year's GAAP financial statements or the notes to the financial statements?
If yes, specify where the information will be located. If no, explain why such guarantees will not be reported.

Yes [] No []
- 2c.

Were the parental guarantees reported in Part 1 disclosed in any other filing that is available to investors, policyholders, or any other segment of the public?
If yes, specify which reports. _____

Yes [] No []
3.

Will the parental guarantees reported in Part 1 be provided to the ceding insurer's certified public accountants ("CPA") during their annual audit?
If not, please explain why not. _____

Yes [] No []
4.

Are there any reinsurance transactions within the holding company system between the New York domiciled insurer and another insurer (authorized or unauthorized in New York), whereby the business reinsured is subsequently retroceded to an affiliated captive or affiliated offshore entity of the New York cedent?
If yes, identify and provide a description of the cession and retrocession _____

Yes [] No []
5.

Are there any procedures in place to evaluate the material risk to the holding company system related to affiliate captive and affiliate offshore reinsurance?
If yes, are these risks quantified? Provide a description of the process and any amount or other quantification related to the arrangement(s). _____

Yes [] No []
- 6a.

What is the total amount of letter of credit capacity available under committed facilities obtained for or used by entities within the holding company system to provide collateral for their reinsurance obligations to affiliates?

\$.....
- 6b.

How much has been used as of December 31, of the current year?

\$.....
7.

Provide a summary of any permitted accounting practice that was received by the captive reinsurer as described in column 24 of the Instructions. _____

Comment: _____

SCHEDULE SR

Supplemental Schedule for Life & Accident and Health
Insurers Licensed Pursuant to Article 63 of the
New York Insurance Law

Gain and Loss Exhibit--Net as to Reinsurance

Business Pursuant to Article 63

| | 1 Total | Ordinary | | Group | | Accident & Health | | 8 Other |
|---|------------|-----------|--------------|-----------|--------------|-------------------|-----------------|------------|
| | | 2 Life | 3 Annuity | 4 Life | 5 Annuity | 6 Group | 7 Individual | |
| 1. Premiums and annuity considerations | | | | | | | | |
| 2. Net Investment Income | | | | | | | | |
| 3. Commissions and expense allowances on reinsurance ceded | | | | | | | | |
| 4. Reserve adjustments on reinsurance ceded | | | | | | | | |
| 5. Totals (Items 1 to 4) | | | | | | | | |
| 6. Death benefits | | | | | | | | |
| 7. Matured endowments | | | | | | | | |
| 8. Annuity benefits | | | | | | | | |
| 9. Disability benefits and benefits under accident and health policies | | | | | | | | |
| 10. Surrender benefits | | | | | | | | |
| 11. Group conversions | | | | | | | | |
| 12. Transfers on account of group package policies and contracts | | | | | | | | |
| 13. Interest on policy or contract funds | | | | | | | | |
| 14. Increase in aggregate reserves for life and accident and health policies and contracts | | | | | | | | |
| 15. Increase in reserve for supplementary contracts without life contingencies and for dividends | | | | | | | | |
| 16. Totals (Items 6 to 15) | | | | | | | | |
| 17. Commissions on premiums and annuity considerations (direct business only) | | | | | | | | |
| 18. Commissions and expense allowances on reinsurance assumed | | | | | | | | |
| 19. General insurance expenses | | | | | | | | |
| 20. Insurance taxes, licenses and fees, excluding federal income taxes | | | | | | | | |
| 21. Increase in loading on and cost of collection excess of loading on deferred and uncollected premiums | | | | | | | | |
| 22. Totals (Items 16 to 21) | | | | | | | | |
| 23. Net gain from operations before dividends to policyholders and federal income taxes (Item 5 minus Item 22) | | | | | | | | |
| 24. Dividends to policyholders | | | | | | | | |
| 25. Net gain from operations after dividends to policyholders and before federal income taxes (Item 23 minus Item 24) | | | | | | | | |
| 26. Federal income taxes incurred (excluding tax on capital gains) | | | | | | | | |
| 27. Net gain from operations after dividends to policyholders and federal income taxes (excluding tax on capital gains) (Item 25 minus Item 26) | | | | | | | | |
| Note: Premium and Annuity Considerations--Dec. 31, Prior Year (All company Business--Net as to Reinsurance) | | | | | | | | |

SCHEDULE SR

Supplemental Schedule for Life & Accident and Health
Insurers Licensed Pursuant to Article 63 of the
New York Insurance Law

Exhibit of All Premiums
and Losses under Article
63

| LIFE INSURANCE | | | | | | | | |
|--|----------|-------------|---------|-------------|---------|-------------|---------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (a) | 1 | | 2 | | 3 | | 4 | |
| | Ordinary | | Group | | Other | | Total | |
| 1. Life insurance | | | | | | | | |
| 2. Annuity considerations | | | | | | | | |
| 3. Totals | | | | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID (a) | | | | | | | | |
| 4. Death benefits | | | | | | | | |
| 5. Matured endowments | | | | | | | | |
| 6. Annuity benefits | | | | | | | | |
| 7. Surrender values | | | | | | | | |
| 8. All other benefits, except accident and health | | | | | | | | |
| 9. Totals | | | | | | | | |
| | | | | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED (a) | Ordinary | | Group | | Other | | Total | |
| | 1 No | 2 Amount | 3 No | 4 Amount | 5 No | 6 Amount | 7 No | 8 Amount |
| 10. Unpaid December 31, previous year | | | | | | | | |
| 11. Incurred during current year | | | | | | | | |
| Settled during current year | | | | | | | | |
| 12.1. By payment in full | | | | | | | | |
| 12.2. By payment on compromised claims | | | | | | | | |
| 12.3. Totals paid | | | | | | | | |
| 12.4. Reduction by compromise | | | | | | | | |
| 12.5. Amount rejected | | | | | | | | |
| 12.6. Total settlements | | | | | | | | |
| 13. Unpaid Dec. 31, current year (10 + 11 - 12.6) | | | | | | | | |
| POLICY EXHIBIT (a) | | | | | | | | |
| 14. In force December 31, previous year | | | | | | | | |
| 15. Issued during year | | | | | | | | |
| 16. Ceased to be in force during year (Net) | | | | | | | | |
| 17. In force December 31 of current year | | | | | | | | |

| ACCIDENT AND HEALTH INSURANCE | | | | | |
|---|------------------------|------------------------------|--|--------------------------|------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| | Direct (a) Premiums | Direct Premiums Earned | Dividends Pd or Cr. On Direct Bus. | Direct Losses Paid | Direct Losses Incurred |
| 18. Group Policies | | | | | |
| 19. Credit (Group and Individual) | | | | | |
| 20. Collectively Renewable Policies | | | | | |
| Other Individual Policies | | | | | |
| 21.1. Non-cancelable | | | | | |
| 21.2. Guaranteed renewable | | | | | |
| 21.3. Non-renewable for stated reasons only | | | | | |
| 21.4. Other accident only | | | | | |
| 21.5. All other | | | | | |
| 21.6. Totals (sum of 21.1. to 21.5.) | | | | | |
| 22. Totals (Lines 18 + 19 + 20 + 21.6) | | | | | |

(a) Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded

SCHEDULE SR

Supplemental Schedule for Life & Accident and Health
Insurers Licensed Pursuant to Article 63 of the
New York Insurance Law

Direct Business in the State
of New York under Article 63

| LIFE INSURANCE | | | | | | | | |
|--|----------|-------------|---------|-------------|---------|-------------|---------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (a) | 1 | | 2 | | 3 | | 4 | |
| | Ordinary | | Group | | Other | | Total | |
| 1. Life insurance | | | | | | | | |
| 2. Annuity considerations | | | | | | | | |
| 3. Totals | | | | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID (a) | | | | | | | | |
| 4. Death benefits | | | | | | | | |
| 5. Matured endowments | | | | | | | | |
| 6. Annuity benefits | | | | | | | | |
| 7. Surrender values | | | | | | | | |
| 8. All other benefits, except accident and health | | | | | | | | |
| 9. Totals | | | | | | | | |
| | | | | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED (a) | Ordinary | | Group | | Other | | Total | |
| | 1 No | 2 Amount | 3 No | 4 Amount | 5 No | 6 Amount | 7 No | 8 Amount |
| 10. Unpaid December 31, previous year | | | | | | | | |
| 11. Incurred during current year | | | | | | | | |
| Settled during current year | | | | | | | | |
| 12.1. By payment in full | | | | | | | | |
| 12.2. By payment on compromised claims | | | | | | | | |
| 12.3. Totals paid | | | | | | | | |
| 12.4. Reduction by compromise | | | | | | | | |
| 12.5. Amount rejected | | | | | | | | |
| 12.6. Total settlements | | | | | | | | |
| 13. Unpaid Dec. 31, current year (10 + 11 - 12.6) | | | | | | | | |
| POLICY EXHIBIT (a) | | | | | | | | |
| 14. In force December 31, previous year | | | | | | | | |
| 15. Issued during year | | | | | | | | |
| 16. Ceased to be in force during year (Net) | | | | | | | | |
| 17. In force December 31 of current year | | | | | | | | |

| ACCIDENT AND HEALTH INSURANCE | | | | | |
|---|------------------------|------------------------------|--|--------------------------|------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| | Direct (a) Premiums | Direct Premiums Earned | Dividends Pd or Cr. On Direct Bus. | Direct Losses Paid | Direct Losses Incurred |
| 18. Group Policies | | | | | |
| 19. Credit (Group and Individual) | | | | | |
| 20. Collectively Renewable Policies | | | | | |
| Other Individual Policies | | | | | |
| 21.1. Non-cancelable | | | | | |
| 21.2. Guaranteed renewable | | | | | |
| 21.3. Non-renewable for stated reasons only | | | | | |
| 21.4. Other accident only | | | | | |
| 21.5. All other | | | | | |
| 21.6. Totals (sum of 21.1 to 21.5) | | | | | |
| 22. Totals (Lines 18 + 19 + 20 + 21.6) | | | | | |

(a) Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded

SCHEDULE SR

Supplemental Schedule for Life & Accident
& Health Insurers Licensed Pursuant to
Article 63 of the New York Insurance Law

Part I.

| | <u>Assumed</u> | | | <u>Ceded</u> | |
|--------------------|-------------------------|-------------|-------------------------|-------------------------|-------------|
| | 1 No. of Policies | 2 Amount | 3 Losses Incurred | 4 No. of Policies | 5 Amount |
| 1. <u>Ordinary</u> | | | | | |
| 1.1 Life | | | | | |
| 1.2 Annuity | | | | | |
| 1.3 A/H | | | | | |
| 1.4 Other | | | | | |
| 2. <u>Group</u> | | | | | |
| 2.1 Life | | | | | |
| 2.2 Annuity | | | | | |
| 2.3 A/H | | | | | |
| 2.4 Other | | | | | |

Part II. – Additional Information Regarding Ceded Business

| 1 <u>Name of Reinsurer</u> | 2 <u>Amount Ceded</u> |
|-------------------------------|--------------------------|
| | |
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SCHEDULE U

| | 1 Total Aviation Reinsurance \$ | 2 Aircraft (all perils) \$ | 3 Other (specify) \$ | | |
|---|---|---|---|---------------------------|--|
| PART 1. Analysis of Operations (Accrual Basis) | | | | | |
| 1. Premiums written: | | | | | |
| 1.1. Reinsurance assumed | | | | | |
| 1.2. Reinsurance ceded | | | | | |
| 1.3. Net (Includes \$.....collected) | | | | | |
| 2. Increase in unearned and advance premiums | | | | | |
| 3. Premiums earned | | | | | |
| 4. Incurred losses | | | | | |
| 5. Commissions: | | | | | |
| 5.1. Reinsurance assumed | | | | | |
| 5.2. Reinsurance ceded | | | | | |
| 5.3. Net | | | | | |
| 6. General insurance expenses | | | | | |
| 7. Insurance taxes, licenses and fees | | | | | |
| 8. Total expenses incurred (5.3 + 6 + 7) | | | | | |
| 9. Aggregate write-ins | | | | | |
| 10. Gain from underwriting (3 - 4 - 8 - 9) | | | | | |
| 11. Net investment income | | | | | |
| 12. Miscellaneous income | | | | | |
| 13. Interest on policy or contract funds | | | | | |
| 14. Federal income taxes incurred (excluding tax on capital gains) | | | | | |
| 15. Net gain from operations after federal income taxes and excluding capital gains and losses | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 9 | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. | | | | | |
| 0999. Totals | | | | | |
| PART 2. Loss Liability End of Year | | | | | |
| 16. Losses due and unpaid and in course of settlement | | | | | |
| 17. Losses incurred but not reported (less reinsurance ceded) | | | | | |
| 18. Total | | | | | |
| 19. Less reinsurance ceded on reported claims | | | | | |
| 20. Net liability | | | | | |
| PART 3. Losses Incurred During the Year | | | | | |
| 21. Losses paid less reinsurance recovered* | | | | | |
| 22. Net unpaid losses December 31, current year (Part 2, Item 20) | | | | | |
| 23. Losses recoverable from reinsurers December 31, previous year | | | | | |
| 24. Total (21 + 22 + 23) | | | | | |
| 25. Net unpaid losses December 31, previous year | | | | | |
| 26. Losses recoverable from reinsurers December 31, current year | | | | | |
| 27. Total (25 + 26) | | | | | |
| 28. Net incurred losses (24 - 27) | | | | | |
| *If reinsurance recoverable on paid losses is treated as a ledger asset, the difference between years in this asset will be reflected herein. | | | | | |
| PART 4. Unearned Premiums | | | | | |
| 29. Premiums unearned (reinsurance assumed less reinsurance ceded) | | | | | |
| 30. Reserve for rate credits and retrospective returns based on experience | | | | | |
| 31. Premiums received in advance | | | | | |
| 32. Reserve for unearned premiums | | | | | |
| 33. Reserve for unearned premiums, previous year | | | | | |
| 34. Increase in reserve for unearned premiums (32 - 33) | | | | | |
| PART 5. Ceded Reinsurance as of December 31, Current Year | | | | | |
| 1 Name of Reinsurer | 2 Location | 3 Reinsurance Recoverable on Paid Losses | 4 Reinsurance Recoverable on Unpaid Losses | 5 Premiums in Force | 6 Unearned Premiums (estimated) |
| | | | | | |
| | | | | | |
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| 9999999 Totals | | | | | |

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT

INSTRUCTIONS

- 1. Show amounts of life insurance in force and annual income for Annuities and Supplementary Contracts in thousands (000 omitted). Show reserve amounts in whole dollars.
- 2. **Column 2, “Location in Last Year's Analysis of Valuation Reserves”:**
Insert the 7 digit line number on which the item was reported in last year’s Analysis of Valuation Reserves. For new valuation bases, enter "0000000".
The NYSID will be using this information, which is also submitted electronically, to link current year-end data to past year-end data in order to electronically trend the information contained on the AoVR. Incorrect information will have to be re-filed with the Department.
- 3. **Cross Checks (Data Consistency) - For NYS Domestic Companies only.**
The information presented in Exhibit 5 of the NAIC Life and Accident and Health Annual Statement must be identical to the information presented in the Analysis of Valuation Reserves. Specifically:
 - a. The Net Totals, by section, should agree.
 - b. The reserve basis lines should agree.
- 4. If additional pages are needed to complete this Schedule, follow General Instruction No. 4 on the inside front cover of this Supplement.
- 5. **Life insurance - For NYS Domestic Companies only:** The total amounts in force should agree with the appropriate values reported in the Exhibit of Life Insurance of the Annual Statement.
- 6. **Annuities and Supplementary Contracts with Life Contingencies:**
 - a. Show annual income figures for all fixed income immediate annuities and for all fixed income deferred annuities and Supplementary Contracts With Life Contingencies.
 - b. Structured settlements: Amounts of annual income are required only for those contracts involving payment made annually or more frequently.
 - c. Annual income figures for other annuities are not required.
- 7. **Valuation bases:** Each combination of mortality table, valuation interest rate and valuation method constitutes a separate valuation basis. Use a separate line for each valuation basis and indicate the following information with respect to each basis:
 - a. Mortality and/or Morbidity Table
Variations of mortality such as substandard multiples, sex and sex-blend parameters should not be considered separate mortality tables. Age Last Birthday (ALB) and Age Nearest Birthday (ANB) are considered separate tables.
 - b. Valuation Interest Rate
Where the span of such range is less than or equal to 1/2%, it is preferable to combine a range of valuation interest rates. Where split valuation interest rates apply, the number of years to which each rate applies must be indicated.
 - c. Valuation Methods: e.g.; CRVM, Modified, NL
Note: If a modified basis is used, indicate the modification used.
 - d. Issue Years
Always indicate the applicable span(s) of issue years to which the valuation basis is applied. For otherwise identical valuation bases, it is preferred that issue years be grouped. (i.e. For the same basis, issue years 90, 91, 92 may be grouped as 90-92.)
 - e. Additional information of life insurance:
Include, where applicable:
 - (i) Immediate Payment of Claims (IPC)
 - (ii) Continuous Functions (CNF)
 - (iii) Curtate Functions (CRF)
 - f. Interest Sensitive Life Types (ISL):
Always use separate lines for Interest Sensitive Life Types and identify those as such with (ISL) next to the valuation basis description. For example, if one valuation basis would otherwise contain reserves for both Interest Sensitive Life Types and other life insurance (e.g. traditional), split the valuation basis into 2 separate valuation bases and label the valuation basis containing the Interest Sensitive Life Types with (ISL) next to the valuation basis description.
 - g. Annuities:
Always use separate lines for all Annuity business for each unique combination in 7.h. below For example, use 2 separate lines for Immediate (IMM) and Deferred (DEF) annuities with otherwise identical valuation bases; as well as, use 2 separate lines for deferred annuities in accumulation status (DEF NFI) and deferred annuities in payout status (DEF FI).
 - h. Additional information for annuities:
Include, where applicable:
 - (i) Immediate (IMM), Deferred (DEF) or Structured Settlement (SS)
 - (ii) Fixed income immediate annuities (Fixed Income, FI) or annuities where annuity income is not yet determined (Not Fixed Income, NFI)
 - (iii) Immediate annuities are those where the first payment begins in thirteen or fewer months after issue.
- 8. The Company Name, Valuation Year and NAIC number must appear on every page of the AoVR.
- 9. All sections of the AoVR must be displayed regardless of their applicability.

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT
DECEMBER 31, 20__

| VALUATION STANDARD (Use a separate line for each basis as defined below. Indicate mortality, morbidity and interest bases and valuation method by years of issue. Each combination of mortality table, valuation interest rate, and reserve calculation method is a separate basis.) ^(b) | | Total | | Industrial | | Ordinary | | Credit | | Group | |
|--|--|---|---------|---|---------|---|---------|---|---------|---|---------|
| | Location in last year's analysis of valuation reserves Line No. | Amount in Force ^(a) (000 Omitted) | Reserve | Amount in Force ^(a) (000 Omitted) | Reserve | Amount in Force ^(a) (000 Omitted) | Reserve | Amount in Force ^(a) (000 Omitted) | Reserve | Amount in Force ^(a) (000 Omitted) | Reserve |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| I. LIFE INSURANCE | | | | | | | | | | | |
| 0100001..... | | | | | | | | | | | |
| 0100002..... | | | | | | | | | | | |
| 0100003..... | | | | | | | | | | | |
| 0100004..... | | | | | | | | | | | |
| 0100005..... | | | | | | | | | | | |
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| 0100037..... | | | | | | | | | | | |
| 0100038..... | | | | | | | | | | | |
| 0100039..... | | | | | | | | | | | |
| 0100040..... | | | | | | | | | | | |
| 0199997. Total (Gross) | XXX | | | | | | | | | | |
| 0199998. Total Reinsurance Ceded | XXX | | | | | | | | | | |
| 0199999. Total (Net) | XXX | | | | | | | | | | |

(a) In Force Amount to agree with Annual Statement Exhibit of Insurance Policies—Paid for business only, page 25.

(b) Variations of mortality, such as substandard multiples and sex blend parameters are not considered separate mortality tables. To avoid multiplicity of lines, it is permissible to group bases with the same mortality and reserve calculation method if the range from the lowest to the highest interest rate (for any one such grouping) is less than or equal to ½%.

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT
DECEMBER 31, 20__

| VALUATION STANDARD (Use a separate line for each basis as defined below. Indicate mortality, morbidity and interest bases and valuation method by years of issue. Each combination of mortality table, valuation interest rate, and reserve calculation method is a separate basis.) ^(b) | | Total | | Industrial | | Ordinary | | Credit | | Group | |
|---|--|---|---------|---|---------|---|---------|---|---------|---|---------|
| | Location in last year's analysis of valuation reserves Line No. | Annual Income ^(a) (000 Omitted) | Reserve | Annual Income ^(a) (000 Omitted) | Reserve | Annual Income ^(a) (000 Omitted) | Reserve | Annual Income ^(a) (000 Omitted) | Reserve | Annual Income ^(a) (000 Omitted) | Reserve |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| II. ANNUITIES (excluding supplemental contracts with life contingencies) A. Other than Company Retirement Plan 0200001..... 0200002..... 0200003..... 0200004..... 0200005..... 0200006..... 0200007..... 0200008..... 0200009..... 0200010..... 0200011..... 0200012..... 0200013..... 0200014..... 0200015..... 0299997. Total (Gross) 0299998. Total Reinsurance Ceded 0299999. Total (Net) | | | | | | | | | | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| B. Company Retirement Plan 0300002..... 0300003..... 0300004..... 0300005..... 0300006..... 0399997. Total (Gross) 0399998. Total Reinsurance Ceded 0399999. Total (Net) 0499999. Total (Net) (A and B above) | | | | | | | | | | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| III. SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES 0500001..... 0500002..... 0500003..... 0500004..... 0500005..... 0500006..... 0599997. Total (Gross) 0599998. Total Reinsurance Ceded 0599999. Total (Net) | | | | | | | | | | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |
| | | | | | | | | XXX | XXX | | |

(a) Show amount of Annual Income For Fixed Income Immediate Annuities, Fixed Income Deferred Annuities, Supplementary Contracts with Life Contingencies, and structured settlements involving payments made annually or more frequent.

(b) Variations of mortality, such as substandard multiples and sex blend parameters are not considered separate mortality tables. To avoid multiplicity of lines, it is permissible to group bases with the same mortality and reserve calculation method if the range from the lowest to the highest interest rate (for any one such grouping) is less than or equal to ½%.

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT
DECEMBER 31, 20__

| Valuation Standard (Indicate mortality, morbidity, and interest bases and valuation method by years of issue.) | Location in last year's analysis of valuation reserves Line No. | Total | Industrial | Ordinary (3) | Credit (2) | Group (3) |
|--|---|---------|------------|--------------|------------|-----------|
| | | Reserve | Reserve | Reserve | Reserve | Reserve |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| IV. ACCIDENTAL DEATH BENEFITS | | | | | | |
| 0600001..... | | | | | | |
| 0600002..... | | | | | | |
| 0600003..... | | | | | | |
| 0600004..... | | | | | | |
| 0600005..... | | | | | | |
| 0600006..... | | | | | | |
| 0699997. Total (Gross) | XXX | | | | | |
| 0699998. Total Reinsurance Ceded | XXX | | | | | |
| 0699999. Total (Net) | XXX | | | | | |
| V. DISABILITY ACTIVE LIVES | | | | | | |
| 0700001..... | | | | | | |
| 0700002..... | | | | | | |
| 0700003..... | | | | | | |
| 0700004..... | | | | | | |
| 0700005..... | | | | | | |
| 0700006..... | | | | | | |
| 0799997. Total (Gross) | XXX | | | | | |
| 0799998. Total Reinsurance Ceded | XXX | | | | | |
| 0799999. Total (Net) | XXX | | | | | |
| VI. DISABILITY—DISABLED LIVES | | | | | | |
| A. Approved Claims (unaccrued payment reserve) | | | | | | |
| 0800001..... | | | | | | |
| 0800002..... | | | | | | |
| 0800003..... | | | | | | |
| 0800004..... | | | | | | |
| 0800005..... | | | | | | |
| 0800006..... | | | | | | |
| 0899997. Total (Gross) | XXX | | | | | |
| 0899998. Total Reinsurance Ceded | XXX | | | | | |
| 0899999. Total (Net) | XXX | | | | | |
| B. Pending and Resisted Claims (unaccrued payment reserve) | | | | | | |
| 0900001..... | | | | | | |
| 0900002..... | | | | | | |
| 0900003..... | | | | | | |
| 0900004..... | | | | | | |
| 0900005..... | | | | | | |
| 0900006..... | | | | | | |
| 0999997. Total (Gross) | XXX | | | | | |
| 0999998. Total Reinsurance Ceded | XXX | | | | | |
| 0999999. Total (Net) | XXX | | | | | |
| C. Incurred But Unreported Claims (unaccrued payment reserve) | | | | | | |
| 1000001..... | | | | | | |
| 1000002..... | | | | | | |
| 1000003..... | | | | | | |
| 1000004..... | | | | | | |
| 1000005..... | | | | | | |
| 1000006..... | | | | | | |
| 1099997. Total (Gross) | XXX | | | | | |
| 1099998. Total Reinsurance Ceded | XXX | | | | | |
| 1099999. Total (Net) | XXX | | | | | |
| 1199999. Total (Net) Claims (sum of A, B and C) | XXX | | | | | |

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT
DECEMBER 31, 20__

| Valuation Standard (Indicate mortality, morbidity, and interest bases and valuation method by years of issue.) | Location in last year's analysis of valuation reserves Line No. | Total | Industrial | Ordinary (3) | Credit (2) | Group (3) |
|--|---|---------|------------|--------------|------------|-----------|
| | | Reserve | Reserve | Reserve | Reserve | Reserve |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| VII. MISCELLANEOUS RESERVES (1) | | | | | | |
| A. For excess of valuation net premium over corresponding gross premiums on respective policies. (see notes below) | | | | | | |
| 1200001..... | | | | | | |
| 1200002..... | | | | | | |
| 1200003..... | | | | | | |
| 1200004..... | | | | | | |
| 1200005..... | | | | | | |
| 1200006..... | | | | | | |
| 1299997. Total (Gross) | XXX | | | | | |
| 1299998. Total Reinsurance Ceded | XXX | | | | | |
| 1299999. Total (Net) | XXX | | | | | |
| B. Representing the excess (after allowance for the net deferred premium asset carried, if any) of the true reserves for the annual or fractional premium business involved included in I,IV,V and over the reserves actually reported in those sections (e.g., non-deduction reserves, unearned premium adjustments, adjustments for non-uniform distribution of issue dates, etc.) | | | | | | |
| 1300001..... | | | | | | |
| 1300002..... | | | | | | |
| 1300003..... | | | | | | |
| 1300004..... | | | | | | |
| 1300005..... | | | | | | |
| 1300006..... | | | | | | |
| 1399997. Total (Gross) | XXX | | | | | |
| 1399998. Total Reinsurance Ceded | XXX | | | | | |
| 1399999. Total (Net) | XXX | | | | | |
| C. Surrender values in excess of reserves otherwise required and carried in this schedule. Each entry must be identified by mortality and interest basis used for basis reserves. | | | | | | |
| 1400001..... | | | | | | |
| 1400002..... | | | | | | |
| 1400003..... | | | | | | |
| 1400004..... | | | | | | |
| 1400005..... | | | | | | |
| 1400006..... | | | | | | |
| 1499997. Total (Gross) | XXX | | | | | |
| 1499998. Total Reinsurance Ceded | XXX | | | | | |
| 1499999. Total (Net) | XXX | | | | | |
| D. Additional Actuarial Reserve—Asset/Liability Analysis (4) | | | | | | |
| 1500001..... | | | | | | |
| 1500002..... | | | | | | |
| 1500003..... | | | | | | |
| 1500004..... | | | | | | |
| 1500005..... | | | | | | |
| 1500006..... | | | | | | |
| 1599997. Total (Gross) | XXX | | | | | |
| 1599998. Total Reinsurance Ceded | XXX | | | | | |
| 1599999. Total (Net) | XXX | | | | | |
| E. To cover the excess of the liability on rated policies and riders and group conversions over the reserves on corresponding business computed according to the bases applicable to standard risks. | | | | | | |
| 1600001..... | | | | | | |
| 1600002..... | | | | | | |
| 1600003..... | | | | | | |
| 1600004..... | | | | | | |
| 1600005..... | | | | | | |
| 1600006..... | | | | | | |
| 1699997. Total (Gross) | XXX | | | | | |
| 1699998. Total Reinsurance Ceded | XXX | | | | | |
| 1699999. Total (Net) | XXX | | | | | |
| F. Other Miscellaneous Reserves | | | | | | |
| 1700001..... | | | | | | |
| 1700002..... | | | | | | |
| 1700003..... | | | | | | |
| 1700004..... | | | | | | |
| 1700005..... | | | | | | |
| 1700006..... | | | | | | |
| 1799997. Total (Gross) | XXX | | | | | |
| 1799998. Total Reinsurance Ceded | XXX | | | | | |
| 1799999. Total (Net) | XXX | | | | | |
| G. Total Miscellaneous (Sum of A through F) | | | | | | |
| 1899997. Total (Gross) | XXX | | | | | |
| 1899998. Total Reinsurance Ceded | XXX | | | | | |
| 1899999. Total (Net) | XXX | | | | | |
| VIII. GRAND TOTAL RESERVES | | | | | | |
| 9999997. Total (Gross) | XXX | | | | | |
| 9999998. Total Reinsurance Ceded | XXX | | | | | |
| 9999999. Total (Net) | XXX | | | | | |

REMARKS:

(1) All miscellaneous reserves must be included in Section VII, except in the case of subsection E, when the total liability for a substandard policy or rider (such as a policy or rider issued on rating-in-age basis or on a special class basis, etc.) is not obtained by a valuation of the standard reserve and a separate valuation of the substandard extra reserve, the substandard extra reserve need not, at the company's option, be reported in subsection E of Section VII. If the reserve reported in Section VII A is calculated using a different interest rate from that of the basic reserve, the rate used in calculation of the excess reserve should be specified in Section VII A.

(2) Business not exceeding 120 months duration.

(3) Other than credit.

(4) If additional reserves corresponding to items in Exhibit 5 of the Home State Annual Statement are held as a result of cash flow testing then such additional reserves are to be shown here.

ANALYSIS OF VALUATION RESERVES - SEPARATE ACCOUNT

INSTRUCTIONS

1. Show amounts of life insurance in force and annual income for Annuities and Supplementary Contracts in thousands (000 omitted). Show reserve amounts in whole dollars.
2. **Column 2, “Location in Last Year's Analysis of Valuation Reserves”:**
Insert the 7 digit line number on which the item was reported in last year’s Analysis of Valuation Reserves. For new valuation bases, enter "0000000".
The NYSID will be using this information, which is also submitted electronically, to link current year-end data to past year-end data in order to electronically trend the information contained on the AoVR. Incorrect information will have to be re-filed with the Department.
3. **Cross Checks (Data Consistency) - For NYS Domestic Companies only**
The information presented in Exhibit 3 of the NAIC Life and Accident and Health Separate Account Annual Statement must be identical to the information presented in the Analysis of Valuation Reserves. Specifically:
 - a. The Net Totals, by section, should agree.
 - b. The reserve basis lines should agree.
4. If additional pages are needed to complete this Schedule, follow General Instruction No. 4 on the inside front cover of this Supplement.
5. **Annuities and Supplementary Contracts with Life Contingencies:**
 - a. Show annual income figures for all fixed income immediate annuities and for all fixed income deferred annuities and Supplementary Contracts With Life Contingencies.
 - b. Structured settlements: Amounts of annual income are required only for those contracts involving payment made annually or more frequently.
 - c. Annual income figures for other annuities are not required.
6. **Valuation bases:** Each combination of mortality table, valuation interest rate and valuation method constitutes a separate valuation basis. Use a separate line for each valuation basis and indicate the following information with respect to each basis:
 - a. Mortality and/or Morbidity Table
Variations of mortality such as substandard multiples, sex and sex-blend parameters should not be considered separate mortality tables. Age Last Birthday (ALB) and Age Nearest Birthday (ANB) are considered separate tables.
 - b. Valuation Interest Rate
Where the span of such range is less than or equal to 1/2%, it is preferable to combine a range of valuation interest rates. Where split valuation interest rates apply, the number of years to which each rate applies must be indicated.
 - c. Valuation Methods: e.g.; CRVM, Modified, NL
Note: If a modified basis is used, indicate the modification used.
 - d. Issue Years
Always indicate the applicable span(s) of issue years to which the valuation basis is applied. For otherwise identical valuation bases, it is preferred that issue years be grouped. (i.e. For the same basis, issue years 90, 91, 92 may be grouped as 90-92.)
 - e. Additional information of life insurance:
Include, where applicable:
 - (i) Immediate Payment of Claims (IPC)
 - (ii) Continuous Functions (CNF)
 - (iii) Curtate Functions (CRF)
 - f. Interest Sensitive Life Types (ISL):
Always use separate lines for Interest Sensitive Life Types and identify those as such with (ISL) next to the valuation basis description. For example, if one valuation basis would otherwise contain reserves for both Interest Sensitive Life Types and other life insurance (e.g. traditional), split the valuation basis into 2 separate valuation bases and label the valuation basis containing the Interest Sensitive Life Types with (ISL) next to the valuation basis description.
 - g. Annuities:
Always use separate lines for all Annuity business for each unique combination in 6.h. below For example, use 2 separate lines for Immediate (IMM) and Deferred (DEF) annuities with otherwise identical valuation bases; as well as, use 2 separate lines for deferred annuities in accumulation status (DEF NFI) and deferred annuities in payout status (DEF FI).
 - h. Additional information for annuities:
Include, where applicable:
 - (i) Immediate (IMM), Deferred (DEF) or Structured Settlement (SS)
 - (ii) Fixed income immediate annuities (Fixed Income, FI) or annuities where annuity income is not yet determined (Not Fixed Income, NFI)
 - (iii) Immediate annuities are those where the first payment begins in thirteen or fewer months after issue.
7. The Company Name, Valuation Year and NAIC number must appear on every page of the AoVR.
8. All sections of the AoVR must be displayed regardless of their applicability.

ANALYSIS OF VALUATION RESERVES - SEPARATE ACCOUNT
DECEMBER 31, 20__

| VALUATION STANDARD (Use a separate line for each basis as defined below. Indicate mortality, morbidity and interest bases and valuation method by years of issue. Each combination of mortality table, valuation interest rate, and reserve calculation method is a separate basis.) ^(b) | Location in last year's analysis of valuation reserves Line No. | Total | | Ordinary | | Group | |
|--|--|---|---------|---|---------|---|---------|
| | | Amount in Force ^(a) (000 Omitted) | Reserve | Amount in Force ^(a) (000 Omitted) | Reserve | Amount in Force ^(a) (000 Omitted) | Reserve |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| I. LIFE INSURANCE | | | | | | | |
| 0100001..... | | | | | | | |
| 0100002..... | | | | | | | |
| 0100003..... | | | | | | | |
| 0100004..... | | | | | | | |
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| 0100037..... | | | | | | | |
| 0100038..... | | | | | | | |
| 0100039..... | | | | | | | |
| 0100040..... | | | | | | | |
| 0100041..... | | | | | | | |
| 0199997. Total (Gross) | XXX | | | | | | |
| 0199998. Total Reinsurance Ceded | XXX | | | | | | |
| 0199999. Total (Net) | XXX | | | | | | |

(a) Variations of mortality, such as substandard multiples and sex blend parameters are not considered separate mortality tables. To avoid multiplicity of lines, it is permissible to group bases with the same mortality and reserve calculation method if the range from the lowest to the highest interest rate (for any one such grouping) is less than or equal to ½%.

ANALYSIS OF VALUATION RESERVES - SEPARATE ACCOUNT
DECEMBER 31, 20__

| VALUATION STANDARD (Use a separate line for each basis as defined below. Indicate mortality, morbidity and interest bases and valuation method by years of issue. Each combination of mortality table, valuation interest rate, and reserve calculation method is a separate basis.) ^(b) | Location in last year's analysis of valuation reserves Line No. | Total | | Ordinary | | Group | |
|--|--|---|---------|---|---------|---|---------|
| | | Annual Income ^(a) (000 Omitted) | Reserve | Annual Income ^(a) (000 Omitted) | Reserve | Annual Income ^(a) (000 Omitted) | Reserve |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| II. ANNUITIES (excluding supplemental contracts with life contingencies) | | | | | | | |
| 0200001..... | | | | | | | |
| 0200002..... | | | | | | | |
| 0200003..... | | | | | | | |
| 0200004..... | | | | | | | |
| 0200005..... | | | | | | | |
| 0200006..... | | | | | | | |
| 0200007..... | | | | | | | |
| 0200008..... | | | | | | | |
| 0200009..... | | | | | | | |
| 0200010..... | | | | | | | |
| 0200011..... | | | | | | | |
| 0200012..... | | | | | | | |
| 0200013..... | | | | | | | |
| 0200014..... | | | | | | | |
| 0200015..... | | | | | | | |
| 0200016..... | | | | | | | |
| 0299997. Total (Gross) | XXX | | | | | | |
| 0299998. Total Reinsurance Ceded | XXX | | | | | | |
| 0299999. Total (Net) | XXX | | | | | | |
| III. SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES | | | | | | | |
| 0300001..... | | | | | | | |
| 0300002..... | | | | | | | |
| 0300003..... | | | | | | | |
| 0300004..... | | | | | | | |
| 0300005..... | | | | | | | |
| 0300006..... | | | | | | | |
| 0399997. Total (Gross) | XXX | | | | | | |
| 0399998. Total Reinsurance Ceded | XXX | | | | | | |
| 0399999. Total (Net) | XXX | | | | | | |

(a) Show amount of Annual Income For Fixed Income Immediate Annuities, Fixed Income Deferred Annuities, Supplementary Contracts with Life Contingencies, and structured settlements involving payments made annually or more frequently.

(b) Variations of mortality, such as substandard multiples and sex blend parameters are not considered separate mortality tables. To avoid multiplicity of lines, it is permissible to group bases with the same mortality and reserve calculation method if the range from the lowest to the highest interest rate (for any one such grouping) is less than or equal to ½%.

ANALYSIS OF VALUATION RESERVES - SEPARATE ACCOUNT
DECEMBER 31, 20__

| Valuation Standard (Indicate mortality, morbidity, and interest bases and valuation method by years of issue.) | Location in last year's analysis of valuation reserves Line No. | Total | Ordinary (3) | Group (3) |
|---|---|---------|--------------|-----------|
| | | Reserve | Reserve | Reserve |
| 1 | 2 | 3 | 4 | 5 |
| IV. ACCIDENT and HEALTH CONTRACTS | | | | |
| 0400001..... | | | | |
| 0400002..... | | | | |
| 0400003..... | | | | |
| 0400004..... | | | | |
| 0400005..... | | | | |
| 0400006 | | | | |
| 0499997. Total (Gross) | XXX | | | |
| 0499998. Total Reinsurance Ceded | XXX | | | |
| 0499999. Total (Net) | XXX | | | |
| V. MISCELLANEOUS RESERVES | | | | |
| A. Surrender values in excess of reserves otherwise required and carried in this schedule. Each entry must be identified by mortality and interest basis used for basis reserves. | | | | |
| 0500001..... | | | | |
| 0500002..... | | | | |
| 0500003..... | | | | |
| 0500004..... | | | | |
| 0500005..... | | | | |
| 0500006 | | | | |
| 0599997. Total (Gross) | XXX | | | |
| 0599998. Total Reinsurance Ceded | XXX | | | |
| 0599999. Total (Net) | XXX | | | |
| B. Other Miscellaneous Reserves | | | | |
| 0600001..... | | | | |
| 0600002..... | | | | |
| 0600003..... | | | | |
| 0600004..... | | | | |
| 0600005..... | | | | |
| 0600006 | | | | |
| 0699997. Total (Gross) | XXX | | | |
| 0699998. Total Reinsurance Ceded | XXX | | | |
| 0699999. Total (Net) | XXX | | | |
| C. Total Miscellaneous (Sum of A through B) | | | | |
| 0799997. Total (Gross) | XXX | | | |
| 0799998. Total Reinsurance Ceded | XXX | | | |
| 0799999. Total (Net) | XXX | | | |
| VI. GRAND TOTAL RESERVES | | | | |
| 9999997. Total (Gross) | XXX | | | |
| 9999998. Total Reinsurance Ceded | XXX | | | |
| 9999999. Total (Net) | XXX | | | |

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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS

This exhibit is required to be filed no later than April 1

This form has been restructured to be more consistent with the insurance categories and columns in the NAIC version of the Accident and Health Policy Experience Exhibit. Please refer to the Instructions for that exhibit also when completing this exhibit.

1. The name of the company must be clearly shown at the top of each page or pages.
2. Dollar amounts should be reported in whole dollars.
3. The Exhibit will show information concerning direct business on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit. If a group or individual form was ever issued in New York, its experience must be reported separately by policy form number, unless prior approval has been obtained from the Superintendent to combine experience. Insert as many lines under each classification as are needed. The form numbers should appear in alphanumeric form number order within each category. The experience for combinations of policy forms of the same category type with a premium volume less than 5% of the total for that category that were never issued in New York may be merged and reported on a single line. Such combinations should be identified as “Non-New York.” Other policy forms never issued in New York whose experience is reported by policy form should be identified as a Non-New York form, by placing the designation (Z) to the left of the policy form number.
4. The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within each individual category are required for all columns, except Years Issued, Expected Lifetime Loss Ratio, and Rate of Commission And Expense. All Section Totals should agree with Section Totals in the NAIC version of the Accident and Health Experience Exhibit.
5. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
6. Direct Premiums Earned (Column 5) should not include the change in contract reserves, but both Direct Premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
7. “Years issued” should be presented as the first year the form was issued followed by a hyphen followed by the last year issued; e.g., 1998-2000.
8. The entries in Columns (17), (18), (23) and (25) should be expressed as **ratios**, not percents, and should be rounded to three places to the right of the decimal point.

DEFINITIONS

Accident Only or AD&D

Policies that provide coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accidents. Types of coverage include student accident, sports accident, travel accident, blanket accident, specific accident or accidental death and dismemberment (AD&D).

Administrative Services Only (ASO) and Administrative Services Contract (ASC)

An uninsured accident and health plan is where an administrator performs administrative services for a third party that is at risk, but has not issued an insurance policy. The health plan bears all of the insurance risk, and there is no possibility of loss or liability to the administrator caused by claims incurred related to the plan. Under an ASO plan, claims are paid from a bank account owned and funded directly by the uninsured plan sponsor; or, claims are paid from a bank account owned by the administrator, but only after receiving funds from the plan sponsor that are adequate to fully cover the claim payments. Under an ASC plan, the administrator pays claims from its own bank accounts, and only subsequently receives reimbursement from the plan sponsor.

Comprehensive/Major Medical

Policies that provide fully insured indemnity, HMO, PPO, or Fee for Service coverage for hospital, medical, and surgical expenses. This category excludes Short Term Medical Insurance, the Federal Employees Health Benefit Program and non-comprehensive coverage such as basic hospital only, medical only, hospital confinement indemnity, surgical, outpatient indemnity, specified disease, intensive care, and organ and tissue transplant coverage as well as any other coverage described in the other categories of this exhibit.

Group business is further segmented under this category as follows (please note there is a separate category for Administrative Services Only/Administrative Services Contract business):

Single Employer: Group policies issued to one employer for the benefit of its employees. This would include affiliated companies that have common ownership.

Small Employer: Group policies issued to single employers that are subject to the definition of Small Employer business, when so defined, in the group's state of situs.

Other Employer: Group policies issued to single employers that are not defined as Small Employer business.

Multiple Employer Associations and Trusts: Group policies that are issued to an association or to a trust. This category also includes policies issued to one or more trustees of a fund established or adopted by two or more employers, or by one or more labor unions or similar employee organizations. The organizations include those that are exempt and also those that are non-exempt from statewide community rating. This category does not exclude policies providing coverage to employees of small employers, as defined in the employer's state of situs.

Other Associations and Discretionary Trusts: Group policies issued to associations and trusts that are not included in the Small Employer, Other Employer or Multiple Employer Associations and Trusts group categories. This category does not exclude insurance providing coverage to employees of small employers, as defined in the employer's state of situs. This category does include blanket and franchise accident and sickness insurance, and insurance for any group that includes members other than employees, such as an association that has both employees of participating employers and also individuals as members.

Other Comprehensive/Major Medical: Group policies providing comprehensive or major medical benefits that are not included in any of the categories listed above.

Contract Reserves

Reserves set up when, due to the gross premium structure, the future benefits exceed the future net premium. Contract reserves are in addition to claim and premium reserves.

Credit

Individual or group policies that provide benefits to a debtor for full or partial repayment of debt associated with a specific loan or other credit transaction upon disability or involuntary unemployment of debtor, except in connection with first mortgage loans. In some states, involuntary unemployment credit insurance is not included in health insurance. This category should not include that type of credit insurance in those states.

Dental

Policies providing for dental only coverage (dental treatment benefits such as routine dental examinations, preventive dental work, and dental procedures needed to treat tooth decay and diseases of the teeth and jaw) issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. . If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category. Does not include self-insured business, as well as federal employee's health benefits plans (FEHBP), or Medicare and Medicaid programs.

Disability Income– Long Term

Policies that provide a weekly or monthly income benefit for more than five years for individual coverage and more than one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Overhead Expense Benefits. Does not include credit disability.

Disability Income– Short Term

Policies that provide a weekly or monthly income benefit for up to five years for individual coverage and up to one year for group coverage for full or partial disability arising from accident and/or sickness. Include policies that provide Statutory DBL Benefits and Overhead Expense Benefits. Does not include credit disability.

Federal Employees Health Benefits Program (FEHBP)

Coverage provided to Federal employees, retirees and their survivors and administered by the Office of Personnel Management.

Group Business

Health insurance where the policy issued to employers, associations, trusts, or other groups covering employees or members and/or their dependents, to whom a certificate of coverage may be provided.

Individual Business

Health insurance where the policy is issued to an individual covering the individual and/or their dependents. This includes conversions from group policies.

Limited Benefit

Policies that provide coverage for vision, prescription drug, and/or any other single service plan or program. Also include short-term care policies that provide coverage for less than one year for medical and other services provided in a setting other than an acute care unit of the hospital.

Long-Term Care

Policies that provide coverage for not less than one year for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, including policies that provide benefits for cognitive impairment or loss of functional capacity. This includes policies providing only nursing home care, home health care, community based care, or any combination. Do not include coverage provided under comprehensive/major medical policies, Medicare Advantage, or for accelerated death benefit-type products.

- Medicaid**
Policies issued in association with the Federal/State entitlement program created by Title XIX of the Social Security Act of 1965 that pays for medical assistance for certain individuals and families with low incomes and resources.
- Medicare**
Policies issued as Medicare Advantage Plans providing Medicare benefits to Medicare eligible beneficiaries created by title XVIII of the Social Security Act of 1965. This includes Medicare Managed Care Plans (i.e. HMO and PPO) and Medicare Private Fee-for-Service Plans. Employer Group Waiver Plans (EGWPs) should be reported as part of Medicare Part D.
- Medicare Part D – Stand Alone**
Stand-alone Part D coverage written through individual contracts, stand-alone Part D coverage written through group contracts and certificates, and Part D coverage written on employer groups where the reporting entity is responsible for reporting claims to the Centers for Medicare & Medicaid Services (CMS).
- Medicare Supplement**
Policies that qualify as Medicare Supplement policy forms as defined in the NAIC Medicare Supplement Insurance Minimum Standards Model Act. This includes standardized plans, pre-standardized plans and Medicare select.
- Other Business**
Any business that is not included in the Individual Business or Group Business listed above, including credit insurance, stop loss/excess loss, administrative services only and administrative services contract.
- Other Group Business**
Group policies providing health insurance benefits that are not included in any other group business category of this exhibit should be reported as other group business.
- Other Individual Business**
Individual policies providing health insurance benefits that are not included in any other individual business category of this exhibit should be reported as other individual business.
- Other Medical (Non-Comprehensive)**
Policies such as hospital only, hospital confinement, surgical, outpatient indemnity, intensive care, mental health/substance abuse, and organ and tissue transplant (including scheduled type policies), etc. Expense reimbursement and indemnity plans should be included. This category does not include TRICARE/CHAMPUS Supplement, Medicare Supplement, or Federal Employee Health Benefit Program coverage.
- Short Term Medical**
Policies that provide major medical coverage for a short period of time, typically 30 to 180 days. These policies may be renewable for multiple periods.
- Specified/Named Disease**
Policies that provide benefits only for the diagnosis and/or treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem or as a principal sum.
- State Children’s Health Insurance Program**
Policies issued in association with the Federal/State partnership created by title XXI of the Social Security Act.
- Stop Loss/Excess Loss**
Individual or group policies providing coverage to a health plan, a self-insured employer plan, or a medical provider providing coverage to insure against the risk that any one claim or an entire plan’s losses will exceed a specified dollar amount.
- Student**
Policies that cover students for both accident and health benefits while they are enrolled and attending school or college. These can be either individual policies or group policies sponsored by the school or college.
- TRICARE**
Policies issued in association with the Department of Defense’s health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDRESS(City, State and Zip Code) _____

NAIC GROUP CODE _____ NAIC COMPANY CODE _____

CONTACT PERSON _____ TITLE _____ TELEPHONE _____

(THIS EXHIBIT IS TO BE FILED NO LATER THAN April 1, 2023)

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
|---|--------------|-------------------------|-------------------------------|------------------------|-------------------------|-----------------------|---------------------------------|-----------|-------------|-----------------------------|----------------------------|-------------------------------|--------------------------------|
| Policy Form Number | Years Issued | Direct Premiums Written | Increase in Premiums Reserves | Direct Premiums Earned | Assumed Premiums Earned | Ceded Premiums Earned | Net Premiums Earned (5)+(6)-(7) | Dividends | Paid Claims | Change in Contract Reserves | Increase in Claim Reserves | Direct Incurred Claims Amount | Assumed Incurred Claims Amount |
| (Listed by Policy Form) | | | | | | | | | | | | | |
| A. INDIVIDUAL BUSINESS | | | | | | | | | | | | | |
| 1. Comprehensive major medical | | | | | | | | | | | | | |
| A019999 Subtotal | | | | | | | | | | | | | |
| 2.1 Short-Term Medical – 6 Months or Less | | | | | | | | | | | | | |
| A021999 Subtotal | | | | | | | | | | | | | |
| 2.2 Short-Term Medical – Over 6 Months | | | | | | | | | | | | | |
| A022999 Subtotal | | | | | | | | | | | | | |
| 2.3 Subtotal Short-Term Medical (2.1+2.2) | | | | | | | | | | | | | |
| A023999 sum of A021999 and A022999 | | | | | | | | | | | | | |
| 3. Other Medical (Non-Comprehensive) | | | | | | | | | | | | | |
| A039999 Subtotal | | | | | | | | | | | | | |
| 4. Specified/Named Disease | | | | | | | | | | | | | |
| A049999 Subtotal | | | | | | | | | | | | | |
| 5. Limited Benefit | | | | | | | | | | | | | |
| A059999 Subtotal | | | | | | | | | | | | | |
| 6. Student | | | | | | | | | | | | | |
| A069999 Subtotal | | | | | | | | | | | | | |
| 7. Accident Only or AD&D | | | | | | | | | | | | | |
| A079999 Subtotal | | | | | | | | | | | | | |
| 8. Disability Income – Short-Term | | | | | | | | | | | | | |
| A089999 Subtotal | | | | | | | | | | | | | |
| 9. Disability Income – Long-Term | | | | | | | | | | | | | |
| A099999 Subtotal | | | | | | | | | | | | | |
| 10. Long-Term Care | | | | | | | | | | | | | |
| A109999 Subtotal | | | | | | | | | | | | | |
| 11. Medicare Supplement (Medigap) | | | | | | | | | | | | | |
| A119999 Subtotal | | | | | | | | | | | | | |
| 12. Dental | | | | | | | | | | | | | |
| A129999 Subtotal | | | | | | | | | | | | | |
| 13. State Children's Health Insurance Program | | | | | | | | | | | | | |
| A139999 Subtotal | | | | | | | | | | | | | |
| 14. Medicare | | | | | | | | | | | | | |
| A149999 Subtotal | | | | | | | | | | | | | |
| 15. Medicaid | | | | | | | | | | | | | |
| A159999 Subtotal | | | | | | | | | | | | | |
| 16. Medicare Part D – Stand-Alone | | | | | | | | | | | | | |
| A169999 Subtotal | | | | | | | | | | | | | |
| 17. Vision | | | | | | | | | | | | | |
| A179999 Subtotal | | | | | | | | | | | | | |
| 18. Other Individual Business | | | | | | | | | | | | | |
| A189999 Subtotal | | | | | | | | | | | | | |
| 19. Grand Total Individual | | | | | | | | | | | | | |
| A199999 Grand Total | | | | | | | | | | | | | |
| Sum of A019999 through A189999, exclude A023999 | | | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| (1) Policy Form Number (Listed by Policy Form) | (2) Years Issued | (3) Direct Premiums Written | (4) Increase in Premiums Reserves | (5) Direct Premiums Earned | (6) Assumed Premiums Earned | (7) Ceded Premiums Earned | (8) Net Premiums Earned (5)+(6)-(7) | (9) Dividends | (10) Paid Claims | (11) Change in Contract Reserves | (12) Increase in Claim Reserves | (13) Direct Incurred Claims Amount | (14) Assumed Incurred Claims Amount |
|---|---------------------|-----------------------------------|---|----------------------------------|-----------------------------------|------------------------------------|---|------------------|------------------------|---|--|---|--|
| B. GROUP BUSINESS | | | | | | | | | | | | | |
| Comprehensive Major Medical | | | | | | | | | | | | | |
| 1.1 Single Employer – Small Employer | | | | | | | | | | | | | |
| B011999 Subtotal | | | | | | | | | | | | | |
| 1.2 Single Employer – Other Employer | | | | | | | | | | | | | |
| B012999 Subtotal | | | | | | | | | | | | | |
| 1.3 Single Employer Subtotal (1.1+1.2) | | | | | | | | | | | | | |
| B013999 sum of B011999 and B012999 | | | | | | | | | | | | | |
| 2. Multiple Employer Assns and Trusts | | | | | | | | | | | | | |
| B029999 Subtotal | | | | | | | | | | | | | |
| 3. Other Associations and Discretionary Trusts | | | | | | | | | | | | | |
| B039999 Subtotal | | | | | | | | | | | | | |
| 4. Other Comprehensive Major Medical | | | | | | | | | | | | | |
| B049999 Subtotal | | | | | | | | | | | | | |
| 5. Comprehensive/Major Medical Subtotal B059999 sum of B013999 through B049999 | | | | | | | | | | | | | |
| Other Medical (Non-Comprehensive) | | | | | | | | | | | | | |
| 6. Specified/Named Disease | | | | | | | | | | | | | |
| B069999 Subtotal | | | | | | | | | | | | | |
| 7. Limited Benefit | | | | | | | | | | | | | |
| B079999 Subtotal | | | | | | | | | | | | | |
| 8. Student | | | | | | | | | | | | | |
| B089999 Subtotal | | | | | | | | | | | | | |
| 9. Accident Only or AD&D | | | | | | | | | | | | | |
| B099999 Subtotal | | | | | | | | | | | | | |
| 10. Disability Income – Short-term | | | | | | | | | | | | | |
| B109999 Subtotal | | | | | | | | | | | | | |
| 11. Disability Income – Long-term | | | | | | | | | | | | | |
| B119999 Subtotal | | | | | | | | | | | | | |
| 12. Long-Term Care | | | | | | | | | | | | | |
| B129999 Subtotal | | | | | | | | | | | | | |
| 13. Medicare Supplement (Medigap) | | | | | | | | | | | | | |
| B139999 Subtotal | | | | | | | | | | | | | |
| 14. Federal Employees Health Benefits Plan | | | | | | | | | | | | | |
| B149999 Subtotal | | | | | | | | | | | | | |
| 15. Tricare | | | | | | | | | | | | | |
| B159999 Subtotal | | | | | | | | | | | | | |
| 16. Dental | | | | | | | | | | | | | |
| B169999 Subtotal | | | | | | | | | | | | | |
| 17. Medicare | | | | | | | | | | | | | |
| B179999 Subtotal | | | | | | | | | | | | | |
| 18. Medicare Part D – Stand-Alone | | | | | | | | | | | | | |
| B189999 Subtotal | | | | | | | | | | | | | |
| 19. Vision | | | | | | | | | | | | | |
| B199999 Subtotal | | | | | | | | | | | | | |
| 20. Other Group Care | | | | | | | | | | | | | |
| B209999 Subtotal | | | | | | | | | | | | | |
| 21. Grand Total Group Business | | | | | | | | | | | | | |
| B219999 Grand Total Sum of B059999 through B209999 | | | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| (1) Policy Form Number (Listed by Policy Form) | (2) Years Issued | (3) Direct Premiums Written | (4) Increase in Premiums Reserves | (5) Direct Premiums Earned | (6) Assumed Premiums Earned | (7) Ceded Premiums Earned | (8) Net Premiums Earned (5)+(6)-(7) | (9) Dividends | (10) Paid Claims | (11) Change in Contract Reserves | (12) Increase in Claim Reserves | (13) Direct Incurred Claims Amount | (14) Assumed Incurred Claims Amount |
|---|---------------------|-----------------------------------|---|----------------------------------|-----------------------------------|------------------------------------|---|------------------|------------------------|---|--|---|--|
| C. OTHER BUSINESS | | | | | | | | | | | | | |
| 1. Credit (Individual and Group) | | | | | | | | | | | | | |
| C019999 Subtotal | | | | | | | | | | | | | |
| 2. Stop Loss/Excess Loss | | | | | | | | | | | | | |
| C029999 Subtotal | | | | | | | | | | | | | |
| 3. Administrative Services Only | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| C039999 Subtotal | | | | | | | | | | | | | |
| 4. Administrative Services Contracts..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| C049999 Subtotal | | | | | | | | | | | | | |
| 5. Grand Total Other Business | | | | | | | | | | | | | |
| C059999 Grand Total Sum of C019999 through C049999 | | | | | | | | | | | | | |
| D. TOTAL BUSINESS | | | | | | | | | | | | | |
| 1. Total Non-U.S. Policy Forms | | | | | | | | | | | | | |
| D019999 | | | | | | | | | | | | | |
| 2. Grand Total Individual, Group and Other Business | | | | | | | | | | | | | |
| D029999 Sum of A199999, B219999, C059999 and D019999 | | | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
|--|---------------------------------|--|--|----------------------------------|--|---|------------------|---------------------------------|------------------------------------|------------------------|------------------------------------|
| (Listed by Policy Form) | Ceded Incurred Claims Amount | Net Incurred Claims Amount (13)+(14)+(15) | Ratio of Incurred Claims To Premium Earned (13)/(5) | Loss Ratio [(11)+(13)]/(5) | Number of Policies or Certificates As of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months | Number Of Reported Claims | Expected Lifetime Loss Ratio | Commission Incurred | Rate of Commission and Expenses |
| A. INDIVIDUAL BUSINESS | | | | | | | | | | | |
| 1. Comprehensive major medical | | | | | | | | | | | |
| A019999 Subtotal | | | | | | | | | | | |
| 2.1 Short-Term Medical – 6 Months or Less | | | | | | | | | | | |
| A021999 Subtotal | | | | | | | | | | | |
| 2.2 Short-Term Medical – Over 6 Months | | | | | | | | | | | |
| A022999 Subtotal | | | | | | | | | | | |
| 2.3 Subtotal Short-Term Medical (2.1+2.2) | | | | | | | | | | | |
| A023999 sum of A021999 and A022999 | | | | | | | | | | | |
| 3. Other Medical (Non-Comprehensive) | | | | | | | | | | | |
| A039999 Subtotal | | | | | | | | | | | |
| 4. Specified/Named Disease | | | | | | | | | | | |
| A049999 Subtotal | | | | | | | | | | | |
| 5. Limited Benefit | | | | | | | | | | | |
| A059999 Subtotal | | | | | | | | | | | |
| 6. Student | | | | | | | | | | | |
| A069999 Subtotal | | | | | | | | | | | |
| 7. Accident Only or AD&D | | | | | | | | | | | |
| A079999 Subtotal | | | | | | | | | | | |
| 8. Disability Income – Short-Term | | | | | | | | | | | |
| A089999 Subtotal | | | | | | | | | | | |
| 9. Disability Income – Long-Term | | | | | | | | | | | |
| A099999 Subtotal | | | | | | | | | | | |
| 10. Long-Term Care | | | | | | | | | | | |
| A109999 Subtotal | | | | | | | | | | | |
| 11. Medicare Supplement (Medigap) | | | | | | | | | | | |
| A119999 Subtotal | | | | | | | | | | | |
| 12. Dental | | | | | | | | | | | |
| A129999 Subtotal | | | | | | | | | | | |
| 13. State Children's Health Insurance Program | | | | | | | | | | | |
| A139999 Subtotal | | | | | | | | | | | |
| 14. Medicare | | | | | | | | | | | |
| A149999 Subtotal | | | | | | | | | | | |
| 15. Medicaid | | | | | | | | | | | |
| A159999 Subtotal | | | | | | | | | | | |
| 16. Medicare Part D – Stand-Alone | | | | | | | | | | | |
| A169999 Subtotal | | | | | | | | | | | |
| 17. Vision | | | | | | | | | | | |
| A179999 Subtotal | | | | | | | | | | | |
| 18. Other Individual Business | | | | | | | | | | | |
| A189999 Subtotal | | | | | | | | | | | |
| 19. Grand Total Individual | | | | | | | | | | | |
| A199999 Grand Total Sum of A019999 through A189999, exclude A023999 | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| (Continued)(Listed by Policy Form) | (15) Ceded Incurred Claims Amount | (16) Net Incurred Claims Amount (13)+(14)-(15) | (17) Ratio of Incurred Claims To Premium Earned (13)/(\$) | (18) Loss Ratio [(11)+(13)]/(\$) | (19) Number of Policies or Certificates As of Dec. 31 | (20) Number of Covered Lives as of Dec. 31 | (21) Member Months | (22) Number Of Reported Claims | (23) Expected Lifetime Loss Ratio | (24) Commission Incurred | (25) Rate of Commission and Expenses |
|---|---|--|---|---|--|---|--------------------------|---|--|--------------------------------|--|
| B. GROUP BUSINESS | | | | | | | | | | | |
| Comprehensive Major Medical | | | | | | | | | | | |
| 1.1 Single Employer – Small Employer..... | | | | | | | | | | | |
| B011999 Subtotal | | | | | | | | | | | |
| 1.2 Single Employer – Other Employer..... | | | | | | | | | | | |
| B012999 Subtotal | | | | | | | | | | | |
| 1.3 Single Employer Subtotal (1.1+1.2)..... | | | | | | | | | | | |
| B013999 sum of B011999 and B012999 | | | | | | | | | | | |
| 2. Multiple Employer Assns and Trusts..... | | | | | | | | | | | |
| B029999 Subtotal | | | | | | | | | | | |
| 3. Other Associations and Discretionary Trusts..... | | | | | | | | | | | |
| B039999 Subtotal | | | | | | | | | | | |
| 4. Other Comprehensive Major Medical..... | | | | | | | | | | | |
| B049999 Subtotal | | | | | | | | | | | |
| 5. Comprehensive/Major Medical Subtotal | | | | | | | | | | | |
| B059999 sum of B013999 through B049999 | | | | | | | | | | | |
| Other Medical (Non-Comprehensive) | | | | | | | | | | | |
| 6. Specified/Named Disease | | | | | | | | | | | |
| B069999 Subtotal | | | | | | | | | | | |
| 7. Limited Benefit..... | | | | | | | | | | | |
| B079999 Subtotal | | | | | | | | | | | |
| 8. Student..... | | | | | | | | | | | |
| B089999 Subtotal | | | | | | | | | | | |
| 9. Accident Only or AD&D..... | | | | | | | | | | | |
| B099999 Subtotal | | | | | | | | | | | |
| 10. Disability Income – Short-term..... | | | | | | | | | | | |
| B109999 Subtotal | | | | | | | | | | | |
| 11. Disability Income – Long-term..... | | | | | | | | | | | |
| B119999 Subtotal | | | | | | | | | | | |
| 12. Long-Term Care..... | | | | | | | | | | | |
| B129999 Subtotal | | | | | | | | | | | |
| 13. Medicare Supplement (Medigap)..... | | | | | | | | | | | |
| B139999 Subtotal | | | | | | | | | | | |
| 14. Federal Employees Health Benefits Plan..... | | | | | | | | | | | |
| B149999 Subtotal | | | | | | | | | | | |
| 15. Tricare..... | | | | | | | | | | | |
| B159999 Subtotal | | | | | | | | | | | |
| 16. Dental..... | | | | | | | | | | | |
| B169999 Subtotal | | | | | | | | | | | |
| 17. Medicare..... | | | | | | | | | | | |
| B179999 Subtotal | | | | | | | | | | | |
| 18. Medicare Part D – Stand-Alone..... | | | | | | | | | | | |
| B189999 Subtotal | | | | | | | | | | | |
| 19. Vision..... | | | | | | | | | | | |
| B199999 Subtotal | | | | | | | | | | | |
| 20. Other Group Care | | | | | | | | | | | |
| B209999 Subtotal | | | | | | | | | | | |
| 21. Grand Total Group Business | | | | | | | | | | | |
| B219999 Grand Total | | | | | | | | | | | |
| Sum of B059999 through B209999 | | | | | | | | | | | |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
FOR THE YEAR ENDED DECEMBER 31, 2022
(Continued)

| | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
|---|---------------------------------|--|--|----------------------------------|--|---|------------------|---------------------------------|------------------------------------|------------------------|------------------------------------|
| (Listed by Policy Form) | Ceded Incurred Claims Amount | Net Incurred Claims Amount (13)+(14)-(15) | Ratio of Incurred Claims To Premium Earned (13)/(5) | Loss Ratio [(11)+(13)]/(5) | Number of Policies or Certificates As of Dec. 31 | Number of Covered Lives as of Dec. 31 | Member Months | Number Of Reported Claims | Expected Lifetime Loss Ratio | Commission Incurred | Rate of Commission and Expenses |
| C. OTHER BUSINESS | | | | | | | | | | | |
| 1. Credit (Individual and Group) | | | | | | | | | | | |
| C019999 | | | | | | | | | | | |
| 2. Stop Loss/Excess Loss | | | | | | | | | | | |
| C029999 | | | | | | | | | | | |
| 3. Administrative Services Only | XXX | XXX | XXX | XXX | | | | XXX | XXX | XXX | XXX |
| C039999 | | | | | | | | | | | |
| 4. Administrative Services Contracts..... | XXX | XXX | XXX | XXX | | | | XXX | XXX | XXX | XXX |
| C049999 | | | | | | | | | | | |
| 5. Grand Total Other Business | | | | | | | | | | | |
| C059999 sum of C019999 through C049999 | | | | | | | | | | | |
| D. TOTAL BUSINESS | | | | | | | | | | | |
| 1. Total Non-U.S. Policy Forms | | | | | | | | | | | |
| D019999 | | | | | | | | | | | |
| 2. Grand Total Individual, Group and Other Business | | | | | | | | | | | |
| D029999 | | | | | | | | | | | |
| Sum of A199999, B219999, C059999 and D019999 | | | | | | | | | | | |

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EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
INSURED OR ADMINISTERED BY THE COMPANY
(DIRECT BUSINESS IN THE STATE OF NEW YORK)

INSTRUCTIONS

This exhibit is required to be filed no later than March 1.

- 1. If there is no data to report in a cell, insert a zero (-0-). To avoid double counting of persons covered in part by another insurer, another policy issued by you, or who are self-insured in part, only report counts for policies which represent an insured’s principal coverage (i.e., comprehensive policies). Do not include counts for persons who would be counted in another insurer’s statement as principal insurer, or who are counted in your self-insured counts (i.e., do not include supplemental, wrap around type policies). However, premiums and counts for “Minimum Premium Plan” arrangements should be included in the Insured Business section, and Medicare Supplement policies should be included as insured counts, as well.
- 2. This exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
- 3. Small Group Health Insurance and Individual Health Insurance are defined in New York Insurance Law Sections 3231(a) and 3216(a).
- 4. Include in the section captioned, “Large Group”, all policies other than those defined as Individual or Small Group or which are reported in another line of this exhibit (e.g., “Group Credit” policies are already reported in line 5 of this Exhibit and, therefore, should not be included in the lines captioned “Large Group”).
- 5. Credit A & H shall not include business exceeding 120 months duration.
- 6. Columns 1 and 2, lines 3, 4, 5 and 7 should agree, respectively, with columns 1 and 2, lines 24, 24.1, 24.2 and 26 of the Accident and Health Insurance Section of the Annual Statement page entitled “Direct Business in the State of New York”, and line 6.4 of columns 1 and 2 should equal the sum of lines 24.3, 24.4 and 25.6 of said Annual Statement exhibit.
- 7. The schedule of **Self-Insured Business** should only include contracts that are substantially self-insured. For example, in arrangements where an employer or association funds substantially all of its claims, with the insurer participating in the arrangement retaining only a nominal premium or retention for administrative services (e.g., Administrative Services Only (ASO) arrangements), the administering insurer should include the appropriate contracts/lives counts in its schedule of self-insured business reported in this exhibit. However, where an employer, association, or other entity is insured by a licensed carrier for a substantial portion of its coverage, such as where it purchases a hospital policy from a licensed insurer while self-insuring its surgical/medical coverage, the company administering the self-insured portion should not include these policies in its counts of self-insured business. These policies should be included in the insured counts of the insurer providing the hospital coverage, whether it is the same insurer that is administering the self-insured portion or another insurer.

EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS
INSURED OR ADMINISTERED BY THE COMPANY
(DIRECT BUSINESS IN THE STATE OF NEW YORK)

A. INSURED BUSINESS

| | 1 Direct Premiums Written | 2 Direct Premiums Earned | 3 Number of Individual Policies or Certificates as of Dec. 31, Prior Year | 4 Number of Covered Lives as of Dec. 31, Prior Year | 5 Number of Individual Policies or Certificates as of Dec. 31, Current Year | 6 Number of Covered Lives as of Dec. 31, Current Year |
|---|------------------------------------|-----------------------------------|--|---|--|---|
| Group Policies: | | | | | | |
| Small Group: | | | | | | |
| 1.1 Health Insurance (Non-Medicare Supplement) | | | | | | |
| 1.2 Medicare Supplement | | | | | | |
| 1.3 Other than Health Insurance | | | | | | |
| 1.4 Total Small Group (Sum of Lines 1.1 thru 1.3) | | | | | | |
| Large Group: | | | | | | |
| 2.1 Health Insurance (Non-Medicare Supplement) | | | | | | |
| 2.2 Medicare Supplement | | | | | | |
| 2.3 Other than Health Insurance | | | | | | |
| 2.4 Total Large Group (Sum of Lines 2.1 thru 2.3) | | | | | | |
| 3. Total Group (Line 1.4 + 2.4) | | | | | | |
| 4. Federal Employee Health Benefit Program | | | | | | |
| 5. Credit A & H (Individual & Group) | | | | | | |
| Individual Policies: | | | | | | |
| 6.1 Health Insurance (Non-Medicare Supplement) | | | | | | |
| 6.2 Medicare Supplement | | | | | | |
| 6.3 Other than Health Insurance | | | | | | |
| 6.4 Total Individual Policies (Sum of Lines 6.1 thru 6.3) | | | | | | |
| 7. Total (Lines 3 + 4 + 5 + 6.4) | | | | | | |

B. SELF-INSURED COVERAGE ADMINISTERED BY THE COMPANY

| | 1 Number of Employees as of Dec. 31, Prior Year | 2 Number of Covered Lives as of Dec. 31, Prior Year | 3 Number of Employees as of Dec. 31, Current Year | 4 Number of Covered Lives as of Dec. 31, Current Year |
|--|---|---|---|---|
| 1. Health Coverage (Non-Medicare Supplement) | | | | |
| 2. Medicare Supplement | | | | |
| 3. Other than Health Insurance | | | | |
| 4. Total Self-Insured Business (Sum of Lines 1 thru 3) | | | | |

NEW YORK DIRECT BUSINESS PAGE FOR CREDIT LIFE AND ACCIDENT
AND HEALTH INSURANCE

NOTE: This exhibit is required to be filed with this Supplement not later than March 1.

5

| | 1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded) | 2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited) | 3 Dividends And Retrospective Rate Credits Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred | 6 In Force December 31 Previous Year* | 7 In Force December 31 Current Year* |
|---|--|--|---|-------------------------------|-----------------------------------|--|---|
| 1. Individual life policies..... | | | | | | | |
| 2.1 Group life policies – loans of 60 or less months’ duration..... | | | | | | | |
| 2.2 Group life policies – loans of greater than 60 months’ duration but not greater than 120 months..... | | | | | | | |
| 2.3 Group life policies – loans of greater than 120 months duration..... | | | | | | | |
| 3. Total (Lines 1 + 2.1 + 2.2 + 2.3)..... | | | | | | | |
| 4.1 Group A&H policies – loans of 60 or less months’ duration..... | | | | | | XXXX..... | XXXX..... |
| 4.2 Group A&H policies – loans of greater than 60 months’ duration but not greater than 120 months..... | | | | | | XXXX..... | XXXX..... |
| 4.3 Group A&H policies –loans of greater than 120 months duration..... | | | | | | XXXX..... | XXXX..... |
| 5. Other A&H policies..... | | | | | | XXXX..... | XXXX..... |
| 6. Totals (Lines 4.1 + 4.2 + 4.3 + 5)..... | | | | | | XXXX..... | XXXX..... |
| 7. Totals (Lines 3 + 6)..... | | | | | | XXXX..... | XXXX..... |

Amounts in Columns 1 through 5 should be reported to the nearest dollars.
*Amounts in Columns 6 and 7 should be reported to the nearest thousand dollars.

COUNTRYWIDE DIRECT BUSINESS PAGE FOR CREDIT LIFE AND A & H INSURANCE

NOTE: This exhibit is required to be filed with this Supplement not later than March 1.

| | 1 Direct Premiums (Excluding Reinsurance Accepted and without deduction of Reinsurance Ceded) | 2 Direct Premiums Earned (prior to Dividends and Retrospective Rate Credits Paid or Credited) | 3 Dividends And Retrospective Rate Credits Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred | 6 In Force December 31 Previous Year* | 7 In Force December 31 Current Year* |
|---|--|--|---|-------------------------------|-----------------------------------|--|---|
| 1. Individual life policies..... | | | | | | | |
| 2.1 Group life policies – loans of 60 or less months’ duration..... | | | | | | | |
| 2.2 Group life policies – loans of greater than 60 months’ duration but not greater than 120 months..... | | | | | | | |
| 2.3 Group life policies – loans of greater than 120 months duration..... | | | | | | | |
| 3. Total (Lines 1 + 2.1 + 2.2 + 2.3)..... | | | | | | | |
| 4.1 Group A&H policies – loans of 60 or less months’ duration..... | | | | | | XXXX. | XXXX. |
| 4.2 Group A&H policies – loans of greater than 60 months’ duration but not greater than 120 months..... | | | | | | XXXX. | XXXX. |
| 4.3 Group A&H policies –loans of greater than 120 months duration..... | | | | | | XXXX. | XXXX. |
| 5. Other A&H policies..... | | | | | | XXXX. | XXXX. |
| 6. Totals (Lines 4.1 + 4.2 + 4.3 + 5)..... | | | | | | XXXX. | XXXX. |
| 7. Totals (Lines 3 + 6)..... | | | | | | XXXX. | XXXX. |

Amounts in Columns 1 through 5 should be reported to the nearest dollars.
*Amounts in Columns 6 and 7 should be reported to the nearest thousand dollars.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS^(a): NEW YORK STATE BUSINESS

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PART ONE

| Type of Health Insurance Contract | Approximate Number of Persons Covered by Such Contracts in the State of New York | | (3) Direct Premiums Written ^(b) Jan. 1 through Dec. 31, Current Year |
|---|---|----------------------------------|--|
| | (1) June 30, Current Year | (2) December 31, Current Year | |
| 1. Nonmanaged Care Contracts without Utilization Review Provisions | | | |
| 2. Nonmanaged Care Contracts with Utilization Review Provisions | | | |
| 3. Total Nonmanaged Care Contracts ^(c) (line 1 + line 2) | | | |
| 4. Managed Care Contracts per Section 4801(c) of the New York State Insurance Law | | | |
| 5. All Health Contracts (line 3 + line 4) | | | |

- (a) As defined in Section 1113(a) of the New York State Insurance Law.
(b) Direct Premium Written in Part One, column 3, line 5 should equal New York page 24, line 26 column 1 of the Annual Statement.
(c) The term “nonmanaged care contracts” refers to health insurance contracts other than managed care contracts as defined in Section 4801(c) of the NYS Insurance Law.

Note: Insurers offering a contract that meets the definition of a managed care health insurance contract in Section 4801(c) of the New York Insurance Law should report in Part Two, line 2, the number of initial grievances filed in the current reporting year. Insurers should not report grievance information in Part Two if they do not have a product meeting the Section 4801(c) definition. Circular Letter No. 5, dated February 19, 1999, states in part, “Those insurers that have voluntarily implemented a grievance procedure not subject to the provisions of Chapter 705 of the Laws of 1996 are encouraged to report grievance information; be certain, however, to note that such information comes from a voluntary program.” Filers of voluntary program data should file a separate report to the Department and not comingle voluntary program data with statutorily required data used to complete this Supplement.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS: NEW YORK STATE BUSINESS

PART TWO

| Number of Grievances, Utilization Review Appeals, and External Appeals | MANAGED CARE CONTRACTS (as defined in Section 4801(c) of the New York Insurance Law) | | (3) NONMANAGED CARE CONTRACTS: Utilization Review Appeals per Section 4904 (i.e., for contracts included in Part 1, line 2) | (4) EXTERNAL APPEALS Per Section 4910 of the NYS Insurance Law ^(b) |
|---|---|---|---|--|
| | (1) Number of Grievances per Section 4802 ^(a) | (2) Utilization Review Appeals per Section 4904 ^(a) | | |
| 1. Number Pending on December 31, Prior Year | | | | |
| 2. Number Filed in Current Year | | | | |
| 3. Number Closed in Current Year, Resulting in Reversal (in whole or part) of Insurer’s Original Determination | | | | |
| 4. Number Closed in Current Year in which the Insurer’s Original Determination was Upheld | | | | |
| 5. Total Number Closed in Current Year (line 3 + line 4) | | | | |
| 6. External Appeals Closed in Current Year by Agreement of Insurer and Member, Prior to Decision of External Review Agent | XXX | XXX | XXX | |
| 7. Number Pending on December 31, Current Year (lines 1+ 2 - 5 - 6) | | | | |

(a) Sections 4802 and 4904 of the New York Insurance Law were effective April 1, 1997 and apply to all contracts issued, renewed, modified, altered, or amended on or after that date.

(b) Section 4910 of the New York Insurance Law was effective July, 1, 1999.

Note: Section 4802 of the Insurance Law provides for two levels of internal review of grievances, an initial (first level) grievance review and an appeal of that initial determination. A first level grievance should be considered closed, for purposes of Part Two, if the subscriber does not appeal the grievance determination within the calendar year in which the first level grievance determination was rendered. If the subscriber appeals the first level grievance determination in the subsequent calendar year, in a timely manner, the disposition of that appeal should be reported in Part Three. For example, a first level grievance closed in 2021 and appealed in a timely manner in 2022 would be reported in this Supplement in Part Three. If a subscriber files a grievance appeal within the same calendar year as the initial first level grievance determination is made, and the appeal is pending when the calendar year ends, the grievance should be reported as pending in Part Two.

Article 49 of the Insurance Law provides for expedited and non-expedited utilization review appeals. A non-expedited utilization review appeal should be considered closed when the utilization review agent notifies a subscriber of the appeal determination. An expedited utilization review appeal should be considered closed, for purposes of Part Two, when the utilization review agent notifies the subscriber of the expedited appeal determination and the subscriber does not further appeal the determination within the calendar year in which the expedited appeal determination was rendered. If the subscriber appealed the expedited appeal in the subsequent calendar year, in a timely manner, the disposition of the appeal should be reported in Part Three. For example, expedited utilization review appeals closed in 2021 and appealed in a timely manner in 2022 would be reported in this Supplement in Part Three. If a subscriber files a utilization review appeal, and the appeal is pending when the calendar year ends, the utilization review appeal should be reported as pending in Part Two.

EXHIBIT OF GRIEVANCES AND UTILIZATION REVIEW APPEALS
ACCIDENT & HEALTH INSURANCE CONTRACTS: NEW YORK STATE BUSINESS
PART THREE

| Number of Appeals of Prior Years Grievances and Expedited UR Appeals (SHOULD NOT BE REPORTED IN PART TWO) | MANAGED CARE CONTRACTS (as defined in Section 4801(c) of the New York Insurance Law) | | (3) NONMANAGED CARE CONTRACTS: Prior year expedited U.R. Appeals (per Section 4904) reported as closed in Part Two <i>of prior year</i> but appealed in current year |
|--|---|---|--|
| | (1) Prior year first level grievances reported as closed in Part Two <i>of prior year</i> but appealed in current year | (2) Prior year expedited U.R. Appeals reported as closed in Part Two <i>of prior year</i> but appealed in current year | |
| 1. Number pending on December 31, prior year | | | |
| 2. Number reported as closed in the previous year's Exhibit of Grievances and Utilization which were appealed in a timely manner in current year | | | |
| 3. Number resulting in a reversal (in the current year) of the insurer's original determination | | | |
| 4. Number in which the insurer's original determination was upheld (in the current year) | | | |
| 5. Number still pending on December 31, Current Year (lines 1 + 2 - 3 - 4) | | | |

Note: Include appeals of initial grievance determinations and appeals of expedited utilization review determinations made in a calendar year subsequent to the calendar year within which the corresponding first level grievance determination or expedited appeal determination was made.

Exhibit of Grievances and Utilization Contact Person and Phone Number

NEW YORK SUPPLEMENT
TO THE
HOME STATE NAIC TRUSTEED SURPLUS STATEMENT

SECTION 1312 – New York Insurance Law
§ 1312. **Trusteed surplus of alien insurers: impairment.** (a) (1) In addition to other requirements of this chapter every authorized alien insurer shall, not later than the first day of March in each year, file with the superintendent a statement (herein called a “trusteed surplus statement”), on a form prescribed by him, showing at last year-end:
(A) all its general state deposits, meaning assets within the United States deposited with officers of any state in trust for the security of all its policyholders, or policyholders and creditors, within the United States;
(B) all its special state deposits, meaning assets within the United States deposited with officers of any state in trust for the security of its policyholders, or policyholders and creditors, in a particular state;
(C) all its trusteed assets, meaning assets within the United States held by a trustee or trustees for the security of all its policyholders, or policyholders and creditors, within the United States;
(D) if a life insurance company, the amount of its policy loans to policyholders within the United States, not exceeding the amount of the legal reserve required on each such policy;
(E) all its reserves and other liabilities arising out of policies or obligations issued, assumed or incurred in the United States; and
(F) such further information as may be necessary to apply the provisions of this section.
(2) In determining the net amount of the insurer’s liabilities in the United States, a deduction may be made: (i) for reinsurance on losses with authorized insurers, less unpaid reinsurance premiums, with a schedule showing by companies the amount deducted, and (ii) for unearned premiums on agents’ balances or uncollected premiums not more than ninety days past due. Any liability on an asset not considered in such statement may be applied against such asset.
(3) No credit shall be allowed in such statement for any special state deposit held for the exclusive benefit of policyholders, or policyholders and creditors, of any particular state except as an offset against the liabilities of such alien insurer in such state.
(4) The accrued interest at date of statement on assets deposited with states and trustees shall be allowed in such statement, where such interest is collected by the states or trustees.
(b) (1) Such trusteed surplus statement shall be signed and verified by the United States manager, attorney-in-fact, or a duly empowered assistant United States manager, of the alien insurer. The items of securities and other property held under trust deeds shall be certified to by the United States trustee or trustees. The superintendent may at any time require a further statement of the same kind and of such date as he may determine.
(2) Every report on examination of the United States branch of an alien insurer shall include a trusteed surplus statement as of the date of examination in addition to the general statement of the financial condition of such United States branch.
(c) (1) The aggregate value of the insurer’s general state deposits and trusteed assets less the aggregate net amount of all of its liabilities and reserves in the United States as determined in accordance with this section shall be known as its “trusteed surplus” in the United States. Whenever it appears to the superintendent from any such statement or any report that an alien insurer’s trusteed surplus is reduced below the greater of the minimum capital required of, or the minimum surplus to policyholders required to be maintained by, a domestic insurer licensed to transact the same kinds of insurance, he shall determine the amount of such impairment and order the insurer, through its United States manager or attorney, to eliminate such impairment within such period as he designates, not more than ninety days from service of the order. He may also by order revoke or suspend such insurer’s license or prohibit it from issuing new policies in the United States while such impairment exists.
(2) If at the expiration of such designated period such insurer has not satisfied the superintendent that such impairment has been eliminated, the superintendent may proceed against such insurer pursuant to the provisions of article seventy-four of this chapter as an insurer whose condition is such that its further transaction of business in the United States will be hazardous to its policyholders, its creditors or the public in the United States.

SECTION 1315 – New York Insurance Law
§ 1315. **Trusteed assets of alien insurers.** (a) Whenever a licensed alien insurer is required or permitted by this chapter to deposit assets with a trustee or trustees for the security of its policyholders and creditors in the United States, such assets shall be known as “trusteed assets”. All trusteed assets shall be continuously kept within the United States and the trusteed assets of a licensed alien insurer entered through this state shall be continuously kept in this state. The deed of trust and all amendments thereto shall be

authenticated in such form and manner as the superintendent may prescribe and shall not be effective unless approved by him. If he finds a deed of trust or its amendments: (i) are sufficient in form and in conformity with law, (ii) the trustee or trustees are eligible as such, and (iii) the deed of trust is adequate to protect the interests of the beneficiaries of the trust, he shall give his approval. If he finds, after reasonable notice to and hearing of the insurer, that the requisites for the approval no longer exist, he may withdraw such approval.
(b) The trustee or trustees of all trusts created after nineteen hundred thirty-nine shall be solvent banks or trust companies deemed by the superintendent suitable for such purpose.
(c) All trusts of trusteed assets existing before nineteen hundred forty shall be continued in accordance with the terms of the instruments creating them, if not inconsistent with this section. If the trustees of any trust created before nineteen hundred forty are individuals, and their number is reduced to less than three, by death, resignation or otherwise, the superintendent shall require substitution for such trustees of one or more banks or trust companies deemed by him suitable for such purpose. If the superintendent finds, after reasonable notice to and hearing of such alien insurer, that a deed of trust executed before nineteen hundred forty is inadequate to protect the interests of the beneficiaries of such trust, he shall require the execution of a new or amended deed of trust in conformity with the requirements of this section.
(d) The superintendent may from time to time approve modifications of, or variations in, any deed of trust, which in his judgment are not prejudicial to the interests of the people of this state.
(e) (1) Such deed of trust shall contain provisions which:
(A) vest legal title to trusteed assets in the trustees, and their successors lawfully appointed, in trust for the security of all policyholders and creditors of the alien insurer within the United States;
(B) provide for substitution of a new trustee or trustees in case of a vacancy by death, resignation or otherwise, subject to approval of the superintendent;
(C) require that all trusteed assets shall be at all times maintained as a trust fund separate and distinct from all other assets; and
(D) require that the trustee or trustees shall continuously maintain record at all times sufficient to identify the assets of such fund.
(2) Such deed of trust may provide that income, earnings, dividends or interest accumulations of the assets of such fund may be paid over to the United States manager of such alien insurer, upon his or its request.
(3) Such deed of trust shall provide, in substance, that no withdrawals of assets, other than income as above specified, shall be made or permitted by the trustee or trustees without the approval of the superintendent except to:
(A) make deposits required by law in any state for the security or benefit of all policyholders, or policyholders and creditors, of such alien insurer in the United States;
(B) substitute other assets permitted by law and at least equal in value to those withdrawn, upon the specific written direction of the United States manager or an assistant United States manager when duly empowered and acting pursuant to either general or specific written authority previously given or delegated by the board of directors; or
(C) transfer such assets to an official liquidator or rehabilitator pursuant to an order of a court of competent jurisdiction.
(f) Upon withdrawal of trusteed assets deposited in another state in which such insurer is authorized to do business, it shall be sufficient if the deed of trust requires similar written approval of the insurance supervising official of such state in lieu of approval of the superintendent. In all such cases the alien insurer shall notify the superintendent in writing of the nature and extent of such withdrawal.
(g) The superintendent may from time to time: (i) make examinations of the trusteed assets of any authorized alien insurer at the insurer’s expense and (ii) require the trustee or trustees to file a statement, in such form as he may prescribe, certifying the assets of such trust fund and the amounts thereof. Refusal or neglect of any trustee to comply with the foregoing requirements shall be ground for the revocation of such insurer’s license or the liquidation of its United States branch.
(h) In the case of a Canadian life insurance company, the provisions of this section applicable to a United States manager refer to the president, vice-president, secretary or treasurer of the company at its home office in Canada.

INSTRUCTIONS FOR COMPLETING NEW YORK ADJUSTMENTS
TO HOME STATE NAIC TRUSTEED SURPLUS STATEMENT – PAGE 62

1. The schedules on page 62 are used to identify any adjustments necessary to modify the insurer’s Trusteed Surplus Statement, filed on a Home State basis, to reflect reporting requirements of Section 1312 of the New York Insurance Law.
2. All U.S. Branches of a non-U.S. insurer must complete this schedule. A New York Adjustment Schedule must be completed for each part of the Home State Trusteed Surplus Statement. If there are no adjustments to be reported for a particular asset Schedule or the Liabilities and Trusteed Surplus page, indicate “No adjustments” on *each* of the appropriate schedules. If there is nothing to report on *all* of the Schedules on page 62, in

lieu of filing the page, you may complete the Supplemental Exhibits and Schedules Interrogatories on page 7 of this Supplement by indicating that “there are no adjustments to be reported on this Schedule”.

3. Adjustments to NAIC Schedule A should be reported in New York Schedule A; adjustments to NAIC Schedule B should be reported in New York Schedule B, etc. In the event that there are more than three separate trusts, attach additional adjustment schedules for “Adjustments to Schedule E”, etc.

NEW YORK ADJUSTMENTS TO HOME STATE NAIC TRUSTEED SURPLUS STATEMENT

NEW YORK ADJUSTMENTS TO SCHEDULE A

| | |
|---|----------------------|
| 1. Total, Home State Line 1.99..... | Admitted Asset Value |
| 2. New York Adjustments (Line 0299)..... | |
| 3. Total, N.Y. Basis (Line 1 - 2)..... | |
| DETAILS OF SCHEDULE A ADJUSTMENTS | |
| Home State Line No. Description | |
| 0201. | |
| 0202. | |
| 0203. | |
| 0204. | |
| 0298. Summary of remaining write-ins for Schedule A from overflow page..... | |
| 0299. Total, N.Y. Basis..... | |

NEW YORK ADJUSTMENTS TO SCHEDULE B

| | |
|---|----------------------|
| 4. Total, Home State Line 2.99..... | Admitted Asset Value |
| 5. New York Adjustments (Line 0599)..... | |
| 6. Total, N.Y. Basis..... | |
| DETAILS OF SCHEDULE B ADJUSTMENTS | |
| Home State Line No. Description | |
| 0501. | |
| 0502. | |
| 0503. | |
| 0504. | |
| 0598. Summary of remaining write-ins for Schedule B from overflow page..... | |
| 0599. Total, N.Y. Basis..... | |

NEW YORK ADJUSTMENTS TO SCHEDULE C

| | |
|--|----------------------|
| 7. Total, Home State Line 3.99..... | Admitted Asset Value |
| 8. New York Adjustments (Line 0899)..... | |
| 9. Total, N.Y. Basis..... | |
| DETAILS OF SCHEDULE C ADJUSTMENTS | |
| Home State Line No. Description | |
| 0801. | |
| 0802. | |
| 0803. | |
| 0804. | |
| 0898. Summary of remaining write-ins for Schedule C. from overflow page..... | |
| 0899. Total, N.Y. Basis..... | |

NEW YORK ADJUSTMENTS TO SCHEDULE D

| | |
|---|----------------------|
| 10. Total, Home State Line 4.99..... | Admitted Asset Value |
| 11. New York Adjustments (Line 1199)..... | |
| 12. Total, N.Y. Basis..... | |
| DETAILS OF SCHEDULE D ADJUSTMENTS | |
| Home State Line No. Description | |
| 1101. | |
| 1102. | |
| 1103. | |
| 1104. | |
| 1198. Summary of remaining write-ins for Schedule D from overflow page..... | |
| 1199. Total, N.Y. Basis..... | |

NEW YORK ADJUSTMENTS TO LIABILITIES AND TRUSTEED SURPLUS

| | |
|--|--|
| 20. Total, Home State Line 13..... | |
| 21. New York Adjustments (Line 2199)..... | |
| 22. New York Adjustments (Line 2299)..... | |
| 23. Total, N.Y. Basis (Net of Lines 20, 21 & 22)..... | |
| DETAILS OF LIABILITIES AND TRUSTEED SURPLUS ADJUSTMENTS | |
| Home State Line No. Description | |
| 2101. Adjustments to additions to liabilities | |
| 2102. | |
| 2103. | |
| 2104. | |
| 2198. Summary of remaining write-ins from overflow page..... | |
| 2199. Total, N.Y. Basis..... | |
| 2201. Adjustments to deductions from liabilities | |
| 2202. | |
| 2203. | |
| 2204. | |
| 2298. Summary of remaining write-ins from overflow page..... | |
| 2299. Total, N.Y. Basis..... | |

OVERFLOW PAGE FOR WRITE-INS

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NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2022 OF THE

REPORT OF PREMIUMS

Affix Bar Code Here

LIFE COMPANIES

**NEW YORK STATE
CALENDAR YEAR 2022
(Art. 91 Insurance Law and Art. 33 Tax Law)**

Employer Identification Number

NAIC Number

(EXACT CORPORATE TITLE)

(MAIL ADDRESS)

Domiciliary State _____ Organized _____ Licensed in New York _____
(Date) (Date)

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

| | | | |
|------------------------|---------|-----------------|--------|
| (SIGNATURE OF OFFICER) | (TITLE) | (TELEPHONE NO.) | (DATE) |
|------------------------|---------|-----------------|--------|

GENERAL INSTRUCTIONS

1. This report is required to be filed electronically along with this Supplement to the Life and Accident and Health Annual Statement, by March 1.
2. Two additional copies of this report are required to be filed by March 1, one copy each to:
 - a. Department of Financial Services, Office of Financial Management, One Commerce Plaza, Albany, NY 12257
 - b. Department of Taxation and Finance, Franchise Desk Audit Bureau – AG 9, WA Harriman State Campus, Albany, NY 12227-5299
3. Exclude employer and employee contributions from premiums, subject to the following conditions:
 - a. The insurance contract is issued by your company
 - b. The benefit plan is calculated on a non-profit basis
 - c. The exclusion is limited to employees and agents (and dependents) of your company, and should not include employees and agents of affiliated companies
 - d. If the state of domicile taxes employees and/or employer contributions, report this portion of the premium exclusion on a rider
4. If the New York direct business in Column 1 is not in agreement with Schedule T and the New York Business Page of the Annual Statement, explain fully on a rider.
5. If the net taxable premiums Column 7, Lines 4 and 10 are not in agreement with Schedule H, lines 83, 84 and 85 respectively, of the New York State Life Insurance Corporation Franchise Tax Return (CT33), explain fully on a rider.
6. Foreign companies subject to retaliation under Section 1112 of the New York Insurance Law should submit all documentation to support any payments to be claimed for this purpose.
7. Credit Adjustments included in Schedule A, Line 12 (CT33) are to be documented, or otherwise fully explained.
8. File a copy of CT 33 New York State Life Insurance Corporation Franchise Tax Return with the New York State Department of Financial Services, Office of Financial Management, One Commerce Plaza, Albany, New York 12257.

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2022 OF THE

BUSINESS IN THE STATE OF NEW YORK DURING YEAR ENDING DECEMBER 31, 2022

| Line # | Line of Business | GROSS PREMIUMS LESS RETURN | |
|--------|--|----------------------------|------------------------|
| | | 1 | Reinsurance Assumed |
| | | | 2 |
| | | Direct Business | Unauthorized Companies |
| | SECTION A: LIFE | | |
| 1 | Life | | |
| 2 | Unauthorized States and Countries | | |
| 3 | Aggregate Write-ins for Life (Line 0399) | | |
| 4 | TOTAL Life | | |
| | SECTION B: ACCIDENT & HEALTH | | |
| 5 | Accident & Health | | |
| 6 | Non-Cancelable A&H | | |
| 7 | Unauthorized States and Countries | | |
| 8 | Aggregate Write-ins for A&H (Line 0899) | | |
| 9 | TOTAL Accident & Health | | |
| 10 | TOTALS (Lines 4 + 9) | | |
| | SECTION C: LINES EXEMPTED FROM PREMIUM TAX | | |
| 11 | Annuity Considerations | | |
| 11a | Annuity and Fund Deposits | | |
| 12 | Aggregate Write-ins for Exempted Lines (Line 1299) | | |
| 13 | TOTAL EXEMPTED LINES | | |
| 14 | GRAND TOTAL (Lines 10 + 13) | | |
| | DETAILS OF WRITE-INS AT LINE 3 FOR LIFE | | |
| 0301 | | | |
| 0302 | | | |
| 0303 | | | |
| 0304 | | | |
| 0305 | | | |
| 0398 | Summary of remaining Write-Ins | | |
| 0399 | Totals | | |
| | DETAILS OF WRITE-INS AT LINE 8 FOR A&H | | |
| 0801 | | | |
| 0802 | | | |
| 0803 | | | |
| 0804 | | | |
| 0805 | | | |
| 0898 | Summary of remaining Write-Ins | | |
| 0899 | Totals | | |
| | DETAILS OF WRITE-INS AT LINE 12 FOR EXEMPTED LINES | | |
| 1201 | | | |
| 1202 | | | |
| 1203 | | | |
| 1204 | | | |
| 1205 | | | |
| 1298 | Summary of remaining Write-Ins | | |
| 1299 | Totals | | |

SUPPLEMENTARY SCHEDULE I

| Life/A&H Dividend Deductions | 1 Dividends Paid or Credited | 2 Less Dividend Adjustments | 3 Net Dividends |
|--|---------------------------------|--------------------------------|--------------------|
| 1. Paid in cash or left on deposit..... | | | |
| 2. Applied to pay renewal premiums..... | | | |
| 3. Applied to provide paid-up additions..... | | | |
| 4. Other..... | | | |
| 5. TOTAL | | | |

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2022 OF THE

BUSINESS IN THE STATE OF NEW YORK DURING YEAR ENDING DECEMBER 31, 2022 (Continued)[illegible]**SUPPLEMENTARY SCHEDULE II**

Have dividend accumulations, reported as dividends to reduce the taxable base in prior years, and withdrawn during the current year to purchase paid up additions or shorten the premium paying period, been included as premiums in Line 1, or as a dividend adjustment in the Supplementary Schedule? Show the amount of each such dividend accumulation opposite the appropriate answer below.

- | | |
|--|----------|
| 1. Section A: Line 1, Col. 6..... | \$ _____ |
| 2. Supplementary Schedule I, Col. 2, Line 5..... | \$ _____ |
| 3. Not shown..... | \$ _____ |

SUPPLEMENTARY SCHEDULE III
SCHEDULE OF REINSURANCE ASSUMED - STATE OF NEW YORK

| (1) NAIC Company Code | (2) Federal ID Number | (3) Name of Reinsurer | (4) State of Domicile | 5 Premium Assumed |
|--------------------------------|--------------------------------|------------------------------|--------------------------------|-----------------------------|
| AUTHORIZED COMPANIES | | | | |
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| | | | | |
| 0199999 | XXX | Total Authorized Companies | XXX | |
| UNAUTHORIZED COMPANIES | | | | |
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| | | | | |
| | | | | |
| 0299999 | XXX | Total Unauthorized Companies | XXX | |

Do not report reinsurance ceded.

COMPUTATION OF SECTION 206 PREMIUM BASE

New York Domiciled Companies Only

Section 206 – NYS Financial Services Law

This schedule is to be completed by New York domiciled companies only and is for the purpose of determining the premium base that will be used to compute the 2022 final Section 206 Assessment under NYS Financial Services Law.

Instructions:

1. Line 1: Beginning Premium Base of this schedule, is taken from the NAIC Annual Statement, Schedule T, Line 33, columns 2 (Direct Premiums Written), 3 (Annuity Considerations), and 4 (Accident & Health Insurance Premiums including Policy, Membership and Other Fees).
2. Lines 2.1 - 2.5: Additions should be those premiums that are not already included in the Beginning Premium Base on Line 1.
3. Lines 3.1 -3.4: Deductions should be those premiums that are already included in the Premium Base on Line 1, but are not subject to assessment.

NOTE: Adjustments to the premium base are subject to review. Supporting documentation should be available, if requested by the Department.

| | | |
|---|--|---|
| 1. Beginning Premium Base (see Instruction #1) | | |
| ADJUSTMENTS | | |
| 2. Additions (See Instruction #2) | | |
| 2.1 Prior Year annuitizations or immediate annuities | | |
| 2.2 Unauthorized reinsurance premiums assumed (less returned premiums) | | |
| 2.3 Unauthorized states (states in which company is not licensed) | | |
| 2.4 Other (a) | | |
| 2.5 Total Additions (Lines 2.1 through 2.4) | | |
| 3. Deductions (See Instruction #3) | | |
| 3.1 Allocated Deferred Deposit type funds | | |
| 3.2 Employer/Employee Contributions | | |
| 3.3 Other (b) | | |
| 3.4 Total Deductions (Lines 3.1 through 3.3) | | |
| 4. Adjusted Premium Base (Line 1 plus 2.5 minus 3.4) | | |
| 5. Prior Year Adjusted Premium Base | | |
| 6. Difference from Prior Year (Line 4 minus Line 5) | | |
| 7. Percent Difference (Line 6 divided by Line 5) (c) | | % |
| | | |
| (a) Specify Line 2.4 addition(s): | | |
| | | |
| (b) Specify Line 3.3 deduction(s): | | |
| | | |
| (c) If difference is +/- 25% from prior year, please provide an explanation for the change: | | |
| | | |
| | | |
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| | | |

(Prepared by)

(Title)

(Phone Number)

(E-Mail Address)

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HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS

Individually list in Section 1 write-in boxes all health care creditors of \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. Group the total of all other payables and enter on line titled, "Aggregate Accounts Not Individually Listed." For both Sections 1 and 2, age reported claims payable from date of receipt by Company or, in the case of capitation and other non-fee-for-service claim expenses, from the date payment is required under contract or from the date bill is received by Company.

Section 1 - Aging Analysis of Claims Unpaid

| Account | 1-30 Days | | 31-60 Days | | 61-90 Days | | 91-120 Days | | Over 120 Days | | Total | |
|---|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|--------------------|-------------------|--------------------|
| | 1 Claim Count | 2 Dollar Value | 3 Claim Count | 4 Dollar Value | 5 Claim Count | 6 Dollar Value | 7 Claim Count | 8 Dollar Value | 9 Claim Count | 10 Dollar Value | 11 Claim Count | 12 Dollar Value |
| 1. Reserve for Reported Claims Due and Unpaid ^a | | | | | | | | | | | | |
| 1.1 Aggregate write-ins for Individually Listed Claims Payable (line 1.199) | | | | | | | | | | | | |
| 1.2 Aggregate Accounts Not Individually Listed | | | | | | | | | | | | |
| 1.3 Subtotal (Lines 1.1 plus 1.2) | | | | | | | | | | | | |
| 2. Reserve for Reported Claims in Course of Settlement ^b | | | | | | | | | | | | |
| 2.1 Aggregate write-ins for Individually Listed Claims Payable (line 2.199) | | | | | | | | | | | | |
| 2.2 Aggregate Accounts Not Individually Listed | | | | | | | | | | | | |
| 2.3 Subtotal (Lines 2.1 plus 2.2) | | | | | | | | | | | | |
| 3. Reserve for Reported Resisted Claims ^c | | | | | | | | | | | | |
| 3.1 Aggregate write-ins for Individually Listed Claims Payable (line 3.199) | | | | | | | | | | | | |
| 3.2 Aggregate Accounts Not Individually Listed | | | | | | | | | | | | |
| 3.3 Subtotal (Lines 3.1 plus 3.2) | | | | | | | | | | | | |
| 4. Total Reported Claims Unpaid (line 1.3 + 2.3 + 3.3) | | | | | | | | | | | | |
| 5. Unreported Claims and Other Claim Reserves ^d | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| 6. Total Amounts Withheld | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| 7. Total Claims Unpaid (Lines 4 through 6) | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| 8. Accrued Medical Incentive Pool | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DETAILS OF WRITE-INS AGGREGATED AT LINE 1.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE | | | | | | | | | | | | |
| 1.101 | | | | | | | | | | | | |
| 1.102 | | | | | | | | | | | | |
| 1.103 | | | | | | | | | | | | |
| 1.198 (Summary of remaining write-ins for 1.1 from overflow page) | | | | | | | | | | | | |
| 1.199 Totals (Lines 01.101 through 01.103 plus 1.198)(Line 1.1 above) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 2.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE | | | | | | | | | | | | |
| 2.101 | | | | | | | | | | | | |
| 2.102 | | | | | | | | | | | | |
| 2.103 | | | | | | | | | | | | |
| 2.198 (Summary of remaining write-ins for 2.1 from overflow page) | | | | | | | | | | | | |
| 2.199 Totals (Lines 2.101 through 2.103 plus 2.198)(Line 2.1 above) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS AGGREGATED AT LINE 3.1 FOR INDIVIDUALLY LISTED CLAIMS PAYABLE | | | | | | | | | | | | |
| 3.101 | | | | | | | | | | | | |
| 3.102 | | | | | | | | | | | | |
| 3.103 | | | | | | | | | | | | |
| 3.198 (Summary of remaining write-ins for 3.1 from overflow page) | | | | | | | | | | | | |
| 3.199 Totals (Lines 3.101 through 3.103 plus 3.198)(Line 3.1 above) | | | | | | | | | | | | |

Section 2A, columns 5 and 6, line 4.5 and Section 2B, columns 5 and 6, line 4.5 must total Section 1, columns 11 and 12, line 4.
See further notes after Section 3 of this Schedule.

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS

Section 2A – Statutory Aging Analysis

| Account | 1-30 Days | | Over 30 Days | | Total* | |
|--|-------------|--------------|--------------|--------------|-------------|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | Claim Count | Dollar Value | Claim Count | Dollar Value | Claim Count | Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid ^a | | | | | | |
| 1.11 Payable to Physicians (capitated) ^e | xxx | | xxx | | xxx | |
| 1.12 Payable to Physicians (other than capitated) | | | | | | |
| 1.21 Payable to Hospitals (capitated) | xxx | | xxx | | xxx | |
| 1.22 Payable to Hospitals (other than capitated) | | | | | | |
| 1.3 Payable to Subscribers | | | | | | |
| 1.41 Payable to Others (capitated) ^f | xxx | | xxx | | xxx | |
| 1.42 Payable to Others (other than capitated) | | | | | | |
| 1.5 Subtotal (Lines 1.11 through 1.42) | | | | | | |
| 2. Reserves for Reported Claims in Course of Settlement ^b | | | | | | |
| 2.1 Payable to Physicians (including capitation) | | | | | | |
| 2.2 Payable to Hospitals (including capitation) | | | | | | |
| 2.3 Payable to Subscribers | | | | | | |
| 2.4 Payable to Others (including capitation) ^f | | | | | | |
| 2.5 Subtotal (Lines 2.1 through 2.4) | | | | | | |
| 3. Reserves for Reported Resisted Claims ^c | | | | | | |
| 3.1 Payable to Physicians (including capitation) | | | | | | |
| 3.2 Payable to Hospitals (including capitation) | | | | | | |
| 3.3 Payable to Subscribers | | | | | | |
| 3.4 Payable to Others (including capitation) ^f | | | | | | |
| 3.5 Subtotal (Lines 3.1 through 3.4) | | | | | | |
| 4. Total Reported Claims Unpaid (lines 1 through 3) | | | | | | |
| 4.1 Payable to Physicians (including capitation) (Lines 1.11+1.12+2.1+3.1) | | | | | | |
| 4.2 Payable to Hospitals (including capitation) (Lines 1.21+1.22+2.2+3.2) | | | | | | |
| 4.3 Payable to Subscribers (Lines 1.3+2.3+3.3) | | | | | | |
| 4.4 Payable to Others (including capitation) ^f (Lines 1.41+1.42+2.4+3.4) | | | | | | |
| 4.5 Subtotal (Lines 4.1 through 4.4) | | | | | | |

CLAIMS TRANSMITTED ELECTRONICALLY VIA INTERNET OR ELECTRONIC MAIL

Section 2B – Statutory Aging Analysis

PAPER CLAIMS OR CLAIMS SUBMITTED VIA FACSIMILE

| Account | 1-45 Days | | Over 45 Days | | Total* | |
|--|-------------|--------------|--------------|--------------|-------------|--------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | Claim Count | Dollar Value | Claim Count | Dollar Value | Claim Count | Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid ^a | | | | | | |
| 1.11 Payable to Physicians (capitated) ^e | xxx | | xxx | | xxx | |
| 1.12 Payable to Physicians (other than capitated) | | | | | | |
| 1.21 Payable to Hospitals (capitated) | xxx | | xxx | | xxx | |
| 1.22 Payable to Hospitals (other than capitated) | | | | | | |
| 1.3 Payable to Subscribers | | | | | | |
| 1.41 Payable to Others (capitated) | xxx | | xxx | | xxx | |
| 1.42 Payable to Others (other than capitated) ^f | | | | | | |
| 1.5 Subtotal (Lines 1.11 through 1.42) | | | | | | |
| 2. Reserves for Reported Claims in Course of Settlement ^b | | | | | | |
| 2.1 Payable to Physicians (including capitation) | | | | | | |
| 2.2 Payable to Hospitals (including capitation) | | | | | | |
| 2.3 Payable to Subscribers | | | | | | |
| 2.4 Payable to Others (including capitation) ^f | | | | | | |
| 2.5 Subtotal (Lines 2.1 through 2.4) | | | | | | |
| 3. Reserves for Reported Resisted Claims ^c | | | | | | |
| 3.1 Payable to Physicians (including capitation) | | | | | | |
| 3.2 Payable to Hospitals (including capitation) | | | | | | |
| 3.3 Payable to Subscribers | | | | | | |
| 3.4 Payable to Others (including capitation) ^f | | | | | | |
| 3.5 Subtotal (Lines 3.1 through 3.4) | | | | | | |
| 4. Total Reported Claims Unpaid (lines 1 through 3) | | | | | | |
| 4.1 Payable to Physicians (including capitation) (Lines 1.11+1.12+2.1+3.1) | | | | | | |
| 4.2 Payable to Hospitals (including capitation) (Lines 1.21+1.22+2.2+3.2) | | | | | | |
| 4.3 Payable to Subscribers (Lines 1.3+2.3+3.3) | | | | | | |
| 4.4 Payable to Others (including capitation) ^f (Lines 1.41+1.42+2.4+3.4) | | | | | | |
| 4.5 Subtotal (Lines 4.1 through 4.4) | | | | | | |

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS

Section 3 - Claims and Interest Penalties Paid During Year

| Account | Claims Paid During Year | | N.Y.I.L. Section 3224-a Interest | |
|--|-------------------------|-------------------|----------------------------------|--------------------------------|
| | 1 Claim Count | 2 Dollar Value | 3 Claim Count ^h | 4 Interest Paid During Year |
| 1.1. Paid to Physicians (capitated) ^e | xxx | | xxx | xxx |
| 1.2. Paid to Physicians (other than capitated) | | | | |
| 2.1. Paid to Hospitals (capitated) | xxx | | xxx | xxx |
| 2.2. Paid to Hospitals (other than capitated) | | | | |
| 3. Paid to Subscribers | | | | |
| 4.1. Paid to Others (Benefits) (capitated) | xxx | | xxx | xxx |
| 4.2. Paid to Others (Benefits) (other than capitated) ^f | | | | |
| 5.1. Total Capitated (Lines 1.1 + 2.1 + 4.1) ^f | xxx | | xxx | xxx |
| 5.2. Total Other than Capitated (Lines 1.2 + 2.2 + 3 + 4.2) | | | | |
| 5.3. Paid to Others (Miscellaneous. ^g) | xxx | | xxx | xxx |
| 6. Grand Total (Lines 5.1 + 5.2 + 5.3) | xxx | | | |

Footnotes:

a- Reserves for Reported Claims Due and Unpaid: A reserve for due and unpaid claims is established to pay claims which have been approved, but for which payment checks have not been sent.

b- Reserves for Reported Claims in Course of Settlement: Reserves for claims in the course of settlement are established for claims that are on file in the company at the time the valuation is done, but have not yet been approved or paid.

c- Reserves for Reported Resisted Claims: Reserves for resisted claims are established for those claims in dispute and/or where the obligation to pay such claim is not reasonably clear as of the statement date.

d- Unreported Claims and Other Claim Reserves: Include reserves for IBNR claims and other claim reserves. Other Claim Reserves include non-benefit-related liabilities required to be reported as claims, e.g. Regulation No. 146 pool liabilities.

e- Line 1.11 should include Doctors and IPA corporations reimbursed on a capitated basis.

f- Payable to Others: Include all claim-related payments to intermediaries (other than those to IPA corporations, which are to be accounted for as "Payable to Physicians") and other vendors, such as suppliers of durable medical equipment. Include reported claims payable not classified as payable to physicians, hospitals, or subscribers.

g- Includes Regulation 146 pool payments, payments to bad debt and charity pools, prompt payment claim interest penalties, etc.

h- Line 6, col. 3, grand total Claim Count pertains to the number of claims upon which N.Y.I.L. Section 3224-a interest penalties have been paid.

Name of Contact Person for this Schedule: _____

Telephone Number: _____

E-mail Address: _____

HEALTH INSURANCE CLAIMS PAYABLE (Reported and Unreported), NY STATE BUSINESS

OVERFLOW PAGE FOR WRITE-INS FROM SECTION 1

| Creditor Name | 1-30 Days | | 31-60 Days | | 61-90 Days | | 91-120 Days | | Over 120 Days | | Total | |
|--|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|--------------------|-------------------|--------------------|
| | 1 Claim Count | 2 Dollar Value | 3 Claim Count | 4 Dollar Value | 5 Claim Count | 6 Dollar Value | 7 Claim Count | 8 Dollar Value | 9 Claim Count | 10 Dollar Value | 11 Claim Count | 12 Dollar Value |
| 1. Reserves for Reported Claims Due and Unpaid - Companies individually listed (continued from Section 1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals overflow for line 1.1 (enter also in Section 1, line 1.198) | | | | | | | | | | | | |
| 2. Reserves for Reported Claims in Course of Settlement - Companies individually listed (continued from Section 1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals overflow for line 2.1 (enter also in Section 1, line 2.198) | | | | | | | | | | | | |
| 3. Reserves for Reported Resisted Claims - Companies individually listed (continued from Section 1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals overflow for line 3.1 (enter also in Section 1, line 3.198) | | | | | | | | | | | | |

Health care creditors should be individually listed only if the claim is for \$5,000 or more or 10% of total claims payable (reported, excluding amounts withheld), whichever is larger. See instructions on page 71, above Section 1 heading.

| SPECIAL INSTRUCTIONS | |
|---|--|
| <u>LS2022JURAT1</u> | COMPANY INFORMATION Column 1 = Current Period Group Code Column 2 = Prior Period Group Code Column 3 = NAIC Company Code Column 4 = FEIN Column 5 = State of Domicile |
| <u>LSS2022JURAT2</u> | COMPANY NAME INFORMATION |
| <u>LSS2022JURAT3</u> | COMPANY ADDRESS INFORMATION Column 1 = Street Address Column 2 = City Column 3 = State Column 4 = Zip Code Column 5 = Internet Website Address (applies to Line 1 only) If a company does not have an Internet Website Address, enter N/A in this field. Line 01 = Statutory Home Office Line 02 = Main Administrative Office Line 03 = Mail Address Line 04 = Primary Location of Books and Records Line 05 = Electronic Contact Address |
| <u>LSS2022JURAT4</u> | COMPANY CONTACT INFORMATION Column 1 = Contact Last Name Column 2 = Contact First Name Column 3 = Contact Middle Name Column 4 = Phone Number Column 5 = E-Mail Address Line 1 = Annual Statement Contact Line 2 = Electronic Filing Contact |
| <u>LSS2022JURAT5</u> Table Length: Variable | COMPANY OFFICERS/DIRECTORS/TRUSTEES Column 1 = Last Name Column 2 = First Name Column 3 = Middle Name Column 4 = Suffix Column 5 = New Officer Indicator Line 1 = President Line 2 = Secretary Line 3 = Treasurer |
| <u>LSS2022JURAT6</u> | VENDOR INFORMATION Column 1 = Vendor Name Column 2 = Vendor Version Number Column 3 = Vendor Code |
| <u>LSS2022INTER</u> | NEW YORK INTERROGATORIES Column 1 = Yes/No Response Column 2 = Numerical Response Column 3 = Text/Description |
| <u>LSS2022SCI</u> Table Length: Variable | SCHEDULE I Column 1 = Text/Description Column 2 = New York State Amount Column 3 = Community Investment Amount 0100001-0199996 Debt Obligations 0200001-0299996 Real Estate 0300001-0399996 Mortgages 0400001-0499996 Common Stock and Other Securities 0500001-0599996 Charitable and Philanthropic Contributions 0600001-0699996 Activities to make the public aware of Investments, Activities or Contributions 0700001-0799996 Other New York State Investments not classified above 9999999 Grand Total |
| <u>LSS2022NOTES</u> | NEW YORK NOTES TO FINANCIAL STATEMENT Column 1 = Yes/No Response Column 2 = Numerical Response |
| <u>LSS2022SPEXSCINT</u> | SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES Column 1 = Yes/No Response Column 2 = Explanation |
| <u>LSS2022SCG</u> Table Length: Variable | SCHEDULE G 0100001-0199996 Total Directors or Trustees |

9999999 Grand Total

Lines 0100001-0199996 = Items \$500 or more as needed

Column 6 = Interest of the Corporation Therein

Lines 0100001-0199996 = Items of \$100 or more as needed

Column 1C = Middle Name

Column 2 = Description

Column 2 = Age at Issue N(02)

Values for Columns 28 and 30 If terminal dividends are not payable until a policy year later than the 10th or 20th, enter amount of terminal dividend for earliest policy year payable and enter such policy year (xxx) in parentheses after amount of terminal dividend

Surplus Management Acct

Format = MMDDYYYY

Surplus Management Acct

Surplus Management Acct

Surplus Management Acct

Column 1 = Yes/No Response

Column 2 = Description

Values for Column 1: = Yes = Yes
No = No
NA = Not Applicable

LSS2022ECRT
Table Length: Variable

EXHIBIT OF CAPTIVE REINSURANCE TRANSACTIONS
Column 1 = Exhibit Line Number
Column 2 = Name of Cedent
Column 3 = NAIC code of Cedent
Column 4 = Name of Reinsurer
Column 5 = NAIC code of Reinsurer
Column 6 = State or Country
Column 7 = Date of treaty
Column 8 = Type of business
Column 9 = Reinsurance code
Column 14 = Basis of calculation
Column 17 = Yes/No
Column 21 = Name of guarantor

Lines 0000001-9999996 = Treaty

LSS2022SCSRPT2

SCHEDULE SR - PART 2 - REINSURANCE SCHEDULE
Column 1 = Reinsurer
Lines 0000001-9999996 = Reinsurer

LSS2022SCUPT5

SCHEDULE U - PART 5 - CEDED REINSURANCE
Column 1 = Reinsurer
Column 2 = Location

Lines 0000001-9999996 = Reinsurer as needed

LSS2022AVRPT1
Table Length: Variable

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT - PART 1 - LIFE INSURANCE, ANNUITIES & SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES
Column 1 = Valuation Standard Description
Column 2 = Location in Previous Year's Annual Statement

Lines 0100001-0199996 = Life Insurance as needed
Lines 0200001-0299996 = Annuities Other than Co. Retirement Plans as needed
Lines 0300001-0399996 = Company Retirement Plans as needed
Lines 0500001-0599996 = Supplementary Contracts with Life Contingencies

LSS2022AVRPT2
Table Length: Variable

ANALYSIS OF VALUATION RESERVES - GENERAL ACCOUNT PART 2 - ACCIDENTAL DEATH BENEFITS, DISABILITY ACTIVE AND DISABLED LIVES, MISCELLANEOUS RESERVES AND GRAND TOTAL RESERVES
Column 1 = Valuation Standard Description
Column 2 = Location in Previous Year's Annual Statement

Lines 0600001-0699996 = Accctional Accidental Death Benefits
Lines 0700001-0799996 = Disability - Active Lives
Lines 0800001-0899996 = Disability - Disabled Lives Approved Claims
Lines 0900001-0999996 = Disability - Disabled Lives Pending & Resisted Claims
Lines 1000001-1099996 = Disability - Disabled Lives Incurred & Unreported Claims
Lines 1200001-1299996 = Miscellaneous Reserves (A)
Lines 1300001-1399996 = Miscellaneous Reserves (B)
Lines 1400001-1499996 = Miscellaneous Reserves (C)
Lines 1500001-1599996 = Miscellaneous Reserves (D)
Lines 1600001-1699996 = Miscellaneous Reserves (E)
Lines 1700001-1799996 = Miscellaneous Reserves (F)

LSS2022AVRSAPT1
Table Length: Variable

ANALYSIS OF VALUATION RESERVES - SEPARATE ACCOUNTS - PART 1 - LIFE INSURANCE, ANNUITIES & SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES
Column 1 = Valuation Standard Description

Lines 0100001-0199996 = Life Insurance as needed
Lines 0200001-0299996 = Annuities Other than Co. Retirement Plans as needed
Lines 0300001-0399996 = Supplementary Contracts with Life Contingencies

LSS2022AVRSAPT2
Table Length: Variable

ANALYSIS OF VALUATION RESERVES - SEPARATE ACCOUNTS PART 2 - ACCIDENT & HEALTH CONTRACTS, MISCELLANEOUS RESERVES AND GRAND TOTAL RESERVES
Column 1 = Valuation Standard Description

Lines 0400001-0499996 = Accident and Health Contracts
Lines 0500001-0599996 = Miscellaneous Reserves (A)
Lines 0600001-0699996 = Miscellaneous Reserves (B)

LSS2022AHPEE
Table Length: Variable

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT
Column 1A = Non-New York Business Code

Column 1 = Policy Form Number
Column 2 = Years Issued
Columns 17, 18, 23 & 25 should be reported as ratios (13,3)

Valid Values:
Column 1A Non-New York Business = Z

LSS2022JURAT9 **EXHIBIT of GRIEVANCES AND UTILIZATION REVIEW APPEALS HEALTH INSURANCE CONTRACTS: NEW YORK STATE BUSINESS**
Line 01, Column 1 = Contact Last Name
Column 2 = Contact First Name
Column 3 = Contact Middle Name
Column 4 = Contact Phone Number

LSS2022PREMTAXI **COMPUTATION OF SECTION 206 PREMIUM BASE**
Line 02.4, Column 1 = Description of Other Addition on line 2.4
Line 03.3, Column 1 = Description of Other Deduction on line 3.3

LSS2022JURAT10 **COMPUTATION OF SECTION 206 PREMIUM BASE**
Line 01, Column 1 = Schedule Contact Name
Column 2 = Schedule Contact Title

Column 3 = Phone Number
Column 4 = E-Mail Address

LSS2022HICPSN1W **HEALTH INSURANCE CLAIMS PAYABLE - SECTION 1 AGING ANALYSIS OF CLAIMS UNPAID**
Table Length: Variable

LSS2022JURAT11 **HEALTH INSURANCE CLAIMS PAYABLE - SECTION 3 - CLAIMS AND INTEREST PAID, CURRENT YEAR TO DATE**
Line 01 = Schedule Contact
Column 1 = Last Name
Column 2 = First Name
Column 3 = Middle Name
Column 4 = Phone Number
Column 5 = E-Mail Address