

OPERATIONS SECTION

(FULL DOLLAR AMOUNTS)

2. Please indicate the number of producers (by distribution type) licensed by your company as of December 31, 2011.

PRODUCER DETAIL	(01) Career Ordinary Agents	(02) PPGA / Independent Agents	(03) Broker/Dealer	(04) Multi-Line Agents	(05) Group Reps	(06) Other*	(07) Total
2011							
1.1 Total number of licensed producers							

*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.

PRODUCTS SECTION - ANNUITY OPERATIONS
 (FULL DOLLAR AMOUNTS)

6. Please indicate premiums and considerations for each Individual and Group Annuity product line listed below:

Premiums and Considerations	(01) Individual Annuity TOTAL	(02) Group Annuity TOTAL
First Year Premiums and Considerations:		
FIXED ANNUITIES		
1. Non-Qualified		
2. Qualified:		
(a) 401(k)		
(b) 403(b)		
(c) 457		
(d) Other*		
3. Structured Settlements		XXX
4. Retirement/Payout Annuity		XXX
5. Other Fixed		XXX
6. TOTAL Fixed Annuities		
VARIABLE ANNUITIES		
7. Non-Qualified		
8. Qualified:		
(a) 401(k)		
(b) 403(b)		
(c) 457		
(d) Other*		
9. Retirement/Payout Annuity		XXX
10. Other Variable		XXX
11. TOTAL Variable Annuities		
EQUITY INDEXED ANNUITIES		
12. Non-Qualified		
13. Qualified		
14. All Other Group Annuities	XXX	
15. TOTAL Equity Indexed Annuities		
16. TOTAL First Year Premiums and Considerations		
17. First Year Premiums and Considerations Attributable to 1035 Exchanges		
18. Attributable to Internal Exchanges		

PRODUCTS SECTION - ANNUITY OPERATIONS (Continued)
 (FULL DOLLAR AMOUNTS)

6. (Continued) Please indicate premiums and considerations for each Individual and Group Annuity product line listed below:

Premiums and Considerations	(01) Individual Annuity TOTAL	(02) Group Annuity TOTAL
Renewal Premiums and Considerations		
FIXED ANNUITIES		
19. Non-Qualified		
20. Qualified:		
(a) 401(k)		
(b) 403(b)		
(c) 457		
(d) Other*		
21. TOTAL Fixed Annuities		
VARIABLE ANNUITIES		
22. Non-Qualified		
23. Qualified:		
(a) 401(k)		
(b) 403(b)		
(c) 457		
(d) Other*		
24. TOTAL Variable Annuities		
EQUITY INDEXED ANNUITIES		
25. Non-Qualified		
26. Qualified		
27. All Other Group Annuities	XXX	
28. TOTAL Equity Indexed Annuities		
29. TOTAL Renewal Premiums and Considerations		
30. TOTAL 1st Year and Renewal Premiums and Considerations		

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

- (1) _____
- (2) _____

PRODUCTS SECTION - ANNUITY OPERATIONS (Continued)

(FULL DOLLAR AMOUNTS)

7. Please provide the following individual and group annuity information as of December 31, 2011.

	(01) Sales	(02) Net Flows	(03) Assets Under Management	(04) Statutory Net Operating Gain	(05) GAAP Net Operating Gain
1. Fixed Annuities					
2. Equity Indexed Annuities					
3. Variable Annuities					
4. Group Annuities					
5. Total					

7a. Please complete for all annuity (fixed index and variable annuity) exposure as of December 31, 2011.

	(01) Account Value	(02) Guarantee Amount	(03) In the Money Amt	(04) Amt Reinsured	(05) Amt Hedged	(06) Non-Hedged / Reinsured Exposure
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.

PRODUCTS SECTION - ACCIDENT AND HEALTH DISTRIBUTION

(FULL DOLLAR AMOUNTS)

10. Please provide the 2011 product breakdown for the specified Accident and Health coverages listed below:

	(01)
	TOTAL
Individual A&H Direct Premium Written:	
1. Medicare Supplement	
2. Medicare Part D	
3. Disability Income	
4. Credit	
5. Hospitalization/Major Medical	
6. Dental	
7. Long Term Care	
8. Dread Disease	
9. Hospital Indemnity	
10. AD&D	
11. Critical Illness	
12. All Other Individual Coverages*	
13. TOTAL Individual A&H	
Group A&H Direct Premium Written:	
14. Medicare Supplement	
15. Medicare Part D	
16. Disability Income	
17. Credit	
18. Hospitalization/Major Medical	
19. Dental	
20. Long Term Care	
21. Dread Disease	
22. Hospital Indemnity	
23. AD&D	
24. Stop Loss/Minimum Premium Policies	
25. All Other Group Coverages*	
26. TOTAL Group A&H	

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

(1) _____
 (2) _____

PRODUCTS SECTION - MANAGED CARE CREDIT

(FULL DOLLAR AMOUNTS)

11. Managed Care Credit. Please provide the following information for the current year's results.

	(01) Amount
1. Capitated Payments to Regulated Intermediaries*	
2. Capitated Payments to Non-Regulated Intermediaries*	
3. Fee-for-Service Revenues from ASC or ASO	
4. Withhold and Bonus Payment, Prior Year	
5. Withholds and Bonuses Available, Prior Year	
6. Claims Payments Subject to Withholds, Prior Year	
7. Secured Capitation to Providers	
8. Secured Capitation to Intermediaries	

* Amounts included in Exhibit 7 Part 1, Column 1, Line 2.

INVESTMENTS SECTION - PORTFOLIO ANALYSIS

17b FIXED INCOME PORTFOLIO ANALYSIS: Please complete the following Quality and Maturity Distribution of All Bonds Owned as of December 31, 2011 Excluding US Governments and Excluding Parents, Subsidiaries, and Affiliates. Amounts should be stated at Book/Adjusted carrying values.

(01) Rating (or equivalent to rating)	(02) Maturing in 1 Year of Less (\$000)	(03) Maturing in Over 1 Year Through 3 Years (\$000)	(04) Maturing in Over 3 Years Through 5 Years (\$000)	(05) Maturing in Over 5 Years Through 10 Years (\$000)	(06) Maturing in Over 10 Years Through 20 Years (\$000)	(07) Maturing in Over 20 Years (\$000)	(08) Total (\$000)
1. AAA							
2. AA+							
3. AA							
4. AA-							
5. A+							
6. A							
7. A-							
8. BBB+							
9. BBB							
10. BBB-							
11. BB+							
12. BB							
13. BB-							
14. B+ to B-							
15. CCC+ to CCC-							
16. CC to C							
17. D (in or near default)							
18. US Governments*							
19. Parents, Subsidiaries, & Affiliates**							
20. All Other							
21. TOTAL BONDS (Lines 1 through 20)***							

*Row 18 Column 08 Total should match NAIC annual statement Schedule D Part 1A Section 1 Line 1.7 Column 6.

**Row 19 Column 08 Total should match NAIC annual statement Schedule D Part 1A Section 1 Line 8.7 Column 6.

***Row 21 Column 08 Total should match NAIC annual statement Schedule D Part 1A Section 1 Line 9.7 Column 6.

INVESTMENTS SECTION - DERIVATIVE INFORMATION

(FULL DOLLAR AMOUNTS)

20a. Please indicate which of the options below are objectives of the derivative programs: (Mark Yes or No for each.)

- | | | | |
|-------------------------------------|-------|-------|-------------------------------|
| | (01) | (02) | |
| 1. Interest rate fluctuation hedges | _____ | _____ | |
| 2. Currency hedges | _____ | _____ | |
| 3. Equity market fluctuations | _____ | _____ | |
| 4. Yield enhancement | _____ | _____ | |
| 5. Other (Please describe.) | _____ | _____ | Description of 5 Other: _____ |

20b. Please provide the following information on all derivative contracts. List the information independently for your TEN most significant counterparties (based on notional value), and aggregate all remaining contract values in Line 11, "All Other":

NOTE: Measures interest sensitive nature of derivative program, whether interest sensitive or not.

(01) Counterparty	(02) NAIC SVO Designation (1 - 6)	(03) Notional Value	Sensitivity Analysis Settlement Cost (\$)					
			(Assuming an instantaneous rise/fall in interest rates for the duration of the contracts.)					
			(04) -150bp	(05) -100bp	(06) -50bp	(07) +50bp	(08) +100bp	(09) +150bp
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11. All Other	X X X							
12. TOTAL								
13. Adjusted market value of ASSETS at each interest rate change		X X X						
14. Adjusted market value of LIABILITIES at each interest rate change		X X X						
15. Net Economic Impact (Line 13 minus Line 14)		X X X						

Note: Lines 13-15 should include all assets, not only the ones hedged.

20c. If credit for hedging was taken in the RBC schedules, please provide the following info:

Total Hedged Bonds	(Full Dollar Amounts)			
	(01) \$ Amount of Securities Hedged	(02) \$ Gross RBC Charge	(03) \$ RBC Credit for Hedging	(04) \$ Net RBC Charge
1. NAIC Class 1				
2. NAIC Class 2				
3. NAIC Class 3				
4. NAIC Class 4				
5. NAIC Class 5				
6. NAIC Class 6				
7. Total				
Unaffiliated Common Stock	\$ Amount of Securities Hedged	\$ Gross RBC Charge	\$ RBC Credit for Hedging	\$ Net RBC Charge
8. Total				

Note: Please show Book Adjusted Carrying Value for Bonds.