

**NEW YORK STATE  
DEPARTMENT OF  
FINANCIAL SERVICES**

**SUPPLEMENT TO  
FRATERNAL ORDERS  
ANNUAL STATEMENT**

To be filed with the  
Annual Statement – December 31, 2019  
of the

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Name of Society

**FRATERNAL**

**2019**

# INSTRUCTIONS

## For completing the Fraternal Orders Annual Statement Supplement

### GENERAL

- Two copies of this Supplement completed according to these instructions should be filed by ALL Fraternal Benefit Societies together with two copies of the Fraternal Orders Annual Statement, completed pursuant to the laws of the state of domicile.  
The Supplement must be returned with pages of the same size and in the same sequence as the blank that is provided by the Department. **All pages of the Supplement must be bound or stapled together inside the cover.** Supplements returned as loose pages without covers or in a smaller or larger size will not be accepted as meeting the filing requirements.
- All forms are to be filed by March 1, **Address all forms to: Life Bureau, New York State Department of Financial Services, One State Street, New York, New York 10004**
- Pages 2 and 3 of this Supplement are intended to identify those adjustments necessary to modify the society's Annual Statement filed on a Home State basis to reflect New York Law, Rules, Regulations and reporting requirements. Domestic societies must complete the Annual Statement pursuant to New York Law, Rules, Regulations and reporting requirements and, accordingly, shall not complete pages 2 and 3.
- 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 and do not insert write-ins between 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" sections on the Overflow Page, Page 32.
- If there is nothing to report on any of the Exhibits or Schedules write "None" or "N/A" across the face of the Exhibit or Schedule.
- 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<br>Year  | Prior<br>Year    | Change           |
|--|------------------|------------------|------------------|
| Page 3, Line 16                          | \$ 18,500        | \$ 28,500        |                  |
| Page 3, Line 18                          | 110,000          | 200,000          |                  |
| Page 3, Line 22.4                        | 80,000           | 85,000           |                  |
| Page 3, Line 23(Aggregate write-in line) | <u>(-)5,000</u>  | <u>40,000</u>    |                  |
|  | <u>\$203,500</u> | <u>\$353,500</u> | <u>\$150,000</u> |

#### 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 a 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.

#### ASSETS — PAGE 2

##### Line 2 — Total New York Admitted Asset Adjustments

A society which owns stock of an 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 8 — Surplus Fund Adjustments

Include any New York adjustments to Home State A.S. Page 3, Items 31, 32, 33 and 34.

##### Line 9 — Adjustment to Home State A.S., Page 3, Item 35, Unassigned Funds

The total adjustment on Line 9 should represent the net effect of all other adjustments reported on Lines 2, and 5.

#### SUMMARY OF OPERATIONS — PAGE 3

##### Line 2 — Total 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.

#### SURPLUS ACCOUNT — PAGE 3

##### Lines 5, 6, 7, 8 and 9 — General Instruction

The amounts reported at these lines should be the current year's adjustment. DO NOT REPORT THE CHANGE BETWEEN YEARS.

##### Line 5 — 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 6 — Current year adjustment to net unrealized capital gains or (losses)

Include any changes in unrealized capital gains or losses resulting from adjustments in **invested asset** values that are reported on Page 2, Line 2 of this Supplement.

##### Line 7 — 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 8 — All other Surplus and Unassigned Funds Adjustments

Exclude any adjustments which do not result in an overall change in total surplus and unassigned funds.

#### SCHEDULE NP

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 and Regulation 138.

All societies that are required to report information pursuant to the above listed references must complete the **entire** Schedule.

#### LIMITATION OF EXPENSE REPORT

Pursuant to Section 4515 of the New York Insurance Law, this report must be completed by all societies.

#### ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This form is required to be filed by all fraternal benefit societies with more than \$20,000 reported in the Home State annual statement on Schedule H, Part 1, Column 1. This form is due by **March 1**.

#### EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS

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

#### COMPUTATION OF SECTION 206 PREMIUM BASE

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

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES  
ANNUAL STATEMENT SUPPLEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2019  
of the Condition of the

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|   |                  |                |
|---|------------------|----------------|
| 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 2019 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 2019 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 \_\_\_\_\_, 2020  
\_\_\_\_\_

**NEW YORK ADJUSTMENTS TO HOME STATE BALANCE SHEET**

| <b>ASSETS</b>  |   | 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).....                              |              |            |
| <b>DETAILS OF ADMITTED ASSET ADJUSTMENTS</b>             |   |              |            |
|  | Page 2, Item No.,<br>Home State A.S. _____                              |              |            |
|  | Caption   |              |            |
| 0201.  | .....   |              |            |
| 0202.  | .....   |              |            |
| 0203.  | .....   |              |            |
| 0204.  | .....   |              |            |
| 0298.  | Summary of remaining write-ins for Line 2 from overflow page.....       |              |            |
| 0299.  | Total Admitted Asset Adjustments (Line 2).....                          |              |            |
| <b>LIABILITIES, SURPLUS AND OTHER FUNDS</b>              |   |              |            |
| <b>LIABILITIES</b>                                       |   |              |            |
| 4.   | Total Liabilities, Home State A.S., Page 3, Line 28.....                |              |            |
| <b>New York Liability Adjustments</b>                    |   |              |            |
| 5.   | New York Liability Adjustments (Line 0599).....                         |              |            |
| 6.   | Total Liabilities, N.Y. Basis (Line 4 + 5).....                         |              |            |
| <b>SURPLUS AND OTHER FUNDS</b>                           |   |              |            |
| 7.   | Surplus and Unassigned Funds, Home State A.S., Page 3, Line 37.....     |              |            |
| <b>New York Surplus and Unassigned Funds Adjustments</b> |   |              |            |
| 8.   | Surplus Funds Adjustments, (Line 0899).....                             |              |            |
| 9.   | Adjustment to Home State A.S., Page 3, Line 35<br>Unassigned Funds..... |              |            |
| 10.  | Total N.Y. Surplus and Unassigned Funds Adjustments (Line 8 + 9).....   |              |            |
| 11.  | Surplus and Unassigned Funds,<br>N.Y. Basis, (Lines 7 - 10).....        |              |            |
| 12.  | Total of Lines 6 and 11.....  |              |            |
| <b>DETAILS OF NEW YORK LIABILITY ADJUSTMENTS</b>         |   |              |            |
|  | Page 3, Line No.,<br>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).....                     |              |            |
| <b>DETAILS OF SURPLUS ADJUSTMENTS</b>                    |   |              |            |
|  | Page 3, Line No.,<br>Home State A.S. _____                              |              |            |
|  | Caption   |              |            |
| 0801.  | .....   |              |            |
| 0802.  | .....   |              |            |
| 0803.  | .....   |              |            |
| 0804.  | .....   |              |            |
| 0898.  | Summary of remaining write-ins for Line 8 from overflow page.....       |              |            |
| 0899.  | Total, Surplus Adjustments (Line 8).....                                |              |            |

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

| <b>SUMMARY OF OPERATIONS</b>   |  | 1<br>Current Year | 2<br>Prior Year |
|--|--|-------------------|-----------------|
| 1.   | Net Income, Home State A.S., Page 4, Line 35.....                                |                   |                 |
| 2.   | Total New York Adjustments to Net Income (Line 0299).....                        |                   |                 |
| 3.   | Net Income, N.Y. Basis (Line 1 + 2).....   |                   |                 |
| <b>SURPLUS</b>   |  |                   |                 |
| 4.   | Surplus, Home State A.S., Page 4, Line 55.....                                   |                   |                 |
| 5.   | Current year adjustment to assets and/or liabilities affecting net income.....   |                   |                 |
| 6.   | Current year adjustment to net unrealized capital gains or (losses).....         |                   |                 |
| 7.   | Current year adjustment to non-admitted assets and related items.....            |                   |                 |
| 8.   | All other Unassigned Funds and Surplus Adjustments (Line 0899).....              |                   |                 |
| 9.   | Total N.Y. Adjustments to Unassigned Funds and Surplus (Line 5 + 6 + 7 + 8)..... |                   |                 |
| 10.  | Unassigned Funds and Surplus, N.Y. Basis (Line 4 - 9) (Page 2, Line 11).....     |                   |                 |
| <b>DETAILS OF ADJUSTMENTS TO NET INCOME ADJUSTMENTS</b>                |  |                   |                 |
|  | Page 4, Line No.,<br><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, Asset Adjustments to Net Income (Line 2).....                             |                   |                 |
| <b>DETAILS OF ALL OTHER UNASSIGNED FUNDS &amp; SURPLUS ADJUSTMENTS</b> |  |                   |                 |
|  | Page 4, Line No.,<br><u>Home State A.S.</u> <u>Caption</u>                       |                   |                 |
| 0801.  | .....  |                   |                 |
| 0802.  | .....  |                   |                 |
| 0803.  | .....  |                   |                 |
| 0804.  | .....  |                   |                 |
| 0898.  | Summary of remaining write-ins for Line 8 from overflow page.....                |                   |                 |
| 0899.  | Total, All Other Unassigned Funds and Surplus Adjustments.(Line 8).....          |                   |                 |

**NEW YORK GENERAL INTERROGATORIES**

- 1. Are any of the assets reported in this statement held pursuant to Section 1404(b) of the New York Insurance Law? Yes [ ] No [ ]  
If answer is yes, attach a statement providing full information.
  
- 2. State the largest amount invested in, or loaned upon, the securities of any one institution at any time during the year. (Include certificates of deposits, partnerships and other equity interests; exclude U.S. Government investments.) \$.....
  
- 3.1. Does the society write universal life policies or other policies with non-guaranteed elements as described in Section 4518 of the Insurance Law? Yes [ ] No [ ]
- 3.2. If yes, has the society completed Schedule NP pursuant to Instruction 1 of that schedule with respect to Universal Life type or Indeterminate Premium policies and also the Expense Limitation Report? Yes [ ] No [ ]  
If the society has not so complied, attach a statement providing a full explanation.
  
- 4.1. Does the society write group life policies or contracts for which employees pay substantially all the premiums via payroll deduction or otherwise? Yes [ ] No [ ]
- 4.2. Have these policies or contracts been included in preparing the Limitation of Expense Report? Yes [ ] No [ ]
- 4.3. Has the society filed its plan of agents' compensation for these policies or contracts with the New York Department of Financial Services? Yes [ ] No [ ]  
If the company has not so complied, attach a statement providing a full explanation.

**CERTIFICATE OF COMPLIANCE**

(Filed pursuant to requirements of Regulation No. 34 and/or Regulation No. 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 \_\_\_\_\_

\_\_\_\_\_ Society and hereby certifies  
that, to the best of (his, her) knowledge, information and belief, advertisements disseminated by or on behalf of  
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 Regulation No. 34 and/or Regulation 34A promulgated  
pursuant to said law.

\_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

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## SCHEDULE NP

### INSTRUCTIONS

1. This schedule must be completed by all societies which write both participating and non-participating certificates; Universal Life type certificates, Indeterminate premium type certificates or accumulation-type annuities.
2. Certificates which are nominally participating but on which it is not expected that refunds (dividends) will be paid must be included as participating. Certificates 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 3 (if nominally participating) or column 6 (if non-participating).
3. **DOMESTIC SOCIETIES:** The Grand Total columns on pages 8, 9, and 10 should agree with pages 2, 3 and 4 respectively, of the NAIC Blank annual statement. Cross references on Page 8, Line 28; Page 9, Lines 28 & 39; and Page 10, Line 35 **apply to foreign societies only.**
4. **FOREIGN SOCIETIES:** Any New York adjustment on Pages 2 and 3, of this Supplement should be reflected in the appropriate lines on pages 8, 9 and 10 of this Supplement. Accordingly, the totals in the Grand Total columns, for each respective line on pages 8, 9 and 10 should agree with the respective **totals** reported on Pages 2 and 3, of this Supplement. Cross references are provided on Page 8, Line 28; Page 9, Lines 28 & 39; and Page 10, Line 35 for further guidance.
5. There are no "Details for Aggregate Write-ins" sections on pages 8, 9 and 10. Details of aggregated items should not be reported on these pages.

**SCHEDULE NP**

Fraternal Orders

8

|   | 1                  | Participating |   |              | Non-Participating |   |              |
|---|--------------------|---------------|---|--------------|-------------------|---|--------------|
|   |                    | 2             | 3   | 4            | 5                 | 6   | 7            |
| <b>ASSETS</b>   | <b>Grand Total</b> | <b>Total</b>  | <b>Universal Life<br/>Deferred<br/>Annuities, etc.<br/>(see instruction #2)</b> | <b>Other</b> | <b>Total</b>      | <b>Universal Life<br/>Deferred<br/>Annuities, etc.<br/>(see instruction #2)</b> | <b>Other</b> |
| 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.....   |                    |               |   |              |                   |   |              |
| 8. Other invested assets.....   |                    |               |   |              |                   |   |              |
| 9. Receivable for securities.....   |                    |               |   |              |                   |   |              |
| 10. Securities lending reinvested collateral assets.....  |                    |               |   |              |                   |   |              |
| 11. Aggregate write-ins for invested assets.....  |                    |               |   |              |                   |   |              |
| 12. Subtotals, cash and invested assets (Items 1 to 11).....  |                    |               |   |              |                   |   |              |
| 13. Title plant (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 and contracts subject to redetermination.....                                   |                    |               |   |              |                   |   |              |
| 16. Reinsurance:  |                    |               |   |              |                   |   |              |
| 16.1 Amounts recoverable from reinsurers.....   |                    |               |   |              |                   |   |              |
| 16.2 Funds held by or deposited with reinsured companies.....   |                    |               |   |              |                   |   |              |
| 16.3 Other amounts receivable under reinsurance contracts.....  |                    |               |   |              |                   |   |              |
| 17. Amounts receivable relating to uninsured plans.....   |                    |               |   |              |                   |   |              |
| 18.1. Current federal and foreign income tax recoverable and interest thereon.....                                  |                    |               |   |              |                   |   |              |
| 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) (NYSupp, Page 2, Line 3) <sup>1</sup>  |                    |               |   |              |                   |   |              |

<sup>1</sup>Applies to foreign societies only.

| LIABILITIES, SURPLUS AND OTHER FUNDS  | 1<br>Grand Total | Participating |  | Non-Participating |            |  |
|---|------------------|---------------|--|-------------------|------------|--|
|   |                  | 2<br>Total    | 3<br>Universal Life<br>Deferred Annuities Etc.<br>(see instruction #2) | 4<br>Other        | 5<br>Total | 6<br>Universal Life<br>Deferred Annuities Etc.<br>(see instruction #2) |
| 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<br>calendar year <input type="checkbox"/> 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<br>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) <sup>1</sup> .....   |                  |               |  |                   |            |  |
| 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 12) <sup>1</sup> .....   |                  |               |  |                   |            |  |

<sup>1</sup> Applies to foreign societies only

SCHEDULE NP

.....  
Affix Bar Code Above

|  | 1<br><br>Grand Total | Participating  |   |                | Non-Participating |   |                |
|--|----------------------|----------------|---|----------------|-------------------|---|----------------|
|  |                      | 2<br><br>Total | 3<br><br>Universal Life<br>Deferred Annuities<br>Etc.<br>(see instruction #2) | 4<br><br>Other | 5<br><br>Total    | 6<br><br>Universal Life<br>Deferred Annuities<br>Etc.<br>(see instruction #2) | 7<br><br>Other |
| <b>SUMMARY OF OPERATIONS<br/>(Excluding Unrealized Capital gains and Losses)</b>   |                      |                |   |                |                   |   |                |
| 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) <sup>1</sup> .....   |                      |                |   |                |                   |   |                |

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<sup>1</sup> Applies to foreign societies only

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**WORK SHEET FOR LIMITATION OF EXPENSE REPORT**

| ITEM 1—TOTAL LIFE INSURANCE EXPENSE LIMIT<br>(Subsection e)   | ITEM 2—ADDITIONAL LIFE INSURANCE EXPENSE LIMIT<br>(Subsection f)  |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
|---|---|---|---------------------------------|---------------------------------|--|--|--|--|---|---|---|---|---|---|--|-------------------|--|--|---------------------------|---------------------------|---|---|--|--|--|--|---|---|--|--|--|--|---|---|--|--|--|--|--|--|--|--|---|---|--|--|------------------------|------------------------|--|--|---|---|---|---|---|
| Life insurance premiums received: [exclusive of refunds (dividends) used to purchase additional insurance]. Refer to Annual Statement (A/S):<br>1) Exh. 1, Line 20.1, Col. 3 plus Col. 4..... _____<br>2) Exh. 1, Line 20.2, Col. 3 plus Col. 4..... _____<br>3) Deduct: Any included funds collected solely for altruistic, educational, fraternal or recreational purposes..... _____<br>4) Total Life Insurance Premiums Received..... _____<br>5) 7% of Total Life Insurance Premium Received..... _____  | Amount of insurance in force end of previous year,<br>26) Exh. of Life Ins. (A/S) Page 25, Line 1, Col.2, 4, 6, 9..... _____<br>27) Rounded to lower million..... <u>    ,000,000</u><br>28) Rounded millions of in force is "A". A equals: ..... _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| First year life insurance premiums received: [exclusive of refunds (dividends) used to purchase additional insurance]<br>6) Exh. 1, Col. 3 plus Col. 4: Line 9.1 ..... _____<br>7) Exh. 1, Col. 3 plus Col. 4: Line 9.2 ..... _____<br>8) Exh. 1, Col. 3 plus Col. 4: Line 10.1 <sup>(1)</sup> ..... _____<br>9) Exh. 1, Col. 3 plus Col. 4: Line 10.2 <sup>(1)</sup> ..... _____<br><sup>(1)</sup> Include single premiums on new insurance and annuities only.<br>10) Deduct: Funds included and collected solely for altruistic, educational, fraternal or recreational purposes (Same as Line 3 above). _____<br>11) Total First Year Life Insurance Premiums Received. _____<br>12) 35% of First Year Life Premiums Received..... _____<br>13) Give a detailed breakdown for deductions on Lines 3 or 10: _____  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If A Equals</th> <th style="text-align: left;">% Increase Equals</th> </tr> </thead> <tbody> <tr> <td>0 or 1</td> <td>100</td> </tr> <tr> <td>2 to 200 incl.</td> <td>100 minus 1/5 (A-1)</td> </tr> <tr> <td>201 to 210 incl.</td> <td>60</td> </tr> <tr> <td>211 to 500 incl.</td> <td>60 minus 1/30 (A-201)<br/>(Round A-201 to lower 10 million)</td> </tr> <tr> <td>501 to 510</td> <td>50</td> </tr> <tr> <td>511 to 1,500 incl.</td> <td>50 minus 1/20 (A-501)<br/>(Round A-501 to lower 10 million)</td> </tr> <tr> <td>1,501 and higher</td> <td>0</td> </tr> </tbody> </table> 29) Percentage Increase Calculated Above..... _____<br>30) Additional Life Insurance Expense Limit (Ln 29 x Ln 25) _____  | If A Equals   | % Increase Equals               | 0 or 1                          | 100  | 2 to 200 incl.   | 100 minus 1/5 (A-1)  | 201 to 210 incl.   | 60  | 211 to 500 incl.  | 60 minus 1/30 (A-201)<br>(Round A-201 to lower 10 million)  | 501 to 510  | 50  | 511 to 1,500 incl.  | 50 minus 1/20 (A-501)<br>(Round A-501 to lower 10 million) | 1,501 and higher  | 0  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| If A Equals   | % Increase Equals   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 0 or 1  | 100   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 2 to 200 incl.  | 100 minus 1/5 (A-1)   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 201 to 210 incl.  | 60  |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 211 to 500 incl.  | 60 minus 1/30 (A-201)<br>(Round A-201 to lower 10 million)  |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 501 to 510  | 50  |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 511 to 1,500 incl.  | 50 minus 1/20 (A-501)<br>(Round A-501 to lower 10 million)  |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 1,501 and higher  | 0   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| Life Insurance in force beginning of year:<br>14) Exh. of Life Ins. (A/S) Page 25, Line 1, Col.2, 4, 6, 9 _____<br>Life insurance issued during year and in force at end of year:<br>Use valuation detail (Exact Method). Include issues from Page 25, Line 2 plus additional insurance purchased by refunds (dividends). If exact method is not available use an approximation.<br><br>15) Exact: From valuation detail..... _____<br>OR<br>16) Approximation: 90% of [(A/S) Page 25, Line 21, Col. 2, 4, 6, 9, less Worksheet Line 14 above]..... _____<br><br>17) 0.175% of Lines [14 + (15 or 16)]..... _____   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">ITEM 3 — TOTAL EXPENSE LIMIT</th> </tr> </thead> <tbody> <tr> <td style="width:50%;">31) Sum of lines 25 and 30.....</td> <td style="width:50%; text-align: right;">_____</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">ITEM 4 — TOTAL LIFE INSURANCE EXPENSES<br/>(Subsection d)</th> </tr> </thead> <tbody> <tr> <td style="width:50%;">All Life Insurance Expenses. Refer to Annual Statement (A/S):<br/>32) Exhibit 2, Line 10, Column 7 less Columns 2, 3 and 4.....</td> <td style="width:50%; text-align: right;">_____</td> </tr> <tr> <td>33) Exhibit 3, Line 7, Column 6 less Columns 2 and 3.....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>34) Commissions incurred (direct plus assumed)<br/>(Pg. 6 Lns 21 + 22, Column 1 less Columns 6 and 8).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>35) Total Life Insurance Expenses.(Lines 32 + 33 + 34).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2"><b>Deductions</b></td> </tr> <tr> <td>36) Taxes, licenses and fee. Exhibit 3, Line 7, Column 6 less Columns 2 and 3.....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2"><b>37) Disbursements:</b></td> </tr> <tr> <td>37.1) Funds collected solely for altruistic, educational, fraternal or recreational purposes [Same amount as deducted at Line 3].....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>37.2) Additional disbursements for like purposes (Exh. 2, footnote a).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>37.3) 1.5% of total life insurance premiums on Line 4.....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>37.4) The smaller of Lines 37.2 and 37.3.....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>37.5) Total Fraternal Disbursements (Lines 37.1 + 37.4).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>38) Investment Expenses, Exhibit 2, Line 10, Column 5.....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>39) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of Commissions, on mortgage loans included on Line 38.....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>40) Total Investment Expenses (TIE) (Lines 38 – 39).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2">NOTE — Total Investment Expenses is not to exceed 0.25% of Mean Invested Assets (MIA) as calculated below:</td> </tr> <tr> <td>41) Prior Year-end (Page 2, Column 4, Lines 12 + 22) .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>42) Current Year-end (Page 2, Column 3, Lines 12 + 22) .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>43) Total Invested Assets..(Lines 41 + 42).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>44) Mean Invested Assets..(Half of Line 43).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>45) 0.25% of MIA .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>46) Minimum of (TIE, Line 40 and 0.25%MIA, Line 45).....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>47) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of commissions, on mortgage loans. [Same amount as deducted at Line 39 above].....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>48) Outlays representing the accrued liability for services by employees prior to their coverage under pension plans.....</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table> | ITEM 3 — TOTAL EXPENSE LIMIT  |                                 | 31) Sum of lines 25 and 30..... | _____  | ITEM 4 — TOTAL LIFE INSURANCE EXPENSES<br>(Subsection d) |  | All Life Insurance Expenses. Refer to Annual Statement (A/S):<br>32) Exhibit 2, Line 10, Column 7 less Columns 2, 3 and 4..... | _____   | 33) Exhibit 3, Line 7, Column 6 less Columns 2 and 3..... | _____   | 34) Commissions incurred (direct plus assumed)<br>(Pg. 6 Lns 21 + 22, Column 1 less Columns 6 and 8)..... | _____   | 35) Total Life Insurance Expenses.(Lines 32 + 33 + 34)..... | _____  | <b>Deductions</b> |  | 36) Taxes, licenses and fee. Exhibit 3, Line 7, Column 6 less Columns 2 and 3..... | _____                     | <b>37) Disbursements:</b> |   | 37.1) Funds collected solely for altruistic, educational, fraternal or recreational purposes [Same amount as deducted at Line 3]..... | _____  | 37.2) Additional disbursements for like purposes (Exh. 2, footnote a)..... | _____  | 37.3) 1.5% of total life insurance premiums on Line 4..... | _____   | 37.4) The smaller of Lines 37.2 and 37.3..... | _____  | 37.5) Total Fraternal Disbursements (Lines 37.1 + 37.4)..... | _____  | 38) Investment Expenses, Exhibit 2, Line 10, Column 5..... | _____   | 39) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of Commissions, on mortgage loans included on Line 38..... | _____  | 40) Total Investment Expenses (TIE) (Lines 38 – 39)..... | _____  | NOTE — Total Investment Expenses is not to exceed 0.25% of Mean Invested Assets (MIA) as calculated below: |  | 41) Prior Year-end (Page 2, Column 4, Lines 12 + 22) ..... | _____  | 42) Current Year-end (Page 2, Column 3, Lines 12 + 22) ..... | _____   | 43) Total Invested Assets..(Lines 41 + 42)..... | _____  | 44) Mean Invested Assets..(Half of Line 43)..... | _____                  | 45) 0.25% of MIA ..... | _____  | 46) Minimum of (TIE, Line 40 and 0.25%MIA, Line 45)..... | _____   | 47) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of commissions, on mortgage loans. [Same amount as deducted at Line 39 above]..... | _____   | 48) Outlays representing the accrued liability for services by employees prior to their coverage under pension plans..... | _____   |
| ITEM 3 — TOTAL EXPENSE LIMIT  |   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 31) Sum of lines 25 and 30.....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| ITEM 4 — TOTAL LIFE INSURANCE EXPENSES<br>(Subsection d)  |   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| All Life Insurance Expenses. Refer to Annual Statement (A/S):<br>32) Exhibit 2, Line 10, Column 7 less Columns 2, 3 and 4.....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 33) Exhibit 3, Line 7, Column 6 less Columns 2 and 3.....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 34) Commissions incurred (direct plus assumed)<br>(Pg. 6 Lns 21 + 22, Column 1 less Columns 6 and 8).....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 35) Total Life Insurance Expenses.(Lines 32 + 33 + 34).....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| <b>Deductions</b>   |   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 36) Taxes, licenses and fee. Exhibit 3, Line 7, Column 6 less Columns 2 and 3.....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| <b>37) Disbursements:</b>   |   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 37.3) 1.5% of total life insurance premiums on Line 4.....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 37.4) The smaller of Lines 37.2 and 37.3.....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 37.5) Total Fraternal Disbursements (Lines 37.1 + 37.4).....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 38) Investment Expenses, Exhibit 2, Line 10, Column 5.....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 40) Total Investment Expenses (TIE) (Lines 38 – 39).....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 41) Prior Year-end (Page 2, Column 4, Lines 12 + 22) .....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 43) Total Invested Assets..(Lines 41 + 42).....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 45) 0.25% of MIA .....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 47) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of commissions, on mortgage loans. [Same amount as deducted at Line 39 above].....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
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| 44) Mean Invested Assets..(Half of Line 43).....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 45) 0.25% of MIA .....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 46) Minimum of (TIE, Line 40 and 0.25%MIA, Line 45).....  | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 47) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of commissions, on mortgage loans. [Same amount as deducted at Line 39 above].....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| 48) Outlays representing the accrued liability for services by employees prior to their coverage under pension plans.....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| Premium-paying life insurance in force beginning of year:<br>19) Exh. of Life Ins. (A/S) Page 25, Line 1, Col. 2 ..... _____<br>Line 1, Col. 2, 4, 6, 9..... _____<br>20) Deduct: Amount for paid-up insurance at footnote(a), Exh. of Life Insurance, (previous year's data)..... _____<br>21) Premium-paying in force beginning of year..... _____<br><br>Premium-paying life insurance issued during year and in force at end of year:<br>Use valuation detail (Exact Method). Include issues from Page 25, Line 2 [exclusive of refunds (dividends) used to purchase additional insurance] If exact method is not available use an approximation.<br>22) Exact: From valuation detail..... _____<br>OR<br>23) Approximation: 90% of [(A/S) Page 25, line 21 minus Footnote(b) less Worksheet Line 21 above.]..... _____<br>24) 0.35% of Lines (22 or 23)..... _____   | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:50%;">Total Life Insurance Expense Limit.<br/>25) Sum of Lines 5, 12, 17, 18 and 24.....</td> <td style="width:50%; text-align: right;">_____</td> </tr> </tbody> </table>  | Total Life Insurance Expense Limit.<br>25) Sum of Lines 5, 12, 17, 18 and 24..... | _____                           |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |
| Total Life Insurance Expense Limit.<br>25) Sum of Lines 5, 12, 17, 18 and 24.....   | _____   |   |                                 |                                 |  |  |  |  |   |   |   |   |   |   |  |                   |  |  |                           |                           |   |   |  |  |  |  |   |   |  |  |  |  |   |   |  |  |  |  |  |  |  |  |   |   |  |  |                        |                        |  |  |   |   |   |   |   |

## LIMITATION OF EXPENSE REPORT

(Section 4515, New York Insurance Law)

**1. TOTAL LIFE INSURANCE EXPENSE LIMIT (Subsection e)**

- 1.1) 7% of all life insurance premiums received (Worksheet Line 5)..... \_\_\_\_\_
- 1.2) 35% of all first year life premiums received. (Worksheet Line 12)..... \_\_\_\_\_
- 1.3) .175% of all life insurance in force, beginning of year and of life insurance issued during year and in force at end of year. (Worksheet Line 17) ..... \_\_\_\_\_
- 1.4) .3% of life insurance in force at beginning of year and of life insurance issued during year and in forced at end of year. (Worksheet Line 18)..... \_\_\_\_\_
- 1.5) .35% of premium-paying life insurance issued during year and in force at end of year excluding additional insurance purchased by application of certificate dividends (Worksheet Line 24) ..... \_\_\_\_\_
- 1.6) Total Life Insurance Expense Limit. (Lines 1.1 through 1.5)..... \_\_\_\_\_

**2. ADDITIONAL LIFE INSURANCE EXPENSE LIMIT (Subsection f)**

- 2.1) Additional Expense Limitation . (Worksheet Line 30)..... \_\_\_\_\_

**3. TOTAL EXPENSE LIMIT**

- 3.1) Total of Items 1 & 2..... \_\_\_\_\_

**4. TOTAL LIFE INSURANCE EXPENSES (Subsection d)**

- 4.1) All Life Insurance Expenses. (Worksheet Line 35)..... \_\_\_\_\_  
 Deduct:
- 4.2) Taxes, licenses and fees. (Worksheet Line 36)..... \_\_\_\_\_
- 4.3) Total Fraternal Disbursements. (Worksheet Line 37.5)..... \_\_\_\_\_
- 4.4) Investment expenses not to exceed 0.25% of mean amount of total invested assets. (Worksheet Line 46)..... \_\_\_\_\_
- 4.5) Taxes and outlays exclusively in connection with real estate and commissions, or salaries and expenses in lieu of commissions, on mortgage loans. (Worksheet Line 47) \_\_\_\_\_
- 4.6) Outlays representing the accrued liability for services by employees prior to coverage under pension plans. (Worksheet Line 48)..... \_\_\_\_\_
- 4.7) Subtotal of expenses to be deducted. (Lines 4.2 through 4.6)..... \_\_\_\_\_
- 4.8) Total Life Insurance Expenses. (Line 4.1 minus 4.7)..... \_\_\_\_\_

**5. EXCESS OF ITEM 3 OVER ITEM 4**

- 5.1) Line 3.1 minus Line 4.8..... \_\_\_\_\_

**NOTE:** The expenses reported above should be on an incurred basis.  
 Premiums should be adjusted for deferred premiums and premiums paid in advance.

**6. If Item 5 is negative answer the question below:**

Has this Society given notice, in writing, to the Superintendent of Financial Services of its intention to comply with the provisions of Section 4515, accompanied by an appropriate resolution on this by its executive body?

Yes [ ] No [ ]



.....  
Affix Bar Code Here

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT INSTRUCTIONS**

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

**This form has been restructured to be more consistent with the insurance categories and columns in the national 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 written 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 national version of the Accident and Health Experience Exhibit.
5. A Summary Page shows a reconciliation with Schedule H for Individual, Group and Credit policies separately and in total for companies filing the Life, Accident and Health, Fraternal and Property/Casualty Annual Statement, and a reconciliation of these policies in total only with the specified exhibits of the Health Annual Statement for companies filing that statement.
6. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums, and other disability benefits embodied in life contracts.
7. Premiums Earned (Column 5) should not include the change in contract reserves, but both Premiums Written (Column 3) and Premiums Earned should include membership charges, modal loadings, and policy fees, if any.
8. "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.
9. The entries in Columns (11), (12), (17) and (19) 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 only 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. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive/major medical category.

#### **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.

**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, 2019**

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 MARCH 1, 2020)**

| (1)<br>Policy<br>Form<br>Number<br><br>(Listed by Policy Form) | (2)<br>Years<br>Issued | (3)<br>Premiums<br>Written | (4)<br>Increase<br>in<br>Premium<br>Reserves | (5)<br>Premiums<br>Earned | (6)<br>Dividends | (7)<br>Paid<br>Claims | (8)<br>Change<br>in<br>Contract<br>Reserves | (9)<br>Increase<br>in<br>Claim<br>Reserves | (10)<br>Incurred<br>Claims<br>Amount | (11)<br>Ratio of<br>Incurred<br>Claims to<br>Premiums<br>Earned | (12)<br>Loss Ratio<br>(8) + (10)<br>(5) | (13)<br>Number of<br>Policies or<br>Certificates<br>As of<br>Dec. 31 | (14)<br>Number of<br>Covered<br>Lives<br>As of<br>Dec. 31 | (15)<br>Member<br>Months | (16)<br>Number<br>of<br>Reported<br>Claims | (17)<br>Expected<br>Lifetime<br>Loss<br>Ratio | (18)<br>Commission<br>Incurred | (19)<br>Rate of<br>Commission<br>And<br>Expense |
|--|------------------------|----------------------------|--|---------------------------|------------------|-----------------------|---|--|--------------------------------------|---|---|--|---|--------------------------|--|---|--------------------------------|---|
|--|------------------------|----------------------------|--|---------------------------|------------------|-----------------------|---|--|--------------------------------------|---|---|--|---|--------------------------|--|---|--------------------------------|---|

**A. INDIVIDUAL BUSINESS**

|                                       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
|---------------------------------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|--|-----|
| <b>1. Comprehensive Major Medical</b> |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| With Contract Reserves:               |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0119999                               | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| Without Contract Reserves:            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0129999                               | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 0199999                               | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| <b>2. Short Term Medical</b>          |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| With Contract Reserves:               |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0219999                               | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| Without Contract Reserves:            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0229999                               | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 0299999                               | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |

|   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
|---|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|--|-----|
| <b>3. Other Medical (Non-Comprehensive)</b> |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| With Contract Reserves:                     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0319999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| Without Contract Reserves:                  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0329999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 0399999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| <b>4. Specified / Named Disease</b>         |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| With Contract Reserves:                     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0419999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| Without Contract Reserves:                  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0429999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 0499999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| <b>5. Limited Benefit</b>                   |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| With Contract Reserves:                     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0519999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| Without Contract Reserves:                  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 0529999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 0599999                                     | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

| (1)<br>Policy Form Number<br>(Listed by Policy Form) | (2)<br>Years Issued | (3)<br>Premiums Written | (4)<br>Increase in Premium Reserves | (5)<br>Premiums Earned | (6)<br>Dividends | (7)<br>Paid Claims | (8)<br>Change in Contract Reserves | (9)<br>Increase in Claim Reserves | (10)<br>Incurred Claims Amount | (11)<br>Ratio of Incurred Claims to Premiums Earned | (12)<br>Loss Ratio $\frac{(8 + (10))}{(5)}$ | (13)<br>Number of Policies or Certificates As of Dec. 31 | (14)<br>Number of Covered Lives As of Dec. 31 | (15)<br>Member Months | (16)<br>Number of Reported Claims | (17)<br>Expected Lifetime Loss Ratio | (18)<br>Commission Incurred | (19)<br>Rate of Commission And Expense |
|--|---------------------|-------------------------|-------------------------------------|------------------------|------------------|--------------------|------------------------------------|-----------------------------------|--------------------------------|---|---|--|---|-----------------------|-----------------------------------|--------------------------------------|-----------------------------|--|
| <b>6. Student</b>                                    |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| With Contract Reserves:                              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0619999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| Without Contract Reserves:                           |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0629999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| 0699999 Subtotal                                     | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| <b>7. Accident Only or AD&amp;D</b>                  |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| With Contract Reserves:                              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0719999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| Without Contract Reserves:                           |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0729999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| 0799999 Subtotal                                     | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| <b>8. Disability Income – Short Term</b>             |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| With Contract Reserves:                              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0819999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| Without Contract Reserves:                           |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0829999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| 0899999 Subtotal                                     | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| <b>9. Disability Income – Long Term</b>              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| With Contract Reserves:                              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0919999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| Without Contract Reserves:                           |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 0929999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| 0999999 Subtotal                                     | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| <b>10. Long Term Care</b>                            |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| With Contract Reserves:                              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 1019999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| Without Contract Reserves:                           |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 1029999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| 1099999 Subtotal                                     | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| <b>11. Medicare Supplement (Medigap)</b>             |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| With Contract Reserves:                              |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 1119999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| Without Contract Reserves:                           |                     |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   |                                      |                             |  |
| 1129999  | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |
| 1199999 Subtotal                                     | XXX                 |                         |                                     |                        |                  |                    |                                    |                                   |                                |   |   |  |   |                       |                                   | XXX                                  |                             | XXX                                    |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

| (1)<br>Policy<br>Form<br>Number<br><br>(Listed by Policy Form)      | (2)<br>Years<br>Issued | (3)<br>Premiums<br>Written | (4)<br>Increase<br>in<br>Premium<br>Reserves | (5)<br>Premiums<br>Earned | (6)<br>Dividends | (7)<br>Paid<br>Claims | (8)<br>Change<br>in<br>Contract<br>Reserves | (9)<br>Increase<br>in<br>Claim<br>Reserves | (10)<br>Incurred<br>Claims<br>Amount | (11)<br>Ratio of<br>Incurred<br>Claims to<br>Premiums<br>Earned | (12)<br>Loss Ratio<br>(8) + (10)<br>(5) | (13)<br>Number of<br>Policies or<br>Certificates<br>As of<br>Dec. 31 | (14)<br>Number of<br>Covered<br>Lives<br>As of<br>Dec. 31 | (15)<br>Member<br>Months | (16)<br>Number<br>of<br>Reported<br>Claims | (17)<br>Expected<br>Lifetime<br>Loss<br>Ratio | (18)<br>Commission<br>Incurred | (19)<br>Rate of<br>Commission<br>And<br>Expense |
|---|------------------------|----------------------------|--|---------------------------|------------------|-----------------------|---|--|--------------------------------------|---|---|--|---|--------------------------|--|---|--------------------------------|---|
| <b>12. Dental</b>   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| With Contract Reserves:   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1219999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| Without Contract Reserves:  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1229999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1299999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>13. State Children's Health Insurance<br/>Program</b>            |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| With Contract Reserves:   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1319999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| Without Contract Reserves:  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1329999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1399999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>14. Medicare</b>   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| With Contract Reserves:   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1419999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| Without Contract Reserves:  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1429999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1499999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>15. Medicaid</b>   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| With Contract Reserves:   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1519999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| Without Contract Reserves:  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1529999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1599999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>16. Medicare Part D – Stand Alone</b>                            |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| With Contract Reserves:   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1619999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| Without Contract Reserves:  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1629999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1699999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>17. Other Individual Business</b>                                |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| With Contract Reserves:   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1719999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| Without Contract Reserves:  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1729999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1799999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>18. TOTAL INDIVIDUAL BUSINESS</b>                                |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 1819999 With Contract Reserves:                                     | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1829999 Without Contract Reserves:                                  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 1899999<br>GRAND TOTAL INDIVIDUAL:<br>(sum of 0199999 thru 1799999) | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

| (1)<br>Policy Form Number<br><small>(Listed by Policy Form)</small> | (2)<br>Years Issued | (3)<br>Premiums Written | (4)<br>Increase in Premium Reserves | (5)<br>Premiums Earned | (6)<br>Dividends | (7)<br>Paid Claims | (8)<br>Change in Contract Reserves | (9)<br>Increase in Claim Reserves | (10)<br>Incurred Claims Amount | (11)<br>Ratio of Incurred Claims to Premiums Earned | (12)<br>Loss Ratio $\frac{(8) + (10)}{(5)}$ | (13)<br>Number of Policies or Certificates As of Dec. 31 | (14)<br>Number of Covered Lives As of Dec. 31 | (15)<br>Member Months | (16)<br>Number of Reported Claims | (17)<br>Expected Lifetime Loss Ratio | (18)<br>Commission Incurred | (19)<br>Rate of Commission And Expense |
|---|---------------------|-------------------------|-------------------------------------|------------------------|------------------|--------------------|------------------------------------|-----------------------------------|--------------------------------|---|---|--|---|-----------------------|-----------------------------------|--------------------------------------|-----------------------------|--|
|---|---------------------|-------------------------|-------------------------------------|------------------------|------------------|--------------------|------------------------------------|-----------------------------------|--------------------------------|---|---|--|---|-----------------------|-----------------------------------|--------------------------------------|-----------------------------|--|

**B. GROUP BUSINESS**

|  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|--|-----|
| <b>Comprehensive Major Medical</b>                                 |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 30. Single Employer  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| Small Employer:  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 3019999  | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| Other Employer:  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 3029999  | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 3099999 Subtotal   | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 31. Multiple Employer Assns & Trusts                               |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 3199999 Subtotal   | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 32. Other Associations and Discretionary Trusts                    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 3299999 Subtotal   | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 33. Other Comprehensive Major Medical                              |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 3399999 Subtotal   | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 3499999 Comprehensive Major Medical: (sum of 3099999 thru 3399999) | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |

|  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|--|-----|
| <b>Other Medical (Non-Comprehensive)</b> |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 40. Specified / Named Disease            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 4099999 Subtotal                         | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 41. Limited Benefit                      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 4199999 Subtotal                         | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 42. Student                              |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 4299999 Subtotal                         | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 43. Accident Only or AD&D                |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 4399999 Subtotal                         | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |
| 44. Disability Income – Short Term       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |     |
| 4499999 Subtotal                         | XXX |  |  |  |  |  |  |  |  |  |  |  |  |  |  | XXX |  | XXX |

NEW YORK SUPPLEMENT TO THE ANNUAL STATEMENT FOR THE YEAR 2019 OF THE  
ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT (Continued)

| (1)<br>Policy<br>Form<br>Number<br><br>(Listed by Policy Form)                | (2)<br>Years<br>Issued | (3)<br>Premiums<br>Written | (4)<br>Increase<br>in<br>Premium<br>Reserves | (5)<br>Premiums<br>Earned | (6)<br>Dividends | (7)<br>Paid<br>Claims | (8)<br>Change<br>in<br>Contract<br>Reserves | (9)<br>Increase<br>in<br>Claim<br>Reserves | (10)<br>Incurred<br>Claims<br>Amount | (11)<br>Ratio of<br>Incurred<br>Claims to<br>Premiums<br>Earned | (12)<br>Loss Ratio<br>(8) ÷ (10)<br>(5) | (13)<br>Number of<br>Policies or<br>Certificates<br>As of<br>Dec. 31 | (14)<br>Number of<br>Covered<br>Lives<br>As of<br>Dec. 31 | (15)<br>Member<br>Months | (16)<br>Number<br>of<br>Reported<br>Claims | (17)<br>Expected<br>Lifetime<br>Loss<br>Ratio | (18)<br>Commission<br>Incurred | (19)<br>Rate of<br>Commission<br>And<br>Expense |
|---|------------------------|----------------------------|--|---------------------------|------------------|-----------------------|---|--|--------------------------------------|---|---|--|---|--------------------------|--|---|--------------------------------|---|
| 45. Disability Income – Long Term   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 4599999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 46. Long Term Care  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 4699999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 47. Medicare Supplement (Medigap)   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 4799999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 48. Federal Employees Health<br>Benefit Plans                                 |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 4899999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 49. Tricare   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 4999999   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 50. Dental  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 5099999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 51. Medicare  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 5199999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 52. Medicare Part D – Stand Alone   |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 5299999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 53. Other Group Care  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 5399999 Subtotal  | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 5499999<br>Other Medical Subtotal:<br>(sum of lines 4099999 thru 5399999)     | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 5599999<br>GRAND TOTAL Group Business<br>(sum of lines 3499999 and 5499999)   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>C. OTHER BUSINESS</b>  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 7099999 Credit (Individual & Group)   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 7199999 Stop Loss / Excess Loss   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 7299999 Administrative Services<br>Only                                       | XXX                    | XXX                        | XXX  | XXX                       | XXX              | XXX                   | XXX   | XXX  | XXX                                  | XXX   | XXX                                     |  |   |                          | XXX  | XXX   | XXX                            | XXX   |
| 7399999 Administrative Services<br>Contracts                                  | XXX                    | XXX                        | XXX  | XXX                       | XXX              | XXX                   | XXX   | XXX  | XXX                                  | XXX   | XXX                                     |  |   |                          | XXX  | XXX   | XXX                            | XXX   |
| 7499999<br>GRAND TOTAL Other Business   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| <b>D. TOTAL BUSINESS</b>  |                        |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  |   |                                |   |
| 7599999 Total Non-US Policy Forms   | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |
| 7699999 GRAND TOTAL:<br>Sum of lines 1899999, 5599999,<br>7499999 and 7599999 | XXX                    |                            |  |                           |                  |                       |   |  |                                      |   |   |  |   |                          |  | XXX   |                                | XXX   |



ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR 2019

PART 1 INDIVIDUAL POLICIES  
SUMMARY

| Line | Description                 | 1<br>Premiums<br>Earned | 2<br>Incurred<br>Claims<br>Amount | 3<br>Change<br>in Contract<br>Reserves | 4<br>Loss Ratio<br><u>(2) + (3)</u><br>(1) |
|------|-----------------------------|-------------------------|-----------------------------------|--|--|
| 1    | U.S. Forms Direct Business  |                         |                                   |  |  |
| 2    | Other Forms Direct Business |                         |                                   |  |  |
| 3    | Total Direct Business       |                         |                                   |  |  |
| 4    | Reinsurance Assumed         |                         |                                   |  |  |
| 5    | Less Reinsurance Ceded      |                         |                                   |  |  |
| 6    | GRAND TOTAL                 |                         |                                   |  |  |

PART 2 GROUP POLICIES  
SUMMARY

| Line | Description                 | 1<br>Premiums<br>Earned | 2<br>Incurred<br>Claims<br>Amount | 3<br>Change<br>in Contract<br>Reserves | 4<br>Loss Ratio<br><u>(2) + (3)</u><br>(1) |
|------|-----------------------------|-------------------------|-----------------------------------|--|--|
| 1    | U.S. Forms Direct Business  |                         |                                   |  |  |
| 2    | Other Forms Direct Business |                         |                                   |  |  |
| 3    | Total Direct Business       |                         |                                   |  |  |
| 4    | Reinsurance Assumed         |                         |                                   |  |  |
| 5    | Less Reinsurance Ceded      |                         |                                   |  |  |
| 6    | GRAND TOTAL                 |                         |                                   |  |  |

PART 3 CREDIT POLICIES (Individual and Group)  
SUMMARY

| Line | Description                 | 1<br>Premiums<br>Earned | 2<br>Incurred<br>Claims<br>Amount | 3<br>Change<br>in Contract<br>Reserves | 4<br>Loss Ratio<br><u>(2) + (3)</u><br>(1) |
|------|-----------------------------|-------------------------|-----------------------------------|--|--|
| 1    | U.S. Forms Direct Business  |                         |                                   |  |  |
| 2    | Other Forms Direct Business |                         |                                   |  |  |
| 3    | Total Direct Business       |                         |                                   |  |  |
| 4    | Reinsurance Assumed         |                         |                                   |  |  |
| 5    | Less Reinsurance Ceded      |                         |                                   |  |  |
| 6    | GRAND TOTAL                 |                         |                                   |  |  |

PART 4 ALL INDIVIDUAL, GROUP, AND CREDIT POLICIES  
SUMMARY

| Line | Description                 | 1<br>Premiums<br>Earned | 2<br>Incurred<br>Claims<br>Amount | 3<br>Change<br>in Contract<br>Reserves | 4<br>Loss Ratio<br><u>(2) + (3)</u><br>(1) |
|------|-----------------------------|-------------------------|-----------------------------------|--|--|
| 1    | U.S. Forms Direct Business  |                         |                                   |  |  |
| 2    | Other Forms Direct Business |                         |                                   |  |  |
| 3    | Total Direct Business       |                         |                                   |  |  |
| 4    | Reinsurance Assumed         |                         |                                   |  |  |
| 5    | Less Reinsurance Ceded      |                         |                                   |  |  |
| 6    | GRAND TOTAL                 |                         |                                   |  |  |

**EXHIBIT OF PARTICIPANTS IN ACCIDENT AND HEALTH CONTRACTS  
INSURED OR ADMINISTERED BY THE SOCIETY  
(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. Line 4 of columns 1 and 2 should equal line 26, columns 1 and 2 of the Accident and Health Insurance Exhibit section of the Annual Statement page entitled Direct Business in the State of New York.
4. 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<br>Direct<br>Premiums<br>Written | 2<br>Direct<br>Premiums<br>Earned | 3<br>Number of Individual<br>Policies or Certificates<br>as of Dec. 31, Prior Year | 4<br>Number of Covered Lives<br>as of Dec. 31, Prior Year | 5<br>Number of Individual<br>Policies or Certificates<br>as of Dec. 31, Current Year | 6<br>Number of Covered Lives<br>as of Dec. 31, Current Year |
|--|------------------------------------|-----------------------------------|--|---|--|---|
| 1. Health Coverage (Non-Medicare Supplement) |                                    |                                   |  |   |  |   |
| 2. Medicare Supplement                       |                                    |                                   |  |   |  |   |
| 3. Other than Health Insurance               |                                    |                                   |  |   |  |   |
| 4. Total (Sum of Lines 1 thru 3)             |                                    |                                   |  |   |  |   |

**B. SELF-INSURED COVERAGE ADMINISTERED BY THE COMPANY**

|  | 1<br>Number of Employees<br>as of Dec. 31, Prior Year | 2<br>Number of Covered Lives<br>as of Dec. 31, Prior Year | 3<br>Number of Employees<br>as of Dec. 31, Current Year | 4<br>Number of Covered Lives<br>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) |   |   |   |   |

**ANALYSIS OF VALUATION RESERVES - FRATERNAL****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 will be submitted electronically in the future, 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:**  
Please indicate, where applicable, the valuation method used, e.g. CRVM, Modified, NLP, Mean, Mid-terminal. Additionally, please indicate whether the reserve is calculated using (1) tabular net premiums (TNP) or (2) present value of promised benefits (PVB) less the present value of future net contributions (PVC).  
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. **Adult/Juvenile Entries**  
Always use separate lines for all business covering entries in both the Adult and Juvenile columns with otherwise identical valuation bases. For example, if one valuation basis would otherwise contain reserves in both the Adult and Juvenile columns, split the valuation basis into 2 separate valuation bases, one basis used for the Adult entry, the other used for the Juvenile entry.
  - g. **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.
  - h. **Annuities:**  
Always use separate lines for all Annuity business for each unique combination in 7.i. 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).
  - i. **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.

**ANALYSIS OF VALUATION RESERVES - FRATERNAL**  
**DECEMBER 31, 20\_\_**

| VALUATION STANDARD<br>(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.) <sup>(c)</sup> | Location in last year's analysis of valuation reserves<br>Line No. | Total   |         | Adult   |         | Juvenile  |         | In Calculation of Rates <sup>(b)</sup> |
|--|--|---|---------|---|---------|---|---------|--|
|  |  | Amount in Force <sup>(a)</sup><br>(000 Omitted) | Reserve | Amount in Force <sup>(a)</sup><br>(000 Omitted) | Reserve | Amount in Force <sup>(a)</sup><br>(000 Omitted) | Reserve |  |
| 1  | 2  | 3   | 4       | 5   | 6       | 7   | 8       | 9                                      |
| <b>I. LIFE INSURANCE</b>   |  |   |         |   |         |   |         |  |
| 0100001.....   |  |   |         |   |         |   |         |  |
| 0100002.....   |  |   |         |   |         |   |         |  |
| 0100003.....   |  |   |         |   |         |   |         |  |
| 0100004.....   |  |   |         |   |         |   |         |  |
| 0100005.....   |  |   |         |   |         |   |         |  |
| 0100006.....   |  |   |         |   |         |   |         |  |
| 0100007.....   |  |   |         |   |         |   |         |  |
| 0100008.....   |  |   |         |   |         |   |         |  |
| 0100009.....   |  |   |         |   |         |   |         |  |
| 0100010.....   |  |   |         |   |         |   |         |  |
| 0100011.....   |  |   |         |   |         |   |         |  |
| 0100012.....   |  |   |         |   |         |   |         |  |
| 0100013.....   |  |   |         |   |         |   |         |  |
| 0100014.....   |  |   |         |   |         |   |         |  |
| 0100015.....   |  |   |         |   |         |   |         |  |
| 0100016.....   |  |   |         |   |         |   |         |  |
| 0100017.....   |  |   |         |   |         |   |         |  |
| 0100018.....   |  |   |         |   |         |   |         |  |
| 0100019.....   |  |   |         |   |         |   |         |  |
| 0100020.....   |  |   |         |   |         |   |         |  |
| 0100021.....   |  |   |         |   |         |   |         |  |
| 0100022.....   |  |   |         |   |         |   |         |  |
| 0100023.....   |  |   |         |   |         |   |         |  |
| 0100024.....   |  |   |         |   |         |   |         |  |
| 0100025.....   |  |   |         |   |         |   |         |  |
| 0100026.....   |  |   |         |   |         |   |         |  |
| 0100027.....   |  |   |         |   |         |   |         |  |
| 0100028.....   |  |   |         |   |         |   |         |  |
| 0100029.....   |  |   |         |   |         |   |         |  |
| 0100030.....   |  |   |         |   |         |   |         |  |
| 0100031.....   |  |   |         |   |         |   |         |  |
| 0100032.....   |  |   |         |   |         |   |         |  |
| 0100033.....   |  |   |         |   |         |   |         |  |
| 0100034.....   |  |   |         |   |         |   |         |  |
| 0100035.....   |  |   |         |   |         |   |         |  |
| 0100036.....   |  |   |         |   |         |   |         |  |
| 0100037.....   |  |   |         |   |         |   |         |  |
| 0100038.....   |  |   |         |   |         |   |         |  |
| 0100039.....   |  |   |         |   |         |   |         |  |
| 0199997. Total (Gross)   | XXX  |   |         |   |         |   |         | XXX                                    |
| 0199998. Total Reinsurance Ceded   | XXX  |   |         |   |         |   |         | XXX                                    |
| 0199999. Total (Net)   | XXX  |   |         |   |         |   |         | XXX                                    |

(a) In Force Amount to agree with Annual Statement Exhibit of Insurance Policies—Paid for business only, page 24.

(b) Wherever the interest rate assumption in the calculation of rates exceeds 3%, complete column 9.

(c) 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 - FRATERNAL  
DECEMBER 31, 20\_\_**

| VALUATION STANDARD<br><small>(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.)<sup>(b)</sup></small> | Location in last year's analysis of valuation reserves<br>Line No. | Total   |         | Adult   |         | Juvenile                                      |         |
|--|--|---|---------|---|---------|---|---------|
|  |  | Annual Income <sup>(a)</sup><br>(000 Omitted) | Reserve | Annual Income <sup>(a)</sup><br>(000 Omitted) | Reserve | Annual Income <sup>(a)</sup><br>(000 Omitted) | Reserve |
| 1  | 2  | 3   | 4       | 5   | 6       | 7   | 8       |
| <b>II. ANNUITIES (excluding supplemental contracts with life contingencies)</b>  |  |   |         |   |         |   |         |
| 0200001.....   |  |   |         |   |         |   |         |
| 0200002.....   |  |   |         |   |         |   |         |
| 0200003.....   |  |   |         |   |         |   |         |
| 0200004.....   |  |   |         |   |         |   |         |
| 0200005.....   |  |   |         |   |         |   |         |
| 0200006.....   |  |   |         |   |         |   |         |
| 0200007.....   |  |   |         |   |         |   |         |
| 0200008.....   |  |   |         |   |         |   |         |
| 0200009.....   |  |   |         |   |         |   |         |
| 0200010.....   |  |   |         |   |         |   |         |
| 0200011.....   |  |   |         |   |         |   |         |
| 0200012.....   |  |   |         |   |         |   |         |
| 0200013.....   |  |   |         |   |         |   |         |
| 0200014.....   |  |   |         |   |         |   |         |
| 0200015.....   |  |   |         |   |         |   |         |
| 0299997. Total (Gross)   | XXX  |   |         |   |         |   |         |
| 0299998. Total Reinsurance Ceded   | XXX  |   |         |   |         |   |         |
| 0299999. Total (Net)   | XXX  |   |         |   |         |   |         |
| <b>III. SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES</b>  |  |   |         |   |         |   |         |
| 0300001.....   |  |   |         |   |         |   |         |
| 0300002.....   |  |   |         |   |         |   |         |
| 0300003.....   |  |   |         |   |         |   |         |
| 0300004.....   |  |   |         |   |         |   |         |
| 0300005.....   |  |   |         |   |         |   |         |
| 0300006.....   |  |   |         |   |         |   |         |
| 0300007.....   |  |   |         |   |         |   |         |
| 0300008.....   |  |   |         |   |         |   |         |
| 0300009.....   |  |   |         |   |         |   |         |
| 0300010.....   |  |   |         |   |         |   |         |
| 0300011.....   |  |   |         |   |         |   |         |
| 0300012.....   |  |   |         |   |         |   |         |
| 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 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 - FRATERNAL  
DECEMBER 31, 20\_\_**

| Valuation Standard<br>(Indicate mortality, morbidity, and interest bases<br>and valuation method by years of issue.) | Location in last<br>year's analysis<br>of valuation<br>reserves<br>Line No. | Total   | Adult   | Juvenile |
|--|---|---------|---------|----------|
|  |   | Reserve | Reserve | Reserve  |
| 1  | 2   | 3       | 4       | 5        |
| <b>IV. ACCIDENTAL DEATH BENEFITS</b>   |   |         |         |          |
| 0400001.....   |   |         |         |          |
| 0400002.....   |   |         |         |          |
| 0400003.....   |   |         |         |          |
| 0400004.....   |   |         |         |          |
| 0400005.....   |   |         |         |          |
| 0400006.....   |   |         |         |          |
| 0499997. Total (Gross)   | XXX   |         |         |          |
| 0499998. Total Reinsurance Ceded   | XXX   |         |         |          |
| 0499999. Total (Net)   | XXX   |         |         |          |
| <b>V. DISABILITY ACTIVE LIVES</b>  |   |         |         |          |
| 0500001.....   |   |         |         |          |
| 0500002.....   |   |         |         |          |
| 0500003.....   |   |         |         |          |
| 0500004.....   |   |         |         |          |
| 0500005.....   |   |         |         |          |
| 0500006.....   |   |         |         |          |
| 0599997. Total (Gross)   | XXX   |         |         |          |
| 0599998. Total Reinsurance Ceded   | XXX   |         |         |          |
| 0599999. Total (Net)   | XXX   |         |         |          |
| <b>VI. DISABILITY—DISABLED LIVES</b>   |   |         |         |          |
| <b>A. Approved Claims<br/>(unaccrued payment reserve)</b>  |   |         |         |          |
| 0600001.....   |   |         |         |          |
| 0600002.....   |   |         |         |          |
| 0600003.....   |   |         |         |          |
| 0600004.....   |   |         |         |          |
| 0600005.....   |   |         |         |          |
| 0600006.....   |   |         |         |          |
| 0699997. Total (Gross)   | XXX   |         |         |          |
| 0699998. Total Reinsurance Ceded   | XXX   |         |         |          |
| 0699999. Total (Net)   | XXX   |         |         |          |
| <b>B. Pending and Resisted Claims<br/>(unaccrued payment reserve)</b>  |   |         |         |          |
| 0700001.....   |   |         |         |          |
| 0700002.....   |   |         |         |          |
| 0700003.....   |   |         |         |          |
| 0700004.....   |   |         |         |          |
| 0700005.....   |   |         |         |          |
| 0700006.....   |   |         |         |          |
| 0799997. Total (Gross)   | XXX   |         |         |          |
| 0799998. Total Reinsurance Ceded   | XXX   |         |         |          |
| 0799999. Total (Net)   | XXX   |         |         |          |
| <b>C. Incurred But Unreported Claims<br/>(unaccrued payment reserve)</b>   |   |         |         |          |
| 0800001.....   |   |         |         |          |
| 0800002.....   |   |         |         |          |
| 0800003.....   |   |         |         |          |
| 0800004.....   |   |         |         |          |
| 0800005.....   |   |         |         |          |
| 0800006.....   |   |         |         |          |
| 0899997. Total (Gross)   | XXX   |         |         |          |
| 0899998. Total Reinsurance Ceded   | XXX   |         |         |          |
| 0899999. Total (Net)   | XXX   |         |         |          |
| 0999999. Total (Net) Claims (sum of A, B and C)  | XXX   |         |         |          |

**ANALYSIS OF VALUATION RESERVES - FRATERNAL**  
**DECEMBER 31, 20\_\_**

| Valuation Standard<br>(Indicate mortality, morbidity, and interest bases and valuation method by years of issue.)   | Location in last year's analysis of valuation reserves<br>Line No. | Total   | Adult   | Juvenile |
|---|--|---------|---------|----------|
|   |  | Reserve | Reserve | Reserve  |
| 1   | 2  | 3       | 4       | 5        |
| <b>VII. MISCELLANEOUS RESERVES (1)</b>  |  |         |         |          |
| <b>A. For excess of valuation net premium over corresponding gross premiums on respective policies. (see notes below)</b>   |  |         |         |          |
| 1000001.....  |  |         |         |          |
| 1000002.....  |  |         |         |          |
| 1000003.....  |  |         |         |          |
| 1000004.....  |  |         |         |          |
| 1000005.....  |  |         |         |          |
| 1000006.....  |  |         |         |          |
| 1099997. Total (Gross)  | XXX  |         |         |          |
| 1099998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1099999. Total (Net)  | XXX  |         |         |          |
| <b>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.)</b> |  |         |         |          |
| 1100001.....  |  |         |         |          |
| 1100002.....  |  |         |         |          |
| 1100003.....  |  |         |         |          |
| 1100004.....  |  |         |         |          |
| 1100005.....  |  |         |         |          |
| 1100006.....  |  |         |         |          |
| 1199997. Total (Gross)  | XXX  |         |         |          |
| 1199998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1199999. Total (Net)  | XXX  |         |         |          |
| <b>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.</b>  |  |         |         |          |
| 1200001.....  |  |         |         |          |
| 1200002.....  |  |         |         |          |
| 1200003.....  |  |         |         |          |
| 1200004.....  |  |         |         |          |
| 1200005.....  |  |         |         |          |
| 1200006.....  |  |         |         |          |
| 1299997. Total (Gross)  | XXX  |         |         |          |
| 1299998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1299999. Total (Net)  | XXX  |         |         |          |
| <b>D. Additional Actuarial Reserve—Asset/Liability Analysis (2)</b>   |  |         |         |          |
| 1300001.....  |  |         |         |          |
| 1300002.....  |  |         |         |          |
| 1300003.....  |  |         |         |          |
| 1300004.....  |  |         |         |          |
| 1300005.....  |  |         |         |          |
| 1300006.....  |  |         |         |          |
| 1399997. Total (Gross)  | XXX  |         |         |          |
| 1399998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1399999. Total (Net)  | XXX  |         |         |          |
| <b>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.</b>   |  |         |         |          |
| 1400001.....  |  |         |         |          |
| 1400002.....  |  |         |         |          |
| 1400003.....  |  |         |         |          |
| 1400004.....  |  |         |         |          |
| 1400005.....  |  |         |         |          |
| 1400006.....  |  |         |         |          |
| 1499997. Total (Gross)  | XXX  |         |         |          |
| 1499998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1499999. Total (Net)  | XXX  |         |         |          |
| <b>F. Other Miscellaneous Reserves</b>  |  |         |         |          |
| 1500001.....  |  |         |         |          |
| 1500002.....  |  |         |         |          |
| 1500003.....  |  |         |         |          |
| 1500004.....  |  |         |         |          |
| 1500005.....  |  |         |         |          |
| 1500006.....  |  |         |         |          |
| 1599997. Total (Gross)  | XXX  |         |         |          |
| 1599998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1599999. Total (Net)  | XXX  |         |         |          |
| <b>G. Total Miscellaneous (Sum of A through F)</b>  |  |         |         |          |
| 1699997. Total (Gross)  | XXX  |         |         |          |
| 1699998. Total Reinsurance Ceded  | XXX  |         |         |          |
| 1699999. Total (Net)  | XXX  |         |         |          |
| <b>VIII. GRAND TOTAL RESERVES</b>   |  |         |         |          |
| 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) 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.



**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 2019 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 (Life Insurance Premiums), 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.

|   |         |
|---|---------|
| <b>1. Beginning Premium Base (see Instruction #1)</b>   |         |
| <b><u>ADJUSTMENTS</u></b>   |         |
| <b>2. Additions (See Instruction #2)</b>  |         |
| 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)   | _____   |
| <b>3. Deductions (See Instruction #3)</b>   |         |
| 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)  | _____   |
| <b>4. Adjusted Premium Base (Line 1 plus 2.5 minus 3.4)</b>                                     | _____   |
| <b>5. Prior Year Adjusted Premium Base</b>  | _____   |
| <b>6. Difference from Prior Year (Line 4 minus Line 5)</b>                                      | _____   |
| <b>7. Percent Difference (Line 6 divided by Line 5) (c)</b>                                     | _____ % |
| <br>(a) Specify Line 2.4 addition(s):   |         |
| <br>(b) Specify Line 3.3 deduction(s):  |         |
| <br>(c) If difference is +/- 25% from prior year, please provide an explanation for the change: |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |

\_\_\_\_\_  
(Prepared by)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-Mail Address)

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**OVERFLOW PAGE FOR WRITE-INS**

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**SPECIAL INSTRUCTIONS**

**FS2019JURAT1**

**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

**FS2019JURAT2**

**COMPANY NAME INFORMATION**

**FS2019JURAT3**

**COMPANY ADDRESS INFORMATION**

Column 1 = Street Address  
Column 2 = City  
Column 3 = State  
Column 4 = Zip Code  
Column 5 = e-Mail Address

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

**FS2019JURAT4**

**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

**FS2019JURAT5**

**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

**FS2019JURAT6**

**VENDOR INFORMATION**

Column 1 = Vendor Name  
Column 2 = Vendor Version Number  
Column 3 = Vendor Code

**FS2019INTER**

**NEW YORK INTERROGATORIES**

Column 1 = Yes/No Response  
Column 2 = Numerical Response  
Column 3 = Text/Description

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

**FS2019LOERWS**

**WORKSHEET FOR LIMITATION OF EXPENSE REPORT**

Column 1 = Numerical Response  
Column 2 = Numerical Response  
Column 3 = Explanation

For lines 14, 19 and 26, report these values in whole numbers even though they come from the annual statement in thousands.

**FS2019LOER**

**LIMITATION OF EXPENSE REPORT**

Column 1 = Numerical Response  
Column 2 = Yes/No Response

**FS2019AHPEE**

Table Length: Variable

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT**

Column 1A = Non-New York Business Code  
Column 1 = Policy Form Number  
Column 2A = Beginning Year Issued (YYYY)  
Column 2B = Ending Year Issued (YYYY)

Columns 11, 12, 17 & 19 should be reported as ratios (13,3)

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

**Section A INDIVIDUAL BUSINESS**

Lines 0110001 - 0119996 = Comprehensive Major Medical With Contract Reserves  
 Lines 0120001 - 0129996 = Comprehensive Major Medical Without Contract Reserves  
 Lines 0210001 - 0219996 = Short Term Medical With Contract Reserves  
 Lines 0220001 - 0229996 = Short Term Medical Without Contract Reserves  
 Lines 0310001 - 0319996 = Other Medical (Non-Comprehensive)With Contract Reserves  
 Lines 0320001 - 0329996 = Other Medical (Non-Comprehensive)Without Contract Reserves  
 Lines 0410001 - 0419996 = Specified / Named Disease With Contract Reserves  
 Lines 0420001 - 0429996 = Specified / Named Disease Without Contract Reserves  
 Lines 0510001 - 0519996 = Limited Benefit With Contract Reserves  
 Lines 0520001 - 0529996 = Limited Benefit Without Contract Reserves  
 Lines 0610001 - 0619996 = Student With Contract Reserves  
 Lines 0620001 - 0629996 = Student Without Contract Reserves  
 Lines 0710001 - 0719996 = Accident Only or AD&D With Contract Reserves  
 Lines 0720001 - 0729996 = Accident Only or AD&D Without Contract Reserves  
 Lines 0810001 - 0819996 = Disability Income – Short Term With Contract Reserves  
 Lines 0820001 - 0829996 = Disability Income – Short Term Without Contract Reserves  
 Lines 0910001 - 0919996 = Disability Income – Long Term With Contract Reserves  
 Lines 0920001 - 0929996 = Disability Income – Long Term Without Contract Reserves  
 Lines 1010001 - 1019996 = Long Term Care With Contract Reserves  
 Lines 1020001 - 1029996 = Long Term Care Without Contract Reserves  
 Lines 1110001 - 1119996 = Medicare Supplement (Medigap) With Contract Reserves  
 Lines 1120001 - 1129996 = Medicare Supplement (Medigap) Without Contract Reserves  
 Lines 1210001 - 1219996 = Dental With Contract Reserves  
 Lines 1220001 - 1229996 = Dental Without Contract Reserves  
 Lines 1310001 - 1319996 = State Children’s Health Insurance Program With Contract Reserves  
 Lines 1320001 - 1329996 = State Children’s Health Insurance Program Without Contract Reserves  
 Lines 1410001 - 1419996 = Medicare With Contract Reserves  
 Lines 1420001 - 1429996 = Medicare Without Contract Reserves  
 Lines 1510001 - 1519996 = Medicaid With Contract Reserves  
 Lines 1520001 - 1529996 = Medicaid Without Contract Reserves  
 Lines 1610001 - 1619996 = Medicare Part D – Stand Alone With Contract Reserves  
 Lines 1620001 - 1629996 = Medicare Part D – Stand Alone Without Contract Reserves  
 Lines 1710001 - 1719996 = Other Individual Business With Contract Reserves  
 Lines 1720001 - 1729996 = Other Individual Business Without Contract Reserves

**Section B GROUP BUSINESS****Comprehensive Major Medical**

Lines 3010001 - 3019996 = Single Employer – Small Employer  
 Lines 3020001 - 3029996 = Single Employer – Other Employer  
 Lines 3100001 - 3199996 = Multiple Employer Assns & Trusts  
 Lines 3200001 - 3299996 = Other Associations and Discretionary Trusts  
 Lines 3300001 - 3399996 = Other Comprehensive Major Medical

**Other Medical (Non-Comprehensive)**

Lines 4000001 - 4099996 = Specified / Named Disease  
 Lines 4100001 - 4199996 = Limited Benefit  
 Lines 4200001 - 4299996 = Student  
 Lines 4300001 - 4399996 = Accident Only or AD&D  
 Lines 4400001 - 4499996 = Disability Income – Short Term  
 Lines 4500001 - 4599996 = Disability Income – Long Term  
 Lines 4600001 - 4699996 = Long Term Care  
 Lines 4700001 - 4799996 = Medicare Supplement (Medigap)  
 Lines 5000001 - 5099996 = Dental  
 Lines 5110001 - 5119996 = Medicare  
 Lines 5210001 - 5219996 = Medicare Part D – Stand Alone  
 Lines 5300001 - 5399996 = Other Group Care

**FS2019AHPEESUM, PT1, PT2, PT3, & PT4**

Columns 4 should be reported as ratios (13,3)

**FS2019AVRPT1****ANALYSIS OF VALUATION RESERVES - LIFE INSURANCE**

Table Length: Variable

Column 1 = Valuation Standard Description  
 Column 2 = Location in Previous Year's Annual Statement

Lines 0100001-0199996 = Life Insurance as needed

**FS2019AVRPT2****ANALYSIS OF VALUATION RESERVES - ANNUITIES & SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES**

Table Length: Variable

Column 1 = Valuation Standard Description  
 Column 2 = Location in Previous Year's Annual Statement

Lines 0200001-0299996 = Annuities Other than Co. Retirement Plans as needed

Lines 0300001-0399996 = Company Retirement Plans as needed

**FS2019AVRPT3****ANALYSIS OF VALUATION RESERVES - ACCIDENTAL DEATH BENEFITS, DISABILITY ACTIVE AND DISABLED LIVES, MISCELLANEOUS RESERVES AND GRAND TOTAL RESERVES**

Table Length: Variable

Column 1 = Valuation Standard Description  
 Column 2 = Location in Previous Year's Annual Statement

Lines 0400001-0499996 = Accctional Accidental Death Benefits  
Lines 0500001-0599996 = Disability - Active Lives  
Lines 0600001-0699996 = Disability - Disabled Lives Approved Claims  
Lines 0700001-0799996 = Disability - Disabled Lives Pending & Resisted Claims  
Lines 0800001-0899996 = Disability - Disabled Lives Incurred & Unreported Claims  
Line 0999999-Total (Net) Claims (sum of 0699999, 0799999 and 0899999)  
Lines 1000001-1099996 = Miscellaneous Reserves (A)  
Lines 1100001-1199996 = Miscellaneous Reserves (B)  
Lines 1200001-1299996 = Miscellaneous Reserves (C)  
Lines 1300001-1399996 = Miscellaneous Reserves (D)  
Lines 1400001-1499996 = Miscellaneous Reserves (E)  
Lines 1500001-1599996 = Miscellaneous Reserves (F)

**FS2019PREMTAX1 - COMPUTATION OF SECTION 206 PREMIUM BASE**

Line 2.4, Column 1 = Description of Other Addition on line 2.4  
Line 3.3, Column 1 = Description of Other Deduction on line 3.3

**FS2019JURAT7 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