
AMENDED FILING EXPLANATION

SVO COMPLIANCE CERTIFICATION

The undersigned is an officer of the insurer responsible for reporting investments to the SVO and/or with making all filings with appropriate state regulatory officials and the NAIC and is therefore required to be familiar with the requirements of such filings. The undersigned officer certifies that, to the best of his or her knowledge, information, and belief, all prices or NAIC designations for the securities reported in this statement have been obtained directly from the SVO except as specifically identified below. The officer further certifies that, to the best of his or her knowledge, information, and belief, since the last filing of a quarterly or annual statement:

1. All securities previously valued by the insurer and identified by a Z suffix have now been submitted to the SVO for a valuation or disposed of by sale or otherwise with the result that all prices and NAIC Designations reported in this statement have been provided by the SVO, except for provisionally exempt and new purchases identified in Schedule D and DA with a Z suffix or items submitted but not yet processed by the SVO.
2. Any newly purchased securities now identified with a Z suffix, shall be submitted to the SVO within 120 days of purchase.
3. All necessary information on securities which have been previously designated NR (not rated due to lack of current information) by the SVO have either been submitted to the SVO by the insurer for a valuation or disposed of by the insurer.
4. All material issuer events (as defined below) have been reported to the SVO.

A material issuer event is a generic or transaction specific credit event of which the insurer is currently aware, which by its nature would signify to a reasonably prudent insurer that a material change in the credit quality or price of the investment or security has occurred.

As an illustration, and not by way of limitation, the following shall be deemed to constitute material issuer events:

- a. Recapitalizations or capital restructuring whether within or without Chapter 11 of the US Bankruptcy Code;
- b. Nonpayment, deferral, or payment in kind through waiver of any principal or contractual interest payment;
- c. Any change in the maturity of a security;
- d. Changes in the lender's collateral position, including releases of collateral, or the taking of a collateral position whether by operation of negative pledge covenant or otherwise;
- e. Events of a like character or of a like effect, which would be considered material to an investment professional.
- f. Exceptions:

Name of Investment Officer

Signature of Investment Officer

Title of Signatory

Date

ACTUARIAL OPINION

DETERMINATION PROCEDURES, ANSWERS TO THE INTERROGATORIES AND
AN ACTUARIAL OPINION AS TO THE NON-GUARANTEED ELEMENTS

ACTUARIAL OPINION

I, (name, title), am (relationship to Company) and a Member of the American Academy of Actuaries. I have examined the actuarial assumptions and methods used in determining nonguaranteed elements for the individual life insurance and annuity contracts of the reporting entity used for delivery in the United States. The nonguaranteed elements included are those:

- i. Paid, credited, charged or determined in (year of statement); and
- ii. Authorized by the Reporting Entity to be illustrated on new and existing business during (year of statement).

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

Signature of Actuary

Date



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....

NAIC Group Code.....
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....
 Title.....

NAIC Company Code.....
 Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2000			Policies Issued in 2001, 2002 & 2003				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

MED360.BK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".



Trusted Surplus Statement

AFFIDAVIT OF U.S. MANagements, GENERAL AGENTS OR ATTORNEYS

_____ being duly sworn, says that he/she is the _____ of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, that this trusted surplus statement together with its related schedules appended hereto is a true statement of the trusted surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 2004

AFFIDAVIT OF TRUSTEE – SCHEDULE B

_____ being sworn, say that this is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2004

AFFIDAVIT OF TRUSTEE – SCHEDULE C

_____ being sworn, say that this is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2004

AFFIDAVIT OF TRUSTEE – SCHEDULE D

_____ being sworn, say that this is the Trustee of the _____, a corporation organized under the laws of _____, entered to transact business in the United States through the State of _____, located at _____, that the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2004

Trusted Surplus Statement (Continued)

Assets

Schedule A - Deposits with State Officers (Excluding Special Deposits)

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
1.01
1.02
1.03
1.04
1.05
1.06
1.07
1.08
1.09
1.10
1.11
1.12
1.13
1.14
1.15
1.98	Accrued Investment Income.....	.....	.XXX	.XXX
1.99	Totals.....	.....	.....	.....

Schedule B - Deposits with United States Trustee

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash.....	.....	.....	.....
2.02	Bonds.....	.....	.....	.....
2.03	Preferred Stock.....	.....	.....	.....
2.04	Common Stock.....	.....	.....	.....
2.05	Mortgage Loans on Real Estate.....	.....	.....	.....
2.06	Real Estate.....	.....	.....	.....
2.07	Short-Term Investments.....	.....	.....	.....
2.08	Other Invested Assets.....	.....	.....	.....
2.09	Miscellaneous Assets not included in any of the above categories.....	.....	.....	.....
2.98	Accrued Investment Income.....	.....	.XXX	.XXX
2.99	Totals.....	.....	.....	.....

Schedule C - Deposits with United States Trustee

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash.....	.....	.....	.....
3.02	Bonds.....	.....	.....	.....
3.03	Preferred Stock.....	.....	.....	.....
3.04	Common Stock.....	.....	.....	.....
3.05	Mortgage Loans on Real Estate.....	.....	.....	.....
3.06	Real Estate.....	.....	.....	.....
3.07	Short-Term Investments.....	.....	.....	.....
3.08	Other Invested Assets.....	.....	.....	.....
3.09	Miscellaneous Assets not included in any of the above categories.....	.....	.....	.....
3.98	Accrued Investment Income.....	.....	.XXX	.XXX
3.99	Totals.....	.....	.....	.....

Schedule D - Deposits with United States Trustee

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash.....	.....	.....	.....
4.02	Bonds.....	.....	.....	.....
4.03	Preferred Stock.....	.....	.....	.....
4.04	Common Stock.....	.....	.....	.....
4.05	Mortgage Loans on Real Estate.....	.....	.....	.....
4.06	Real Estate.....	.....	.....	.....
4.07	Short-Term Investments.....	.....	.....	.....
4.08	Other Invested Assets.....	.....	.....	.....
4.09	Miscellaneous Assets not included in any of the above categories.....	.....	.....	.....
4.98	Accrued Investment Income.....	.....	.XXX	.XXX
4.99	Totals.....	.....	.....	.....

Trusteed Surplus Statement (Continued)

Liabilities and Trusteed Surplus

	1 Current Year
1. Total liabilities.....	
ADDITIONS TO LIABILITIES:	
2. Aggregate write-ins for additions to liabilities.....	
3. Totals (Lines 1 + 2).....	
DEDUCTIONS FROM LIABILITIES:	
4. Amounts Recoverable From Reinsurers:	
4.1 Authorized Companies.....	
4.2 Unauthorized Companies.....	
5. Special State Deposits, not exceeding net liabilities carried:	
5.1 Special State Deposits (submit schedule).....	
5.2 Accrued interest on special state deposits.....	
6. Life insurance premiums and annuity considerations deferred and uncollected.....	
7. Accident and health premiums due and unpaid.....	
8. Policy loans and premium notes:	
8.1 Policy loans not exceeding reserves carried on such policies.....	
8.2 Premium notes.....	
8.3 Interest due and accrued on policy loans and premium notes.....	
9. Aggregate write-ins for other deductions from liabilities.....	
10. Total Deductions (Lines 4.1 thru 9).....	
11. Total Adjusted Liabilities (Line 3 minus Line 10).....	
12. Trusteed Surplus.....	
13. Total.....	

DETAILS OF WRITE-INS

0201.	
0202.	
0203.	
0298. Summary of remaining write-ins for Line 2 from overflow page.....	
0299. Totals (Lines 0201 thru 0203 plus 0298) (Line 2 above).....	
0901.	
0902.	
0903.	
0998. Summary of remaining write-ins for Line 9 from overflow page.....	
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	

INTERROGATORIES TO BE COMPLETED BY FRATERNAL ORGANIZATIONS ONLY

- 1.1 Have there been any changes made to any of the trust indentures during the period?..... Yes [] No []
- 1.2 If yes, has the domiciliary or entry state approved the change?..... Yes [] No []

Overflow Page for Write-Ins

SUPPLEMENTAL COMPENSATION EXHIBIT

(To be filed by March 1)

PART 1 - INTERROGATORIES

- | | | |
|--|---------|--------|
| 1. The reporting insurer is a member of a group of insurers or other holding company system? | Yes [] | No [] |
| If yes, do the below amounts represent | | |
| 1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group; or | Yes [] | No [] |
| 2) allocation to each insurer? | Yes [] | No [] |
| 2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? | Yes [] | No [] |
| 3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? | Yes [] | No [] |

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	Annual Compensation				6 Totals
		3 Salary	4 Bonus	5 All Other Compensation		
Chief Executive Officer	2003.....					
	2002.....					
	2001.....					
1.	2003.....					
	2002.....					
	2001.....					
2.	2003.....					
	2002.....					
	2001.....					
3.	2003.....					
	2002.....					
	2001.....					
4.	2003.....					
	2002.....					
	2001.....					
5.	2003.....					
	2002.....					
	2001.....					
6.	2003.....					
	2002.....					
	2001.....					
7.	2003.....					
	2002.....					
	2001.....					
8.	2003.....					
	2002.....					
	2001.....					
9.	2003.....					
	2002.....					
	2001.....					

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals
Directors			
1.			
.....			

MANAGEMENT'S DISCUSSION AND ANALYSIS

SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

Due April 1
For the year ended December 31, 2003
Of

Address:

NAIC Group Code.....

NAIC Company Code.....

Employer's ID Number.....

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by stating the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments as shown on the Summary Investment Schedule. All reporting entities must answer interrogatories 1 through 4, 11, 13 through 17, 19 and if applicable, 20 through 24. Answer each of interrogatories 5 through 10 only if the reporting entity's aggregate holding in the gross investment category address in interrogatory 4 equals or exceeds 2.5% of the reporting entity's total admitted assets. Answer interrogatory 12 only if the reporting entity's aggregate holding in the gross investment category addressed in interrogatory 11 equals or exceeds 2.5% of the reporting entity's total admitted assets. Answer interrogatory 18 only if the reporting entity's aggregate holding in the gross investment category addressed in interrogatory 17 equals or exceeds 2.5% of the reporting entity's total admitted assets. For Life, Health and Fraternal blanks, responses are to exclude Separate Accounts. For Property Casualty blanks, responses are to exclude Protected Cell Accounts.

1. State the reporting entity's total admitted assets as reported on Page 2 of this annual statement. \$.....

2. State by investment category the 10 largest exposures to a single issuer/borrower/investment, excluding U.S. government, U.S. government agency securities and those U.S. government money market funds listed in the Appendix to the SVO *Purposes and Procedures Manual as exempt, property occupied by the company and policy loans.*

	1	2	3
<u>Investment Category</u>	<u>Amount</u>	<u>Percentage of Total Admitted Assets</u>	
2.01	\$.....	%
2.02	\$.....	%
2.03	\$.....	%
2.04	\$.....	%
2.05	\$.....	%
2.06	\$.....	%
2.07	\$.....	%
2.08	\$.....	%
2.09	\$.....	%
2.10	\$.....	%

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

	1	2
<u>Bonds</u>		
3.01 NAIC-1.....	\$..... %
3.02 NAIC-2.....	\$..... %
3.03 NAIC-3.....	\$..... %
3.04 NAIC-4.....	\$..... %
3.05 NAIC-5.....	\$..... %
3.06 NAIC-6.....	\$..... %
<u>Preferred Stocks</u>	3	4
3.07 P/RP-1.....	\$..... %
3.08 P/RP-2.....	\$..... %
3.09 P/RP-3.....	\$..... %
3.10 P/RP-4.....	\$..... %
3.11 P/RP-5.....	\$..... %
3.12 P/RP-6.....	\$..... %

4. State the amounts and percentages of the reporting entity's total admitted assets held in foreign investments (regardless of whether there is any foreign currency exposure) and unhedged foreign currency exposure (defined as the statement value of investments denominated in foreign currencies which are not hedged by financial instruments qualifying for hedge accounting as specified in SSAP No. 31 - Derivative Instruments and SSAP No. 86 - Derivative Instruments), including

(4.01) foreign-currency-denominated investments of	\$..... %
(4.02) supporting insurance liabilities denominated in that same foreign currency of	\$..... %
and excluding (4.03) Canadian investments and currency exposure of	\$..... %

Assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatories 5 - 10. (4.04)

Yes [] No []

5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:
- | | 1 | 2 | |
|---|---------|-------|---|
| 5.01 Countries rated NAIC-1..... | \$..... | | % |
| 5.02 Countries rated NAIC-2..... | \$..... | | % |
| 5.03 Countries rated NAIC-3 or below..... | \$..... | | % |
6. Two largest foreign investment exposures to a single country, categorized by the country's NAIC sovereign rating:
- | | 1 | 2 | |
|----------------------------------|---------|-------|---|
| Countries rated NAIC-1: | | | |
| 6.01 Country: | \$..... | | % |
| 6.02 Country: | \$..... | | % |
| Countries rated NAIC-2: | | | |
| 6.03 Country: | \$..... | | % |
| 6.04 Country: | \$..... | | % |
| Countries rated NAIC-3 or below: | | | |
| 6.05 Country: | \$..... | | % |
| 6.06 Country: | \$..... | | % |
7. Aggregate unhedged foreign currency exposure
- | | 1 | 2 | |
|---|---------|-------|---|
| 7. Aggregate unhedged foreign currency exposure | \$..... | | % |
8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:
- | | | | |
|---|---------|-------|---|
| 8.01 Countries rated NAIC-1..... | \$..... | ..... | % |
| 8.02 Countries rated NAIC-2..... | \$..... | ..... | % |
| 8.03 Countries rated NAIC-3 or below..... | \$..... | ..... | % |
9. Two largest unhedged foreign currency exposures to a single country, categorized by the country's NAIC sovereign rating:
- | | 1 | 2 | |
|----------------------------------|---------|-------|---|
| Countries rated NAIC-1: | | | |
| 9.01 Country: | \$..... | | % |
| 9.02 Country: | \$..... | | % |
| Countries rated NAIC-2: | | | |
| 9.03 Country: | \$..... | | % |
| 9.04 Country: | \$..... | | % |
| Countries rated NAIC-3 or below: | | | |
| 9.05 Country: | \$..... | | % |
| 9.06 Country: | \$..... | | % |
10. List the 10 largest non-sovereign (i.e. non-governmental) foreign issues:
- | | 1 | 2 | 3 | |
|--------------------------|---------|-------|-------|---|
| 10.01 NAIC rating: | \$..... | | | % |
| 10.02 NAIC rating: | \$..... | | | % |
| 10.03 NAIC rating: | \$..... | | | % |
| 10.04 NAIC rating: | \$..... | | | % |
| 10.05 NAIC rating: | \$..... | | | % |
| 10.06 NAIC rating: | \$..... | | | % |
| 10.07 NAIC rating: | \$..... | | | % |
| 10.08 NAIC rating: | \$..... | | | % |
| 10.09 NAIC rating: | \$..... | | | % |
| 10.10 NAIC rating: | \$..... | | | % |
11. State the amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure, including Canadian-currency-denominated investments of (11.01) \$..... % supporting Canadian-denominated insurance liabilities of (11.02) \$..... %
- Assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatory 12. (11.03) Yes [] No []
12. Aggregate Canadian investment exposure:
- | | 1 | 2 | |
|---|---------|-------|---|
| 12.01 Canadian investments..... | \$..... | | % |
| 12.02 Unhedged Canadian currency exposure | \$..... | | % |

13. State the aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions (defined as investments having restrictions that prevent investments from being sold within 90 days).

Assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatory 13. Yes [] No []

	1	2	3	
13.01 Aggregate statement value of investments with contractual sales restrictions:		\$.....	%
Largest 3 investments with contractual sales restrictions:				
13.02		\$.....	%
13.03		\$.....	%
13.04		\$.....	%

14. State the amounts and percentages of admitted assets held in the largest 10 equity interests (including investments in the shares of mutual funds, preferred stocks, publicly traded equity securities, and other equity securities, and excluding money market and bond mutual funds listed in the Appendix to the SVO Practices and Procedures Manual as exempt or Class 1.)

Assets held in equity interests less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatory 14. Yes [] No []

	1	2	3	
<u>Investment Category</u>				
14.01		\$.....	%
14.02		\$.....	%
14.03		\$.....	%
14.04		\$.....	%
14.05		\$.....	%
14.06		\$.....	%
14.07		\$.....	%
14.08		\$.....	%
14.09		\$.....	%
14.10		\$.....	%

15. State the amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities (included in other equity securities) and excluding securities eligible for sale under Securities Exchange Commission (SEC) Rule 144a or SEC Rule 144 without volume restrictions.

Assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatory 15. Yes [] No []

	1	2	3	
15.01 Aggregate statement value of investments held in nonaffiliated, privately placed equities:		\$.....	%
Largest 3 investments held in nonaffiliated, privately placed equities:				
15.02		\$.....	%
15.03		\$.....	%
15.04		\$.....	%

16. State the amounts and percentages of the reporting entity's total admitted assets held in general partnership interests (included in other equity securities).

Assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatory 16. Yes [] No []

	1	2	3	
16.01 Aggregate statement value of investments held in general partnership interests:		\$.....	%
Largest 3 investments in general partnership interests:				
16.02		\$.....	%
16.03		\$.....	%
16.04		\$.....	%

17. With respect to mortgage loans reported in Schedule B, state the amounts and percentages of the reporting entity's total admitted assets held.

Mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatories 17 and 18.

Yes [] No []

Each of the 10 largest aggregate mortgage interests. The aggregate mortgage interest represents the combined value of all mortgages secured by the same property or same group of properties:

	1	2	3
Type (Residential, Commercial, Agricultural)			
17.01	\$.....		%
17.02	\$.....		%
17.03	\$.....		%
17.04	\$.....		%
17.05	\$.....		%
17.06	\$.....		%
17.07	\$.....		%
17.08	\$.....		%
17.09	\$.....		%
17.10	\$.....		%

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

Loan-to-Value	Residential		Commercial		Agricultural	
	1	2	3	4	5	6
18.01 above 95%.....	\$.....	%	\$.....	%	\$.....	%
18.02 91% to 95%.....	\$.....	%	\$.....	%	\$.....	%
18.02 81% to 90%.....	\$.....	%	\$.....	%	\$.....	%
18.04 71% to 80%.....	\$.....	%	\$.....	%	\$.....	%
18.05 below 70%.....	\$.....	%	\$.....	%	\$.....	%
			1		2	
18.06 Construction loans.....		\$.....				%
18.07 Mortgage loans over 90 days past due.....		\$.....				%
18.08 Mortgage loans in the process of foreclosure.....		\$.....				%
18.09 Mortgage loans foreclosed.....		\$.....				%
18.10 Restructured mortgage loans.....		\$.....				%

19. State the amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in one parcel or group of contiguous parcels of real estate reported in Schedule A, excluding property occupied by the company.

Assets held in each of the five largest investments in one parcel or group of contiguous parcels of real estate reported in Schedule A less than 2.5% of the reporting entity's total admitted assets, therefore detail not required for interrogatory 19.

Yes [] No []

	1	2	3
19.01	\$.....		%
19.02	\$.....		%
19.03	\$.....		%
19.04	\$.....		%
19.05	\$.....		%

20. State the amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	At Year-End		At End of Each Quarter		
	1	2	1st Qtr 3	2nd Qtr 4	3rd Qtr 5
20.01 Securities lending (do not include assets held as collateral for such transactions)..	\$.....	%	\$.....	\$.....	\$.....
20.02 Repurchase agreements.....	\$.....	%	\$.....	\$.....	\$.....
20.03 Reverse repurchase agreements.....	\$.....	%	\$.....	\$.....	\$.....
20.04 Dollar repurchase agreements.....	\$.....	%	\$.....	\$.....	\$.....
20.05 Dollar reverse repurchase agreements..	\$.....	%	\$.....	\$.....	\$.....

21. State the amounts and percentages indicated below for warrants not attached to other financial instruments, options, caps and floors:

	Owned		Written	
	1	2	3	4
21.01 Hedging.....	\$.....	%	\$.....	%
21.02 Income generation.....	\$.....	%	\$.....	%
21.03 Other.....	\$.....	%	\$.....	%

22. State the amounts and percentages indicated below of potential exposure (defined as the amount determined in accordance with the NAIC Annual Statement Instructions) for collars, swaps, and forwards:

	<u>At Year-End</u>		1st Qtr 3	<u>At End of Each Quarter</u>	
	1	2		2nd Qtr 4	3rd Qtr 5
22.01 Hedging.....	\$	%	\$	\$	\$
22.02 Income generation.....	\$	%	\$	\$	\$
22.03 Replications.....	\$	%	\$	\$	\$
22.04 Other.....	\$	%	\$	\$	\$

23. State the amounts and percentages indicated below of potential exposure (defined as the amount determined in accordance with the NAIC Annual Statement Instructions) for futures contracts:

	<u>At Year-End</u>		1st Qtr 3	<u>At End of Each Quarter</u>	
	1	2		2nd Qtr 4	3rd Qtr 5
23.01 Hedging.....	\$	%	\$	\$	\$
23.02 Income generation.....	\$	%	\$	\$	\$
23.03 Replications.....	\$	%	\$	\$	\$
23.04 Other.....	\$	%	\$	\$	\$

24. State the amounts and percentages of 10 largest investments included in the Write-ins for Invested Assets category included on the Summary Investment Schedule:

	1	2	3
24.01		\$ %
24.02		\$ %
24.03		\$ %
24.04		\$ %
24.05		\$ %
24.06		\$ %
24.07		\$ %
24.08		\$ %
24.09		\$ %
24.10		\$ %

FRATERNAL INTEREST SENSITIVE LIFE INSURANCE PRODUCTS REPORT

TO BE FILED NOT LATER THAN APRIL 1, 2004

For the year ended December 31, 2003

Of The..... Insurance Company

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

NAIC Group Code..... NAIC Co. Code..... Employer's I.D. Number.....

ANALYSIS OF OPERATION BY LINES OF BUSINESS (Gain and Loss Exhibit) (Excluding Capital Gains and Losses)

	Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total
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 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....			
8.3 Aggregate write-ins for miscellaneous income.....			
9. Totals (Lines 1 thru 8.3).....			
10. Death Benefits.....			
11. Matured endowments.....			
12. Annuity and old age benefits.....			
13. Disability, accident and health benefits, including premiums waived \$.....			
14. Surrender benefits and withdrawals for life contracts.....			
15. Interest and adjustments on certificates or deposit-type contract funds.....			
16. Payments on supplementary contracts with life contingencies.....			
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....			
18. Totals (Lines 10 thru 17).....			
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....			
20. Commissions and expense allowances on reinsurance assumed.....			
21. General insurance expenses and fraternal expenses.....			
22. Insurance taxes, licenses and fees.....			
23. Increase in loading on deferred and uncollected premiums.....			
24. Net transfers to or (from) Separate Accounts net of reinsurance.....			
25. Aggregate write-ins for deductions.....			
26. Totals (Lines 18 to 25).....			
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....			
28. Refunds to members.....			
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....			

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DETAILS OF WRITE-INS

08.301.			
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....			
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above).....			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page.....			
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above).....			

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	Life Insurance		
	1 Interest Sensitive	2 Non-Interest Sensitive	3 Total
Involving Life or Disability Contingencies (Reserves)			
(Net of Reinsurance Ceded)			
1. Reserve December 31, prior year.....			
2. Tabular net premiums or considerations.....			
3. Present value of disability claims incurred.....			
4. Tabular interest.....			
5. Tabular less actual reserve released.....			
6. Increase in reserve on account of change in valuation basis.....			
7. Other increases (Net).....			
8. Total (Lines 1 thru 7).....			
9. Tabular cost.....			
10. Reserves released by death.....			
11. Reserves released by other terminations (net).....			
12. Annuity, supplementary contract, and disability payments involving life contingencies.....			
13. Net transfers to or (from) Separate Accounts.....			
14. Total deductions (Lines 9 thru 13).....			
15. Reserve December 31, current year.....			

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Overflow Page for Write-Ins

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

NAIC Group Code.....

CLAIM EXPERIENCE BY CALENDAR DURATION (TO BE FILED BY APRIL 1)

NAIC Company Code.....

PART 1 - LTC INSURANCE EXPERIENCE BY CALENDAR DURATION

	1	2	3	4	5	6	7	8	9
Calendar Duration	Policy Form	First Year Issued	Earned Premiums by Duration	Incurred and Paid	Reserve for Incurred But Unpaid	Total Incurred Claims	Change in Policy (Active Life) Reserves Over the Experience Period	Anticipated Calendar Duration Loss Percentage	Number of Insured Lives

Policy Form - Calendar Year (a) Actual Loss Percentage (Col 6 / Col 3)..... ; (b) Anticipated Loss Percentage (see Instruction Form A Item 9)..... ; (c) Actual to Anticipated Loss Percentage (a / b).....

PART 2 - LTC INSURANCE EXPERIENCE BY LINE OF BUSINESS

	1	2	3	4
	Earned Premiums by Duration	Incurred and Paid	Reserve for Incurred But Unpaid	Total Incurred Claims
1. Individual.....				
2. Group direct response.....				
3. Other group.....				
4. Total (sum lines 1 to 3).....				

LTC-A

PART 3 - EXPERIENCE FOR PRODUCTS PROVIDING LTC INSURANCE OTHER THAN ON A STAND-ALONE BASIS

	Premiums and Annuity Considerations		Benefits	
	1	2	3	4
	Total	Long-Term Care Benefit Component	Total	Applied to Provide Long-Term Care Benefits
A. Products Providing LTC Benefits With Distinct LTC Premiums				
1. Individual -- Life.....				
2. Individual -- Annuity.....				
3. Individual -- Disability.....				
4. Individual -- Other.....				
5. Group -- Life.....				
6. Group -- Annuity.....				
7. Group -- Disability.....				
8. Group -- Other.....				
B. Products Providing LTC Benefits Without Distinct LTC Premiums				
1. Individual -- Life.....				
2. Individual -- Annuity.....				
3. Individual -- Disability.....				
4. Individual -- Other.....				
5. Group -- Life.....				
6. Group -- Annuity.....				
7. Group -- Disability.....				
8. Group -- Other.....				

LONG-TERM CARE EXPERIENCE REPORTING FORM-B NATIONWIDE EXPERIENCE

CUMULATIVE CLAIM EXPERIENCE

NAIC Group Code.....

(TO BE FILED BY APRIL 1)

NAIC Company Code.....

	1	2	3	4	5	6	7	8
Calendar Duration	Policy Form	First Year Issued	Actual Earned Premiums	Actual Incurred Claims	Anticipated Earned Premium	Anticipated Incurred Claim	Policy Reserves	Number of Insured Lives

Policy Form - Cumulative (a) Actual Loss Percentage (Col. 4 / Col. 3)..... ; (b) Anticipated Loss Percentage (see Instr. Form B, 9 & 10).... ; (c) Actual to Anticipated Loss Percentage (a / b).....

LTC-B

	3	4	5	6	7	8
1. Individual.....	XXX		XXX	XXX	XXX	XXX
2. Group direct response.....	XXX		XXX	XXX	XXX	XXX
3. Other group.....	XXX		XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3).....	XXX		XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year.....	XXX		XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year.....	XXX		XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6).....	XXX		XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [] No []

(b) If yes, indicate the calendar years that were included:.....

LONG-TERM CARE EXPERIENCE REPORTING FORM-C EXPERIENCE IN THE STATE OF

CUMULATIVE CLAIM EXPERIENCE

NAIC Group Code.....

(TO BE FILED BY APRIL 1)

NAIC Company Code.....

	1	2	3	4	5	6	7	8
Calendar Duration	Policy Form	First Year Issued	Actual Earned Premiums	Actual Incurred Claims	Anticipated Earned Premium	Anticipated Incurred Claim	Policy Reserves	Number of Insured Lives

Policy Form - Cumulative (a) Actual Loss Percentage (Col. 4 / Col. 3)..... ; (b) Anticipated Loss Percentage (see Instr. Form C, 9 & 10).... ; (c) Actual to Anticipated Loss Percentage (a / b).....

LTC-C.BK

	3	4	5	6	7	8
1. Individual.....	XXX		XXX	XXX	XXX	XXX
2. Group direct response.....	XXX		XXX	XXX	XXX	XXX
3. Other group.....	XXX		XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3).....	XXX		XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year.....	XXX		XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year.....	XXX		XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6).....	XXX		XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [] No []

(b) If yes, indicate the calendar years that were included:.....

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only

Date of filing: This exhibit is required to be filed not later than April 1

1 Policy Form Number	2 First Year Issued	3 Name of Policy	4 Premiums Earned	5 Incurred Claims Amount	6 Change In Policy Reserves	7 Percent of Premiums Earned	8 Commissions Incurred	9 Rate of Commission and Expense
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ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR (Continued) SUMMARY PAGE

PART 1

AHPE

1 Description	2 Premiums Earned	3 Incurred Claims Amount	4 Change In Policy Reserves	5 Percent of Premiums Earned	6 Commissions Incurred	7 Expenses Incurred	8 Rate of Commissions and Expense	9 Dividends To Policyholders Incurred
1. U.S. forms direct business.....								
2. Other forms direct business.....								
3. Total direct business.....								
4. Assumed less ceded.....								
5. Total.....								

Note: Columns 2, 3, 4, 6 and 9 to agree with Schedule H Column 1, total, less Column 5, credit insurance.
Column 7 to agree with Lines 6, 7 and 9, of Column 1, total, less Column 5, credit insurance of Schedule H-Part 1.

PART 2

1 Section	2 Description	3 Number of Policies or Certificates	4 Expenses Incurred	5 Experience Refunds to Policyholders	6 Dividends to Policyholders Incurred
A	Group.....				
B	Medicare supplement.....				
C	Long-term care.....				
D	Hospital, medical & surgical reimbursement policies.....				
E	Hospital, medical & surgical indemnity policies.....				
F	Loss of time.....				
G	Specified or dread disease.....				
H	All other.....				
	Total U.S. forms direct business (To agree with Line 1 of Part 1).....				
	Total other forms direct business (To agree with Line 2 of Part 1).....				
	Total direct business to agree with Line 3 of Part 1.....				

What is the present valuation basis for new certificates currently issued? _____

If 3 1/2% basis is valuation rate for new certificates, have you made any recommendation relative to the adoption of a lower rate? _____

(9) Occupational Hazards. The following is to be answered if the Society has experienced a ratio of actual to expected mortality in excess of 85% in any of the five years preceding and including the year of this Supplement.

(a) What approximate proportion of those entitled to life benefits are engaged in hazardous occupations, e.g.: Mining, railroads, steel, refineries, etc.? _____

(b) Does the Society charge higher dues in such cases? _____

(c) To what extent are such risks contributing (out of proportion to their exposure) to a high mortality? _____

If the Society does not charge higher dues for risks involving occupational hazards, what recommendation have you made to the Society relative to the rates and reserves on new and existing business of this class? _____

State the date of such recommendation and what action was taken by the Society with respect thereto. _____

(10)* Certification

This is to certify that (1) the foregoing computations and answers to the questions above set forth which I have made are correct and true to the best of my knowledge and belief; and (2) the reserves shown in the Valuation Report, together with future contribution rates as collected on existing life benefits on the date of such valuation, are in my opinion adequate to provide for the payment at maturity of all the obligations of the Society under its by-laws and/or life benefit certificates except as otherwise stated in Item (4).

(Actuary)

(State Membership in Actuarial Societies)

*This must be executed, or else the contrary will be assumed.

NON-CANCELABLE ACCIDENT AND HEALTH OR DISABILITY BENEFITS

(11) Attach a description of the different types of non-cancelable accident and health, or disability benefits now in force. State whether the benefits under all certificates are limited to a maximum age of 65 years.

(12) State morbidity table used for valuation purposes. _____

If such table is based on experience of the Society, state the calendar years and amount of exposure covered by such table _____

and give the justification for its use _____

Has a copy of this table been filed with this Department?..... If so, state date of filing..... If not, a copy of the table should be attached to this Supplement.

(13) Attach a calculation of the ratio of the incurred losses to earned contribution income during the year according to quinquennial attained age groups. The earned contribution income may be estimated by multiplying the contribution charged by the average membership during the year in each quinquennial age group. Suitable modification should be made where level contributions are charged differing according to age at entry. In lieu thereof, you may show the ratio of the incurred losses to expected morbidity on the basis of the table used for valuation purpose according to quinquennial age groups.

Exception:

This calculation is not required in the case of a society which holds tabular reserves computed on a recognized standard such as the Conference Modification of the Class (3) Disability Table, Hunter's Table, or the Manchester Unity Table.

(14) Attach a report giving an estimate of the active life reserve on non-cancelable accident and health or disability benefits computed on the basis of the table described in Item (12) for the specific benefits provided in the by-laws and/or certificates of the Society. If no table is stated therein the calculation should be made on the basis of the Conference Modification of the Class (3) Disability Table. (This table appears in T.A.S.A., Volume XXXII, pages 8 - 28, also in a pamphlet prepared in 1941 by the Non-Cancelable Reserves Committee of the Health and Accident Underwriters Conference). The above report should also include a table of specimen contribution rates for ages 20, 30, 40, 50, and 60 charged by the Society as compared with the respective net contribution rates required by the Conference Modification of the Class (3) Disability Table. In preparing the above estimate, negative reserves should be excluded in all cases. The purpose of the estimate is to indicate whether the Society was in a position as of December 31, last, to report the full reserve on its liabilities or, if not, whether the amount of such reserve could reasonably be accumulated over a period of years.

Exception:

The above report is not required in the case of a Society which during the year disbursed non-cancelable accident and health or disability benefits in an amount less than \$20,000; nor in the case of a Society which valued such benefits on the Conference Modification of the Class (3) Disability Table, Hunter's Table, or the Manchester Unity Table.

(15) Attach a report based on your investigation as to the true condition of the non-cancelable accident and health or disability funds with respect to morbidity, interest, contribution rates, provision for expenses, etc., and as to whether such funds are solvent and will continue to be so on the basis of present contribution rates; and if not, what remedial action or actions should be taken to secure a satisfactory condition and the effect of each. State whether the contribution rates charged new members are graded by age; and if not, what your recommendations are with respect to this.

(16) Certification

This is to certify that (1) the foregoing computations and answers to the questions above set forth which I have made are correct and true to the best of my knowledge and belief; and (2) the reserves shown in the annual statement, together with future contribution rates as collected under the by-laws or embodied in existing certificates as of the date of such valuation, are in my opinion adequate to provide for the payment at maturity of all the obligations of the Society under its accident and health or disability certificates and/or by-laws, except as otherwise stated in Item (15).

(Actuary)

(State Membership in Actuarial Societies)