



A.M. BEST COMPANY, INC.

Supplemental Rating Questionnaire Life and Accident and Health Insurers Business of 2012

Company Name _____

A.M. Best Number _____

OPERATIONS SECTION - DISTRIBUTION

(FULL DOLLAR AMOUNTS)

2. Please indicate the amount of new business annualized premium by distribution type as of December 31, 2012.

	(01) Career Ordinary Agents	(02) PPGA / Independent Agents	(03) Broker/Dealer	(04) Multi-Line Agents	(05) Group Reps	(06) Other*	(07) Total
New Business Annualized Premium as defined by LIMRA							
1 Individual Life							
2 Individual Annuity							
3 Individual Accident & Health							
4 Group Life							
5 Group Annuity							
6 Group Health / Dental							
7 Total							

*Please use NOTES PAGE to list and describe "Other" methods of distribution recorded in column (06).

3. Please list your company's FIVE largest distributors ranked by Total Direct Premiums and Considerations:

(01) Agency / Institution / Third Party Organization	Total Direct Premiums and Considerations				(06) Length of Relationship in Years
	(02) Life	(03) Health	(04) Annuities	(05) Total	
1.					
2.					
3.					
4.					
5.					
6. All Other					
7. TOTAL					XXX

NOTE: Reinsurance Companies, please list cessionaires.

OPERATIONS - OPERATING LEVERAGE

(\$000)

6. Please provide the following outstanding amounts as of December 31, 2012

	(01) TOTAL
1. Guaranteed Investment Contracts (GICs)	
2. Funding Agreements (FAs)	
3. Funding Agreement-Backed Securities (FABS)	
4. Retail Notes	
5. Securities Lending	
6. Repurchase Agreements	
7. Federal Home Loan Bank (FHLB) Borrowing	
8. Other Borrowings	
9. Total Operating Company Borrowings (OCB)	
10. Total General Account Reserves	
11. Operating Leverage Ratio (OCB/GA Reserves)	

Please answer the following:

12. Has this company's parent company (if any) issued debt or provided a guarantee in support of any Regulation XXX or Regulation AXXX funding solutions? (Y/N) (if yes, please describe further on the NOTES PAGE) _____
13. Are there any letters of credit (LOCs) currently outstanding in support of any Regulation XXX or Regulation AXXX funding solutions for this company? (Y/N) (if yes, please describe further on the NOTES PAGE) _____

BUSINESS LINES - ANNUITY OPERATIONS

(FULL DOLLAR AMOUNTS)

7. Please provide the following individual and group annuity information as of December 31, 2012.

	(01) Sales	(02) Net Flows	(03) Assets Under Management	(04) Statutory Operating Gain after Policyholder Divs. and before FIT	(05) GAAP Pre-Tax Operating Earnings
1. Fixed Deferred Annuities					
2. Immediate Annuities / Structured Settlements		XXX	XXX		
3. Equity Indexed Annuities					
4. Variable Annuities					
5. Group Annuities					
6. Total					

7a. Please complete for all annuity (fixed index and variable annuity) exposure as of December 31, 2012.

	(01) Account Value	(02) Guarantee Amount	(03) Guarantee Amt Reinsured	(04) Guarantee Amt Hedged	(05) Non-Hedged / Non-Reinsured Exposure	(06) In the Money Amt
1. GMDB						
2. GMAB						
3. GMIB						
4. GMWB						
5. Total						

Note: GMDB is Guaranteed Minimum Death Benefit; GMAB is Guaranteed Minimum Accumulation Benefit;
GMIB is Guaranteed Minimum Income Benefit; GMWB is Guaranteed Minimum Withdrawal Benefit.

7b. Please provide the the following reserve and capital information for variable annuities subject to Actuarial Guideline 43 (AG 43) and C-3 Phase II

	(01) Current Year	(02) Prior Year
1. Total Asset Requirement (TAR) as defined in RBC		
a. Stochastic CTE 90 (req by C-3 Phase II)		
b. Stochastic CTE 98		
c. Standard Scenario Amount (req by C-3 Phase II)		
d. Maximum of a. and c.		
2. Aggregate CSV for contracts covered by stoch models		
a. Total separate account assets covered by stoch models		
3. Ratio of TAR / CSV Current Year (1d. / 2)		
4. Ratio of TAR / CSV Prior Year (1d. / 2)		
5. Smoothed Amount (.40 x 4. +.60 x 3.)		
6. Actual year end CSV (adjust 2. for 12/31 actual)		
7. Adjusted current year TAR (6. x 5.)		
8. Reserves per Actuarial Guideline 43		
a. Stochastic CTE 70		
b. Standard Scenario		
c. Reported Reserves - Maximum of a. and b.		
9. Capital = TAR less Reserves		
a. Capital allocated to Interest Rate Risk		
b. Capital allocated to Market Risk		
c. Total Capital (should equal 7. - 8c.)		

Note: If Smoothed Amount not applicable, leave line 5 blank and report TAR on line 7

BUSINESS LINES - ANNUITY OPERATIONS (Continued)

(FULL DOLLAR AMOUNTS)

9b. Please provide the following information for All General and Separate Account Annuity and Deposit-type contracts (Individual and Group):

ALL ANNUITIES AND DEPOSIT-TYPE CONTRACTS	Issued During 2012		Issued	In Force at Year End 2012		In Force
	(01) Average Rate *** Credited Contractholders	(02) Average Rate Earned By Company	(03) Gross Spread	(04) Average Rate Credited Contractholders	(05) Average Rate Earned by Company	(06) Gross Spread
Fixed Products:						
1. SPDA / FPDA						
2. Immediate Annuities / Structured Settlements						
3. Equity Indexed Annuities **						
4. All Other Individual Annuities *						
5. Guaranteed Investment Contracts						
6. All Other Group contracts *						
Variable Products: (Fixed accts. only)						
7. Individual						
8. Group						

* Please describe "Other . . ." product types using the space below and the NOTES PAGE, if necessary.

(1) _____

** Fixed component only, excluding bonuses.

*** Please note any bonus interest rates paid on new business by product using the space below and the NOTES PAGE, if necessary.

(2) _____

9c. Please provide a breakout of statutory account values as of December 31 for life and annuity contracts with guaranteed minimum interest rates.

GUARANTEED INTEREST RATE	TOTAL		Individual Life		Individual Annuities		Group Annuities		(09)
	(01) Account Values	(02) % of A.V. at Minimum Guar Rate	(03) Account Values	(04) % of A.V. at Minimum Guar Rate	(05) Account Values	(06) % of A.V. at Minimum Guar Rate	(07) Account Values	(08) % of A.V. at Minimum Guar Rate	Other Account Values
1. Less than 1 1/2%									
2. Equal to or greater than 1 1/2% but Less than 2%									
3. Equal to or greater than 2% but less than 2 1/2%									
4. Equal to or greater than 2 1/2% but less than 3%									
5. Equal to or greater than 3% but less than 3 1/2%									
6. Equal to or greater than 3 1/2% but less than 4%									
7. Equal to or greater than 4% but less than 5%									
8. Equal to or greater than 5%									

BUSINESS LINES - INDIVIDUAL ACCIDENT AND HEALTH (A&H)

(FULL DOLLAR AMOUNTS)

12a. Please supply information on the various types of INDIVIDUAL A&H insurance specified below for 2012.

INDIVIDUAL A&H Type of Coverage	(01) First Year Premium	(02) Total Direct Premium Written (Ex. 1, Part 1, Col. 10, Ln. 20.1)	(03) Total Net Premium Written (Sch. H, Part 1, Line 1)	(04) Net Premium Earned (Sch. H, Part 1, Line 2)	(05) Incurred Claims (Sch. H, Part 1, Line 3)	(06) Increase in Reserves (Sch. H, Part 1, Line 6)	(07) Expenses Incurred (Sch. H, Part 1, Line 4 plus Line 10 plus Line 11)	(08) Underwriting Gain/(Loss) (Sch. H, Part 1, Line 12)	(09) Statutory Operating Gain after Policyholder Divs. and before FIT	(10) GAAP Pre-Tax Operating Earnings	(11) Policy Count 2012
1. Medicare Advantage											
2. Medicare Supplement											
3. Medicare Part D											
3a. Medicare Part D Supplemental Benefits											
4. Medicaid											
(a) Aged, Blind, Disabled											
(b) Temporary Assistance for Needy Families											
(c) All Other											
5. Disability Income:											
(a) Non-Cancelable											
(b) Guaranteed Renewable											
6. Credit											
7. Hospitalization / Major Medical:											
(a) Indemnity / Managed Indemnity											
(b) PPO											
(c) POS											
(d) HMO											
(e) Other (Multiple Plan Option)											
8. Limited Benefit Medical											
9. Student											
10. Dental											
11. Long-Term Care											
12. Dread Disease:											
(a) Cancer - Unlimited Benefits											
(b) Cancer - All Other											
(c) Heart											
(d) Stroke											
(e) Other											
13. Hospital Indemnity											
14. AD&D											
15. Critical Illness											
16. Fee for Service											
17. All Other*											
18. TOTAL Individual A&H (Must equal Annual Statement Schedule and Line indicated in column heading)											

* Please describe "All Other" product types, using the space below and the NOTES PAGE, if necessary.

(1) _____
(2) _____

Note: HEALTH FILERS ONLY - Questions 12a and 13a, Col. 2 totals (SRQ) tie to Page 7, Col. 1, Line 1 of the Health statement; Col. 3 totals (SRQ) tie to Page 30, Col. 1, Line 15 of the Health statement; Col. 4 totals (SRQ) tie to Page 9, Col. 1, Line 12.4 of the Health statement; Col. 5 totals (SRQ) tie to Page 7, Col. 1, Ln. 21, of the Health statement; Col. 6 totals (SRQ) tie to Page 14, Col. 5, Ln. 31 of the Health Statement; and Col. 7 totals (SRQ) tie to Page 7, Col. 1, Line 23 minus Line 22 of the Health statement.

12b. Please provide Unearned Premium Reserve: (1) \$ _____

12c. Please provide Premium Stabilization Reserve: (1) \$ _____

12d. Please provide an explanation of any significant changes affecting any of these lines of business, as well as rate increases, expansion or reduction in new business writings, termination of an existing coverage, etc., using the space below and the NOTES PAGE, if necessary.

(1) _____
(2) _____

12e. Please provide a description of the types of reinsurance treaties you maintain for these lines of business, including any special provisions (such as stop-loss, catastrophic, etc.), using the space below and the NOTES PAGE, if necessary.

(1) _____
(2) _____

BUSINESS LINES - GROUP ACCIDENT AND HEALTH (A&H)

(FULL DOLLAR AMOUNTS)

13a. Please supply information on the various types of GROUP A&H insurance specified below for 2012.

GROUP A&H Type of Coverage	(01) First Year Premium	(02) Total Direct Premium Written (Ex. 1, Part 1, Col. 8&9, Ln. 20.1)	(03) Total Net Premium Written (Sch. H, Part 1, Line 1)	(04) Net Premium Earned (Sch. H, Part 1, Line 2)	(05) Incurred Claims (Sch. H, Part 1, Line 3)	(06) Increase in Reserves (Sch. H, Part 1, Line 6)	(07) Expenses Incurred (Sch. H, Part 1, Line 4 plus Line 10 plus Line 11)	(08) Underwriting Gain/(Loss) (Sch. H, Part 1, Line 12)	(09) Statutory Operating Gain after Policyholder Divs. And before FIT	(10) GAAP Pre-Tax Operating Earnings	(11) Policy Count 2012	(12) Membership / Certificate Count 2012
1. Medicare Supplement												
2. Medicare Part D												
2a. Medicare Part D Supplemental Benefits												
3. Disability Income - LTD												
4. Disability Income - STD												
5. Credit												
6. Hospitalization / Major Medical:												
(a) Indemnity / Managed Indemnity												
(b) PPO												
(c) POS												
(d) HMO												
(e) Other (Multiple Plan Option)												
(f) FEHBP												
(g) Other												
7. Limited benefit medical												
8. Student												
9. Dental												
10. Long-Term Care												
11. Dread Disease:												
(a) Cancer - Unlimited Benefits												
(b) Cancer - All Other												
(c) Heart												
(d) Stroke												
(e) Other												
12. Hospital Indemnity / AD&D												
13. Vision												
14. Stop Loss/Minimum Premium Policies												
15. Administrative Services Only	X X X	X X X	X X X	X X X	X X X	X X X		X X X		X X X	X X X	X X X
16. Other Premium Equivalents*	X X X	X X X	X X X	X X X	X X X	X X X		X X X		X X X	X X X	X X X
17. Other Group Coverages*												
18. TOTAL Group A&H (Must equal Annual Statement Schedule and Line indicated in column heading)												

* Please describe "All Other" product types, using the space below and the NOTES PAGE, if necessary.

(1) _____
 (2) _____

Note: HEALTH FILERS ONLY - Questions 12a and 13a, Col. 2 totals (SRQ) tie to Page 7, Col. 1, Line 1 of the Health statement; Col. 3 totals (SRQ) tie to Page 30, Col. 1, Line 15, of the Health statement; Col. 4 totals (SRQ) tie to Page 9, Col.1, Line 12.4 of the Health statement; Col. 5 totals (SRQ) tie to Page 7, Col. 1, Ln. 21, of the Health statement; Col. 6 totals (SRQ) tie to Page 14, Col. 5, Ln. 31 of the Health Statement; and Col. 7 totals (SRQ) tie to Page 7, Col. 1, Line 23 minus Line 22 of the Health statement.

13b. Please provide the amount of premium equivalents on Administrative Services Only business as of December 31, 2012. (1) \$ _____

13c. Please provide the amount of premium equivalents on Stop Loss / Minimum Premium Policy and other fee based business as of December 31, 2012. (1) \$ _____

13d. Please provide Unearned Premium Reserve: (1) \$ _____

13e. Please provide Premium Stabilization Reserve: (1) \$ _____

13f. Please provide an explanation of any significant changes affecting any of these lines of business, as well as rate increases, expansion or reduction in new business writings, termination of an existing coverage, etc., using the space below and the NOTES PAGE, if necessary.

(1) _____

13g. Please provide a description of the types of reinsurance treaties you maintain for these lines of business, including any special provisions (such as stop-loss, catastrophic, etc.), using the space below and the NOTES PAGE, if necessary.

(1) _____

INVESTMENTS SECTION - MORTGAGE LOAN DISTRIBUTION AND PERFORMANCE

(FULL DOLLAR AMOUNTS)

15. Please provide the following detail on your General Account Mortgage Loan portfolio as of December 31, 2012

Type	(01) Medical Offices	(02) Office	(03) Retail	(04) Industrial	(05) 1 - 4 Family	(06) Hotels/ Motels	(07) Apartments	(08) Agriculture	(09) Other	(10) TOTAL
1. 60 Days Overdue										
(a) Interest Due + Unpaid: 60 days overdue										
(b) Taxes Due + Unpaid: 60 days overdue										
2. In Process of Foreclosure										
3. Restructured Loans (Original terms amended)										
(a) Net Earned Rate*										
4. Performing Mortgages (Exclude line 3)										
(a) Net Earned Rate*										
5. Foreclosed During the Year										
(a) Net Earned Rate*										
(b) \$ Amount Real Estate Owned from Foreclosure										
(c) \$ Amount in Non-Income Producing Mortgages										
6. Portfolio Net Earned Rate*										
7. Current Market Value of underlying mortgaged property (a)										
8. Outstanding Balance										
(a) Original Issue Balance										
9. Debt Service Coverage Ratio										
MATURING LOANS										
10. Scheduled Amortization Payments for:										
(a) 2013										
(b) 2014										
(c) 2015										
11. Scheduled Balloon Payments for: **										
(a) 2013										
(b) 2014										
(c) 2015										
12. Expected Rollovers (Extended or Restructured) for:										
(a) 2013										
(b) 2014										
(c) 2015										
List Dollar Amount of Loans by Region:										
13. New England (CT, ME, MA, NH, RI, VT)										
14. Middle Atlantic (NJ, NY, PA)										
15. East North Central (IL, IN, MI, OH, WI)										
16. West North Central (IA, KS, MN, MO, NE, ND, SD)										
17. South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV)										
18. East South Central (AL, KY, MS, TN)										
19. West South Central (AR, LA, OK, TX)										
20. Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)										
21. Pacific (AK, CA, HI, OR, WA)										
22. Other (PR, US Territories & Possessions, Other Foreign)										
23. TOTAL (Line 13 to Line 22) NOTE: Column 10 must equal Annual Statement, Page 2, Column 3, Line 3.1 plus Line 3.2										

* Net Earned Rate = (net invest income + realized gain/(loss) + unrealized gain/(loss) - administrative & legal fees - restore and improve) / [(beginning year statement value + year end statement value) / 2]

** In year of balloon payment, report all payment as balloon, although part of the payment may be amortized payment.

(a) NOTE: Please estimate market value if one is not available.

INVESTMENTS SECTION - CREDIT RATINGS FOR HEALTH INSURANCE COMPANIES

(FULL DOLLAR AMOUNTS)

18. Please provide the following detail for assets held by Health Insurance Companies as of December 31, 2012.

ASSET CLASSES	Credit Rating Category					
	(01) Class 1	(02) Class 2	(03) Class 3	(04) Class 4	(05) Class 5	(06) Class 6
1. Preferred Stock						
2. Other Invested Assets: Bonds						
3. Other Invested Assets: Preferred Stock						

INVESTMENTS SECTION - INTEREST RATE SENSITIVITY

(FULL DOLLAR AMOUNTS)

19. Please provide the following detail as of December 31, 2012.

Portfolio Characteristics	TOTAL BOND PORTFOLIO *									
	(01) -300	(02) -200	(03) -100	(04) -50	(05) Base Case	(06) +50	(07) +100	(08) +200	(09) +300	
1. Option-Adjusted Duration										
2. Gain/(Loss) With Hedges (Dollar Amount)										
3. Gain/(Loss) W/Out Hedges (Dollar Amount)										
4. Convexity (Option-Adjusted)										

* Assume instantaneous rise or decline in interest rates as of January 1, 2013, and maintenance at that level for the life of the portfolio.

Definitions:

Option-Adjusted Duration: Effective Duration = Average percentage price change in a security given upward and downward parallel shifts in the Treasury term structure. Measure of a bond's price sensitivity to changes in interest rates, which incorporates all embedded options (calls, puts, sinks, prepayments, etc.) and the impact of those options on expected future cashflows. (Price down - Price up) / (2 x Price today).

Gain/(Loss): Difference, in dollars, between market value and book value of assets; does not include accrued interest.

Convexity: Please indicate which of the following is the basis for convexity reported above:

(a) Contribution to price change = Amount by which the change in price predicted by effective duration mis-estimates the actual price change of a bond for a parallel shift in the Treasury curve. Price change = (Effective duration x change in interest rates) + (convexity x change in interest rates squared).

(b) Duration drift = Change in effective duration for a given change in interest rates.

REINSURANCE SECTION

(FULL DOLLAR AMOUNTS)

21. REINSURANCE: Maximum Net Retention:

Ordinary Life (1) \$ _____ Annuities (2) \$ _____ Group Life (3) \$ _____ Accident & Health (4) \$ _____

22a. Please provide the following information regarding reinsurance the company has CEDED under MODCO or funds withheld reinsurance agreements.

C-1 NAIC RBC under MODCO or Funds Withheld Agreements	(01) Bonds	(02) Preferred Stock	(03) Common Stock	(04) Mortgages	(05) Real Estate	(06) Other (Rated)*	(07) Other (Non-Rated)*	(08) Total
TOTAL C-1 Risk Charges **								
Assets used to determine Q.22a C-1 NAIC RBC charges.								
Class 1			X X X	X X X	X X X		X X X	X X X
Class 2			X X X	X X X	X X X		X X X	X X X
Class 3			X X X	X X X	X X X		X X X	X X X
Class 4			X X X	X X X	X X X		X X X	X X X
Class 5			X X X	X X X	X X X		X X X	X X X
Class 6			X X X	X X X	X X X		X X X	X X X
Non-Rated			X X X	X X X	X X X	X X X		X X X
TOTAL Assets (Statement Value)								

*Please use NOTES PAGE to list and describe "Other." Show Rated and Non-Rated as reported in AVR.

**Reported risk charges should be those specifically related to the assets listed.

22b. Please provide the following information regarding reinsurance the company has ASSUMED under MODCO or funds withheld reinsurance agreements.

C-1 NAIC RBC under MODCO or Funds Withheld Agreements	(01) Bonds	(02) Preferred Stock	(03) Common Stock	(04) Mortgages	(05) Real Estate	(06) Other (Rated)*	(07) Other (Non-Rated)*	(08) Total
TOTAL C-1 Risk Charges **								
Assets used to determine Q.22b C-1 NAIC RBC charges.								
Class 1			X X X	X X X	X X X		X X X	X X X
Class 2			X X X	X X X	X X X		X X X	X X X
Class 3			X X X	X X X	X X X		X X X	X X X
Class 4			X X X	X X X	X X X		X X X	X X X
Class 5			X X X	X X X	X X X		X X X	X X X
Class 6			X X X	X X X	X X X		X X X	X X X
Non-Rated			X X X	X X X	X X X	X X X		X X X
TOTAL Assets (Statement Value)								

*Please use NOTES PAGE to list and describe "Other." Show Rated and Non-Rated as reported in AVR.

**Reported risk charges should be those specifically related to the assets listed.