NAIC

National Association of Insurance Commissioners

2011

RBC

Risk-Based Capital

FORECASTING

& INSTRUCTIONS

Regulator Use

National Association of Insurance Commissioners

Risk-Based Capital Forecasting & Instructions

Life

2011

The NAIC is the authoritative source for insurance industry information. Our expert solutions support the efforts of regulators, insurers and researchers by providing detailed and comprehensive insurance information. The NAIC offers a wide range of publications in the following categories:

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ISBN: 978-1-59917-489-1

Printed in the United States of America

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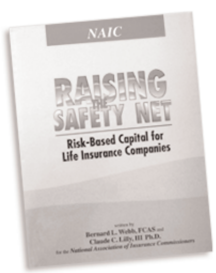
Companion Products

The following companion products provide additional information on the same or similar subject matter. Many customers who purchase the ***Risk-Based Capital Forecasting & Instructions*** also purchase one or more of the following products:

Individual Compendium Chart: Capital/Surplus Requirements (CF-20)
Individual chart from Volume 1 of the Compendium of State Laws on Insurance Topics: "Basing Capital and Surplus Requirements on Risks; Limitation of Amount of Coverage on One Risk as a Percentage of Capital and Surplus." Chart includes: Citation; Risk-Based Capital Provision; Limit of 10% of Capital on One Risk - Provision in Place?



Raising the Safety Net: Risk-Based Capital for Life Insurance Companies
This publication explains the concepts of financial risk that led the NAIC to develop a minimum level of capitalization for insurers. It also includes background on the development of the NAIC's initial risk-based capital formula. Implementing RBC requirements has helped state insurance regulators limit excessive insolvency risk and take more timely action against troubled insurers. Copyright 1994.

Risk-Based Capital (RBC) for Health Organizations Model Act (MDL-315)
Establishes RBC requirements and outlines reporting requirements for health organizations. Addresses the hearing process and confidentiality concerns. Also includes provisions for exemptions, foreign health organizations and immunity. Includes legislative history, case law annotations and state action pages.

Risk-Based Capital (RBC) for Insurers Model Act (MDL-312)
Establishes RBC requirements and outlines the reporting requirements for insurers. Addresses the hearing process and confidentiality concerns. Also includes provisions for exemptions, foreign insurers and immunity. Includes legislative history, case law annotations and state action pages.

NAIC National Association of Insurance Commissioners
The Center for Insurance Policy and Research

DATE: November 30, 2011

TO: Life Risk-Based Capital Subscribers

FROM: Dave Fleming

SUBJECT: 2011 Life Risk-Based Capital Report

Changes made to the 2011 Life RBC overview and instructions are highlighted in a bold font within that document. Here is a summary of the changes made:

1. The following are changes made as a result of the Derivatives Risk Mitigation proposal which was adopted at the Jan. 6, 2011, conference call of the Life Risk-Based Capital (E) Working Group:
   a) New line (18) was added to LR002 Bonds to include credit for hedging.
   b) The line description for line (21) Total Long-Term and Short-Term Bonds was changed.
   c) New line (27) was added to LR005 Unaffiliated Preferred and Common Stock to include credit for hedging.
   d) The line description for line (30) Total Admitted Unaffiliated Common Stock was changed.
   e) New schedules LR014 Hedged Asset Bond Schedule and LR015 Hedged Asset Common Stock Schedule were added following LR013 Replication Transactions and before the former LR014 Reinsurance and the schedules following the new schedules were renumbered.
   f) Guidance and examples for the completion of these two schedules were included in the instructions.
   g) New lines (13), (14) and (126) were added to LR030 Calculation of Tax Effect to include the hedging items.
   h) A new Factors Table worksheet was added to the forecasting file as the second to last worksheet to facilitate formulas included on the new hedging schedules.

2. The following are changes made as a result of the New York Total Adjusted Capital proposal adopted at the Jan. 6, 2011, conference call of the Life Risk-Based Capital (E) Working Group:
   a) New line (5) Hedging Fair Value Adjustment was added to LR033 Calculation of Total Adjusted Capital.
   b) Guidance for this line was added to the instructions.

3. New lines (18), (21), (22) and (23) were added to LR033 Calculation of Total Adjusted Capital as a result of the Deferred Tax Asset Sensitivity Test Correction proposal adopted at the Mar. 18, 2011, conference call of the Capital Adequacy (E) Task Force. (**Note**: The Annual Statement Source for Lines (17) and (18) has been changed from the 5/6 release to reflect changes made to Notes to Financial Statements Number 9.)

4. Guidance was added to the instructions for LR031 Calculation of Authorized Control Level, LR033 Calculation of Total Adjusted Capital and LR039, LR040 and LR041 Affiliated Investments as a result of the Non-U.S. Life Affiliates proposal adopted at the Oct. 18, 2010 meeting of the Life Risk-Based Capital (E) Working Group.

5. In addition to the schedule renumbering due to the inclusion of new schedules LR014 and LR015, all internal schedule references were updated. These included changes to schedules LR019, LR024, LR026, LR028, LR029 through LR031, LR033 through LR038 and LR046.

6. Changes made to the annual statement source for page LR016 Reinsurance Lines (1) through (12) due to changes to annual statement Schedule S.

7. Changes made to the annual statement source for page LR017 Off-Balance Sheet and Other Items Lines (1) through (11) due to the renumbering of the annual statement General Interrogatories, Part 1.

8. References in the first footnote on LR008 Other Long-Term Assets and throughout the instructions to the Securities Valuation Office were updated to reflect the office's new name, "Capital Markets and Investment Analysis Office."

9. Changes made to the annual statement source for page LR017 Off-Balance Sheet and Other Items Line (21) and LR036 Additional Information Required Line (3.2) due to changes made to Notes to Financial Statements Numbers 10E and 14A.

10. Changes made to annual statement source line numbers for LR002 Bonds lines (2) through (7), LR005 Unaffiliated Preferred and Common Stock lines (8) through (13) and the RBC instructions for page LR002 line (8) due to the removal of the credit tenant loans category in the Annual Statement, Schedule D, Part 1A, Section 1.

11. Changes made to the descriptions for LR039 Summary for Affiliated Investments lines (9) and (10), and the RBC instructions to make the descriptions consistent with those used in other parts of the RBC as a result of the July 26, 2011 Capital Adequacy (E) Task Force conference call. as a result of the July 26, 2011 Capital Adequacy (E) Task Force conference call.

12. Change made to the line description for LR033 Total Adjusted Capital line (8) and associated RBC instructions as a result of the July 26, 2011 Capital Adequacy (E) Task Force conference call.

July 2011 **Life, Accident and Health** Volume 17.1

Risk-Based Capital Newsletter

NAIC

National Association of Insurance Commissioners

Changes Made to the Deferred Tax Asset Sensitivity Test

Adopted at the Mar. 18, 2011, conference call of the Capital Adequacy (E) Task Force was a correction proposal to the deferred tax asset (DTA) sensitivity test.

New lines were added to LR033 Calculation of Total Adjusted Capital page to make adjustments for insurance subsidiaries and to eliminate the RBC charge for DTAs on the LR017 Off-Balance Sheet and Other Items page from Authorized Control Level RBC.

For 2012, the current SSAP No. 10R is expected to be replaced with new accounting guidance for DTA admission (likely called SSAP No. 101). Depending on what accounting guidance is decided upon by the Statutory Accounting Principles (E) Working Group, the current RBC sensitivity test and RBC charge for DTAs on the LR017 Off-Balance Sheet and Other Items page may be adjusted.

Non-U.S. Life Affiliates Proposal

Adopted at the Oct. 18, 2010 meeting of the Life Risk-Based Capital (E) Working Group was a non-U.S. life affiliates proposal.

Guidance was added to the instructions to eliminate the RBC charge for non-U.S. affiliates on the LR041 Details for Affiliated Investments page and instead eliminate the carrying value of the affiliates from Total Adjusted Capital.

What Risk-Based Capital Pages Should be Submitted?

For year-end 2011 Life RBC, submit hard copies of pages **LR001 through LR046** to any state that requests a hard copy in addition to the electronic filing. Starting with year-end 2007 RBC, a hard copy was not required to be submitted to the NAIC. But a PDF file representing the hard copy filing is part of the electronic filing.

If any actuarial certifications are required per the RBC instructions, those should be included as part of the hard copy filing. Starting with year-end 2008 RBC, the actuarial certifications were also part of the electronic RBC filing as PDF files similar to the annual statement actuarial opinion.

Other pages, such as the mortgage and real estate worksheets, do not need to be submitted, but still need to be retained by the company as documentation.

In this issue…

Derivatives Risk Mitigation Proposal

Adopted at the Jan. 6, 2011, conference call of the Life Risk-Based Capital (E) Working Group was a derivatives risk mitigation proposal. The proposal added two new pages to the Life RBC formula in addition to adjustment lines on the LR002 Bonds and LR005 Unaffiliated Preferred and Common Stock pages.

One-to-one credit default swaps for bonds and common stock will now be allowed an RBC credit. To account for the difference between insurers that have hedged the debt security to full maturity versus those with a mismatched position, the determination of the RBC credit shall be made in accordance with the following formula which limits the results to a fraction of the C-1 charge for the hedged asset:

$$\text{RBC Credit As \% of C1 Asset Charge} = Min\left(1, \frac{Time\ to\ Maturity\ of\ CDS}{Time\ to\ Maturity\ of\ Bond}\right) \times \left(94\% - 10\%\right) + 10\%$$

This formula accounts for mismatched maturities and provides a regulatory margin of safety within a range of 94%-10% of the C-1 asset charge.

In addition, a basket or index based derivative (e.g. CDX family of derivatives) with the same or very similar components as the portfolio may also receive RBC credit. For these hedges the risk reduction shall be measured based on the number of issuers common to the both the insurer's portfolio and the index/basket CDS. A minimum of 50% overlap of the derivative instrument notional amount and the book adjusted carrying value of the hedged bonds shall be required to qualify for any RBC credit. Examples of the new LR014 Hedged Asset Bond Schedule and LR015 Hedged Asset Common Stock Schedule can be found on the Life Risk-Based Capital (E) Working Group website:
http://www.naic.org/committees_e_capad_lrbc.htm

New Hedging Fair Value Adjustment Line

Adopted at the Jan. 6, 2011, conference call of the Life Risk-Based Capital (E) Working Group was a hedging fair value adjustment proposal. A new Line (5) Hedging Fair Value Adjustment was added to page LR033 Calculation of Total Adjusted Capital. The line was added in order to mitigate the effects of derivative accounting mismatches. An adjustment is required when all of the following conditions exist:
1. the bond is not carried at fair value, 2. the bond is hedged with a credit derivative and RBC is being reduced for the hedge, 3. the credit derivative is carried at fair value, and 4. the bond has never been written-down pursuant to the recording of an other-than-temporary impairment.

When these conditions exist, the adjustment shall never be less than zero and shall be based on any unrealized gain of the credit derivative, determined as the lesser of 1 or 2 below:
1. Book/Adjusted Carrying Value of the credit derivative from Schedule DB minus the sum of the Prior Year and Current Year Initial Cost of the credit derivative from Schedule DB,
2. The reduction in RBC arising from the hedge.

Life Risk-Based Capital Newsletter Volume 16.1 Published annually or whenever needed by the NAIC for insurance regulators, professionals and consumers.

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RBC
Risk-Based Capital
2011

2011 NAIC Life Risk-Based Capital Report

Including

Overview and Instructions for Companies

as of December 31, 2011

Confidential
when Completed

NAIC

National Association
of Insurance Commissioners

Table of Contents

NAIC Life Risk-Based Capital Report

Introduction

Risk-based capital (RBC) is a method of measuring the minimum amount of capital appropriate for an insurance company to support its overall business operations in consideration of its size and risk profile. It provides an elastic means of setting the capital requirement in which the degree of risk taken by the insurer is the primary determinant. The five major categories of risks involved are:

Asset Risk - Affiliates	C–0	This is the risk of assets' default for certain affiliated investments.
Asset Risk - Other	C–1	This is the risk of assets' default of principal and interest or fluctuation in fair value.
Insurance Risk	C–2	This is the risk of underestimating liabilities from business already written or inadequately pricing business to be written in the coming year.
Interest Rate Risk, Health Credit Risk and Market Risk	C–3	This is the risk of losses due to changes in interest rate levels and the risk that health benefits prepaid to providers become the obligation of the health insurer once again, and risk of losses due to changes in market levels associated with variable products with guarantees.
Business Risk	C–4	This is the risk of general business.

A company's risk-based capital is calculated by applying factors to various asset, premium, claim, expense and reserve items. The factor is higher for those items with greater underlying risk and lower for less risky items. The adequacy of a company's actual capital can then be measured by a comparison to its risk-based capital as determined by the formula.

Risk-based capital standards will be used by regulators to set in motion appropriate regulatory actions relating to insurers that show indications of weak or deteriorating conditions. It also provides an additional standard for minimum capital requirements that companies should meet to avoid being placed in rehabilitation or liquidation.

Purpose of this Report

This report presents the NAIC Life Risk-Based Capital formula in an instructional format that should be helpful to anyone responsible for submitting data. This formula is an important tool for regulators. Determining accurate and timely data is an important part of this process. This is most likely to occur when everyone, from the company CEO to the individual preparing the data, has a basic understanding of the formula. While this report provides this understanding in a concise package, it is strongly recommended that the person or persons compiling and entering the information be senior company officials with a good understanding of the financial aspects of Life insurance and Health insurance if applicable. It is also recommended that companies seek the assistance of their independent accountants and/or actuaries when preparing this report.

What's in the Report

Certain terms relating to risk-based capital used in this report are defined in the Risk-Based Capital (RBC) for Insurers Model Act.

Generally, each narrative page discusses a different segment of each risk classification (e.g., there is a narrative for Bonds, Mortgages, Preferred and Common Stocks, etc. within the Asset Risk Section). The formula is presented in worksheet form following all the narrative section.

Most narrative pages have a brief summary of the background of the development of the factors, called the "Basis of the Factors." Development of certain factors required sophisticated modeling techniques but the basic concepts are not complicated.

Each narrative page also has a section on "Specific Instructions for Application of the Formula." This section should serve as a guideline for those who assemble the data or analyze the results. It includes definitions and explanations for specific items that should be calculated, clarification on the intent of the structure of certain sections of the formula and instructions on reconciliation of certain totals.

Annual statement sources referred to in this report and on the RBC software do not use parentheses, i.e., a reference to the current year's total Asset Valuation Reserve on the Liabilities page in the annual statement will read as Page 3 Column 1 Line 24.1. Annual statement references will begin with a page number only for Pages 2 and 3. Otherwise the reference will be an exhibit number (e.g., Exhibit 6), a schedule letter (e.g., Schedule D) or a name of an exhibit or schedule (e.g., Exhibit of Life Insurance or EOLI).

Risk-based capital references in this report will use parentheses around the line and column number. For example, a reference to the LR002 Bonds page Line 8 Column 2 in this report will read, "Bonds Line (8) Column (2)."

Negative values can sometimes appear in the Statement Value, Book/Adjusted Carrying Value or RBC Subtotal columns of this report. These negative values in the Statement Value or the RBC Subtotal column are retained to facilitate cross-checking of amounts reported in the annual statement against amounts reported in the RBC filing. However, when a negative number appears in the Statement Value, Book/Adjusted Carrying Value or in the RBC Subtotal columns, that value will be converted to zero before determining the RBC Requirement. For example, a negative $10,000 for asset class 1 long-term bonds [Bonds, page LR002 Column (1) Line (2)] will produce a zero ($0 times 0.004) in Column (2), RBC Requirement, rather than a negative $40 (-$10,000 times 0.004). Similarly, a negative $50,000 in affiliate life reserve credits [Reinsurance, page LR014 Column (3) Line (8) will produce a zero ($0 times -0.008) in Column (4), RBC Requirement, rather than a positive $400 (-$50,000 times -0.008).

Management Discussion and Analysis

Each company has the opportunity to prepare a written analysis of their company's risk-based capital results. This analysis is not a requirement. A company may explain special situations as it deems warranted. Companies should also give explanations where line items do not reconcile with amounts referenced to annual statement sources. However, modification of the risk-based capital formula is not acceptable. This written analysis should not be construed as the "RBC Plan" required in the Risk-Based Capital (RBC) for Insurers Model Act.

Applicability of NAIC Life RBC Report

The NAIC Life RBC Report has been developed for U.S. Life and Health insurers who file the NAIC Life and Accident and Health annual statement "blue blank." In some states, U.S. insurers that write only alien business may be excluded from risk-based capital requirements. In addition, states in which Blue Cross and Blue Shield and similar organizations file the blue blank may decide to exempt these companies from filing an RBC report based on the extent to which their operations are different from conventional insurers' individual and group health insurance operations although this formula is now generally consistent with the NAIC health risk-based capital formula designed for health entities including Blue Cross and Blue Shield plans.

Changes to the Formula

Changes to the formula may be made necessary by annual statement presentation, accounting procedures and refinement of the formula. All such changes will be determined by the NAIC Capital Adequacy (E) Task Force.

How to Submit Data

Printed RBC reports and electronic submissions should be submitted as specified in the individual state filing checklists. There may be places where the screen display of the RBC program and the printout format vary slightly from the booklet. In those instances, the booklet should explain the differences; however, the overall calculation will be the same.

Workpapers

Workpapers needed to prepare this report should be retained and available for examination in accordance with record retention requirements of the domestic state laws or regulations.

Questions

Contact Dave Fleming by phone at 816-783-8121 or by e-mail at dfleming@naic.org for RBC formula and reporting questions. The NAIC Financial Reporting Questions Help Line can also be contacted at 816-783-8400 for formula and reporting questions.

BONDS

LR002

Basis of Factors

The bond factors are based on cash flow modeling using historically adjusted default rates for each bond category. For each of 2,000 trials, annual economic conditions were generated for the 10-year modeling period. Each bond of a 400-bond portfolio was annually tested for default (based on a "roll of the dice") where the default probability varies by rating category and that year's economic environment. When a default takes place, the actual loss considers the expected principal loss by category, the time until the sale actually occurs and the assumed tax consequences.

Actual surplus needs are reduced by incorporating anticipated annual contributions to the asset valuation reserve (AVR) as offsetting cash flow. Required surplus for a given trial is calculated as the amount of initial surplus funds needed so that the accumulation with interest of this initial amount and subsequent cash flows will not become negative at any point throughout the modeling period. The factors chosen for the proposed formula produce a level of surplus at least as much as needed in 92 percent of the trials by category and a 96 percent level for the entire bond portfolio.

The factor for Class 6 bonds recognizes that the book/adjusted carrying value of these bonds reflects a loss of value upon default by being marked to market.

Specific Instructions for Application of the Formula

<u>Lines (1) through (7)</u>
The book/adjusted carrying value of all bonds and related fixed-income investments should be reported in Column (1). The bonds are split into seven different risk classifications. For long-term bonds, these classifications are found on Lines 1 through 7 of the Asset Valuation Reserve Default Component, Page 30 of the annual statement.

<u>Line (8)</u>
The total should equal long-term bonds and other fixed-income instruments reported on Page 2, Column 3, Line 1 minus Schedule D, Part 1A, Section 1, Column 6, Line **7**.7 of the annual statement.

<u>Lines (9) through (15)</u>
The book/adjusted carrying value of all bonds and related fixed-income investments should be reported in Column (1). The bonds are split into seven different risk classifications. For short-term bonds, these classifications are found on Lines 18 through 24 of the Asset Valuation Reserve Default Component, Page 30 of the annual statement.

<u>Line (16)</u>
The total should equal short-term bonds reported on Schedule DA, Part 1, Line 8399999, and money market mutual funds on Schedule DA, Part 1, Lines 8899999 and 8999999 plus LR012 Miscellaneous Assets Column (1) Line (2.2).

<u>Line (**22**)</u>
Class 1 bonds (highest quality) issued by a U.S. government agency that are not backed by the full faith and credit of the U.S. government should be reported on this line. The loan-backed securities of the Federal National Mortgage Association (FNMA) and the Federal Home Loan Mortgage Corporation (FHLMC) would be examples of the securities reported on this line. Line (**22**) should not be larger than the sum of Lines (2) and (10). Exempt obligations should not be included on this line.

Line (**24**)
Bonds should be aggregated by issuer (the first six digits of the CUSIP number can be used). Exempt U.S. government bonds and bonds reported on Line (**22**) are not counted in determining the size factor. The RBC for those bonds will not be included in the base to which the size factor is applied. If this field is left blank, the maximum size factor adjustment of 2.5 will be used.

Line (**25**)
The size factor reflects the higher risk of a bond portfolio that contains relatively fewer bonds. The overall factor decreases as the portfolio size increases. Portfolios with more than 1,300 issuers will receive a discount. The size factor is based on the weighted number of issuers. (The calculation shown below will not appear on the RBC filing software, but will be calculated automatically.)

		(a)				(b)
Line (**25**)	Source	Number of Issuers				Weighted Issuers
First 50	Company Records	________	X	2.5	=	________
Next 50	Company Records	________	X	1.3	=	________
Next 300	Company Records	________	X	1.0	=	________
Over 400	Company Records	________	X	0.9	=	________
Total Number of Issuers from Line (23)		________				
Total Weighted Issuers						________
Size Factor = Total Weighted Issuers divided by Total Number of Issuers						________

MORTGAGE EXPERIENCE ADJUSTMENT

LR003

Basis of Factors

In the absence of a quality rating system , the formula includes a moving eight quarter average ratio of company to industry experience with minimum and maximum limits. This experience adjustment is defined and calculated to be consistent with the adjustment that is used to calculate the asset valuation reserve. The experience adjustment factor (EAF) is the moving average of the company's normalized loss ratio divided by the moving average of the industry. Refer to the asset valuation reserve instructions found in the *Annual Statement Instructions for Life, Accident and Health* for a detailed description of the calculation.

Specific Instructions for Application of the Formula

Line (1)
Rapidly growing or immature mortgage loan portfolios are unlikely to have developed any meaningful delinquency experience. Until a company has five years of applicable mortgage experience, the adjustment factor is 100 percent.

Lines (2) through (10)
Refer to previous Annual and Quarterly Statements when calculating the normalized loss ratio. Companies not required to file a Quarterly Statement will calculate the Experience EAF as if Quarterly Statements had been prepared. Only amounts for farm and commercial mortgages should be entered.

Line (11)
The Company Normalized Loss Ratio represents the eight quarter average ratio using the individual company ratios calculated on Lines (2) through (10).

Line (12)
The Industry Normalized Loss Ratio is calculated by the NAIC and represents the eight quarter average ratio compiled using all life companies.

Line (13)
The mortgage experience adjustment factor is calculated by taking the ratio of average Company Normalized Loss Ratio [Line (11)] to average Industry Normalized Loss Ratio [Line (12)], with an upper and lower limit. The lower limit is 50 percent and the upper limit is 350 percent (companies with less than five years of experience are set at 100 percent). For year-end 2010 and 2011 only, the lower limit is 80 percent and the upper limit is 175 percent.

Column (5)
Amounts reported in this column should be year-to-date balances, not the activity for the current quarter.

Column (7)
For Lines (3), (5), (6), (7), (9) and (10) the formula for calculating Column (7) is:
[0.010 multiplied by the average of [Column (2) current quarter plus Column (2) previous quarter]
plus 0.020 multiplied by the average of [Column (3) current quarter plus Column (3) previous quarter]
plus 0.025 multiplied by the average of [Column (4) current quarter plus Column (4) previous quarter]
plus 0.120 multiplied by [Column (5) current quarter less Column (5) previous quarter]]
divided by
[the average of [Columns (2), (3), (4) and (6) current quarter plus Columns (2), (3), (4) and (6) previous quarter]
plus one-half of [Column (5) current quarter less Column (5) previous quarter]]

For Lines (4) and (8) the formula for calculating Column (7) is:
[0.010 multiplied by the average of [Column (2) current quarter plus Column (2) previous quarter]
plus 0.020 multiplied by the average of [Column (3) current quarter plus Column (3) previous quarter]
plus 0.025 multiplied by the average of [Column (4) current quarter plus Column (4) previous quarter]
plus 0.120 times Column (5) current quarter]
divided by
[the average of [Columns (2), (3), (4) and (6) current quarter plus Columns (2), (3), (4) and (6) previous quarter]
plus one-half of Column (5) current quarter]

MORTGAGES

LR004

Basis of Factors

Mortgages in Good Standing

The pre-tax factor of 2.60 percent for commercial and farm mortgages was derived from the results of a model developed by Walter C. Barnes and S. Michael Giliberto that relates the probability of loss on an impaired mortgage to its contemporaneous loan-to-value ratio. The factor also recognizes delinquency data from the Society of Actuaries "Commercial Mortgage Credit Risk Study." The 0.14 percent pre-tax factor on insured and guaranteed mortgages represents approximately 30-60 days interest lost due to possible delay in recovery on default. The pre-tax factor of 0.68 percent for residential mortgages reflects a significantly lower risk than commercial mortgages. The pre-tax factors were developed by dividing the post-tax factor by 0.7375 (0.7375 is calculated by taking 1.0 less the result of 0.75 multiplied by 0.35).

Mortgages in Good Standing with Restructured Terms

The pre-tax factor of 9.0 percent for restructured mortgages is also based on the work of Barnes-Giliberto. The factor recognizes the weighted average loan-to-value ratio, as of year-end 1995, of a large sample of the industry's restructured loans.

Mortgages 90 Days Overdue, Not in Process of Foreclosure

The category pre-tax factor for commercial and farm mortgages of 18 percent is based on data taken from the Society of Actuaries "Commercial Mortgage Credit Risk Study." For insured and guaranteed or residential mortgages, factors are set at twice the level for those "in good standing" to reflect the increased likelihood of default losses.

Mortgages in Process of Foreclosure

Mortgages in process of foreclosure are considered to be as risky as Class 5 bonds and are assigned the same category pre-tax factor of 23 percent for commercial and farm mortgages.

Due and Unpaid Taxes on Overdue Mortgages and Mortgages in Foreclosure

The factor for due and unpaid taxes on overdue mortgages and mortgages in foreclosure is 100 percent.

Specific Instructions for Application of the Formula

Column (1)

Insured or guaranteed mortgages should be reported separately from residential and commercial mortgages. Insured or guaranteed loans include only those mortgage loans insured or guaranteed by the Federal Housing Administration, under the National Housing Act (Canada) or by the Veterans Administration (exclusive of any portion insured by FHA). Mortgage loans guaranteed by another company (affiliated or unaffiliated) are not to be included in the insured or guaranteed category.

Except for Lines (1) through (6), (17) and (18), calculations are done on an individual mortgage basis and then the summary amounts are entered in this column for each class of mortgage investment. Refer to the mortgage calculation worksheet (Figure 1) for how the individual mortgage calculations are completed. Line (19) should equal Page 2, Column 3, Lines 3.1 plus 3.2, plus Schedule B, Part 1 Footnotes 3 and 4, first of the two amounts in the footnotes.

Column (2)
Companies are permitted to reduce the book/adjusted carrying value of mortgage loans reported in Schedule B by any involuntary reserves. Involuntary reserves are equivalent to valuation allowances specified in SSAP No. 37 paragraph 16. These reserves are held as an offset for a particular troubled mortgage loan that would be required to be written down if the impairment was permanent.

Column (3)
Column (3) is calculated as the net of Column (1) less Column (2).

Column (4)
Summary amounts of the individual mortgage calculations are entered in this column for each class of mortgage investments. Refer to the mortgage calculation worksheet (Figure 1). Cumulative writedowns include the total amount of writedowns, amounts non-admitted and involuntary reserves that have been taken or established with respect to a particular mortgage.

Column (5)
For Lines (1) and (5), the pre-tax factor is equal to 0.0260 multiplied by the experience adjustment factor calculated on LR003 Mortgage Experience Adjustment Line (13).

For Line (6), the pre-tax factor is calculated as the greater of: (a) 0.0900; or (b) 0.0260 multiplied by [the experience adjustment factor calculated on LR003 Mortgage Experience Adjustment Line (13)] plus 0.0200.

For Lines (17) and (18), the pre-tax factor is 1.0. For Lines (7) through (16), the average factor column is calculated as Column (6) divided by Column (3).

Column (6)
For Lines (7) through (16), summary amounts are entered for Column (6) based on calculations done on an individual mortgage basis. Refer to the mortgage calculation worksheet (Figure 1). For Lines (1) through (6), (17) and (18), the RBC subtotal is multiplied by the factor to calculate Column (6).

(Figure 1)

Mortgage Worksheet

	(1) Name	(2) Book/Adjusted Carrying Value	(3) Involuntary Reserve Adjustment§	(4) RBC Subtotal£	(5) Cumulative Writedowns*	(6) Category Factor	(7) In Good Standing Factor	(8) MEA Factor	(9) Col (6) X [Col (4)+(5)] - Col (5)	(10) Col (4) X Col (7) X Col (8)	(11) RBC Requirement‡
(1)	All Mortgages Without Cumulative Writedowns				XXX	†	†	†			
	All Mortgages With Cumulative Writedowns:										
(2)						†	†	†			
(3)						†	†	†			
(4)						†	†	†			
(5)						†	†	†			
(6)						†	†	†			
(7)						†	†	†			
(8)						†	†	†			
(9)						†	†	†			
(10)						†	†	†			
(11)						†	†	†			
(12)						†	†	†			
(13)						†	†	†			
(14)						†	†	†			
(15)						†	†	†			
	Total Mortgages										

This worksheet is prepared on a loan-by-loan basis for each of the mortgage categories listed in (Figure 2) that are applicable. The Column (2), (3), (5) and (11) subtotals for each category are carried over and entered in Columns (1), (2), (4) and (6) of the Mortgages (LR004) in the risk-based capital formula. Small mortgages aggregated into one line on Schedule B can be treated as one mortgage on this worksheet. NOTE: This worksheet will be available in the risk-based capital filing software.

† See (Figure 2) for factors to use in the calculation.
‡ The RBC Requirement column is calculated as the greater of Column (9) or Column (10), but not less than zero.
§ Involuntary reserves are reserves held as an offset to a particular asset that is clearly a troubled asset and are included on Page 3, Line 25 of the annual statement.
£ Column (4) is calculated as Column (2) less Column (3).
* Cumulative writedowns include the total amount of writedowns, amounts non-admitted and involuntary reserves that have been taken or established with respect to a particular mortgage.

(Figure 2)

The mortgage factors are used in conjunction with the mortgage worksheet (Figure 1) to calculate the RBC Requirement for each individual mortgage. The factors are used in Columns (6), (7) and (8) of the mortgage worksheet and are dependent on which of the 16 mortgage categories below the mortgage falls into. The following factors are used for each category of mortgages:

Mortgage Factors

		Category Factor†	In Good Standing Factor	MEA Factor
	In Good Standing			
(1)	Farm Mortgages	N/A‡	N/A‡	N/A‡
(2)	Residential Mortgages-Insured or Guaranteed	N/A‡	N/A‡	N/A‡
(3)	Residential Mortgages-All Other	N/A‡	N/A‡	N/A‡
(4)	Commercial Mortgages-Insured or Guaranteed	N/A‡	N/A‡	N/A‡
(5)	Commercial Mortgages-All Other	N/A‡	N/A‡	N/A‡
(6)	Restructured Mortgages	N/A‡	N/A‡	N/A‡
	90 Days Overdue, Not in Process of Foreclosure			
(7)	Farm Mortgages	0.1800	0.0260	§
(8)	Residential Mortgages-Insured or Guaranteed	0.0027	0.0014	1.0
(9)	Residential Mortgages-All Other	0.0140	0.0068	1.0
(10)	Commercial Mortgages-Insured or Guaranteed	0.0027	0.0014	1.0
(11)	Commercial Mortgages-All Other	0.1800	0.0260	§
	In Process of Foreclosure			
(12)	Farm Mortgages	0.2300	0.0260	§
(13)	Residential Mortgages-Insured or Guaranteed	0.0054	0.0014	1.0
(14)	Residential Mortgages-All Other	0.0270	0.0068	1.0
(15)	Commercial Mortgages-Insured or Guaranteed	0.0054	0.0014	1.0
(16)	Commercial Mortgages-All Other	0.2300	0.0260	§

† The category factor is a factor used for a particular category of mortgage loans that are not in good standing.
‡ The RBC Requirement for mortgage loans in good standing or restructured are not calculated on Figure (1). These requirements are calculated on LR004 Mortgage Loans Lines (1) through (6).
§ The Mortgage Experience Adjustment factor is calculated on LR003 Mortgage Experience Adjustment Line (13).

UNAFFILIATED PREFERRED AND COMMON STOCK

LR005

Basis of Factors

Unaffiliated Preferred Stock
Starting with year-end 2004 RBC, the preferred stock factors were changed to be the same as for bonds.

Unaffiliated Common Stock
Non-government money market mutual funds are more like cash than common stock; therefore, it is appropriate to use the same factor as for cash. Federal Home Loan Bank Stock has characteristics more like a fixed-income instrument rather than common stock. A 1.1 percent pre-tax factor was chosen. The factor for other unaffiliated common stock is based on studies conducted at two large life insurance companies. Both of these studies focused on well-diversified portfolios with characteristics similar to the Standard and Poor's 500 and indicate that a 30 percent pre-tax factor is needed to provide capital to cover approximately 95 percent of the greatest losses in common stock value over a two-year future period. This factor assumes capital losses are unrealized and not subject to favorable tax treatment at the time loss in fair value occurs.

Two adjustments are made to the 30 percent pre-tax factor to account for differences between the insurer's portfolio and the Standard and Poor's 500: first, the factor for publicly traded unaffiliated common stock is adjusted up or down by the weighted average beta of the insurer's portfolio subject to a maximum of 45 percent and a minimum of 22.5 percent; and second, a common stock concentration component is calculated, adding an additional requirement equal to 50 percent of the beta adjusted basic requirement for the five largest holdings of common stock in the insurer's portfolio.

Specific Instructions for Application of the Formula

Lines (1) through (6)
Column (1) amounts are from the Asset Valuation Reserve Default Component, Page 30, Column 1, Lines 10 through 15 of the annual statement. Since affiliated amounts are included for affiliated companies without an AVR in the Asset Valuation Reserve Default Component, Lines 10 through 15, these affiliated amounts should be deducted in Column (2). Affiliated companies with an AVR are reported on the Asset Valuation Reserve Default Component, Line 16 and should not be included in Column (2).

Line (7)
Column (1) should equal Annual Statement Assets, Page 2, Column 3, Line 2.1 less Asset Valuation Reserve Default Component, Column 1, Line 16. Column (2) should equal Schedule D Summary by Country, Column 1, Line 18 less Asset Valuation Reserve Default Component, Column 1, Line 16.

Line (21)
Amount should reflect any non-admitted unaffiliated common stock that was included in the book/adjusted carrying value of Schedule D Summary by Country, Line 24, Column 1 (Line (19) of this page).

Line (22)
Amounts should reflect only those money market mutual funds reported on Schedule D, Part 2, Section 2. Money market funds qualifying for Schedule DA treatment or reported on Schedule D, Part 1 should not be included on this line. Refer to the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* for a discussion on those money market funds that qualify for Schedule DA treatment.

Line (23)
Federal Home Loan Bank common stock reported on Schedule D, Part 2, Section 2 of the annual statement should be reflected on this line.

Line (25)
The pre-tax factor for other unaffiliated common stock should be equal to 30 percent adjusted in the case of publicly traded stock by the weighted average beta for the insurer's portfolio of common stock, subject to a minimum factor of 22.5 percent and a maximum factor of 45 percent. The calculation of the beta adjustment should follow the procedures laid out for the similar adjustment in the asset valuation reserve calculation. Insurers that choose not to calculate a beta for their portfolio should use the maximum factor of 45 percent.

Line (26)
Column (1) should equal Annual Statement Schedule D Summary by Country, Column 1, Line 25 less Schedule D Summary by Country, Column 1, Line 24.

Lines (**28**) and (**29**)
To the extent that a modco or funds withheld transaction is backed by common stock included in Line (26) of the ceding company's RBC calculation, the ceding company's credit and assuming reinsurer's charge should include a beta adjustment that is calculated in a manner consistent with the Line (26) calculation of the ceding insurer.

SEPARATE ACCOUNTS
LR006

Basis of Factors

Separate Accounts with Guarantees
Guaranteed separate accounts are divided into two categories: indexed and non-indexed.

Guaranteed indexed separate accounts may invest using various approaches that are grouped into Class I or Class II strategies. Additional information on these types of accounts is provided in the "AAA Report on Separate Accounts that Guarantee an Index" adopted by the NAIC Life Risk Based Capital Working Group in New York, NY, June 2003.

Indexed Class I Strategies:

A company using a Class I strategy invests separate account assets in much the same way it would for its general account. If the guaranteed index obligation is not similar in nature to a traditional general account fixed annuity, the company may transform the financial characteristics of the obligation, using an overlay strategy, to those characteristics that are similar to a traditional general account fixed annuity (e.g., the company swaps the guaranteed index return to an interest rate). General account C-1 factors apply to assets invested using a Class I strategy. If a company uses an overlay strategy, there is an additional charge for operational and other residual financial risk attributable to the use of the overlay strategy. Also, a Class I strategy is subject to a C-3 interest rate risk charge as described in **LR027**, Interest Rate Risk and Market Risk.

Indexed Class II Strategies:

A company using a Class II strategy does not follow a traditional general account investment strategy when investing deposits. Under this strategy, the company is buying securities that are either included in the underlying index or are highly correlated with these underlying securities. Alternatively, a mix of strategies that are market neutral in aggregate or that are not normally associated with general account investing could form the core investment strategy. This strategy may be combined with an overlay strategy that transforms the returns to the guaranteed index. The RBC factor derivation is described below. The factor determined in the calculation includes both C-1 and C-3 risk. A spreadsheet at http://www.naic.org/documents/committees_e_capad_lrbc_rbc_june03.xls is available to do the calculation.

Non-Indexed Separate Accounts:

Non-indexed separate accounts with guarantees are subject to the risk of the underlying assets; therefore, 100 percent of the calculated risk-based capital of these accounts is appropriate. Contracts reserved at book value are reported for the RBC calculation exactly as if they were general account funded.

For contracts valued using the fair value of assets and the fair value (at current interest rates) of liabilities, risk-based capital is calculated as the excess of the regular C-1 and C-3 standards over the applicable reserve margins. New York Regulation 128 and California CIC 10506 are two examples of state valuation laws regulating such business. The reserve margin is calculated as the excess of the book/adjusted carrying value of the assets supporting the reserve (including any supplemental general account reserves) over the present value of the guaranteed payments. The present value of guaranteed payments is calculated using the expected net portfolio rate of return, and is not to exceed 105 percent of U.S. Treasury spot rates. The excess, if any, of the asset value over the present value of guaranteed payments is first applied to reduce the C-3 requirement. The remainder is used to reduce the C-1 requirement. The risk-based capital amount to be entered in the worksheet is the C-1 and C-3 requirements for these contracts after these credits. Excess margins may not be applied to contracts for which these amounts are not available.

Synthetic GICs

Synthetic GICs are contracts with provisions similar to separate accounts with guarantees, except that the insurance company does not own the assets. For business of this type, the C-1 and C-3 risk-based capital is determined to be the same as if the insurance company owned the assets and provided the same guarantees as in a guaranteed separate account.

Surplus in Non-Guaranteed Separate Accounts

There are a variety of reasons why surplus appears in non-guaranteed separate accounts; e.g., remaining seed money, or as a margin for certain risks assumed by the insurance company. The risk-based capital for such separate accounts is 11 percent of surplus held in such separate accounts before taxes plus 11 percent of the Commissioners Reserve Valuation Method (CRVM) or the Commissioners Annuity Reserve Valuation Method (CARVM) expense allowance transfers before taxes if the current surrender charge is based on the fund balance. If the current surrender charge is based on fund contributions, then the risk-based capital charge for the expense allowance component is 2.4 percent of the CRVM or CARVM expense allowance before taxes for each contract for which the fund balance exceeds the sum of the premiums less withdrawals; otherwise, it is an 11 percent factor pre-tax.

Specific Instructions for Application of the Formula

Line (1)
The amounts reported for Guaranteed Indexed Separate Accounts must be calculated manually.

Component 1 is calculated by applying the NAIC RBC C-1 factors to the assets supporting the Class I indexed separate accounts. However, this calculation does not include the size factor for bonds, the experience adjustments for mortgages or the concentration factor.

Component 2 is calculated if an overlay strategy is used with all or a portion of the Class 1 indexed separate accounts. It is calculated as the product of 0.004 times that portion of the assets using an overlay strategy.

Component 3 is the amount of RBC calculated for Class II indexed separate accounts using the procedure described below.

Class II indexed separate accounts base the RBC requirement on a factor from a prescribed calculation that is described below. The factor times the net separate account assets is the RBC Requirement.

1. Determine the series {X(t)} as actual net tracking error (fund performance minus guaranteed performance) for the most recent 60 months.

2. Convert each value X(t) to a value Y(t) using the formula, Y = (X -m)*K*(1+.15)+24*m

   Where m is the mean of the series {X(t)} and K is an adjustment factor to account for the variance of the distribution Y including serial correlation. More information on the K adjustment factor is described in the “AAA Report on Separate Accounts That Guarantee an Index” and is calculated in the associated supporting spreadsheet at http://www.naic.org/documents/committees_e_capad_lrbc_rbc_june03.xls. Covariance is set to 0 if the corresponding serial correlation is less than 0.20. The sample standard deviation in the terms above is increased 15 percent to allow for sampling error in the data series and to allow for the possibility of a shortfall during the first two years. The sample standard deviation is constrained so that it is not less than 50 percent or greater than 150 percent of the standard deviation calculated without correlation.

3. Order the series {Y(t)} in ascending order. Set any positive values to zero. Average the first six values. Change the sign and the result is the 90 CTE capital for C-1 and C-3.

4. Where there is less than 30 months of tracking error history the capital charge for C 1 and C3 is 4 percent. If there is 30 months or more of history, the 4 percent factor is gradually phased out. For 30 months, actual experience is weighted by the square root of 30/60 and the 4 percent factor is weighted by one minus the square root of 30/60. For 31 months, experience is weighted by the square root of 31/60 and the 4 percent factor is weighted by one minus the square root of 31/60. This pattern continues up to month 59 when experience is weighted by the square root of 59/60 and the 4 percent factor is weighted by one minus the square root of 59/60.

5. The actual experience-based calculation, under step (3) above, needs to be adjusted when there are fewer than 60 months of experience to gauge the 90 CTE. If the number of months divided by 10 is an integral number n, take the average of the first n values after the series is put in ascending order with positive values set to zero. If n is non-integral, then set n to the next highest integral number and interpolate, using each average of the first n-1 and n values after the series is set in ascending order and positive values are set to zero. For example, if there are 37 values, the idea is to identify the worst 3.7 of them. This is done by interpolating, taking 30 percent of the average of the first three values and 70 percent of the average of the first four values.

6. The resulting RBC factor is subject to a minimum 0.4 percent.

Lines (2) and (3)
The amounts to be reported for non-indexed separate accounts with guarantees [Line (2) and Line (3), Column (2)] must be calculated manually. Risk-based capital for these amounts should be calculated using the life company formula; however, the RBC calculation for non-indexed separate accounts should not include the size factor for bonds, the experience adjustment for mortgages or the concentration factor.

Line (11)
Report the CRVM or CARVM expense allowance transfers where the current surrender charge is based on the fund balance or all other expense allowance transfers. Exclude expense allowance transfers for contracts subject to the **LR027** Line (37) market risk requirements.

Line (12)
Report the CRVM or CARVM expense allowance transfers where the current surrender charge is based on fund contributions for each contract for which the fund balance exceeds the sum of the premiums less withdrawals. Exclude expense allowance transfers for contracts subject to the **LR027** Line (37) market risk requirements.

Line (14)
The total assets of separate accounts with guarantees and separate accounts without guarantees of the formula should be equal to total separate account assets on Page 2, Line 27, Column 3 of the annual statement.

REAL ESTATE
LR007

Basis of Factors

Companies that have developed their own risk-based capital factors for real estate have used a range of factors from 5 percent to 20 percent. One study indicated real estate volatility is about 60 percent of common stock, suggesting a factor in the range of 18 percent. Assuming a full tax effect for losses, a pre-tax factor of 15 percent was chosen. Foreclosed real estate would carry a somewhat higher risk at 23 percent pre-tax. The foreclosed real estate factor is lower than the factor for mortgages in foreclosure (20 percent) because the NAIC's *Annual Statement Instructions* require that mortgages in foreclosure be written down when they are moved to the foreclosed real estate category. Since a surplus reduction has already been taken, the factor is lower. Schedule BA real estate also has a 23 percent factor pre-tax because of the additional risks inherent in owning real estate through a partnership. The pre-tax factors were developed by dividing the post-tax factor by 0.65 (0.65 is calculated by taking 1.0 less 0.35).

Encumbrances have been included in the real estate base since the value of the property subject to loss would include encumbrances. Encumbrances receive a factor of 12 percent pre-tax for real estate encumbrances not in foreclosure and 20 percent pre-tax for real estate encumbrances in foreclosure and encumbrances on Schedule BA real estate.

All references to involuntary reserves as it relates to real estate were removed to comply with the codification of statutory accounting principles.

Specific Instructions for Application of the Formula

Column (1)
Calculations are done on an individual property or joint venture basis and then the summary amounts are entered in this column for each class of real estate investment. Refer to the real estate calculation worksheet (Figure 3) for how the individual property or joint venture calculations are completed.

Line (1) should equal Page 2, Column 3, Line 4.1.
Line (2) should equal Page 2, inside amount, Line 4.1.
Line (4) should equal AVR Equity Component Column 1 Line 21.
Line (5) should equal AVR Equity Component Column 3 Line 21.
Line (7) should equal AVR Equity Component Column 1 Line 20.
Line (8) should equal AVR Equity Component Column 3 Line 20.
Line (14) should equal Schedule BA, Part 1, Column 12, Line 1799999 plus Line 1899999 plus Line 3399999 plus Line 3499999 plus Line 3599999 plus Line 3699999, in part.
Line (15) should equal Schedule BA, Part 1, Column 12, Line 1799999 plus Line 1899999 plus Line 3399999 plus Line 3499999 plus Line 3599999 plus Line 3699999, in part.
Line (17) should equal AVR Equity Component Column 1 Line 66.
Line (18) should equal AVR Equity Component Column 1 Line 67.

Column (2)
The average factor column is calculated as Column (3) divided by Column (1).

Column (3)
Summary amounts are entered for Column (3) based on calculations done on an individual property or joint venture basis. Refer to Column (8) of the real estate calculation worksheet (Figure 3).

Line (17)
Guaranteed low-income housing tax credit (LIHTC) investments are to be included in Line (17).

Line (18)
Non-guaranteed LIHTC investments with the following risk mitigation factors are to be included in Line (18):

a) A level of leverage below 50 percent. For a LIHTC Fund, the level of leverage is measured at the fund level.
b) There is a tax credit guarantee agreement from general partner or managing member. This agreement requires the general partner or managing member to reimburse investors for any shortfalls in tax credits due to errors of compliance, for the life of the partnership. For an LIHTC fund, a tax credit guarantee is required from the developers of the lower-tier LIHTC properties to the upper-tier partnership.

(Figure 3)

Real Estate Worksheet

	(1) Description	(2) Book/Adjusted Carrying Value	(3) Encumbrances	(4) Book/Adjusted Carrying Value Factor	(5) Encumbrances Factor	(6) Book/Adjusted Carrying Value Requirement‡	(7) Encumbrances Requirement§	(8) RBC Requirement*
	Company Occupied Real Estate							
(1)	All Properties Without Encumbrances†		XXX	0.150	XXX		XXX	
	All Properties With Encumbrances:							
(2)				0.150	0.120			
(3)				0.150	0.120			
(199)	Total Company Occupied Real Estate							
	Foreclosed Real Estate							
(1)	All Properties Without Encumbrances†		XXX	0.230	XXX		XXX	
	All Properties With Encumbrances:							
(2)				0.230	0.200			
(3)				0.230	0.200			
(299)	Total Foreclosed Real Estate							
	Investment Real Estate							
(1)	All Properties Without Encumbrances†		XXX	0.150	XXX		XXX	
	All Properties With Encumbrances:							
(2)				0.150	0.120			
(3)				0.150	0.120			
(399)	Total Investment Real Estate							
(499)	Total Real Estate (Line (199) + Line (299) + Line (399))							
	Schedule BA Real Estate							
(1)	All Joint Ventures w/o Encumbrances†		XXX	0.230	XXX		XXX	
	All Properties With Encumbrances:							
(2)				0.230	0.200			
(3)				0.230	0.200			
(899)	Total Schedule BA Real Estate							

† For each category, Line (1) should also exclude properties or joint ventures that have a negative book/adjusted carrying value. These should be listed individually.
‡ Column (6) is calculated as Column (2) multiplied by Column (4).
§ Column (7) is calculated as Column (3) multiplied by Column (5).
* Column (8) is calculated as the sum of Column (6) plus Column (7), but not less than zero or more than Column (2).

OTHER LONG-TERM ASSETS

LR008

Basis of Factors

Recognizing the diverse nature of Schedule BA assets, the RBC is calculated by assigning different risk factors according to the different type of assets. Assets with underlying characteristics of bonds and preferred stocks rated by the NAIC **Capital Markets and Investment Analysis Office** have different factors according to the **NAIC** assigned classification. Unrated fixed-income securities will be treated the same as Other Schedule BA Assets and assessed a 30 percent pre-tax charge. Rated surplus and capital notes have the same factors applied as Schedule BA assets with the characteristics of preferred stock. Where it is not possible to determine the RBC classification of an asset, a 30 percent pre-tax factor is applied.

Specific Instructions for Application of the Formula

<u>Line (49.1)</u>
Schedule BA affiliated common stock – all other should be included in C-1cs. Specifically this means that all subs with an affiliate code 13 in the current life-based framework and "holding company in excess of indirect subsidiaries" or subsidiaries with affiliate code 7 are to be included in C-1cs.

<u>Line (56)</u>
Total Schedule BA assets [LR008 Other Long-Term Assets Column (1) Line (56) plus LR007 Real Estate Column (1) Line (14) plus Line (17) plus Line (18) plus LR009 Schedule BA Mortgages Column (1) Line (8)] should equal the total Schedule BA assets reported in the Annual Statement Page 2, Column 3, Line 7.

SCHEDULE BA MORTGAGES

LR009

Basis of Factors

The factors used are the same as for commercial mortgages.

Specific Instructions for Application of the Formula

Column (1)
Except for Lines (1) through (3), calculations are done on an individual mortgage basis and then the summary amounts are entered in this column for each class of mortgage investment. Refer to the Schedule BA mortgage calculation worksheet (Figure 4) for how the individual mortgage calculations are completed. Line (8) should equal Schedule BA Part 1, Column 12, Line 0999999 plus Line 1099999.

Column (2)
Companies are permitted to reduce the book/adjusted carrying value of mortgage loans reported in Schedule BA by any involuntary reserves. Involuntary reserves are equivalent to valuation allowances specified in the codification of statutory accounting principles. They are non-AVR reserves reported on Annual Statement Page 3, Line 25. These reserves are held as an offset for a particular troubled Schedule BA mortgage loan that would be required to be written down if the impairment was permanent.

Column (3)
Column (3) is calculated as the net of Column (1) less Column (2).

Column (4)
For Lines (4) through (7), summary amounts of the individual mortgage calculations are entered in this column for each class of mortgage investments. Refer to the Schedule BA mortgage calculation worksheet (Figure 4).

Column (5)
For Line (1), the pre-tax factor is 0.0014.

For Line (2), the pre-tax factor is calculated as 0.0260 multiplied by the experience adjustment factor on LR003 Mortgage Experience Adjustment Line (13).

For Line (3), the pre-tax factor is calculated as the greater of: (a) 0.0900; or (b) 0.0260 multiplied by [the experience adjustment factor calculated on LR003 Mortgage Experience Adjustment Line (13)] plus 0.0200.

For Lines (4) through (7), the average factor column is calculated as Column (6) divided by Column (3).

Column (6)
For Lines (1) through (3) the RBC subtotal is multiplied by the average factor to calculate Column (6).

For Lines (4) through (7), summary amounts are entered for Column (6) based on calculations done on an individual mortgage basis. Refer to the Schedule BA mortgage calculation worksheet (Figure 4).

(Figure 4)

Schedule BA Mortgage Worksheet

	(1) Name	(2) Book/Adjusted Carrying Value	(3) Involuntary Reserve Adjustment	(4) RBC Subtotal	(5) Cumulative Writedowns	(6) Category Factor	(7) In Good Standing Factor	(8) MEA Factor	(9) Col (6) X [Col (4)+(5)] - Col (5)	(10) Col (4) X Col (7) X Col (8)	(11) RBC Requirement
	90 Days Overdue - Insured or Guaranteed										
(1)	All Mortgages Without Cumulative Writedowns				XXX	0.0027	0.0014	1.0			
	With Cum.Writedowns:										
(2)						0.0027	0.0014	1.0			
(3)						0.0027	0.0014	1.0			
	Total										
	90 Days Overdue - All Other										
(1)	All Mortgages Without Cumulative Writedowns				XXX	0.1800	0.0260	†			
	With Cum.Writedowns:										
(2)						0.1800	0.0260	†			
(3)						0.1800	0.0260	†			
	Total										
	In Process of Foreclosure - Insured or Guaranteed										
(1)	All Mortgages Without Cumulative Writedowns				XXX	0.0054	0.0014	1.0			
	With Cum.Writedowns:										
(2)						0.0054	0.0014	1.0			
(3)						0.0054	0.0014	1.0			
	Total										
	In Process of Foreclosure - All Other										
(1)	All Mortgages Without Cumulative Writedowns				XXX	0.2300	0.0260	†			
	With Cum.Writedowns:										
(2)						0.2300	0.0260	†			
(3)						0.2300	0.0260	†			
	Total										
(99)	Total Schedule BA Mortgages										

The instructions for this worksheet are the same as the instructions for the mortgage worksheet shown in (Figure 1). The Column (2), (3), (5) and (11) subtotals for each category are carried over and entered in Columns (1), (2), (4) and (6) of the Schedule BA Mortgages (LR009) Lines (4) through (7) in the risk-based capital formula. NOTE: This worksheet will be available in the risk-based capital filing software.

† The Mortgage Experience Adjustment factor is calculated on LR003 Mortgage Experience Adjustment Line (13).

ASSET CONCENTRATION FACTOR

LR010

Basis of Factors

The purpose of the concentration factor is to reflect the additional risk of high concentrations in single exposures (represented by an individual issuer of a security or a holder of a mortgage, etc.) The concentration factor doubles the risk-based capital pre-tax factor (with a maximum of 45 percent pre-tax) of the 10 largest asset exposures excluding various low-risk categories or categories that already have a maximum factor. Since the risk-based capital of the assets included in the concentration factor has already been counted once in the basic formula, this factor itself only serves to add in the additional risk-based capital required. The calculation is completed on a consolidated basis; however, the concentration factor is reduced by amounts already included in the concentration factors of subsidiaries to avoid double-counting.

Specific Instructions for Application of the Formula

The 10 largest asset exposures should be developed by consolidating the assets of the parent with the assets of the company's insurance and investment subsidiaries. The concentration factor component on any asset already reflected in the subsidiary's RBC for the concentration factor should be deducted from Column (4). This consolidation process affects higher tiered companies only. Companies on the lowest tier of the organizational chart will prepare the asset concentration on a "stand alone" basis.

The 10 largest exposures should exclude the following: affiliated and non-affiliated common stock, affiliated preferred stock, home office properties, policy loans, bonds for which AVR and RBC are zero, Class 1 bonds, Class 1 unaffiliated preferred stock, Class 1 Hybrids and any other asset categories with RBC factors less than 0.8 percent post-tax (this includes residential mortgages in good standing, insured or guaranteed mortgages, and cash and short-term investments).

In determining the assets subject to the concentration factor for both C1o and C1cs, the ceding company should exclude any asset whose performance inures primarily (>50 percent) to one reinsurer under modified coinsurance or funds withheld arrangements. The reinsurer should include 100 percent of such asset. Any asset where no one reinsurer receives more than 50 percent of its performance should remain with the ceding company.

Assets should be aggregated by issuer before determining the 10 largest exposures. Aggregations should be done separately for bonds and preferred stock (the first six digits of the CUSIP number can be used as a starting point) (please note that the same issuer may have more than one unique series of the first six digits of the CUSIP), mortgages and real estate. Securities held within Schedule BA partnerships should be aggregated by issuer as if the securities are held directly. Likewise, where joint venture real estate is mortgaged by the insurer, both the mortgage and the joint venture real estate should be considered as part of a single exposure. Tenant exposure is not included. For bonds and unaffiliated preferred stock, aggregations should be done first for classes 2 through 6. After the 10 largest issuer exposures are chosen, any Class 1 bonds, Class 1 unaffiliated preferred stock or Class 1 Hybrids from any of these issuers should be included before doubling the risk-based capital. For some companies, following the above steps may generate less than 10 "issuer" exposures. These companies should list all available exposures.

Replicated assets other than synthetically created indices should be included in the asset concentration calculation in the same manner as other assets.

The book/adjusted carrying value of each asset is listed in Column (2).

The RBC factor will correspond to the risk-based capital category of the asset reported previously in the formula before application of the size factor for bonds. The RBC filing software automatically allows for an overall 45 percent RBC cap.

Lines (23) through (28)
The Asset Concentration RBC Requirement for a particular property plus the Real Estate RBC Requirement for a particular property cannot exceed the book/adjusted carrying value of the property. Any properties exceeding the book/adjusted carrying value must be adjusted down to the book/adjusted carrying value in Column (6) of the Asset Concentration.

Line (24), Column (4) is calculated as Line (23), Column (2) multiplied by 0.2300 plus Line (24), Column (2) multiplied by 0.2000, but not greater than Line (23), Column (2).
Line (26), Column (4) is calculated as Line (25), Column (2) multiplied by 0.1500 plus Line (26), Column (2) multiplied by 0.1200, but not greater than Line (25), Column (2).
Line (28), Column (4) is calculated as Line (27), Column (2) multiplied by 0.2300 plus Line (28), Column (2) multiplied by 0.2000, but not greater than Line (27), Column (2).

Lines (29) through (48)
The Asset Concentration RBC Requirement for a particular mortgage plus the LR004 Mortgages RBC Requirement or LR009 Schedule BA Mortgages RBC Requirement for a particular mortgage can not exceed 45 percent of the book/adjusted carrying value of the mortgage. Any mortgages exceeding 45 percent of the book/adjusted carrying value must be adjusted down in Column (6) of the Asset Concentration.

Line (29), Column (4) is calculated as Line (29), Column (2) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (30), Column (4) is calculated as Line (30), Column (2) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (31), Column (4) is calculated as Line (31), Column (2) multiplied by the greater of: (a) 0.0900 or (b) 0.0260 multiplied by [LR003 Mortgage Experience Adjustment Line (13)] plus 0.0200.
Line (33), Column (4) is calculated as the greater of 0.1800 multiplied by [(Line (32) plus Line (33)] less Line (33) or Line (32) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (35), Column (4) is calculated as the greater of 0.0140 multiplied by [(Line (34) plus Line (35)] less Line (35) or Line (34) multiplied by 0.0068.
Line (37), Column (4) is calculated as the greater of 0.1800 multiplied by [(Line (36) plus Line (37)] less Line (37) or Line (36) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (39), Column (4) is calculated as the greater of 0.2300 multiplied by [(Line (38) plus Line (39)] less Line (39) or Line (38) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (41), Column (4) is calculated as the greater of 0.0270 multiplied by [(Line (40) plus Line (41)] less Line (41) or Line (40) multiplied by 0.0068.
Line (43), Column (4) is calculated as the greater of 0.2300 multiplied by [(Line (42) plus Line (43)] less Line (43) or Line (42) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (44), Column (4) is calculated as Line (44) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Factor Line (13).
Line (46), Column (4) is calculated as the greater of 0.1800 multiplied by [(Line (45) plus Line (46)] less Line (46) or Line (45) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).
Line (48), Column (4) is calculated as the greater of 0.2300 multiplied by [(Line (47) plus Line (48)] less Line (48) or Line (47) multiplied by 0.0260 multiplied by LR003 Mortgage Experience Adjustment Line (13).

COMMON STOCK CONCENTRATION FACTOR

LR011

Basis of Factors

The purpose of the common stock concentration factor is to reflect the additional risk of high concentrations in a single exposure of common stock. The common stock concentration factor increases by 50 percent the risk-based capital factor for the five largest common stock exposures. The 50 percent increase was chosen by comparing the total variance of particular holdings of common stock to the portion of the variance that can be explained by movements of the overall stock market. The risk-based capital of the assets included in the unaffiliated common stock concentration factor has already been counted once in the basic formula; this factor itself only serves to add in the additional risk-based capital required. The calculation is completed on a consolidated basis; however, the common stock concentration factor is reduced by amounts already included in the concentration factors of subsidiaries to avoid double-counting.

Specific Instructions for Application of the Formula

The five largest common stock exposures should be developed by consolidating the assets of the parent with the assets of the company's insurance and investment subsidiaries. The concentration factor component on any asset already reflected in the subsidiary's RBC for the concentration factor should be deducted from Column (4). This consolidation process affects higher tiered companies only. Companies on the lowest tier of the organizational chart will prepare the asset concentration on a "stand alone" basis.

The five largest holdings should exclude common stock in the FHLB, investment companies (mutual funds) and common trust funds, that are diversified with the meaning of the Investment Company Act, and affiliated investments other than investments in non-insurance subsidiaries. For non-insurance subsidiaries, i.e., those with affiliate code 7 on LR037 (the portion of holding companies in excess of indirect subsidiaries) and those with affiliate code 13 (other subsidiaries), the total stock investment including both preferred and common stock should be used.

Replicated assets in the nature of common stock other than synthetically created indices should be included in the common stock concentration calculation in the same manner as other investments in common stock.

Assets should be aggregated by issuer before determining the five largest exposures.

The book/adjusted carrying value of each asset is listed in Column (2).

MISCELLANEOUS ASSETS

LR012

Basis of Factors

Lines (1) through (3.5)

The pre-tax factor for cash is 0.4 percent. It is recognized that there is a small risk related to possible insolvency of the bank where cash deposits are held. The 0.4 percent pre-tax factor, equivalent to a Class 1 bond, reflects the short-term nature of this risk.

The short-term investments to be included here are those not reflected elsewhere in the formula. Commercial paper, repurchase agreements, collateralized mortgage obligations (CMOs), mortgage participation certificates (MPCs), interest-only and principal-only certificates (IOs and POs), and equipment trust certificates should be included in appropriate bond classifications (Class 1 through Class 6) on LR002 Bonds and should be excluded from short-term investments. The 0.4 percent pre-tax factor is equal to the factor for cash.

Lines (4) through (7)

Premium notes, receivables for securities and write-ins for invested assets are generally a small proportion of total portfolio value. A pre-tax factor of 6.8 percent is consistent with other risk-based capital formulas studied by the working group. The charge for derivatives is determined in lines (8) through (16), therefore the total amount of derivatives included in Line (6.1)(from Line 11, page 2) should be included on Line (6.2) resulting in Line (6.3) including no derivative amounts.

Lines (8) through (16)

Derivative instrument book/adjusted carrying value exposure net of collateral held on the balance sheet from Schedule DB Part D Column 7 Line 0899999, for each **NAIC** rating class, is subject to the bond RBC factor for that category to reflect the amount held on the balance sheet exposed to loss upon default of the Over the Counter (OTC) counterparty or exchange. Acceptable collateral is subject to an RBC charge at the same level as Class 1 Bonds. The collateral from Schedule DB Part D Column 4 Line 0899999 should be reported in Lines (8) and (9). The split between Lines (8) and (9) will be that Line (8) will include collateral not on the balance sheet, and will be subject to an RBC charge of 0.4%, while Line (9) will include collateral held on the balance sheet and subject to an RBC charge as an admitted asset. Amounts reported in line 9 will be assessed RBC based on their characteristics as an asset elsewhere in the RBC instructions. “Acceptable collateral” means cash, cash equivalents, securities issued or guaranteed by the United States or Canadian governments or their government-sponsored enterprises, publicly traded obligations rated 1 by the **NAIC**, government money market mutual funds, and such other items as may be defined as acceptable collateral in the *Purposes and Procedures Manual of the NAIC Securities Valuation Office*.

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORILY CONVERTIBLE SECURITIES

LR013

Basis of Factors

A replication (synthetic asset) transaction is a derivative transaction entered into in conjunction with other investments in order to reproduce the investment characteristics of otherwise permissible investments. A derivative transaction entered into by an insurer as a hedging or income-generation transaction shall not be considered a replication (synthetic asset) transaction. All replication transactions must be reviewed and approved by the NAIC **Capital Markets and Investment Analysis Office** and assigned an RSAT number. The transactions are disclosed in Schedule DB, Part C.

A replication (synthetic asset) transaction increases the insurer's exposure to one type of asset, the replicated (synthetic) asset, and may reduce the insurer's exposure to the asset risk associated with the cash market components of the transaction. Both effects are captured and quantified in the worksheet for replication transactions.

For the purposes of this worksheet, a mandatorily convertible security is a security that is mandatorily convertible at prices different from the market prices at the time of conversion. Such securities are classified on the annual statement by ignoring the conversion feature. This worksheet adjusts the RBC requirement upward if the security that results from the conversion is more risky than the original security.

Specific Instructions for Application of Formula

This worksheet should contain a line for each replicated (synthetic) asset and each cash instrument component of all replication (synthetic asset) transactions undertaken by the insurer. It should also contain a line for each mandatorily convertible security and a line for the security that will result from the conversion. The assets should be sorted first by RSAT number, next by type (replicated assets, then cash instruments) and finally by CUSIP.

Column (1)
The RSAT number for each transaction should be that used in Schedule DB, Part C, Section 1. Leave this column blank for mandatorily convertible securities.

Column (2)
Enter an R (for replicated asset) if the line describes one of the replicated (synthetic) assets, a CW (for cash instrument with RBC credit) if the line describes one of the cash instruments constituting the transaction and the transaction either (1) is a swap of prospectively determined interest rates, or (2) eliminates the asset risk associated with the cash instrument, and a CN (for cash instrument with no RBC credit) if the line describes one of the cash instruments constituting the transaction and the transaction does not eliminate the insurer's exposure to the asset risk associated with the instrument. Enter an MC for a mandatorily convertible security and an MCC for the security that will result from the conversion.

Column (3)
Show the CUSIP for all cash instruments that are securities, all mandatorily convertible securities and all securities that will result from a mandatory conversion.

Column (4)
Give the description of the replicated (synthetic) asset(s) or cash instruments as found on Schedule DB, Part C, Section 1. Leave blank for mandatorily convertible securities.

Column (5)

Give the NAIC designation or other description that will best identify the asset risk class of the asset. For replications (synthetic assets), this is contained in columns 3 or 14 of Schedule DB, Part C, Section 1.

Column (6)
Give the book/adjusted carrying value of the asset. For replications (synthetic assets), this is contained in columns 5, 10 or 15 of Schedule DB, Part C, Section 1.

Column (7)
For replicated (synthetic) assets and for the securities that will result from the conversion of a mandatorily convertible security, multiply the risk-based capital factor appropriate to the asset class of the replicated (synthetic) asset times the book/adjusted carrying value contained in Column (6). For cash instrument components that qualify for an RBC credit and for mandatorily convertible securities, the amount contained in this column is the product of:

(a) the risk-based capital factor appropriate to the asset class of the cash instrument or mandatorily convertible security, but not higher than the average risk-based capital factor for the replicated (synthetic) asset(s) or the securities that result from the conversion of the mandatorily convertible security, times
(b) the book/adjusted carrying value contained in Column (6), times
(c) –1

For other cash instrument components, this column should contain zero.

Hedging

The concept of hedging credit, equity and other risks is widely accepted and understood among insurers and their regulators. In order for regulators to distinguish between insurers that have effectively reduced their risks from those insurers that have not, the risk based capital computation should be sensitive to such differences. Increasing or decreasing exposure to different asset classes in relation to a benchmark asset allocation tailored to meet the long term obligations to policy owners is critical to successfully managing an insurance company. Hedging is the process of using derivative instruments to most efficiently limit risk associated with a particular asset in a manner consistent with the insurer's long term objectives. The relative advantage of using cash market transactions versus derivative market transactions depends upon market conditions.

The NAIC model investment laws and regulations establish specific constraints on the use of derivatives. Governance of derivative use starts with approved and documented authorities from the insurer's Board of Directors to management. These authorities are coordinated with and enhanced by limits established by the insurer's domiciliary state.

Hedging strategies currently employed by insurers range from straightforward relationships between the hedged asset and the derivative instrument (the hedge) to more complex relationships. The purpose of this section of the RBC calculation is to measure and reflect in RBC the risk reduction achieved by an insurer's use of the most straightforward types of hedges involving credit default and equity C-1 risks.

To avoid the possible double counting of RBC credits, excluded from this section are any RBC credits arising from hedges that are part of the Clearly Defined Hedging Strategy (CDHS) required for C-3 cash flow testing or other risk mitigation techniques (e.g. reinsurance) which produce reduced levels of RBC by operation of other parts of the RBC formula.

RBC and Measuring the Risk Reduced by Hedging

To measure the risks reduced by hedging and reflect the effects in RBC it is important to understand the characteristics and purpose of the hedge. A portfolio manager seeking to hedge a particular asset or portfolio risk must determine if the derivative instruments available will do a suitable job of risk mitigation.

Default risk - A portfolio manager may determine that the default risk of a particular debt security which matures in 8 years needs to be hedged because of a near term credit concern which may resolve before the debt matures. A credit default swap (CDS) would be the most effective hedging instrument. In some circumstances the manager may purchase a CDS with 8 years to maturity which fully mitigates the default risk and shall result in an RBC credit which fully offsets the C-1 default risk charge on the debt security. However, seeking the most liquid and cost efficient market for the purchase of such an instrument may lead to the purchase of a 5 year CDS which the manager plans to renew (roll) as the credit circumstances evolve in the coming years. In this case there is a 3 year maturity mismatch between the debt security and the hedging instrument. To account for the difference between insurers that have hedged the debt security to full maturity versus those with a mismatched position, the determination of the RBC credit shall be made in accordance with the following formula which limits the results to a fraction of the C-1 charge for the hedged asset.

$$\text{RBC Credit As \% of C1 Asset Charge} = Min\left(1, \frac{Time\ to\ Maturity\ of\ CDS}{Time\ to\ Maturity\ of\ Bond}\right) \times \left(94\% - 10\%\right) + 10\%$$

This accounts for mismatched maturities and provides a regulatory margin of safety within a range of 94%-10% of the C-1 asset charge.

There may also be circumstances where default risk is reduced by hedging specific portfolios using a basket or index-based derivative (e.g. CDX family of derivatives) with the same or very similar components as the portfolio. For these hedges the risk reduction shall be measured based on the number of issuers common to both the insurer's portfolio and the index/basket CDS. A minimum of 50% overlap of the derivative instrument notional amount and the book/adjusted carrying value of the hedged bonds shall be required to qualify for any RBC credit. Additionally, if the Insurer hedges an index, each bond must be listed (e. g. if the insurer acquires a CDX that hedges 125 names equally, then the insurer must list all 125 names on the schedule), regardless if the insurer owns all the bonds in the index.

As RBC is currently measured and reported annually and to an extent provides a regulator with an indicator of capital sufficiency for the near term future; default risk protection as provided by CDS (based on a specific security or an index of securities) shall have more than 1 year remaining to maturity in order to receive any RBC credit, provided that the remaining maturity of the hedged debt security or average maturity of the hedged portfolio is greater than 1 year. When both the default risk protection and the hedged debt security have less than one year to maturity, full RBC credit shall be allowed provided that the maturity of the protection is later than the maturity of the debt security; otherwise no RBC credit is allowed.

Equity market risk - A portfolio manager may determine that the market risk of holding a particular common stock needs to be reduced. Because an outright sale at that point in time might be disadvantageous to the insurer and/or policy owners, a short futures contract may be purchased to eliminate the current market risk by establishing a sale price in the future. The C-1 RBC equity risk credit shall be limited to 94%.

There may also be circumstances where equity market risk is reduced by hedging equity portfolios using derivatives based on equity market indices (e.g. S&P 500 futures contracts). Unless the equity portfolio is exactly matched to the index, the hedge will not provide precise one-to-one protection from fluctuations in value. The insurer must list all positions in the equity index individually (e. g. all 500 common stocks that are part of the S&P 500), regardless if the insurer owns all the stocks in the index.

<u>Definitions and Instructions for the Spreadsheet Computation of Risk Reduction</u>

(Numeric references represent spreadsheet columns)

Bonds

(1) Description - Reported on Schedule DB.

(2) Notional Amount - Amount reported on Schedule DB.

(3) Relationship Type of the Hedging Instrument and Hedged Asset. There are two categories; Basic and Intermediate relationships. Basic relationship = Single issuer credit default swap on a single issuer name to hedge the credit risk of a specific hedged asset. ***Intermediate relationship = A portfolio of insurer assets paired with a basket or index based hedging instrument with the same or very similar components as the portfolio. For intermediate relationships, a minimum of 50% overlap of the derivative instrument notional amount and the book adjusted carrying value of the hedged bonds shall be required to qualify for any RBC credit.***

(4) Maturity Date - Date reported on Schedule DB.

(5) Description - Bond description found in Schedule D. ***For intermediate relationships, each bond must be listed (e. g. if the insurer acquires a credit default index that hedges 125 names equally, then the insurer must list all 125 names on the schedule.***

(6) CUSIP Identification - Bond unique identifier found in Schedule D.

(7) Book Adjusted Carrying Value - Value found on Schedule D.

(8) Overlap with Insurer's Bond Portfolio – The portion of Column (2) Notional Amount of the Hedging Instrument that hedges Column (7) Book Adjusted Carrying Value. This amount cannot exceed Column (7) Book Adjusted Carrying Value.

(9) Maturity Date - The date is found in Schedule D.

(10) NAIC Designation - Designation found in Schedule D. Necessary to determine correct RBC Factor for the Bonds.

(11) RBC Factor - Factor based on Column (10) NAIC Designation and NAIC C-1 RBC factors table.

(12) Gross RBC Charge – This is the C-1 RBC charge based on holdings at the end of the year. Calculation: Columns (7) Book Adjusted Carrying Value multiplied by (11) RBC Factor.

(13) RBC Credit for Hedging Instruments – If Column (8) Overlap with Insurer's Bond Portfolio is zero; the RBC Credit would also be zero. The Hedging Instrument must have more than 1 year remaining to maturity in order to receive any RBC credit provided that the remaining time to maturity of the Hedged Asset - Bonds is greater than 1 year. If both the Hedging Instrument and the Hedged Asset - Bonds maturity dates are in less than 1 year, the maximum RBC credit determined using the formula below shall be allowed provided that the maturity of the hedging instrument is equal to or later than the maturity of the bond. Calculation is Column (8) Overlap with Insurer's Bond Portfolio multiplied by RBC Credit as % of C-1 Asset Charge formula (formula listed below) multiplied by Column (11) RBC Factor.

$$\text{RBC Credit as \% of C1 Asset Charge} = Min\left(1, \frac{\textit{Time to Maturity of Hedging Instrument}}{\textit{Time to Maturity of Bond}}\right) \times \left(94\% - 10\%\right) + 10\%$$

Time to Maturity of Hedging Instrument divided by Time to Maturity of Bond cannot exceed 1.

(14) Net RBC Charge – Column (12) Gross RBC Charge minus (13) RBC Credit for Hedging Instruments.

Common Stocks

(1) Description - Reported on Schedule DB.

(2) Notional Amount - Amount reported on Schedule DB.

(3) Relationship Type of the Hedging Instrument and Hedged Asset. There are two categories; Basic relationships or Intermediate relationships. Basic relationship = Single name equity Hedging Instrument paired with a specific common stock. ***Intermediate relationship = A portfolio of common stocks paired with a basket or index based Hedging Instrument with the same or very similar components as the portfolio. For intermediate relationships, a minimum of 50% overlap of the derivative instrument notional amount and the book adjusted carrying value of the hedged common stocks shall be required to qualify for any RBC credit.***

(4) Description - Common Stock description found in Schedule D Part 2 Section 2. ***For intermediate relationships, each common stock must be listed (e. g. if the insurer acquires a short futures contract that hedges the S&P 500, then the insurer must list all 500 stocks on the schedule).***

(5) CUSIP Identification - Common Stock unique identifier found in Schedule D Part 2 Section 2.

(6) Book Adjusted Carrying Value - Value found on Schedule D Part 2 Section 2.

(7) Overlap with Insurer's Stock Portfolio – The portion of Column (2) Notional Amount of the Hedging Instrument that hedges Column (6) Book/Adjusted Carrying Value. This amount cannot exceed the Column (6) Book Adjusted Carrying Value.

(8) RBC Factor - Factor based on NAIC C-1 RBC factors table.

(9) Gross RBC Charge - The C-1 RBC charge based on holdings at the end of the year. Calculation: Columns (6) Book Adjusted Carrying Value multiplied by (8) RBC Factor.

(10) RBC Credit for Hedging Instruments - RBC credit for equity market risk reduction is limited to 94% of the C-1 Asset charge. Calculation: Column (7) Overlap with Insurer's Stock Portfolio multiplied by (8) RBC Factor multiplied by 94%.

(11) Net RBC Charge - Column (9) Gross RBC Charge minus (10) RBC Credit for Hedging Instruments.

Factors Table
As determined by the NAIC

NAIC Designation	Internal Designation	Factor
		0.000
1	1	0.004
2	2	0.013
3	3	0.046
4	4	0.100
5	5	0.230
6	6	0.300

		0.000
5	5*	0.230
6	6*	0.300

		0.000
1	1F	0.004
2	2F	0.013
3	3F	0.046
4	4F	0.100
5	5F	0.230
6	6F	0.300

		0.000
1	1FE	0.004
2	2FE	0.013
3	3FE	0.046
4	4FE	0.100
5	5FE	0.230
6	6FE	0.300

NAIC Designation	Internal Designation	Factor
		0.000
1	1AM	0.004
2	2AM	0.013
3	3AM	0.046
4	4AM	0.100
5	5AM	0.230
6	6AM	0.300

		0.000
1	1FM	0.004
2	2FM	0.013
3	3FM	0.046
4	4FM	0.100
5	5FM	0.230
6	6FM	0.300

		0.000	
1	1SM	0.004	‡
2	2SM	0.013	‡
3	3SM	0.046	‡
4	4SM	0.100	‡
5	5SM	0.230	‡
6	6SM	0.300	‡

NAIC Designation	Internal Designation	Factor
		0.000
1	1Z	0.004
2	2Z	0.013
3	3Z	0.046
4	4Z	0.100
5	5Z	0.230
6	6Z	0.300

		0.000
1	1Z*	0.004
2	2Z*	0.013
3	3Z*	0.046
4	4Z*	0.100
5	5Z*	0.230
6	6Z*	0.300

Common Stock Type	Factor	
Other Unaffiliated Public Stock	0.450	†
Money Market Mutual Funds	0.004	
Federal Home Loan Bank Common Stock	0.011	
Unaffiliated Private Common Stock	0.300	

† - 30 percent adjusted up or down by the weighted average beta for the publicly traded common stock portfolio subject to a minimum of 22.5 percent and a maximum of 45 percent.
‡ - "SM" will likely be eliminated as an NAIC designation suffix for year-end 2011.

REINSURANCE
LR016

Basis of Factors

There is a risk associated with recoverability of amounts from reinsurers. The risk is deemed comparable to that represented by bonds between risk classes 1 and 2 and is assigned a pre-tax factor of 0.8 percent. To avoid an overstatement of risk-based capital, the formula gives a 0.8 percent pre-tax credit for reinsurance with non-authorized companies, for reinsurance among affiliated companies, for reinsurance with funds withheld or reinsurance with authorized reinsurers that is supported by equivalent trusteed collateral that meets the requirements stipulated in Appendix A-785 (Credit for Reinsurance), where there have been regular bona fide withdrawals from such trusteed collateral to pay claims or recover payments of claims during the calendar year covered by the RBC report, and for reinsurance involving policy loans. Withdrawals from trusteed collateral that are less than the amounts due the ceding company shall be deemed to not be bona fide withdrawals.

Specific Instructions for Application of the Formula

Lines (1) through (7)
The first seven components of the reinsurance formula are charged against all reinsurance recoverables and ceded reserve credits as reported in Schedule S.

Lines (8) through (12)
A negative 0.8 percent pre-tax factor is applied to these five components. These adjustments should only be applied to business assumed from subsidiaries of the company. The adjustment should be multiplied by the proportion of the ceding company owned by the parent. The subsidiary's RBC is part of the individual company's RBC, and sister affiliate reinsurers should NOT be included. In addition, no adjustment should be made where an adjustment has already been taken in the re-established liability components above. This would be the case if the subsidiary reinsurer was unauthorized or the treaty with the company involved funds held.

Lines (13) through (16)
The last four components are Page 3 liabilities (including Line 24.02 – Reinsurance in Unauthorized Companies and Line 24.03 – Funds Held under Reinsurance Treaties with Unauthorized Reinsurers). A pre-tax factor of negative 0.8 percent is applied. This considers that these liabilities reported on Page 3 have been reestablished in the balance sheet offsetting the reinsurance ceded reserve credits taken elsewhere.

OFF-BALANCE SHEET AND OTHER ITEMS
LR017

Basis of Factors

The potential for risk exists in off-balance sheet items. For items other than derivative instruments, a 1.3 percent factor was chosen on a judgment basis. The 1.3 percent pre-tax factor will differentiate between the companies that have small and large exposures to this risk. Since there is no firm actuarial basis for assigning the 1.3 percent pre-tax factor to these risks, off-balance sheet items are included in the sensitivity analysis using a factor of 3 percent, and leases are added as an additional off-balance sheet item. For securities lending programs, a reduced charge may apply to certain programs that meet the criteria as outlined below.

For derivative instruments, the book/adjusted carrying value exposure net of collateral (the balance sheet exposure) is included under miscellaneous C-1o risks. Because collars, swaps, forwards and futures can have book/ adjusted carrying values that are positive, zero or negative, the potential exposure to default by the counterparty or exchange for these instruments cannot be measured by the book/adjusted carrying values. Schedule DB, therefore, includes a calculation of the potential exposure that is based on the March 1987 research paper "Potential Credit Exposure on Interest Rate and Foreign Exchange Rate Related Instruments," supporting the 1988 Bank of International Settlements framework for banks. The off-balance sheet exposure (Schedule DB, Part D, Column 12) will measure this potential exposure for risk-based capital purposes. The factors applied to the derivatives off-balance sheet exposure are the same as those applied to bonds.

Specific Instructions for Application of the Formula

Column (2)
Assets directly funding guaranteed separate accounts or synthetic GIC contracts should be excluded from the noncontrolled assets computation.

Line (1)
Securities lending programs that have all of the following elements are eligible for a lower off-balance sheet charge:

1. A written plan adopted by the Board of Directors that outlines the extent to which the insurer can engage in securities lending activities and how cash collateral received will be invested.
2. Written operational procedures to monitor and control the risks associated with securities lending. Safeguards to be addressed should, at a minimum, provide assurance of the following:
   a. Documented investment guidelines, including, where applicable, those between lender and investment manager with established procedure for review of compliance.
   b. Investment guidelines for cash collateral that clearly delineate liquidity, diversification, credit quality, and average life/duration requirements.
   c. Approved borrower lists and loan limits to allow for adequate diversification.
   d. Holding excess collateral with margin percentages in line with industry standards, which are currently 102% (or 105% for cross currency loans).
   e. Daily mark-to-market of lent securities and obtaining additional collateral needed to ensure that collateral at all times exceeds the value of the loans to maintain margin of 102% of market.
   f. Not subject to any automatic stay in bankruptcy and may be closed out and terminated immediately upon the bankruptcy of any party.
3. A binding securities lending agreement (standard "Master Lending Agreement" from Securities Industry and Financial Markets Association) is in writing between the insurer, or its agent on behalf of the insurer, and the borrowers.
4. Acceptable collateral is defined as cash, cash equivalents, direct obligations of, or securities that are fully guaranteed as to principal and interest by, the government of the United States or any agency of the United States, or by the Federal National Mortgage Association or the Federal Home Loan Mortgage Corporation and NAIC 1-rated securities. Affiliate-issued collateral would not be deemed acceptable. In all cases the collateral held must be permitted investments in the state of domicile for the respective insurer.

   Collateral included in General Interrogatories, Part 1, Line **24**.5 of the annual statement should be included on Line (1).

Line (2)
Collateral from all other securities lending programs should be reported General Interrogatories, Part 1, Line **24**.6 and included in Line (2).

Lines (3) through (11)
Noncontrolled assets are the amount of all assets not exclusively under the control of the company, or assets that have been sold or transferred subject to a put option contract currently in force. For Line (7) include assets pledged as collateral reported in the General Interrogatories Part 1 Line **25**.25 other than assets related to the Federal Reserve's Term Asset Loan Facility (TALF).

Lines (13) through (20)
The off-balance sheet exposure for derivative instruments reported on Schedule DB, Part D, Column 12, Lines 0199999 through 0799999 are brought into each individual **NAIC** rating class.

Line (21)
Guarantees for affiliates include guarantees for the benefit of an affiliate that result in a material† contingent exposure of the company's assets to liability.

Line (23)
The exposure amount for long-term leases is the annual rental amount of all leases that could have a material† financial effect. If the rent expense is shared with affiliates, it should be allocated by company.

† The definition of "material" exposure or financial effect is the same as for annual statement disclosure requirements.

Off-Balance Sheet Collateral

(Including any Schedule DL, Part 1 Assets not Included in the Asset Valuation Reserve)

LR018

Basis of Factors

Security lending programs are required to maintain collateral. Some entities post the collateral supporting security lending programs on their financial statements, and incur C-1 risk charges on those assets. Other entities have collateral that is not recorded on their financial statements. While not recorded on the financial statements of the company, such collateral has risks that are not otherwise captured in the RBC formula.

Annual Statement Schedule DL, Part 1, Securities Lending Collateral Assets reported on the balance sheet (Assets Page, Line 10) should be included on the schedule with the Off-Balance Sheet Collateral if they are not already reflected in the Asset Valuation Reserve and are reflected in another portion of the Life RBC formula.

The collateral in these accounts is maintained by a third-party (typically a bank or other agent). The collateral agent maintains on behalf of the company detail asset listings of the collateral assets, and this data is the source for preparation of this schedule. The company should maintain such asset listings, at a minimum CUSIP, market value, book/carrying value, and maturity date. The asset risk charges are derived from existing RBC factors for bonds , preferred and common stocks, other invested assets, and invested assets not otherwise classified (aggregate write-ins).

Specific Instructions for Application of the Formula

Off-balance sheet collateral included in General Interrogatories, Part 1, Lines **24**.5 and **24**.6 of the annual statement should agree with Line (19).

Lines (1) through (8) – Bonds
Bond factors are described on page LR002 Bonds.

Line (9) through (15) – Preferred Stocks
Preferred stock factors are described on page LR005 Unaffiliated Preferred and Common Stock.

Line (16) – Common Stock
Preferred stock factors are described on page LR005 Unaffiliated Preferred and Common Stock.

Line (17) – Schedule BA – Other Invested Assets
Other invested assets factors are described on page LR008 Other Long Term Assets.

Line (18) – Aggregate Write-ins for Other Invested Assets
Aggregate write-ins for other invested assets factor**s** are described on page LR012 Miscellaneous Assets.

HEALTH PREMIUMS and HEALTH CLAIMS RESERVES

LR019, **LR023** and **LR024**

Basis of Factors

Risk-based capital factors for health insurance are applied to medical and disability income, long-term care insurance and other types of health insurance premiums and Exhibit 6 claim reserves with an offset for premium stabilization reserves. For health coverage that does not fit into one of the defined categories for risk-based capital, the "Other Health" category is to be used.

Medical Insurance Premium

The business is subdivided by product into categories for individual coverages and for group and credit coverages depending on the risk related to volatility of claims. The factors were developed from a model that determines the minimum amount of surplus needed to protect the company against a worst-case scenario for each type of coverage. The results of the model were then translated into either a uniform percentage or a two-tier formula to be applied to premium. The two-tier formula reflects the decreased risk of a larger in-force block. The formula includes several changes starting in 1998 for some types of health insurance. These changes add several worksheets and are designed to keep the RBC amounts for health coverage consistent regardless of the RBC formula used. If the company has comprehensive medical business, medicare supplement, dental business, or Stand-Alone Medicare Part D coverage through a PDP arrangement, it will be directed to these additional worksheets. The instructions for including paid health claims in the various categories of the Managed Care Discount Factor Calculation can be found in the instructions to **LR022** Underwriting Risk – Managed Care Credit. Appendix 2 of these instructions lists commonly used health insurance terms. Appendix 3 of these instructions lists commonly used terms specific to Stand-Alone Medicare Part D coverage. If the company has any of the four mentioned types of medical insurance, it will also be required to complete additional parts of the formula for C-3 Health Credit Risk and C-4 Health Administrative Expenses Risk portion of the Business Risk.

Disability Income Premium

Prior to 2001, the individual disability income factors were based on models of the disability risk completed by several companies with significant experience in this line. The group long-term disability income risk was modeled based on methodology similar to that used by one of the largest writers of this business. The pricing risk was addressed principally as the delayed reaction to increases in incidence of new claims and to the lengthening of claims from slower recoveries than assumed.

Long-Term Care Insurance Premium

Prior to 2005, factors equal to the original disability income factors were used. Starting in 2005, factors based on LTC experience replace**d** those factors. The difference in the factor**s** used in 2004 and prior years for noncancellable LTC versus other LTC has been retained as a rate risk factor applied to the NC premium. The morbidity risk is partially applied directly to premium with a higher factor applied to amounts up to $50,000,000 and a lower factor applied to premiums in excess of $50,000,000. In addition, the earned premiums and incurred claims for the last two years are used to determine an average loss ratio (incurred claims divided by earned premiums). This average loss ratio times the current year's premium is called Adjusted LTC Claims for RBC. A higher factor is applied to claims up to $35,000,000 and a lower factor is applied to claims above $35,000,000.

Starting in 2001, new categories and new factors are applicable to all types of disability income premiums. These factors are based on new data and apply a model similar to that used for other health premium risk to that data.

Claim Reserves

Additional risk-based capital of 5 percent of claim reserves for both individual and group and credit is required to recognize the risk of the level of recoveries and other claim terminations falling below that assumed in the development of claim reserves. However, claims reserves for workers' compensation carve-out are excluded from this charge and are separately assessed risk-based capital on page **LR021** Underwriting Risk – Other, Line (5); reserves entered for this exclusion should be reported in net balance sheet reserves in Schedule P, Part 1 of the Workers Compensation Carve-Out Supplement.

Pre-Tax and Post-Tax Factors

The formula uses pre-tax factors for all types of health insurance. Because many insurers of some types of health insurance write very little other business, it was determined that there would be no difference between pre-tax and post-tax factors except where substantial investment income is assumed as part of the product pricing. Thus, for disability income, the pre-tax factors on Pages **36-38** and in **LR023** Long-Term Care will be adjusted to post-tax by applying a tax-effect change to RBC in **LR030** calculation of Tax Effect for Life Risk-Based Capital. For reasons of practicality and simplicity, credit disability is included with other disability income and adjusted to post-tax. The pre-tax RBC values for other types of health insurance will not be adjusted.

Specific Instructions for Application of the Formula

The total of all earned premium categories **LR019** Health Premiums, Line (31), Column (1) should equal the total in Schedule H, Part 1, Line 2, Column 1 of the annual statement. Earned premium for each of these coverages should be from underlying company records. Earned premium may be reported in Schedule H for Administrative Services Contracts (ASC) and/or the Federal Employees Health Benefits Plan (FEHBP) and/or Workers Compensation Carve-Out, which are included in order that Line (31) will equal the total in Schedule H. As such, there is no RBC factor applied to any premium reported on Lines (18), (28) or (29). For some of the coverages, two-tier formulas apply. The calculations for these coverages shown below will not appear on the RBC filing software but will automatically be calculated by the software.

Line (1)

Health premiums for usual and customary major medical and hospital (including comprehensive major medical and expense reimbursement hospital/medical coverage) written on individual contracts are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The premiums are carried forward to **LR020** Underwriting Risk – Experience Fluctuation Risk, Column (1), Line (1.1).

Line (2)

Health premiums for Medicare supplement written on individual contracts are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The premiums are carried forward to **LR020** Underwriting Risk – Experience Fluctuation Risk, Column (2), Line (1.1).

Line (3)

Health premiums for dental or vision coverage written on individual contracts are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The premiums are carried forward to **LR020** Underwriting Risk – Experience Fluctuation Risk, Column (3), Line (1.1).

Line (4)

Health premium for Stand-Alone Medicare Part D coverage written on individual contracts - includes beneficiary premium (standard coverage portion), direct subsidy, low-income subsidy (premium portion), Part D Payment Demonstration amounts and risk corridor payment adjustments. See Appendix 3 for definition of these terms. This does not include Medicare-Advantage prescription drug coverage (MA-PD) premiums which are to be included in Line (1). No RBC requirement is calculated in Column (2). The premium is carried forward to page **LR020** Underwriting Risk – Experience Fluctuation Risk Column (4) Line (1.1).

Line (5)

Health premium for Supplemental benefits within Stand-Alone Medicare Part D coverage written on individual contracts that is beneficiary payment (supplemental benefit portion) – e.g., coverage in the coverage gap, use of co-pays of less value than the minimum regulatory coinsurance and reduced deductible. This does not include the low-income subsidy (cost sharing portion), which is not a component of reported revenue. RBC is calculated for Supplemental benefits within Stand-Alone Medicare Part D Coverage on **LR019**.

Line (6) and Line (15)
There is a factor for certain types of limited benefit coverage (hospital indemnity, which includes a per diem for intensive care facility stays, and specified disease) which includes both a percent of earned premium on such insurance (3.5 percent) and a flat dollar amount ($50,000) to reflect the higher variability of small amounts of business.

Line (7) and Line (16)
The factor for accidental death and dismemberment (AD&D) insurance (where a single lump sum is paid) depends on several items:

1. Three times the maximum amount of retained risk for any single claim;
2. $300,000 if three times the maximum amount of retained risk is larger than $300,000;
3. 5.5 percent of earned premium to the extent the premium for AD&D is less than or equal to $10,000,000; and
4. 1.5 percent of earned premium in excess of $10,000,000.

There are places for reporting the total amount of earned premium and the maximum retained risk on any single claim. The actual RBC Requirement will be calculated automatically as the sum of (a) the lesser of items 1 and 2 plus (b) items 3 plus 4.

Line (8) and Line (17)
The factor for Other Accident coverage provides for any accident-based contingency other than those contained in Lines (7) or (16). For example, this line should contain all the premium for policies that provide coverage for accident-only disability or accident-only hospital indemnity. The premium for policies that contain AD&D in addition to other accident-only benefits should also be shown on this line.

Line (9)
Health premiums for usual and customary major medical and hospital (including comprehensive major medical and expense reimbursement hospital/medical coverage) written on group contracts are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The premiums are carried forward to **LR020** Underwriting Risk – Experience Fluctuation Risk, Column (1), Line (1.2).

Line (10)
Health premiums for dental or vision coverage written on group contracts are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The premiums are carried forward to **LR020** Underwriting Risk – Experience Fluctuation Risk, Column (3), Line (1.2).

Line (12)
Health premiums for Medicare supplement written on group contracts are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The premiums are carried forward to **LR020** Underwriting Risk – Experience Fluctuation Risk, Column (2), Line (1.2).

Line (13)
Health premium for Stand-Alone Medicare Part D coverage written on group contracts only if the plan sponsor has risk corridor protection for the contracts - includes beneficiary premium (standard coverage portion), direct subsidy, low-income subsidy (premium portion), Part D Payment Demonstration amounts and risk corridor protection payments. See Appendix 3 for definition of these terms. Stand-Alone Medicare Part D coverage written on group contracts without risk corridor protection is reported in Line (30) Other Health. This does not include Medicare-Advantage prescription drug coverage (MA-PD) premiums which are to be included in Line (9). No RBC requirement is calculated in Column (2). The premium is carried forward to page **LR020** Underwriting Risk – Experience Fluctuation Risk Column (4) Line (1.2).

Line (14)
Health premium for Supplemental benefits within Stand-Alone Medicare Part D coverage written on group contracts that is beneficiary payment (supplemental benefit portion) – e.g., coverage in the coverage gap, use of co-pays of less value than the minimum regulatory coinsurance and reduced deductible where the plan sponsor has risk corridor protection for the group contract's standard benefit design coverage. This does not include the low-income subsidy (cost-sharing portion) which is not a component of reported revenue. RBC is calculated for Supplemental benefits within Part D Coverage on **LR019**.

Lines (19) through (25)
Disability income premiums are to be separately entered depending upon category (individual and group). For Individual, a further split is between noncancellable (NC) or other (GR, etc.) For group, the further splits are between Credit Monthly Balance, Credit Single Premium (with additional reserves), Credit Single Premium (without additional reserves), Group Long-Term (benefit periods of two years or longer) and Group Short-Term (benefit periods less than two years). The RBC factors vary by the amount of premium reported such that a higher factor is applied to amounts below $50,000,000 for similar types. Starting in 2001, in determining the premiums subject to the higher factors, individual disability income noncancellable and other is combined. All types of group and credit are combined in a different category from individual.

The following table describes the calculation process used to assign RBC charges to disability income business. The reference to line numbers (e.g., Line 19) represent the actual line numbers used in the formula page, but the subdivisions of those lines [e.g., a), b) etc.] do not exist in the formula page. The total RBC Requirement shown in the last (Total) subdivision of each line will be included in Column (2) for that line in the formula page.

	Disability Income Premium	Annual Statement Source	(1) Statement Value	Factor	(2) RBC Requirement
Line (19)	Noncancellable Disability Income - Individual Morbidity	Earned Premium included in Schedule H, Part 1, Line 2, in part	________		
a)	First $50 Million Earned Premium of Line (19)	Company Records	________	X 0.539 =	________
b)	Over $50 Million Earned Premium of Line (19)	Company Records	________	X 0.231 =	________
c)	Total Noncancellable Disability Income - Individual Morbidity	a) of Line (19) + b) of Line (19), Column (2)			________
Line (20)	Other Disability Income - Individual Morbidity	Earned Premium included in Schedule H, Part 1, Line 2, in part	________		
a)	Earned Premium in Line (20) [up to $50 million less premium in a) of Line (19)]	Company Records	________	X 0.385 =	________
b)	Earned Premium in Line (20) not included in a) of Line (20)	Company Records	________	X 0.108 =	________
c)	Total Other Disability Income - Individual Morbidity	a) of Line (20) + b) of Line (20), Column (2)			________

Line (21)	Disability Income - Credit Monthly Balance	Earned Premium included in Schedule H, Part 1, Line 2, in part	________		
a)	First $50 Million Earned Premium of Line (21)	Company Records	________	X 0.308 =	________
b)	Over $50 Million Earned Premium of Line (21)	Company Records	________	X 0.046 =	________
c)	Total Disability Income - Credit Monthly Balance	a) of Line (21) + b) of Line (21), Column (2)	________		________
Line (22)	Disability Income – Group Long-Term	Earned Premium included in Schedule H, Part 1, Line 2, in part	________		
a)	Earned Premium in Line (22) [up to $50 million less premium in a) of Line (21)]	Company Records	________	X 0.231 =	________
b)	Earned Premium in Line (22) not included in a) of Line (22)	Company Records	________	X 0.046 =	________
c)	Total Disability Income – Group Long-Term	a) of Line (22) + b) of Line (22), Column (2)	________		________
Line (23)	Disability Income - Credit Single Premium with Additional Reserves	Earned Premium included in Schedule H, Part 1, Line 2, in part. This amount to be reported on **LR019** Health Premiums, Line (23)	________		
a)	Additional Reserves for Credit Disability Plans	**LR019** Health Premiums Column (1) Line (**32**)	________		
b)	Additional Reserves for Credit Disability Plans, Prior Year	**LR019** Health Premiums Column (1) Line (**33**)	________		
c)	Subtotal Disability Income - Credit Single Premium with Additional Reserves	Line (23) - a) of Line (23) + b) of Line (23)	________		
d)	Earned Premium in c) [up to $50 million less premium in a) of Line (21) + a) of Line (22)]	Company Records	________	X 0.231 =	________
e)	Earned Premium in c) of Line (23) not included in d) of Line (23)	Company Records	________	X 0.046 =	________
f)	Total Disability Income - Credit Single Premium with Additional Reserves	d) of Line (23) + e) of Line (23), Column (2)			________
Line (24)	Disability Income – Credit Single Premium without Additional Reserves	Earned Premium included in Schedule H, Part 1, Line 2, in part	________		
a)	Earned Premium in Line (24) [up to $50 million less premium in a) of Line (21) + a) of Line (22) + d) of Line (23)]	Company Records	________	X 0.154 =	________
b)	Earned Premium in Line (24) not included in a) of Line (24)	Company Records	________	X 0.046 =	________
c)	Total Disability Income – Credit Single Premium without Additional Reserves	a) of Line (24) + b) of Line (24), Column (2)	________		________

Line (25)	Disability Income – Group Short-Term	Earned Premium included in Schedule H, Part 1, Line 2, in part	________			
a)	Earned Premium in Line (25) [up to $50 million less premium in a) of Line (21) + a) of Line (22) + d) of Line (23) + a) of Line (24)]	Company Records	________	X	0.077 =	________
b)	Earned Premium in Line (25) not included in a) of Line (25)	Company Records	________	X	0.046 =	________
c)	Total Disability Income – Group Short-Term	a) of Line (25) + b) of Line (25), Column (2)	________			________

Lines (26) and (27)
Premiums for noncancellable long-term care insurance are included on Line (26) to reflect the additional risk when rate increases are not permitted. Line (27) includes premiums for Other LTC coverage but with no RBC value on this page (the RBC is determined on **LR023** Long-Term Care) so that the validation check to Schedule H can still be performed.

Line (29)
Premiums for Workers' Compensation Carve-Out are entered in Column (1) for this line, but no RBC Requirement is calculated in Column (2). The RBC Requirement is assessed on these premiums can be found on page **LR021** Underwriting Risk – Other, Line (4).

Line (30)
It is anticipated that most health premium will have been included in one of the other lines. In the event that some coverage does not fit into any of these categories, the "Other Health" category continues the RBC factor from the 1998 and prior formula for Other Limited Benefits Anticipating Rate Increases.

UNDERWRITING RISK – EXPERIENCE FLUCTUATION RISK

LR020

The underwriting risk generates the RBC requirement for the risk of fluctuations in underwriting experience. The credit that is allowed for managed care in this worksheet comes from **LR022** Underwriting Risk – Managed Care Credit.

Underwriting risk is present when the next dollar of unexpected claims payments comes directly out of the company's capital and surplus. It represents the risk that the portion of premiums intended to cover medical expenses will be insufficient to pay such expense. For example, an insurer may charge an individual $100 in premium in exchange for a guaranty that all medical costs will be paid by the insurer. If the individual incurs $101 in claims costs, the company's surplus will decline because it did not charge a sufficient premium to pick up the additional risk for that individual.

There are other arrangements where the insurer is not at risk for excessive claims payments, such as when an insurer agrees to serve as a third-party administrator for a self-insured employer. The self-insured employer pays for actual claims costs, so the risk of excessive claims experience is borne by the self-insured employer, not the insurer. The underwriting risk section of the RBC formula, therefore, requires some adjustments to remove non-risk business (premiums and claims) before the RBC requirement is calculated.

For Stand-Alone Medicare Part D Coverage, the reduction in uncertainty comes from two federal supports. The reinsurance coverage is optional in that a plan sponsor may elect to participate in the Part D Payment Demonstration. The risk corridor protection is expected to have less impact after the first few years. To allow flexibility within the RBC formula, Lines (10) through (13) of **LR022** will be used to give credit for the programs in which the plan sponsor participates. While all PDPs will have formularies and may utilize other methods to reduce uncertainty, for the near future no other managed care credits are allowed for this coverage.

Claims Experience Fluctuation

The RBC requirement for claims experience fluctuation is based on the greater of the following calculations:

A. Underwriting risk revenue times the underwriting risk claims ratio times a set of factors.

or

B. An alternate risk charge that addresses the risk of catastrophic claims on any single individual. The alternate risk charge is calculated for each type of health coverage, but only the largest value is compared to the value from A. above for that type. The alternate risk charge is equal to a multiple of the maximum retained risk on any single individual in a claims year. The maximum retained risk (level of potential claim exposure) is capped at two times the maximum or $1,500,000 for Comprehensive Medical; two times the maximum or $50,000 for each of Medicare Supplement business and dental coverage and six times the maximum or $150,000 for Stand-Alone Medicare Part D coverage.

Line (1) through Line (18)

There are four lines of business used in the life RBC formula for calculating the RBC requirement in this worksheet. Other health coverages will continue to use the factors on **LR019** Health Premiums. The four lines of business are: Column (1) Comprehensive Medical and Hospital; Column (2) Medicare Supplement; Column (3) Dental & Vision; and Column (4) Stand-Alone Medicare Part D coverage. Each of the four lines of business has its own column in the Underwriting Risk - Experience Fluctuation Risk table. The categories listed in the columns of this worksheet include premiums plus all risk revenue that is received from another reporting entity in exchange for medical services provided to its members.

The descriptions of the items are described as follows:

Comprehensive Medical & Hospital
Includes policies providing for medical coverages, including hospital, surgical, major medical, Medicare risk coverage (but NOT Medicare supplement) and Medicaid risk coverage. This includes Medicare Advantage, with or without prescription drug benefits. This category DOES NOT include administrative services contracts (ASC) or administrative services only (ASO) contracts. These programs are reported in the Business Risk section of the formula. Neither does it include Federal Employees Health Benefits Program (FEHBP) business, which is reported on **LR021** Underwriting Risk – Other, Line (3). The alternative risk charge, which is twice the maximum retained risk after reinsurance on any single individual, cannot exceed $1,500,000.

Medical Only (non-hospital professional services)
Include in Comprehensive Medical.

Medicare Supplement
This is business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statement. Medicare risk business is reported under comprehensive medical and hospital.

Dental & Vision
These are premiums for policies providing for dental or vision-only coverage issued as stand-alone dental or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.

Stand-Alone Medicare Part D Coverage
Includes policies and contracts providing the standard coverage for individuals enrolled in Stand-Alone Medicare Part D and the insurance is a federally approved PDP with risk corridor protection. It does not include risk revenue for Supplemental benefits within Stand-Alone Medicare Part D coverage that is a portion of the PDP's approved package. It does not include employer coverage unless the coverage meets the above criteria. Where there is a federal subsidy to the employer in lieu of risk corridor protection, the premiums are to be reported as "Other Health."

Other Health Coverages
Include in the appropriate line on **LR019** Health Premiums.

The following paragraphs explain the meaning of each line of the worksheet table for computing the experience fluctuation underwriting risk RBC.

Line (1) Premium
This is the amount of money charged by the insurer for the specified benefit plan. It is the earned premium, net of reinsurance. It does not include receipts under administrative services only (ASO) contracts; or administrative services contracts (ASC); or any non-risk business; or premium for the Federal Employees Health Benefit Programs (FEHBP), which has a risk factor relating to incurred claims reported separately under Underwriting Risk – Other, Line (3).

NOTE: Where premiums are paid on a monthly basis, they are generally fully earned at the end of the month for which coverage is provided. In cases where the mode of payment is less frequent than monthly, a portion of the premium payment will be unearned at the end of any given reporting period.

For Stand-Alone Medicare Part D Coverage, this will include only certain amounts paid by the individual, an employer or CMS. See Appendix 3 for details of what is and is not premium income.

Line (2) Title XVIII Medicare
This is the earned amount of money charged by the insurer (net of reinsurance) for Medicare risk business where the insurer, for a fee, agrees to cover the full medical costs of Medicare subscribers. This includes the premium and federal government's direct subsidy for prescription drug coverage under MA-PD plans.

Line (3) Title XIX Medicaid
This is the earned amount of money charged by the insurer for Medicaid risk business where the insurer, for a fee, agrees to cover the full medical costs of Medicaid subscribers. Revenue from Stand-Alone Medicare Part D coverage under the low-income subsidy (cost sharing portion) and low-income subsidy (premium portion) are not included in this line.

Line (4) Other Health Risk Revenue
Earned amounts charged by the reporting company as a provider or intermediary for specified medical (e.g., full professional, dental, radiology, etc.) services provided to the policyholders or members of another insurer or managed care organization (MCO). Unlike premiums, which are collected from an employer group or individual member, risk revenue is the prepaid (usually on a capitated basis) payments, made by another insurer or MCO to the company in exchange for services to be provided or offered by such organization. Payments to providers under risk revenue arrangements are included in the RBC calculation as underwriting risk revenue and are included in the calculation of managed care credits. Exclude fee-for-service revenue received by the company from another reporting entity. This revenue is reported in the business risk section of the formula as health ASO/ASC and limited risk revenue.

Line (5) Underwriting Risk Revenue
The sum of Lines (1.3) through (4).

Line (6) Net Incurred Claims
Claims incurred (paid claims + change in unpaid claims) during the reporting year (net of reinsurance) that are arranged for or provided by the insurer. Paid claims includes capitation and all other payments to providers for services to covered lives, as well as reimbursement directly to insureds (or their providers) for covered services. Paid claims also include salaries paid to company employees that provide medical services to covered lives and related expenses. Line (6) does not include ASC payments or Federal Employees Health Benefit Program (FEHBP) claims.

Column (1) claims come from Schedule H, Part 5, Column 1 Line 13 less the amounts reported as incurred claims for administrative services contracts (ASC) in Line (51) of **LR029** Business Risk and Federal Employee Health Benefit Program (FEHBP) in Line (3) of **LR021** Underwriting Risk – Other. Note that Medicare supplement claims could be double-counted if included in Column 1 of Schedule H, Part 5 rather than Column 3. Column (2) for Medicare supplement should be net of reinsurance, the same as the other columns. Column (2) for Medicare supplement should use the direct claims from General Interrogatories Part 2, Line 1.5 after adjusting them for reinsurance. Column (3) dental claims come from Schedule H, Part 5, Column 2, Line 13.

For Stand-Alone Medicare Part D Coverage, net incurred claims should reflect claims net of reinsurance coverage (as defined in Appendix 3). Where there has been prepayment under the reinsurance coverage, paid claims should be offset from the cumulative deposits. Unpaid claim liabilities should reflect expected recoveries from the reinsurance coverage – for claims unpaid by the PDP or for amounts covered under the reinsurance coverage that exceed the cumulative deposits. Where there has not been any prepayment under the reinsurance coverage, unpaid claim liabilities should reflect expected amounts still due from CMS.

Line (7) Fee-for-Service Offset
Report fee-for-service revenue that is directly related to medical expense payments. The fee-for-service line does not include revenue where there is no associated claim payment (e.g., fees or charges to non-member/insured of the company where the provider of the service receives no additional compensation from the company) and when such revenue was excluded from the pricing of medical benefits.

Line (8) Underwriting Risk Incurred Claims
Line (6) minus Line (7).

Line (9) Underwriting Risk Claims Ratio
Line (8) / Line (5). If either Line (5) or Line (8) is zero or negative, Line (9) is zero.

Line (10) Underwriting Risk Factor
A weighted average factor based on the amount reported in Line (5), Underwriting Risk Revenue.

	$0 - $3 Million	$3 - $25 Million	Over $25 Million
Comprehensive Medical	0.150	0.150	0.090
Medicare Supplement	0.105	0.067	0.067
Dental	0.120	0.076	0.076
Stand-Alone Medicare Part D Coverage	0.251	0.251	0.151

Line (11) Base Underwriting Risk RBC
Line (5) x Line (9) x Line (10.3).

Line (12) Managed Care Discount
For Comprehensive Medical & Hospital, Medicare Supplement (including Medicare Select) and Dental, a managed care discount, based on the type of managed care arrangements an organization has with its providers, is included to reflect the reduction in the uncertainty about future claims payments attributable to the managed care arrangements. The discount factor is from Column (3) Line (17) of **LR022** Underwriting Risk – Managed Care Credit. An average factor based on the combined results of these three categories is used for all three.

For Stand-Alone Medicare Part D Coverage, a separate managed care discount (or federal program credit) is included to reflect only the reduction in uncertainty about future claims payments attributable to federal risk arrangements. The discount factor is from Column (4), Line (17) of **LR022** Underwriting Risk – Managed Care Credit.

Line (13) Base RBC After Managed Care Discount
Line (11) x Line (12).

Line (14) RBC Adjustment for Individual
The average experience fluctuation risk charge is increased by 20 percent for the portion relating to individual medical expense premiums in Column (1). Other types of health coverage do not differentiate individual and group. The additional time necessary to develop sufficient data to make a premium filing with states and then to implement the premium increase was modeled to calculate this factor.

Line (15) Maximum Per-Individual Risk After Reinsurance
This is the maximum loss after reinsurance for any single individual. Where specific stop-loss reinsurance protection is in place, the maximum per-individual risk after reinsurance is equal to the highest attachment point on such stop-loss reinsurance, subject to the following:

- Where coverage under non-proportional reinsurance or stop-loss protection with the highest attachment point is capped at less than $750,000 per insured for comprehensive medical and $25,000 for the other three lines, the maximum retained loss will be equal to such attachment point plus the difference between the coverage maximum per claim and $750,000 or $25,000, whichever is applicable.

- Where the non-proportional reinsurance or stop-loss protection is subject to participation by the company, the maximum retained risk as calculated above will be increased by the company's participation in claims in excess of the attachment point, but not to exceed $750,000 for comprehensive medical and $25,000 for the other three coverages.

If there is no specific stop-loss or reinsurance in place, enter the largest amount payable (within a calendar year), or $9,999,999 if there is no limit.

Examples of the calculation are presented below:

<u>EXAMPLE 1 (Insurer provides Comprehensive Care):</u>

Highest Attachment Point (Retention)	$100,000	
Reinsurance Coverage	90% of $500,000 in excess of $100,000	
Maximum Reinsured Coverage	$600,000 ($100,000 + $500,000)	
Maximum Retained Risk =	$100,000	deductible
	+$150,000	($750,000 - $600,000)
	+$50,000	(10% of $500,000 coverage layer)
	=$300,000	

Highest Attachment Point (Retention)	$75,000	
Reinsurance Coverage	90% of $1,000,000 in excess of $75,000	
Maximum Reinsured Coverage	$1,075,000 ($75,000 + $1,000,000)	
Maximum Retained Risk =	$75,000	deductible
	+ 0	($750,000 - $1,075,000)
	+$67,500	(10% of $675,000 coverage layer)
	=$142,500	

<u>Line (16) Alternate Risk Charge</u>
Twice the amount in Line (15), subject to a maximum of $1,500,000 for comprehensive medical and $50,000 Medicare Supplement and Dental. Six times the amount in Line (15), subject to a maximum of $150,000 for Stand-Alone Medicare Part D Coverage.

<u>Line (17) Net Alternate Risk Charge</u>
The largest value from Line (16) is retained for that column in Line (17) and all others are ignored.

<u>Line (18) Net Underwriting Risk RBC</u>
The maximum of Line (14) and Line (17).

UNDERWRITING RISK - OTHER
LR021

Lines (1) and (2)
In addition to the general risk of fluctuations in the claims experience, there is an additional risk generated when insurers guarantee rates for extended periods beyond one year. If rate guarantees are extended between 15 and 36 months from policy inception, a factor of 0.024 is applied against the direct premiums earned for those guaranteed policies. Where a rate guaranty extends beyond 36 months, the factor is increased to 0.064. This calculation only applies to those lines of accident and health business that include a medical trend risk (i.e., comprehensive medical, Medicare supplement, dental, Stand-Alone Medicare Part D Coverage, stop-loss and minimum premium and other limited benefits anticipating rate increases). Premiums entered should be the earned premium for the current calendar year period and not for the entire period of the rate guarantees. Premium amounts should be shown net of reinsurance only when the reinsurance ceded premium is also subject to the same rate guarantee.

Line (3)
A separate risk factor has been established to recognize the reduced risk associated with safeguards built into the Federal Employees Health Benefit Program (FEHBP) created under Section 8909(f)(1) of Title 5 of the United States Code. Claims incurred are multiplied by 2 percent to determine total underwriting RBC on this business.

Lines (4) through (6)
Separate risk factors have been established for Workers' Compensation Carve-Out business. The RBC factors for the Workers' Compensation Carve-Out was phased in over three years in even increments beginning in 2004 and concluding in 2006. A factor of 0.364 is applied against net premiums written as shown in the Workers' Compensation Carve-Out Supplement. A factor of 0.347 is applied against total net losses and expenses unpaid as shown in Schedule P, Part 1 of the Workers' Compensation Carve-Out Supplement. These factors are taken from the industry component used in the P&C RBC formula for workers compensation reinsurance assumed.

A factor of 0.060 is applied against reinsurance recoverable balances on reinsurance ceded to non-affiliated companies (except certain pools), as shown in Schedule F, Part 2 of the Workers' Compensation Carve-Out Supplement. This factor represents the difference between the total charge for reinsurance recoverables in the P&C RBC formula and the effective post-tax factor already reflected in the life & health formula on **LR016** Reinsurance. The following types of cessions are exempt from this charge: cessions to State Mandated Involuntary Pools and Associations or to Federal Insurance Programs, cessions to qualifying Voluntary Market Mechanism Pools and Associations (where there is joint liability for pool members along with adequate spread of risk, such that the risk of the pool collapsing from one or a few individual member solvency problems is immaterial), and cessions to U.S. Parents, Subsidiaries and Affiliates. Qualifying Voluntary Market Mechanism Pools must be manually entered on Line (6.1) to receive the exemption.

UNDERWRITING RISK - MANAGED CARE CREDIT
LR022

This worksheet **LR022** Underwriting Risk – Managed Care Credit is optional. It may be completed for only part of the comprehensive medical dental business, Stand-Alone Medicare Part D Coverage or all of them. Line (1) will be filled in as the balancing item if any of Lines (2) through (8) are entered (and then Line (9) will be required).

The effect of managed care arrangements on the variability of underwriting results is the fundamental difference between coverages subject to the managed care credit and pure indemnity insurance. The managed care credit is used to reduce the RBC requirement for experience fluctuations. It is important to understand that the managed care credit is based on the reduction in uncertainty about future claims payments, not on any reduction in the actual level of cost. Those managed care arrangements that have the greatest reduction in the uncertainty of claims payments receive the greatest credit, while those that have less effect on the predictability of claims payments engender less of a discount.

There are five levels of managed care that are used in the RBC formulas other than for Stand-Alone Medicare Part D Coverage, although in the future as new managed care arrangements evolve, the number of categories may increase or new arrangements may be added to the existing categories. The managed care categories are:

- Category 0 - Arrangements not Included in Other Categories
- Category 1 - Contractual Fee Payments
- Category 2 - Bonus / Withhold Arrangements
- Category 3 - Capitation
- Category 4 - Non-contingent Expenses and Aggregate Cost Arrangements and Certain PSO Capitated Arrangements

For Stand-Alone Medicare Part D Coverage, the reduction in uncertainty comes from two federal supports. The reinsurance coverage is optional in that a plan sponsor may elect to participate in the Part D Payment Demonstration. The risk corridor protection is expected to have less impact after the first few years. To allow flexibility within the RBC formula, Lines (10) through (13) will be used to give credit for the programs in which the plan sponsor participates. While all PDPs will have formularies and may utilize other methods to reduce uncertainty, for the near future no other managed care credits are allowed for this coverage.

The managed care credit is based on the percentage of paid claims that fall into each of these categories. Total claims payments are allocated among these managed care "buckets" to determine the weighted average discount, which is then used to reduce the Underwriting Risk-Experience Fluctuation RBC. Paid claims are used instead of incurred claims due to the variability of reserves (unpaid claims) in incurred claim amounts and the difficulty in allocating reserves (unpaid claims) by managed care category.

In some instances, claims payments may fit into more than one category. If that occurs, enter the claims payments into the highest applicable category. CLAIMS PAYMENTS CAN ONLY BE ENTERED INTO ONE OF THESE CATEGORIES! The total of the claims payments reported in the managed care worksheet should equal the total year's paid claims. Category 2a, Category 2b and Category 3c are not allowed to include non-regulated intermediaries who are affiliated with the reporting company in order to insure that true risk transfer is accomplished.

<u>Line (1)</u>
Category 0 - Arrangements not Included in Other Categories. There is a zero managed care credit for claim payments in this category, which includes:

- Fee for service (charges).
- Discounted fee for service (based upon charges).
- Usual customary and reasonable (UCR) schedules.
- Relative value scale (RVS), where neither payment base nor RV factor is fixed by contract or where they are fixed by contract for one year or less.
- Retroactive payments to capitated providers or intermediaries whether by capitation or other payment method (excluding retroactive withholds later released to the provider and retroactive payments made solely because of a correction to the number of members within the capitated agreement).
- Capitation paid to providers or intermediaries that have received retroactive payments for previous years (including bonus arrangements on capitation programs).
- Claim payments not included in other categories.

<u>Line (2)</u>
Category 1 - Payments Made According to Contractual Arrangements. There is a 15 percent managed care credit for payments included in this category:

- Hospital per diems, diagnostic related groups (DRGs) or other hospital case rates.
- Non-adjustable professional case and global rates.
- Provider fee schedules.
- Relative value scale (RVS), where the payment base and RV factor are fixed by contract for more than one year.

Line (3)
Category 2a - Payments Made Subject to Withholds or Bonuses with No Other Managed Care Arrangements. This category may include business that would have otherwise fit into Category 0. That is, there may be a bonus/withhold arrangement with a provider who is reimbursed based on a UCR schedule (Category 0).

The maximum Category 2a managed care credit is 25 percent. The credit is based upon a calculation that determines the ratio of withholds returned and bonuses paid to providers during the prior year to total withholds and bonuses available to the providers during that year. That ratio is then multiplied by the average provider withhold ratio for the prior year to determine the current year's Category 2a managed care credit factor. Bonus payments that are not related to financial results are not included (e.g., patient satisfaction). Therefore, the credit factor is equal to the result of the following calculation:

EXAMPLE - 1998 Reporting Year	
1997 withhold / bonus payments	750,000
1997 withholds / bonuses available	1,000,000
A . MCC Factor Multiplier 75% - Eligible for credit	
1997 withholds / bonuses available	1,000,000
1997 claims subject to withhold -gross†	5,000,000
B. Average Withhold Rate 20%	
Category 2 Managed Care Credit Factor (A x B)	15%

The resulting factor is multiplied by claims payments subject to withhold - net‡ in the current year.

† These are amounts due before deducting withhold or paying bonuses.
‡ These are actual payments made after deducting withhold or paying bonuses.

Enter the paid claims for the current year where payments to providers were subject to withholds and bonuses, but otherwise had no managed care arrangements.

Line (4)
Category 2b - Payments Made Subject to Withholds or Bonuses That Are Otherwise Managed Care Category 1. Category 2b may include business that would have otherwise fit into Category 1. That is, there may be a bonus/withhold arrangement with a provider who is reimbursed based on a provider fee schedule (Category 1). The Category 2 discount for claims payments that would otherwise qualify for Category 1 is the greater of the Category 1 factor or the calculated Category 2 factor.

The maximum Category 2b managed care credit is 25 percent. The minimum of Category 2b managed care credit is 15 percent (Category 1 credit factor). The credit calculation is the same as found in the previous example for Category 2a.

Enter the paid claims for the current year where payments to providers were subject to withholds and bonuses AND where the payments were made according to one of the contractual arrangements listed for Category 1.

Line (5)
Category 3a - Capitated Payments Directly to Providers. There is a managed care credit of 60 percent for claims payments in this category, which includes:

- All capitation or percent of premium payments directly to licensed providers.

Enter the amount of claims payments paid DIRECTLY to licensed providers on a capitated basis.

Line (6)
Category 3b - Capitated Payments to Regulated Intermediaries. There is a managed care credit of 60 percent for claims payments in this category, which includes:

- All capitation or percent of premium payments to regulated intermediaries that, in turn, pay licensed providers.

Enter the amount of medical expense capitations paid to regulated intermediaries (see Appendix 2 for definition). In those cases where the capitated regulated intermediary employs providers and pays them non-contingent salaries or otherwise qualifies for Category 4, the insurer may include that portion of such capitated payments in Category 4.

Line (7)
Category 3c - Capitated Payments to Non-Regulated Intermediaries. There is a managed care credit of 60 percent for claims payments in this category, which includes:

- All capitated or percent of premium payments to non-affiliated intermediaries that, in turn, pay licensed providers (subject to a 5 percent limitation on payments to providers or other corporations that have no contractual relationship with such intermediary. Amounts greater than the 5 percent limitation should be reported in Category 0).

Enter the amount of medical expense capitations paid to non-regulated intermediaries not affiliated with the reporting company. Do not include the amount of medical expense capitations paid to non-regulated intermediaries affiliated with the reporting company. These amounts should be reported in Category 0. Non-regulated intermediaries are those organizations that meet the definition in Appendix 2 for Intermediary but not regulated intermediary. In those cases where the capitated non-regulated intermediary (even if affiliated) employs providers and pays them non-contingent salaries or otherwise qualifies for Category 4, the insurer may include that portion of such capitated payments in Category 4.

IN ORDER TO QUALIFY FOR ANY OF THE CAPITATION CATEGORIES, SUCH CAPITATION MUST BE FIXED (AS A PERCENTAGE OF PREMIUM OR FIXED DOLLAR AMOUNT PER MEMBER) FOR A PERIOD OF AT LEAST 12 MONTHS. Where an arrangement contains a provision for prospective revision within a 12-month period, the entire arrangement shall be subject to a managed care credit that is calculated under Category 1 for a provider, and for an intermediary at the greater of Category 1 or a credit calculated using the underlying payment method(s) to the providers of care. Where an arrangement contains a provision for retroactive revisions either within or beyond a 12 month period, the entire arrangement shall be subject to a managed care credit that is calculated under Category 0 for both providers and intermediaries.

Line (8)
Category 4 - Medical & Hospital Expense Paid as Salary to Providers. There is a managed care credit of 75 percent for claims payments in this category. Once claims payments under this managed care category are totaled, any fee for service revenue from uninsured plans (i.e., ASO or ASC) that was included on Line (7) in the underwriting risk section should be deducted before applying the managed care credit factor.

- Non-contingent salaries to persons directly providing care.
- The portion of payments to affiliated entities passed on as non-contingent salaries to persons directly providing care where the entity has a contract only with the company.
- All facilities-related medical expenses and other non-provider medical costs generated within health facility that is owned and operated by the insurer.
- Aggregate cost payments.

Salaries paid to doctors and nurses whose sole corporate purpose is utilization review are also included in this category if such payments are classified as "medical expense" payments (paid claims) rather than administrative expenses. The Aggregate Cost method of reimbursement means where a health plan has a reimbursement plan with a corporate entity that directly provides care, where (1) the health plan is contractually required to pay the total operating costs of the corporate entity, less any income to the entity from other users of services; and (2) there are mutual unlimited guarantees of solvency between the entity and the health plan, which put their respective capital and surplus at risk in guaranteeing each other.

Line (9)
Subtotal Paid Claims – The total of Column (2) paid claims should equal the total claims paid for the year as reported in Schedule H, Part 5, Columns 1 and 2, Line A.4 of the annual statement.

Line (10)
Category 0 for Stand-Alone Medicare Part D Coverage would be all claims during a period where neither the reinsurance coverage or risk corridor protection is provided.

Line (11)
Category 1 for Stand-Alone Medicare Part D Coverage would be for all claims during a period when only the reinsurance coverage is provided. This is designed for some future time period and is not to be interpreted as including employer-based Part D coverage that is not subject to risk corridor protection.

Line (12)
Category 2a for Stand-Alone Medicare Part D Coverage would be for all claims during a period when only the risk corridor protection is provided.

Line (13)
Category 3a for Stand-Alone Medicare Part D Coverage would be for all claims during a period when both reinsurance coverage and risk corridor protection are provided.

Line (16)
Weighted Average Managed Care Discount – The amounts in Column (3) and Column (4) are calculated by dividing the total weighted claims in Column (3) by the total claims paid in Column (2) for Lines (9) and (14) respectively.

Line (17)
Weighted Average Managed Care Risk Adjustment Factor – These are the credit factors that are carried back to the underwriting risk calculation. They are one minus the Weighted Average Managed Care Discount (Line (16)).

Lines (18) through (24)
Lines (18) through (24) are the calculation of the weighted average factor for the Category 2 claims payments subject to withholds and bonuses. This table requires data from the PRIOR YEAR to compute the current year's discount factor.

Line (18)
Enter the prior year's actual withhold and bonus payments.

Line (19)
Enter the prior year's withholds and bonuses that were available for payment in the prior year.

Line (20)
Divides Line (18) by Line (19) to determine the portion of withholds and bonuses that were actually returned in the prior year.

Line (21)
Equal to Line (19) and is automatically pulled forward.

Line (22)
Claims payments that were subject to withholds and bonuses in the prior year. Equal to Line (3) + Line (4) of **LR022** Underwriting Risk – Managed Care Credit FOR THE PRIOR YEAR.

Line (23)
Divides Line (21) by Line (22) to determine the average withhold rate for the prior year.

Line (24)
Multiplies Line (20) by Line (23) to determine the discount factor for Category 2 claims payments in the current year, based on the performance of the insurer's withhold/bonus program in the prior year.

LONG-TERM CARE

LR023

The long-term care morbidity risk is calculated in part based on the current year's earned premium. The premium is separated into the total not to exceed $50,000,000 to which a larger factor is applied and amounts in excess of $50,000,000, to which a lower factor is applied. This is done in Lines (1) through (3) of **LR023** Long-Term Care.

Another portion of the morbidity risk is applied to incurred claims. This is done in Lines (4.1) through (6). To reduce the volatility of claims, the current and prior year's results are averaged using loss ratios. This is done in Lines (4.1) through (4.3). The average loss ratio is applied to the current year's earned premium to get Adjusted LTC Claims for RBC in Line (5). To allow for those situations where either there is no positive earned premium or one of the loss ratios is negative, the RBC formula uses the actual incurred claims for the current year. The claims-based RBC is separated into amounts up to $35,000,000, to which a higher factor is applied in Line (5.1) and amounts in excess of $35,000,000 in Line (5.2). In addition, if Line (1), Column (1) is not positive, a larger factor is applied to actual incurred claims (if positive) to reflect the fact that there is no premium-based RBC.

LIFE INSURANCE

LR025

Basis of Factors

The factors chosen represent surplus needed to provide for excess claims over expected, both from random fluctuations and from inaccurate pricing for future levels of claims. For a large number of trials, each insured either lives or dies based on a "roll of the dice" reflecting the probability of death from both normal and excess claims. The present value of the claims generated by this process, less expected claims, will be the amount of surplus needed under that trial. The factors chosen under the formula produce a level of surplus at least as much as needed in 95 percent of the trials.

The model was developed for portfolios of 10,000, 100,000 and one million lives, and it was found that the surplus needs decreased with larger portfolios, consistent with the law of large numbers.

Net amount at risk was chosen as a base because expected claims are difficult to calculate on a consistent basis from company to company.

Specific Instructions for Application of the Formula

Annual statement reference is for the total net amount at risk for the category (e.g., Individual & Industrial is one category). The net amount at risk is then further broken down by size as in a tax table to reflect the decrease in risk for larger blocks of life insurance. This breakdown will not appear on the RBC filing software or on the printed copy, as the application of factors to amounts in force is completed automatically. The calculation is as follows:

		(1)		(2)
Line (8)	Individual & Industrial	Statement Value	Factor	RBC Requirement
	First 500 Million	________	X 0.0023 =	________
	Next 4,500 Million	________	X 0.0015 =	________
	Next 20,000 Million	________	X 0.0012 =	________
	Over 25,000 Million	________	X 0.0009 =	________
	Total Individual & Industrial Net Amount at Risk	________		________
Line (20)	Group & Credit	Statement Value	Factor	RBC Requirement
	First 500 Million	________	X 0.0018 =	________
	Next 4,500 Million	________	X 0.0012 =	________
	Next 20,000 Million	________	X 0.0009 =	________
	Over 25,000 Million	________	X 0.0008 =	________
	Total Group & Credit Net Amount at Risk (less FEGLI & SGLI in force)	________		________

All amounts should be entered as required. The risk-based capital software will calculate the RBC requirement for individual and industrial and for group and credit.

PREMIUM STABILIZATION RESERVES
LR026

Basis of Factors

Premium stabilization reserves are funds held by the company in order to stabilize the premium a group policyholder must pay, from year to year. Usually, experience rating refunds are accumulated in such a reserve so they can be drawn upon in the event of poor future experience. This reduces the insurer's risk. Amounts held as prepayments from the federal government for reinsurance coverage or low-income subsidy (cost-sharing portion) under Stand-Alone Medicare Part D Coverage are not considered premium stabilization reserves as they relate to an uninsured plan.

For group life and health insurance, 50 per cent of premium stabilization reserves held in the annual statement as a liability (not as appropriated surplus) are permitted as an offset up to the amount of risk-based capital. The 50 percent factor was chosen to approximate the portion of premium stabilization reserves that would be an appropriate offset if the formula were applied on a contract-by-contract basis, and the reserve offset was limited to the amount of risk-based capital required for each contract. Life and health coverages are aggregated due to many companies combining these coverages.

No credit should be given here for any premium stabilization reserves held in connection with stand-alone Medicare Part D Coverage (i.e., amounts held as liabilities to the federal government under the risk-corridor mechanism), since Medicare Part D Coverage premium is already subject to a lower factor in the underwriting risk calculation to reflect the reduced net level of risk. As such, the company must exclude all amounts relating to stand-alone Medicare Part D Coverage in determining the amount of reserves to be reported here.

Specific Instructions for Application of the Formula

There is some variance for reporting liabilities that are appropriately considered premium stabilization reserves. These possible annual statement sources are noted.

The sum of these various types of premium stabilization reserves equals the preliminary premium stabilization reserve credit. The final premium stabilization reserve credit is limited to the risk-based capital previously calculated. Since the limitation is applied on an aggregate basis, there is no need to differentiate the premium stabilization reserve between life and health.

INTEREST RATE RISK AND MARKET RISK

LR027

Basis of Factors

The interest rate risk is the risk of losses due to changes in interest rate levels. The factors chosen represent the surplus necessary to provide for a lack of synchronization of asset and liability cash flows.

The impact of interest rate changes will be greatest on those products where the guarantees are most in favor of the policyholder and where the policyholder is most likely to be responsive to changes in interest rates. Therefore, risk categories vary by withdrawal provision. Factors for each risk category were developed based on the assumption of well matched asset and liability durations. A loading of 50 percent was then added on to represent the extra risk of less well-matched portfolios. Companies must submit an unqualified actuarial opinion based on asset adequacy testing to be eligible for a credit of one-third of the RBC otherwise needed.

Consideration is needed for products with credited rates tied to an index, as the risk of synchronization of asset and liability cash flows is tied not only to changes in interest rates but also to changes in the underlying index. In particular, equity-indexed products have recently grown in popularity with many new product variations evolving. The same C-3 factors are to be applied for equity-indexed products as for their non-indexed counterparts; i.e., based on guaranteed values ignoring those related to the index.

In addition, some companies may choose to or be required to calculate part of the RBC on Certain Annuities and Single Premium Life Insurance under a method using cash flow testing techniques. Refer to **LR046** Exemption Test: Cash Flow Testing for C-3 RBC for determination of exemption from this cash flow testing requirement.

Reserves on Certain Annuities and Single Premium Life Insurance that were Cash Flow Tested for Asset Adequacy – Factor-Based RBC
See Appendix 1 of the instructions for more details.

The risk categories are:

(a) Low-Risk Category

The basic risk-based capital developed for annuities and life insurance in the low-risk category was based on an assumed asset/liability duration mismatch of 0.125 (i.e., a well matched portfolio). This durational gap was combined with a possible 4 percent one-year swing in interest rates (the maximum historical interest rate swing 95 percent of the time) to produce a pre-tax factor of 0.0077. In addition to the 50 percent loading discussed above, the risk-based capital pre-tax factor is 0.0115.

(b) Medium and High-Risk Category

The factors for the medium and high-risk categories were determined by measuring the value of the additional risk from the more discretionary withdrawal provisions based on assumptions of policyholder behavior and 1,000 random interest rate scenarios. Supplementary contracts not involving life contingencies and dividend accumulations are included in the medium-risk category due to the historical tendency of these policyholders to be relatively insensitive to interest rate changes.

Additional Component for Callable/Pre-Payable Assets

Identify the amount of callable/pre-payable assets (including IOs and similar investments) supporting reserves classified in this section. The C-3 requirement after taxes is 50 percent of the excess, if any, of book/adjusted carrying value above current call price. The calculation is done on an asset-by-asset basis. NOTE: If a company is required to calculate part of the RBC based on cash flow testing for C-3 RBC, the callable/pre-payable assets adjustment for any such assets used in that testing is reversed in a later step of the calculation.

All Other Reserves

This captures all reserves not included in Reserves on Certain Annuities and Single Premium Life Insurance that were Cash Flow Tested or products included under the "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar Products."

The risk categories are:

(a) Low-Risk Category

The basic risk-based capital developed for annuities and life insurance in the low-risk category was based on an assumed asset/liability duration mismatch of 0.125 (i.e., a well-matched portfolio). This durational gap was combined with a possible 4 percent one-year swing in interest rates (the maximum historical interest rate swing 95 percent of the time) to produce a pre-tax factor of 0.0077. In addition to the 50 percent loading discussed above, the risk-based capital pre-tax factor is 0.0115.

(b) Medium and High-Risk Category

The factors for the medium and high-risk categories were determined by measuring the value of the additional risk from the more discretionary withdrawal provisions based on assumptions of policyholder behavior and 1,000 random interest rate scenarios. Supplementary contracts not involving life contingencies and dividend accumulations are included in the medium-risk category due to the historical tendency of these policyholders to be relatively insensitive to interest rate changes.

Additional Component for Callable/Pre-Payable Assets

Identify the amount of callable/pre-payable assets (including IOs and similar investments) not reported for Reserves on Certain Annuities and Single Premium Life Insurance that were Cash Flow Tested or the Interest Rate Risk Component for products included under the "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar Products." This includes callable/pre-payable assets supporting other reserves and capital and surplus. The C-3 requirement after taxes is 50 percent of the excess, if any, of book/adjusted carrying value above current call price. The calculation is done on an asset-by-asset basis and reported in aggregate.

Cash Flow Testing for C-3 RBC

A company may be required or choose to perform cash flow testing to determine its RBC requirement. Because of the widespread use of increasingly well-disciplined scenario testing for actuarial opinions based upon an asset adequacy analysis involving cash flow testing, it was determined that a practical method of measuring the degree of asset/liability mismatch existed. It involves further cash flow testing. See Appendix 1 – Cash Flow Testing for C-3 RBC for details.

Specific Instructions for Application of the Formula

Lines (2) through (16)

These lines deal with Certain Annuities and Single Premium Life Insurance for which reserves were cash flow tested for asset adequacy. The fixed portion of equity-based variable products should not be included. Guaranteed indexed separate accounts following a Class I investment strategy are reported as low-risk Line 2 and those following a Class II investment strategy are excluded. Company source records entered in Column (3) of Lines (13), (15) and (16) should be adjusted to a pre-tax basis.

Line (17)

Should equal the sum of Lines (6) + (11) + (14) + (15). Line (16) is not included in the Line (17) total. Instead, it is included in the Line (32) total.

Lines (18) through (31)

These lines cover:

(a) The remaining company business that was not cash flow tested for asset adequacy (see Appendix 1 for details) excluding products included under the "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar Products" and
(b) Business in companies that did not cash flow test for asset adequacy.

The calculation for risk-based capital should not include unitized separate accounts without guarantees even though they may be included in Item 32 of the Notes to Financial Statements. Separate accounts with guarantees should be included, except for those separate accounts that guarantee an index and follow a Class II investment strategy and certain other guaranteed separate accounts as defined below. Synthetic GICs net of certain credits should be included in this section. The provisions for these credits to C-3 requirements is provided in the Separate Accounts section of the risk-based capital instructions. Experience-rated pension contracts defined below should be excluded from "annuity reserves with fair value adjustment" and "annuity reserves not withdrawable." All amounts should be reported net of reinsurance, net of policy loans and adjusted for assumed and ceded modified coinsurance.

Experience-rated group and individual pension business that meets all of the following four conditions is excluded from C–3 factor-based risk:

(a) General account funded;
(b) Reserve interest rate is carried at no greater than 4 percent and/or fund long-term interest guarantee (in excess of a year) does not exceed 4 percent;
(c) Experience rating mechanism is immediate participation, retroactive credits, or other technique other than participating dividends; and
(d) Either is not subject to discretionary withdrawal or is subject to fair value adjustment, but only if the contractually defined lump sum fair value adjustment reflects portfolio experience as well as current interest rates and is expected to pass both credit risk and rate risk to the policyholder at withdrawal. (A lump sum settlement based only on changes in prevailing rates does not meet this test. Book value cash out options meet this test as long as the present value of payments using U.S. Treasury spot rates is less than or equal to the lump sum fair value on the valuation date and the policyholder does not have an option to change the payment period once payments begin.)

For companies not exempt from cash flow testing for C-3 RBC, such testing is to include those experience-rated products exempted from the formula factors, but for which cash flow testing is done as a part of the asset adequacy testing.

Non-indexed separate account business with guarantees that satisfy both conditions (b) and (d) above is excluded from C–3 factor-based risk.

Guaranteed indexed separate account business following a Class I investment strategy is reported on Line (18). Note that in the AAA Report "Proposed New Risk-Based Capital Method for Separate Accounts That Guarantee an Index (adopted by the NAIC Life Risk-Based Capital Working Group in New York, NY, June 2003), there is a stress test applicable to Class I investment strategies for a company that is not subject to scenario testing requirements.

Company source records entered in Column (3) of Lines (30) and (31) should be adjusted to a pre-tax basis.

<u>Line (33)</u>
Enter in Column (3) the pre-tax interest rate risk results of cash flow testing per the Appendix 1a methodology. Line (33) should be completed by all companies who do cash flow testing of Certain Annuities and Single Premium Life Insurance for asset adequacy (see Appendix 1) except those with less than $100 million in admitted assets at year-end, unless the answer to Line (14) or Line (22) of **LR046** Exemption Test: Cash Flow Testing for C-3 RBC is "Yes" or if the company chooses to do C-3 RBC cash flow testing on a continuing basis. Once a company chooses to use the C-3 RBC cash flow testing method to calculate RBC it must continue to do so unless regulatory approval from the domiciliary jurisdiction is received to go back to the factor-based method. The interest rate risk component for Variable Annuities and Similar Products should be entered into Line (35).

<u>Line (34)</u>
If Line (33) is equal to zero, then Line (34) should equal Line (32). Otherwise, Line (34) should equal Line (32) plus Line (33) less Line (16) less Line (17) subject to a minimum of 0.5 times Line (32).

<u>Line (35)</u>
Enter the interest rate risk component for Variable Annuities and Similar Products. The interest rate risk component should be entered on a pre-tax basis.

Line (36)
Total interest rate risk. Equals Line (34) plus Line (35).

Line (37)

Overview

The amount reported on Line (37) is calculated using a nine-step process.

(1) The first step is determined by applying the methodology described in the report "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar Products Presented by the American Academy of Actuaries' Life Capital Adequacy Subcommittee to the National Association of Insurance Commissioners' Capital Adequacy Task Force (June 2005)" to calculate the total asset requirement. Although Appendix 2 in the Report notes path dependent models under a different set of initialization parameters might produce scenarios that do not satisfy all the calibration points shown in Table 1, to be in compliance with the requirements in this first step, the actual scenarios used for diversified U.S. equity funds must meet the calibration criteria. The scenarios need not strictly satisfy all calibration points in Table 1 of Appendix 2, but the actuary should be satisfied that any differences do not materially reduce the resulting capital requirements. See the Preamble to the *Accounting Practices and Procedures Manual* for an explanation of materiality. Include the Tax Adjustment as described in the report.

(2) The second step is to reduce the amount calculated in (1) above by the interest rate portion of the risk (i.e., only the separate account market risk is included in this step).

(3) The third step is to calculate the Standard Scenario Amount.

(4) Take the greater of the amounts from steps (2) and (3).

(5) Apply the smoothing and transition rules (if applicable) to the amount in step (4).

(6) Add the general account interest rate portion of the risk to the amount in step (5).

(7) Subtract the reported statutory reserves for the business subject to the Report from the amount calculated in step (6). Floor this amount at $0.

(8) Divide the result from step (7) by 0.65 to arrive at a pre-tax amount.

(9) Split the result from step (8) into an interest rate risk portion and a market risk portion. Note that the interest rate portion may not equal the interest rate portion of the risk used in steps (2) and (6) above even after adjusting these to a pre-tax basis. The interest rate portion of the risk should be included in Line (35) and the market risk portion in Line (37).

Calculation of the Total Asset Requirement

The method of calculating the Total Asset Requirement is explained in detail in the AAA's June 2005 report, referenced above. In summary, it is as follows:

A. Aggregate the results of running stochastic scenarios using prudent best estimate assumptions (the more reliable the underlying data is, the smaller the need for margins for conservatism) and calibrated fund performance distribution functions. If utilizing prepackaged scenarios as outlined in the American Academy of Actuaries' report, *Construction and Use of Pre-Packaged Scenarios to Support the Determination of Regulatory Risk Based Capital Requirements for Variable Annuities and Similar Products*, Jan. 13, 2006, the Enhanced C-3 Phase I Interest Rate Generator should be used in generating any interest rate scenarios or regenerating pre-packaged fund scenarios for funds that include the impact of bond yields. Details concerning the Enhanced C-3 Phase I Interest Rate Generator can be found on the American Academy of Actuaries webpage at the following address http://www.actuary.org/pdf/life/c3supp_jan06.pdf. The Enhanced C3 Phase 1 Interest Rate Generator with its ability to use the yield curve as of the run date and to regenerate pre-packaged fund returns using interest rates scenarios based on the current yield curve replaces the usage of the March 2005 pre-packaged scenarios.

B. Calculate required capital for each scenario by calculating accumulated statutory surplus, including the effect of federal income taxes at a rate of 35 percent, for each calendar year-end and its present value. The negative of the lowest of these present values is the asset requirement for that scenario. These values are recorded for each scenario and the scenarios are then sorted on this measure. For this purpose, statutory surplus is modeled as if the statutory reserve were equal to the working reserve.

C. The Total Asset Requirement is set at the 90 Conditional Tail Expectation by taking the average of the worst 10 percent of all the scenarios' asset requirements (capital plus starting reserve). Risk-based capital is calculated as the excess of the Total Asset Requirement above the statutory reserves. For products with no guaranteed living benefit, or just a guaranteed death benefit, an alternative method is allowed, as described in the AAA report.

D. Risk-based capital is calculated as the excess of the Total Asset Requirement above the statutory reserves. Except for the effect of the Standard Scenario and the Smoothing and Transition Rules (see below), this RBC is to be combined with the $C1_{CS}$ component for covariance purposes.

E. A provision for the interest rate risk of the guaranteed fixed fund option, if any, is to be calculated and combined with the current C3 component of the formula.

F. The way grouping (of funds and of contracts), sampling, number of scenarios, and simplification methods are handled is the responsibility of the actuary. However, all these methods are subject to Actuarial Standards of Practice, supporting documentation and justification.

G. Certification of the work done to set the RBC level will be required to be submitted with the RBC filing. Refer to Appendices 10 and 11 of the AAA LCAS C-3 Phase II RBC Report (June 2005) for further details of the certification requirements. The certification should specify that the actuary is not opining on the adequacy of the company's surplus or its future financial condition. The actuary will also note any material change in the model or assumptions from that used previously and the impact of such changes (excluding changes due to a change in these NAIC instructions). Changes will require regulatory disclosure and may be subject to regulatory review and approval. Additionally, if hedging is reflected in the stochastic modeling, additional certifications are required from an actuary and financial officer of the company.

   The certification(s) should be submitted by hard copy with any state requiring an RBC hard copy.

H. An actuarial memorandum should be constructed documenting the methodology and assumptions upon which the required capital is determined. The memorandum should also include sensitivity tests that the actuary feels appropriate, given the composition of their block of business (i.e., identifying the key assumptions that, if changed, produce the largest changes in the RBC amount). This memorandum will be confidential and available to regulators upon request.

Application of the Tax Adjustment

Tax Adjustment: Under the U.S. IRC the tax reserve is defined. It can never exceed the statutory reserve nor be less than the cash surrender value. If tax reserves assumed in the projection are set equal to Working Reserves and if tax reserves actually exceed Working Reserves at the beginning of the projection, a tax adjustment is required.

A tax adjustment is not required in the following situations:

- Tax reserves are projected directly; that is, it is not assumed that projected tax reserves are equal to Working Reserves, whether these are cash values or other approximations.
- Tax reserves at the beginning of the projection period are equal to Working Reserves.
- Tax reserves at the beginning of the projection period are lower than Working Reserves. This situation is only possible for contracts without cash surrender values and when these contracts are significant enough to dominate other contracts where tax reserves exceed Working Reserves. In this case the modeled tax results are overstated each year for reserves in the projection, as well as the projected tax results reversed at the time of claim.

If a tax adjustment is required the Total Asset Requirement (TAR) must be increased on an approximate basis to correct for the understatement of modeled tax expense. The additional taxable income at the time of claim will be realized over the projection and will be measured approximately using the duration to worst, i.e., the duration producing the lowest present value for each scenario. The method of developing the approximate tax adjustment is described below.

The increase to TAR may be approximated as the corporate tax rate (i.e., 35 percent) times f times the difference between tax reserves and Working Reserves at the start of the projections. For this calculation, f is calculated as follows. For the scenarios reflected in calculating 90 CTE, the lowest of these present values of accumulated statutory surplus is determined for each calendar year-end and its associated projection duration is tabulated. At each such duration, the ratio of the number of contracts in force (or covered lives for group contracts) to the number of contracts in force (or covered lives) at the start of the modeling projection is calculated. The average ratio is then calculated, over all 90 CTE scenarios, and f is one minus this average ratio. If instead, RBC is determined under the standard scenario method then f is based on the ratio at the worst duration under that scenario. If the Alternative Method is used, f is approximated as 0.5.

<u>Calculation of the Standard Scenario Amount</u>

Standard Scenario for C-3 Phase II Risk Based Capital (RBC) Determination

I) Overview

A) <u>Application to Determine RBC.</u> A Standard Scenario Amount shall be determined for all of the contracts under the scope described in the June 2005 report, "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar products". If the Standard Scenario Amount is greater than the Total Asset Requirement less any amount included in the TAR but attributable to and allocated to C-3 (Interest Rate Risk) otherwise determined based on the Report, then the Total Asset Requirement before tax adjustment used to determine C-3 Phase 2 (Market Risk) RBC shall be the Standard Scenario Amount.

The Standard Scenario Amount shall be the sum of the following:

1. For contracts for which RBC is based on the Alternative Methodology applied without a model office using 100 percent of the MGDB mortality table, the Standard Scenario Amount shall be the sum of the total asset requirement before tax adjustment from the Alternative Methodology applied to such contracts.
2. For contracts without guaranteed death benefits for which RBC is based on the Alternative Methodology applied without a model office, the Standard Scenario Amount shall be the sum of the total asset requirements before tax adjustment from the Alternative Methodology applied to such contracts.

3. For contracts under the scope of the Report other than contracts for which paragraphs 1 and 2 apply, the Standard Scenario Amount is determined by use of The Standard Scenario Method described in Section III. The Standard Scenario Method requires a single projection of account values based on specified returns on the assets supporting the account values. On the valuation date an initial drop is applied to the account values based on the supporting assets. Subsequently, account values are projected at the rate earned on supporting assets less a margin. Additionally, the projection includes the cash flows for certain contract provisions, including any guaranteed living and death benefits using the assumptions in Section III. Thus the calculation of the Standard Scenario Amount will reflect the greatest present value of the accumulated projected cost of guaranteed benefits less the accumulated projected revenue produced by the margins in accordance with Subsection III (D).

B) <u>The Standard Scenario Amount under the Standard Scenario Method.</u>

The Standard Scenario Amount for all contracts subject to the Standard Scenario Method is determined as of the valuation date under the Standard Scenario Method described in Section III based on a rate, DR. DR is the annual effective equivalent of the 10-year constant maturity treasury rate reported by the Federal Reserve for the month of valuation plus 50 basis points. However, DR shall not be less than 3 percent or more than 9 percent. If the 10-year constant maturity treasury rate is no longer available, then a substitute rate determined by the National Association of Insurance Commissioners shall be used. The accumulation rate, AR, is the product of DR and one minus the tax rate defined in paragraph III(D)(10).

No modification is allowed from the requirements in Section III unless the Domiciliary Commissioner approves such modification as necessary to produce a reasonable result

C) <u>Illustrative Application of the Standard Scenario Method to a Projection, Model Office and Contract by Contract</u>. To provide information on the significance of aggregation, a determination of the Standard Scenario Amount based on paragraphs III(B)(1) and III(B)(2) is required for each contract subject to paragraph I(A)(3). The sum of all such Standard Scenario Amounts is described as row B in Table A. In addition, if the Conditional Tail Expectation Amount in the Report is determined based on a projection of an inforce prior to the statement date and/or by the use of a model office, which is a grouping of contracts into representative cells, then additional determinations of the Standard Scenario Amount shall be performed on the prior inforce and/or model office. The calculations are for illustrative purposes to assist in validating the reasonableness of the projection and or the model office and to determine the significance of aggregation.

Table A identifies the Standard Scenario Amounts required by this section. The Standard Scenario Amounts required are based on how the Conditional Tail Expectation projection or Alternative Methodology is applied. For completeness, the table also includes the Standard Scenario Amount required by paragraph I(A)(3). The amounts in Table A should be included as part of the certifying actuary's annual supporting memorandum specified in paragraph (H) of the "Calculation of the Total Asset Requirement" section of the RBC instructions.

- Standard Scenario Amounts in rows A and B in Table A are required of all companies subject to paragraph I(A)(3). No additional Standard Scenario Amounts are required if a company's stochastic or alternative methodology result is calculated on the statement date using individual contracts (i.e., without a model office).
- A company that uses a model office as of the statement date to determine its stochastic or alternative methodology result must provide the Standard Scenario Amount for the model office. This is row C.
- A company that uses an aggregation by duration of contract by contract projection of a prior inforce to determine its stochastic or alternative methodology with result PS and then projects requirements to the statement date with result S must provide the Standard Scenario Amount for the prior inforce, row D.
- A company that uses a model office of a prior inforce to determine its stochastic or alternative methodology requirements with result PM and then projects requirements to the statement date with result S must provide the Standard Scenario Amount for the model office on the prior inforce date, row E.

Table A

Standard Scenario Amounts	Guideline Variations	Validation Measures: Model Office Projection	Validation Measures: Projection of Prior Inforce
A. Aggregate valuation on the statement date on inforce contracts required in I(A)(3)	None	None	None
B. Seriatim valuation on the statement date on inforce contracts	None: Compare to A	None	None
C. Aggregate valuation on the statement date on the model office	If not material to model office validation	A/C compare to 1.00	None
D. Aggregate valuation on a prior inforce date on prior inforce contracts	If not material to projection validation	None	A/D - S/PS Compare to 0
E. Aggregate valuation on a prior inforce date of a model office	If not material to model office or projection validation.	(A/E – S/PM) compare to 0	

Modification of the requirements in Section III when applied to a prior inforce or a model office is permitted if such modification facilitates validating the projection of inforce or the model office. All such modifications should be documented. No modification is allowed for row B as of the statement date unless the Domiciliary Commissioner approved such modification as necessary to produce a reasonable result under the corresponding amount in row A.

II) Basic Adjusted Reserve

For purposes of determining the Standard Scenario Amount for Risk-Based Capital, the Basic Adjusted Reserve for a contract shall be the Working Reserve, as described in the Report, as of the valuation date.

III) Standard Scenario Amount - Application of the Standard Scenario Method

A) General

Where not inconsistent with the guidance given here, the process and methods used to determine results under the Standard Scenario Method shall be the same as required in the calculation under the modeling methodology required by the Report. Any additional assumptions needed to apply the Standard Scenario Method to the inforce shall be explicitly documented.

B) Results for the Standard Scenario Method.

The Standard Scenario Amount is equal to (1) + (2) – (3) where:

1) Is the sum of the Basic Adjusted Reserve as described in Section II for all contracts for which the Standard Scenario Amount is being determined,

2) Is zero or if greater the aggregate greatest present value for all contracts measured as of the end of each projection year of the negative of the Accumulated Net Revenue described below using the assumptions described in Subsection III(D) and a discount rate equal to the Accumulation Rate, AR. The Accumulated Net Revenue at the end of a projection year equals (i) + (ii) - (iii) where:

   (i) Is the Accumulated Net Revenue at the end of the prior projection year accumulated at the rate AR to the end of the current projection year. The Accumulated Net Revenue at the beginning of the projection (i.e., time 0) is zero.

   (ii) Are the margins generated during the projection year on account values as defined in paragraph III(D)(1) multiplied by one minus the tax rate and accumulated at rate AR to the end of current projection year, and

   (iii) Are the contract benefits paid in excess of account value applied plus the Individual reinsurance premiums (ceded less assumed) less the Individual reinsurance benefits (ceded less assumed) payable or receivable during the projection year multiplied by one minus the tax rate and accumulated at rate AR to the end of current projection year. Individual reinsurance is defined in paragraph III(D)(2).

3) Is the value of approved hedges and Aggregate reinsurance as described in paragraph III(E)(2). Aggregate reinsurance is defined in paragraph III(D)(2).

C) The actuary shall determine the projected reinsurance premiums and benefits reflecting all treaty limitations and assuming any options in the treaty to the other party are exercised to decrease the value of reinsurance to the reporting company (e.g., options to increase premiums or terminate coverage). The positive value of any reinsurance treaty that is not guaranteed to the insurer or its successor shall be excluded from the value of reinsurance. The commissioner may require the exclusion of any portion of the value of reinsurance if the terms of the reinsurance treaties are too restrictive (e.g., time or amount limits on benefits correlate to the Standard Scenario Method).

D) Assumptions for Paragraph III (B) (2) Margins and Account Values.

1) Margins on Account Values. The bases for return assumptions on assets supporting account values are shown in Table I. The Initial returns shall be applied to the account values assigned to each asset class on the valuation date as immediate drops, resulting in the Account Values at time 0. The "Year 1" and "Year 2+" returns are gross annual effective rates of return and are used (along with other decrements and/or increases) to produce the Account Values as of the end of each projection year. For purposes of this section, money market funds shall be considered part of the Bond class.

   The Fixed Fund rate is the greater of the minimum rate guaranteed in the contract or 3.5 percent but not greater than the current rates being credited to Fixed Funds on the valuation date.

   Account Values shall be accumulated after the initial drop using the rates from Table I with appropriate reductions applied to the supporting assets. The appropriate reductions for account values supported by assets in the Equity, Bond or Balance Classes are all fund and contract charges according to the provisions of the funds and contracts. The appropriate reduction for Account Values supported by Fixed Funds is zero.

The margins on Account Values are defined as follows:

a) During the Surrender Charge Period:

   i. 0.10% of Account Value; plus

   ii. The maximum of:

      - 0.20% of Account Value; or
      - Explicit and optional contract charges for guaranteed living and death benefits.

b) After the Surrender Charge Period:

   i. The amount determined in (a) above; plus

   ii. The lesser of:

      - 0.65% of Account Values; and
      - 50% of the excess, if any, of all contract charges over (a) above.

However, on fixed funds after the surrender charge period, a margin of up to the amount in (a) above plus 0.4%. may be used.

Table I

	Initial	Year 1	Year 2+
Equity Class	-20%	0%	3%
Bond Class	0	0	4.85%
Balanced Class	-12%	0%	3.74%
Fixed Separate Accounts and General Account		Fixed Fund Rate	Fixed Fund Rate

2) Reinsurance Credit. Individual reinsurance is defined as reinsurance where the total premiums for and benefits of the reinsurance can be determined by applying the terms of the reinsurance to each contract covered without reference to the premiums or benefits of any other contract covered and summing the results over all contracts covered. Reinsurance that is not Individual reinsurance is Aggregate reinsurance.

   Individual reinsurance premiums projected to be payable on ceded risk and receivable on assumed risk shall be included in the subparagraph III(B)(2)(iii). Similarly, Individual reinsurance benefits projected to be receivable on ceded risk and payable on assumed risk shall be included in subparagraph III(B)(2)(iii). No Aggregate reinsurance shall be included in subparagraph III(B)(2)(iii).

3) Lapses, Partial Withdrawals, and Moneyness. Partial withdrawals elected as guaranteed living benefits or required contractually (e.g., a contract operating under an automatic withdrawal provision on the valuation date) are to be included in subparagraph III(B)(2)(iii). No other partial withdrawals, including free partial withdrawals, are to be included. All lapse rates shall be applied as full contract surrenders.

A contract is in the money (ITM) if it includes a guaranteed living benefit and at any time the portion of the future projected account value under the Standard Scenario Method required to obtain the benefit would be less than the value of the guaranteed benefit at the time of exercise or payment. If the projected account value is 90 percent of the value of the guaranteed benefit at the time of exercise or payment, the contract is said to be 10 percent in the money. If the income from applying the projected account value to guaranteed purchase rates exceeds the income from applying the projected benefit base to GMIB purchase rates for the same type of annuity, then there is no GMIB cost and the GMIB is not in the money. A contract not in the money is out of the money (OTM). If a contract has multiple living benefit guarantees then the contract is ITM to the extent that any of the living benefit guarantees are ITM. Lapses shall be at the annual effective rates given in Table II.

Table II – Lapse Assumptions

	During Surrender Charge Period	After Surrender Charge Period		
Death Benefit Only Contracts	5%	10%		
All Guaranteed Living Benefits OTM	5%	10%		
		ITM< 10%	10% ≤ ITM< 20%	20% ≤ ITM
Any Guaranteed Account Balance Benefits ITM	0%	0%	0%	0%
Any Other Guaranteed Living Benefits ITM	3%	7%	5%	2%

4) Account Transfers and Future Deposits. No transfers between funds shall be assumed to determine the greatest present value amount required under paragraph III(B)(2) unless required by the contract (e.g., transfers from a dollar cost averaging fund or contractual rights given to the insurer to implement a contractually specified portfolio insurance management strategy or a contract operating under an automatic re-balancing option). When transfers must be modeled, to the extent not inconsistent with contract language, the allocation of transfers to funds must be in proportion to the contract's current allocation to funds.

Margins generated during a projection year on funds supporting account values are transferred to the Accumulation of Net Revenue at year end and are subsequently accumulated at the Accumulation Rate. Assets for each class supporting account values are to be reduced in proportion to the amount held in each asset classes at the time of transfer of margins or any portion of Account Value applied to the payment of benefits.

No future deposits shall be assumed unless required by the terms of the contract to prevent contract or guaranteed benefit lapse, in which case they must be modeled. When future deposits must be modeled, to the extent not inconsistent with contract language, the allocation of the deposit to funds must be in proportion to the contract’s current allocation to funds.

5) Mortality. Mortality at 80 percent of the 1994 MGDB tables through age 95 increasing by 1 percent each year to 100 percent of the 1994 MGDB table at age 115 shall be assumed in the projection used to the determine the greatest present value amount required under paragraph III(B)(2).

6) Projection Frequency. The projection used to determine the greatest present value amount required under paragraph III(B)(2) shall be calculated using an annual or more frequent time step, such as quarterly. For time steps more frequent than annual, assets supporting Account Values at the start of each projection year may be retained in such funds until year-end (i.e., pre-tax margin earned during the year will earn the fund rates instead of the Discount Rate until year end) or removed after each time step. However, the same approach shall be applied for all years. Subsequent to each projection year end, Accumulated Net Revenues for the year shall earn the Accumulation Rate. Similarly, projected benefits, lapses, elections and other contract activity can be assumed to occur annually or at the end of each time step, but the approach shall be consistent for all years.

7) Surrender Charge Period. If the surrender charge for the contract is determined based on individual contributions or deposits to the contracts, the surrender charge amortization period may be estimated for projection purposes. Such estimated period shall not be less than the remaining duration based on the normal amortization pattern for the remaining total contract charge assuming it resulted from a single deposit, plus one year.

8) Contract Holder Election Rates. Contract holder election rates to determine amounts in subparagraph III(B)(2)(iii) shall be 15 percent per annum for any elective ITM benefit except guaranteed withdrawal benefits, but only to the extent such election does not terminate a more valuable benefit subject to election. Guaranteed Minimum Death Benefits are not benefits subject to election. Exception: Contract holder election rates shall be 100 percent at the last opportunity to elect an ITM benefit, but only to the extent such election does not terminate a more valuable benefit subject to election. A benefit is more valuable if it is more ITM in absolute dollars using the definition of ITM in paragraph III(D)(3).

For guaranteed minimum withdrawal benefits, a partial withdrawal equal to the applicable percentage in Table III applied to the contract's maximum allowable partial withdrawal shall be assumed in subparagraph III(B)(2)(iii). However, if the contract's minimum allowable partial withdrawal exceeds the partial withdrawal from applying the rate in Table III to the contract's maximum allowable partial withdrawal, then the contract's minimum allowable partial withdrawal shall be assumed in subparagraph III(B)(2)(iii).

Table III – Guaranteed Withdrawal Assumptions

	Attained Age Less than 50	Attained Age 50 to 59	Attained Age 60 or Greater
Withdrawals do not reduce other elective Guarantees that are in the money	50%	75%	100%
Withdrawals reduce elective Guarantees that are in the money	25%	50%	75%

9) GMIBs. For subparagraph III(B)(2)(iii), GMIB cost at the time of election shall be the excess, if positive, of the reserve required for the projected annuitization stream over the available account value. If the reserve required is less than the account value, the GMIB cost shall be zero. The reserve required shall be determined using the Annuity 2000 Mortality Table and a valuation interest rate equal to the Discount Rate. If more than one annuity option is available, chose the option with a reserve closest to the reserve for a life annuity with 10 years of certain payments.

10) Indices. If an interest index is required to determine projected benefits or reinsurance obligations, the index must assume interest rates have not changed since the last reported rates before the valuation date. If an equity index is required, the index shall be consistent with the last reported index before the valuation date, the initial drop in equity returns and the subsequent equity returns in the standard scenario projection up to the time the index is used. The sources of information and how the information is used to determine indexes shall be documented and, to the extent possible, consistent from year to year.

11) Taxes. All taxes shall be based on a tax rate of 35 percent.

E) Assumptions for use in paragraph III (B) (3).

1) The Value of Aggregate Reinsurance. The value of Aggregate reinsurance is the discounted value, at rate AR of the excess of: a) the benefit payments from the reinsurance, over b) the reinsurance premiums, where (a) and (b) are determined under the assumptions described in Subsection III(D).

2) The Value of Approved Hedges. The value of approved hedges shall be calculated separately from the calculation in paragraph III(B)(2). The value of approved hedges is the difference between: a) the discounted value at rate AR of the after-tax cash flows from the approved hedges; less b) their statement values on the valuation date.

To be an approved hedge, a derivative or other investment has to be an actual asset held on the valuation date, be designated as a hedge for one or more contracts subject to the Standard Scenario, and be part of a clearly defined hedging strategy as described in the Report. If the approved hedge also supports contracts not subject to the Standard Scenario, then only that portion of the hedge designated for contracts subject to the Standard Scenario shall be included in the value of approved hedges. Approved hedges must be held in accordance with an investment policy that has been implemented for at least six months and has been approved by the Board of Directors or a subcommittee of Board members. A copy of the investment policy and the resolution approving the policy shall be maintained with the documentation of the Standard Scenario and available on request. Approved hedges must be held in accordance with a written investment strategy developed by management to implement the Board's investment policy. A copy of the investment strategy on the valuation date, the most recent investment strategy presented to the Board if different and the most recent written report on the effectiveness of the strategy shall be maintained with the documentation of the Standard Scenario and available on request.

The commissioner may require the exclusion of any portion of the value of approved hedges upon a finding that the company's documentation, controls, measurement, execution of strategy or historical results are not adequate to support a future expectation of risk reduction commensurate with the value of approved hedges.

The item being hedged, the contract guarantees, and the approved hedges are assumed to be accounted for at the average present value of the tail scenarios. The value of approved hedges for the standard scenario is the difference between an estimate of this "tail value" and the "fair value" of approved hedges. For this valuation to be consistent with the statement value of approved hedges, the statement value of approved hedges will need to be held at fair value with the immediate recognition of gains and losses. Accordingly, it is assumed that approved hedges are not subject to the IMR or the equity component of the AVR. Approved hedges need not satisfy SSAP No. 86. In particular, as gains and losses of approved hedges are recognized immediately, approved hedges need not satisfy the requirements for hedge accounting of fair value hedges.

It is the combination of hedges and liabilities that determine which scenarios are the tail scenarios. In particular, scenarios where the hedging is least effective are likely to be tail scenarios and liabilities that are a left tail risk could in combination with hedges become a right tail risk.

The cash flow projection for approved hedges that expire in less than one year from the valuation date should be based on holding the hedges to their expiration. For hedges with an expiration of more than one year, the value of hedges should be based on liquidation of the hedges one year from the valuation date. Where applicable, the liquidation value of hedges shall be consistent with Black-Scholes pricing, a risk free rate of DR, annual volatility implicit as of the valuation date in the statement value of the hedges under Black-Scholes pricing and a risk free rate of DR and the assumed returns in the Standard Scenario from the valuation date to the date of liquidation.

There is no credit in the Standard Scenario for dynamic hedging beyond the credit that results from hedges actually held on the valuation date. There is no credit for hedges actually held on the valuation date that are not approved hedges as the commitment to maintain the level of risk reduction derived from such hedges is not adequate.

3) Retention of Components. For the Standard Scenario Amounts on the statement date the company should have available to the Commissioner the following values:

a) For runs A and B as defined in I(C) by contract and in aggregate the amounts determined in III(B)(1) and III(B)(2).

b) For run A the aggregate amounts determined in III(E)(1) and III(E)(2).

Smoothing and Transition Rules

If a company is following a Clearly Defined Hedging Strategy (See "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar Products Presented by the American Academy of Actuaries' Life Capital Adequacy Subcommittee to the National Association of Insurance Commissioner's Capital Adequacy Task Force (June 2005)" for the definition of this phrase) on some or all of its business, a decision should be made whether or not to smooth the TAR. In all cases where 'cash value' is to be used, the values used must be computed on a consistent basis for each block of business at successive year-ends. For deferred annuities with a cash value option, direct writers will use the cash value. For deferred annuities with no cash value option, or for reinsurance assumed through a treaty other than coinsurance, use the policyholder account value of the underlying contract. For payout annuities, or other annuities with no account value or cash value, use the amount as defined for variable payout annuities in the definition of Working Reserve. For any business reinsured under a coinsurance agreement that complies with all applicable reinsurance reserve credit "transfer of risk" requirements, the ceding company shall reduce the value in proportion to the business ceded while the assuming company shall use an amount consistent with the business assumed.

A company who reported an amount in Line (37) last year may choose to smooth the Total Asset Requirement. A company is required to get approval from its domestic regulator prior to changing its decision about smoothing from the prior year. To implement smoothing, use the following steps. If a company does not qualify to smooth or a decision has been made not to smooth, go to the step "Reduction for reported Statutory Reserves."

Instructions – 2007 and Later

1. Determine the Total Asset Requirement as the greater of that produced by the "Recommended Approach for Setting Risk-Based Capital Requirements for Variable Annuities and Similar Products Presented by the American Academy of Actuaries' Life Capital Adequacy Subcommittee to the National Association of Insurance Commissioner's Capital Adequacy Task Force (June 2005)" or the value produced by the "Standard Scenario" as outlined above.
2. Determine the aggregate cash value for the contracts covered by the Stochastic modeling requirements.
3. Determine the ratio of TAR / CV for current year.
4. Determine the Total Asset Requirement as actually reported for the prior year Line (37).
5. Determine the aggregate cash value for the same contracts for the prior year-end.
6. Determine the ratio of TAR / CV for prior year
7. Determine a ratio as 0.4*(6) plus 0.6*(3) {40% prior year ratio and 60% current year ratio}
8. Determine TAR for current year as the product of (7) and (2) {adjust (2) to be actual 12/31 cash value}

Reduction for reported statutory reserves

The amount of the TAR (post-Federal Income Tax) determined using the instructions for the applicable year is reduced by the reserve, net of reinsurance, for the business subject to this instruction reported in the current statutory annual statement.

Allocation of Results to Line (35) and Line (37)

See step (9) located in the overview section at the beginning of the instructions for this line.

The total of all annual statement reserves representing exposure to C–3 risk on Line (36) should equal the following:

Exhibit 5, Column 2, Line 0199999
– Page 2, Column 3, Line 6
+ Exhibit 5, Column 2, Line 0299999
+ Exhibit 5, Column 2, Line 0399999
+ Exhibit 7, Column 1, Line 14
+ Separate Accounts Page 3, Colum n 3, Line 1 plus Line 2 after de ducting (a) funds in unitized separate accounts with no under lying guaranteed minimum return and no unreinsured guaranteed living benefits; (b) non-indexed separate accounts th at are not cash flow tested with guarantees less th an 4 percent ; (c) non-cash-flow-tested experience rated pension reserves/liabilities; and (d) guaranteed indexed separate accounts using a Class II investment strategy.
– Non policyholder reserves reported on Exhibit 7
+ Exhibit 5, Column 2, Line 0799997
+ Schedule S, Part 1, Section 1, Column 11
– Schedule S, Part 3, Section 1, Column 13

HEALTH CREDIT RISK
LR028

Basis of Factors

The Health Credit Risk is an offset to some portions of the managed care discount factor. Since the managed care discount factor assumes that health risks are transferred to health care providers through fixed prepaid amounts, the Health Credit Risk compares these capitation payments to security the company holds. To the extent that the security does not completely cover the credit risk of capitated payments, a risk charge is applied to the exposed portion. There is no credit risk for any portion of the managed care discount factor for Stand-Alone Medicare Part D Coverage.

<u>Capitations – Line (1) through Line (6)</u>
Credit risk arises from capitations paid directly to providers or intermediaries. The risk is that the company will pay the capitation but will not receive the agreed-upon services and will encounter unexpected expenses in arranging for alternative coverage. The credit risk RBC requirement for capitations paid directly to providers is 2 percent of the amount of capitations reported as paid claims in **LR022** Underwriting Risk – Managed Care Credit. This amount is roughly equal to two weeks of paid capitations.

However, an insurer can also make arrangements with its providers that mitigate the credit risk, such as obtaining acceptable letters of credit or withholding funds. Where the insurer obtains these protections for a specific provider, the amount of capitations paid to that provider are exempted from the credit risk charge. A separate worksheet is provided to calculate this exemption, but an insurer is not obligated to complete the worksheet.

The credit risk RBC requirement for capitations to intermediaries is 4 percent of the capitated payments reported as paid claims in **LR022** Underwriting Risk – Managed Care Credit. However, as with capitations paid directly to providers, the regulated insurer can eliminate some or all of the credit risk that arises from capitations to intermediaries by obtaining acceptable letters of credit or withheld funds.

Specific Instructions for Application of the Formula

<u>Line (1) - Total Capitations Paid Directly to Providers</u>
This is the amount reported in **LR022** Underwriting Risk – Managed Care Credit Column (1), Line (5)

<u>Line (2) - Less Secured Capitations to Providers</u>
This includes all capitations to providers that are secured by funds withheld or by acceptable letters of credit equal to 8 percent of annual claims paid to the provider. If lesser protection is provided (e.g., an acceptable letter of credit equal to 2 percent of annual claims paid to that provider), then the amount of capitation is prorated. The exemption is calculated separately for each provider and intermediary. A sample worksheet to calculate the exemption is shown in Figure (10).

<u>Line (3) - Net Capitations to Providers Subject to Credit Risk Charge</u>
Line (1) minus Line (2).

<u>Line (4) - Total Capitations to Intermediaries</u>
From Line (6) and Line (7) of **LR022** Underwriting Risk – Managed Care Credit, this includes all capitation payments to intermediaries.

<u>Line (5) - Less Secured Capitations to Intermediaries</u>
This includes all capitations to providers that are secured by funds withheld or by acceptable letters of credit equal to 16 percent of annual claims paid to the provider. If lesser protection is provided (e.g., an acceptable letter of credit equal to 5 percent of annual claims paid to that provider), then the amount of capitation is prorated. The exemption is calculated separately for each provider and intermediary. Sample worksheets to calculate the exemption are shown in Figure (11) and Figure (12).

(Figure 10)

Capitations Paid Directly to Providers

Number	Name of Provider	(A) Paid Capitations During Year	(B) Letter of Credit Amount	(C) Funds Withheld	(D) =(B+C)/A Protection Percentage	(E) =A*Min(1,D/8%) Exempt Capitations
1	Denise Sampson	125,000	5,000	0	4%	62,500
2	James Jones	50,000	5,000	0	10%	50,000
3	Dr. Dunleavy	750,000	5,000	50,000	7%	687,500
4	Dr. Clements	25,000	0	0	0%	0
5	All others	2,500,000				0
1999999	Total to Providers	3,450,000	xxx	xxx	xxx	800,000

(Figure 11)

Capitations Paid to Unregulated Intermediaries

Number	Name of Provider	(A) Paid Capitations During Year	(B) Letter of Credit Amount	(C) Funds Withheld	(D) =(B+C)/A Protection Percentage	(E) =A*Min(1,D/16%) Exempt Capitations
1	Mercy Hospital	2,500,000	200,000	300,000	20%	2,500,000
2	General	1,000,000	100,000	0	10%	625.000
3	Physicians Clinic	4,500,000	0	500,000	11%	3,125,000
4	Joes HMO	3,500,000	0	0	0%	0
5	All others	2,500,000				0
2999999	Total to Unregulated Intermediaries	14,000,000	xxx	xxx	xxx	6,250,000

(Figure 12)

Capitations Paid to Regulated Intermediaries

Number	Name of Provider	Paid Capitations During Year	Domiciliary State			Exempt Capitations
1	Freds HMO	2,500,000	NY			2,500,000
2	Blue Cross of Guam	50,000	GU			50,000
3999999	Total to Regulated Intermediaries	2,550,000	xxx	xxx	xxx	2,550,000
9999999	Total of Figures (10), (11) and (12)	20,000,000	xxx	xxx	xxx	9,600,000

Divide the “Protection Percentage” by 8 percent (providers) or by 16 percent (unregulated intermediaries) to obtain the percentage of the capitation payments that are exempt. If the protection percentage is greater than 100 percent, the entire capitation payment amount is exempt. All capitations to regulated intermediaries qualify for the exemption.

The “Exempt Capitation” amount from Line 1999999 of $800,000 would be reported on Line (2) “Less Secured Capitations to Providers” in **LR028** Health Credit Risk. The total of the “Exempt Capitation” amount from Line 2999999 plus Line 3999999 ($6,250,000+$2,550,000=$8,800,000) would be reported on Line (5) “Less Secured Capitations to Intermediaries” in **LR028** Health Credit Risk.

BUSINESS RISK
LR029

Basis of Factors

General business risk is based on premium income, annuity considerations and separate account liabilities. The formula factors were based on considering a company’s exposure to guaranty fund assessments without attempting to exactly mirror the assessment formulas. Also considered were other general business risk exposures; e.g., litigation, etc.

For life and annuity business, the RBC pre-tax contribution is 3.08 percent of Schedule T life premiums and annuity considerations before taxes. A smaller pre-tax factor of 0.77 percent is applied against Schedule T accident and health premiums. The smaller factor for accident and health business recognizes that general business risk exposure is, in part, a function of reserves. Since life and annuity business typically carries higher reserves than accident and health business, a lower factor is used to achieve the same relative risk coverage as for life and annuity business.

To maintain general consistency with the health RBC formula, an amount is determined as risk related to the potential that actual expenses of administering certain types of health insurance will exceed the portion of the premium allocated to cover these expenses. Not all administrative expenses are included (commissions, premium taxes and other expenses defined and paid as a percentage of premium are not included and the expenses for administrative services contracts (ASC) and administrative service only (ASO) business have separate lower factors) and the factor is graded based on a two-tier formula related to health insurance premium to which this risk is applied. ASC is considered to have a separate business risk related to the use of the company’s funds with an expectation of later recovery of all amounts from the contractholder but this does not include Stand-Alone Medicare Part D coverage. Lines (52) and (53) apply a small factor to amounts reported as incurred claims for ASC contracts and separately for other medical costs. This separation allows for the cross-checking of incurred claims between Schedule H and the RBC filing.

Deposit-type funds shown on Schedule T are not included in the risk-based capital calculation.

For separate account business, a pre-tax factor of 0.08 percent is applied to separate account liabilities. Separate account business is generally not subject to guaranty fund assessments. As a result, most of the exposure in the separate account is reserve based. A lower factor is used here and applied to a higher number; i.e., reserves versus the use of premiums above, to achieve an appropriate level of risk coverage for a company’s exposure to the general business risk in the separate account.

Since the RBC calculation is applied to separate account liabilities, Variable and Other Premiums and Considerations are excluded from the pre-tax 3.08 percent or 0.77 percent factors above. Variable and Other Premiums and Considerations are those on all variable business life, annuity and health (both fixed and variable components), as well as on other business ultimately reserved for in the separate account. This information can be found on the annual statement.

Specific Instructions for Application of the Formula

Amounts reported for Business Risk should equal the annual statement references indicated. No adjustments are to be made.

CALCULATION OF AUTHORIZED CONTROL LEVEL RISK-BASED CAPITAL

LR031

Basis of Factors

The purpose of the formula is to estimate the risk-based capital levels required to manage losses that can be caused by a series of catastrophic financial events. However, it is remote that all such losses will occur simultaneously. The covariance adjustment states that the combined effect of the C–1o, C-1cs, C–2 and C–3 and a portion of the C-4 risks are not equal to their sum but are equal to the square root calculation described below. It is statistically assumed that the C–1o risk and a portion of the C–3 risk are correlated, while the C-1cs risk, the C–2 risk, the balance of the C-3 risk and a portion of the C-4 risk are independent of both. The split of the C-3 and C-4 risks allows for general consistency with the health RBC formula. This assumption provides a reasonable approximation of the capital requirements needed at any particular level of losses.

Authorized Control Level Risk-Based Capital is 50 percent of the sum of the C-0 plus the C–4a risk-based capital and the square root of the sum of the C–1o and C–3a risk-based capital squared, the C-1cs risk-based capital squared, the C–2 risk-based capital squared, the C-3b risk-based capital squared and the C-4b risk-based capital squared.

Mandatory Control Level Risk-Based Capital is 70 percent of Authorized Control Level Risk-Based Capital.

Specific Instructions for Application of the Formula

All amounts reflected for the calculation of Authorized Control Level Risk-Based Capital will be calculated automatically by the software.

In recognition of the exclusion of the carrying value of Alien Insurance Subsidiaries – Other from Total Adjusted Capital, the carrying value of these entities is also to be excluded from the calculation of C-O risk-based capital.

CALCULATION OF TOTAL ADJUSTED CAPITAL

(Including Total Adjusted Capital Tax Sensitivity Test)

LR033

Basis of Factors

In determining the C–1 risk factors, availability of the AVR and voluntary investment reserves to absorb specific losses was not assumed. Therefore, the AVR is counted as capital for the purposes of the formula although it represents a liability and is not usable against general contingencies. Voluntary investment reserves were eliminated from Total Adjusted Capital for the 1997 risk-based capital formula.

The annual statement provision for future dividends can provide a general cushion against potentially adverse future experience. As a reflection of this possible cushion, 50 percent of the annual statement dividend liability is included. However, when a block is reinsured, such credit to Total Adjusted Capital will not be allowed to either company unless the company has total control over the dividend decision and the full benefit of a change in the dividend scale flows to the company. A factor of 25 percent of the dividend liability is used in sensitivity testing.

Subsidiary amounts **other than the carrying value of Alien Insurance Subsidiaries – Other,** are included as appropriate recognizing that this surplus is included within the surplus of the parent. **The carrying value of Alien Insurance Subsidiaries – Other should be excluded from the surplus of the parent for purposes of computing Total Adjusted Capital.** Property and casualty subsidiaries should subtract all non-tabular **discounts** from surplus to arrive at the adjusted surplus figure. This adjustment to surplus was phased in over a five-year period by subtracting 20 percent of the non-tabular discount the first year and an additional 20 percent each year thereafter. Beginning with the 1998 risk-based capital formula, the adjustment to surplus is 100 percent. The same adjustment is made to the surplus of a life company having ownership of a property and casualty subsidiary.

The laws of certain states allow insurers to issue a form of capital instrument called a "capital note." A credit is allowed to Total Adjusted Capital for a capital note that satisfies all of the following conditions:

1. In a liquidation, the capital note ranks with surplus notes and is subordinate to the claims of policyholders, claimants and general creditors.
2. The form and content of the capital note was approved by the commissioner of the insurer's state of domicile.
3. At the time of issuance of the capital note, the aggregate principal amount did not exceed 25 percent of the Total Adjusted Capital (including the aggregate principal amount of outstanding capital and surplus notes) as of the end of the immediately preceding calendar year less the aggregate principal amount of outstanding capital and surplus notes.
4. The term of the capital note is not less than five years.
5. At the time of issuance of the capital note:
   a) The total principal amount of capital notes maturing in any one year did not exceed 5 percent of Total Adjusted Capital (measured at the time of issuance); and
   b) The total principal amount of capital notes maturing in any three-year period did not exceed 12 percent of Total Adjusted Capital (measured at the time of issuance).
6. Payment of interest, dividend or principal of the capital note is deferred if it would have caused:
   a) The insurer's Total Adjusted Capital to drop below its Company Action Level Risk-Based Capital; or
   b) The insurer's Total Adjusted Capital to drop below 125 percent of its Company Action Level Risk-Based Capital, and there is a negative trend on the Trend Test.

   However, upon request by the insurer, the commissioner of the insurer's state of domicile may approve such payment if, in the commissioner's judgment, the financial condition of the insurer warrants it.
7. The commissioner of the insurer's state of domicile may halt all payments on the capital note if the insurer's Total Adjusted Capital drops below three times the principal amount of the capital and surplus notes the insurer has outstanding.
8. The capital note is treated as a liability in the computation of statutory surplus.
9. The insurer issuing the capital note is obligated to supply to the commissioner of the insurer's state of domicile an informational filing in a manner approved by the commissioner at the same time the insurer files its annual statement, and at such other times as the commissioner determines necessary. The filing shall include and be based on the following guidelines:
   a) The filing shall display the financial results of the criteria used to determine whether payments on the insurer's capital notes need be approved by the commissioner or may be halted by the commissioner. Further, it shall specifically identify those results that either necessitate commissioner approval of the payment or give the commissioner the option to halt payment.
   b) The insurer shall notify the Commissioner for informational purposes of each forthcoming payment under a capital note not less than ten business days prior to the date of payment, nor more than 30 business days prior to the date of payment.
   c) Whenever an insurer declares its intention to exercise the option to call or redeem a capital note prior to the scheduled maturity, the Commissioner shall be notified within five business days following the declaration, and not less than 10 business days prior to the declared redemption date. The 10-day period should be measured from the date of the commissioner's receipt of the notice.

The credit for a capital note is reduced as the note approaches maturity (as calculated on **LR032** Capital Notes before Limitation). The aggregate credit for capital notes is limited so that the total amount of capital and surplus notes included in Total Adjusted Capital is not more than one-third of Total Adjusted Capital.

Specific Instructions for Application of the Formula

Lines (3) and (4)

When reinsurance is involved (coinsurance, modified coinsurance, coinsurance with funds withheld, or any similar arrangement) the dividend liability credit included in Total Adjusted Capital by the ceding company should not be allowed in the event the ceding company cannot realize the financial benefits associated with a reduction in the dividend liability. At the same time, the reinsurer should not be allowed a credit to Total Adjusted Capital for any of the dividend liability, even if the direct writer cannot take the Total Adjusted Capital credit, unless the reinsurer can demonstrate control over the dividend decision of the direct writer.

A "no" answer to either of the following two questions eliminates the company's ability to take the dividend liability credit related to such reinsurance:

1. Does the company have "total control" over the dividend decision?
2. Does the full benefit of any future ability to change the dividend scale flow to the company? (In considering the answer to this question, the company should consider the retained and reinsured portions separately.)

Line (5)

Fair Value TAC Adjustment - In order to mitigate the effects of derivative accounting mismatches an adjustment to total adjusted capital is required when all of the following conditions exist:

- **the bond is not carried at fair value,**
- **the bond is hedged with a credit derivative and RBC is being reduced for the hedge,**
- **the credit derivative is carried at fair value, and**
- **the bond has never been written-down pursuant to the recording of an other-than-temporary impairment.**

When these conditions exist, the adjustment shall never be less than zero and shall be based on any unrealized gain of the credit derivative, determined as the lesser of 1 or 2 below:

1. **Book/Adjusted Carrying Value of the credit derivative from Schedule DB minus the sum of the Prior Year and Current Year Initial Cost of the credit derivative from Schedule DB,**
2. **The reduction in RBC arising from the hedge.**

This Fair Value TAC Adjustment shall be applied to basic and intermediate hedging relationships as described in the instructions to the Spreadsheet Computation of Risk Reduction. In the case of an intermediate hedging relationship any unrealized gain attributable to the index-based credit derivative shall be determined as required in "1." above then allocated to the individual bonds named in the index-based credit derivative on the basis of their par values compared to the total par value represented by the index. Each allocated unrealized gain will then be used as "1." above for purposes of determining the Fair Value TAC Adjustment for that bond and hedge within the intermediate hedging relationship.

Lines (**6**) through (**8**)

The source for subsidiary amounts should be reported from the subsidiaries' annual statements. These amounts should be adjusted by percentage of ownership before entering. All U.S. life, property and casualty and investment subsidiaries should be included. **An adjustment to reduce the Total Adjusted Capital for the carrying value of Alien Insurance Subsidiaries – Other should be made for the parent company on Line (8).**

Lines (**10.1**) through (**10.4**)

These lines calculate the credit to Total Adjusted Capital for the insurer's qualifying capital notes. The calculation on Line (**10.2**) limits the credit for capital notes so the total amount of capital and surplus notes included in Total Adjusted Capital is not more than one-half of Total Adjusted Capital from other sources. This is equivalent to a limit of one-third of Total Adjusted Capital from all sources, including the capital and surplus notes themselves.

Lines **12** through **16**

The tax sensitivity test provides a "what if" scenario eliminating deferred tax assets and deferred tax liabilities from the calculation of Total Adjusted Capital. The sensitivity test has no effect on the risk-based capital amounts reported in the annual statement.

Line (**12**)

Include only the admitted portion of the deferred tax asset.

Line (**14**)

Line **14** should include only the admitted portion of deferred tax assets for insurance subsidiaries that are subject to RBC.

RISK-BASED CAPITAL LEVEL OF ACTION

(Including Tax Sensitivity Test)

LR034

Basis of Factors

This section of the risk-based capital report compares amounts previously developed and thus determines the level of regulatory attention, if any, applicable to the company.

Specific Instructions for Application of the Formula
This section will be calculated automatically by the software, indicating the Level of Action:

Company Action Level RBC
Regulatory Action Level RBC
Authorized Control Level RBC
Mandatory Control Level RBC
None

The indicators are different event levels as defined in the Risk-Based Capital (RBC) for Insurers Model Act. Refer to the model act for further elaboration.

An indicator of None requires no action.

Company Action Level requires the company to prepare and submit an RBC Plan to the commissioner of the state of domicile. After review, the commissioner will notify the company if the plan is satisfactory.

Regulatory Action Level requires the insurer to submit to the commissioner of the state of domicile an RBC Plan, or if applicable, a Revised RBC Plan. After examination or analysis, the commissioner will issue an order specifying corrective actions (Corrective Order) to be taken.

Authorized Control Level authorizes the commissioner of the state of domicile to take whatever regulatory actions considered necessary to protect the best interest of the policyholders and creditors of the insurer.

Mandatory Control Level authorizes the commissioner of the state of domicile to take actions necessary to place the company under regulatory control (i.e., rehabilitation or liquidation).

<u>Tax Sensitivity Test</u>
The tax sensitivity test provides a “what if” scenario that calculates the different RBC levels using pre-tax factors and eliminates deferred tax assets and liabilities from the calculation of Total Adjusted Capital. The sensitivity test has no effect on the risk-based capital amounts reported in the annual statement.

TREND TEST

LR035

Basis of Factors

Companies whose Total Adjusted Capital is between 2.0 and 2.5 times the Authorized Control Level Risk-Based Capital are subject to a trend test. The trend test calculates the greater of the decrease in the margin between the current year and the prior year and the average of the past three years. It assumes that the decrease could occur again in the coming year. Any company that trends below 1.9 times the Authorized Control Level Risk-Based Capital would trigger Company Action Level RBC regulatory action.

Specific Instructions for Application of the Formula

The trend test will utilize two of the previous three years of information.

SENSITIVITY TESTS

LR036, **LR037** and **LR038**

The sensitivity tests provide a "what if" scenario recalculating Authorized Control Level RBC or Total Adjusted Capital using a specified alternative for a particular factor in the formula.

The amounts reported in the sensitivity tests will be an actual recalculation of the Authorized Control Level RBC and Total Adjusted Surplus. If a company does not have any of these specified items, the amounts reported will be the same as the Authorized Control Level RBC and Total Adjusted Surplus as originally calculated.

Other affiliates, noncontrolled assets, guarantees for affiliates, contingent liabilities, long-term leases and interest swaps reported elsewhere will automatically trigger recalculations of the RBC Authorized Control Level. Companies who own lower-tier subsidiaries should enter the referenced amounts from the subsidiaries' LRBC report or annual statement times the percent of ownership.

Affiliated investments owned by the company, other than preferred and common stock, should be reported on Line (7.1). Companies owning lower-tier subsidiaries should report the referenced amounts from the subsidiaries' annual statement multiplied by the percent of ownership on Line (7.2).

Surplus notes reported on Page 3 should be reported where indicated. Companies who own lower-tier subsidiaries should report the referenced amounts from the subsidiaries' annual statement times percent of ownership (as defined in the affiliated stock section).

Current year capital contributions are reported on Page 4, Line 50.1 and Line 51.1. This amount should be reported where indicated. Companies who own lower-tier subsidiaries should report the referenced amounts from the subsidiaries' annual statement multiplied by the percent of ownership.

The amounts reported on this page for subsidiaries should include only those subsidiaries that are subject to a "look through" risk-based capital calculation (i.e., insurance and investment subsidiaries). Other subsidiaries have a fixed RBC factor and therefore, have no impact on the sensitivity tests.

AFFILIATED INVESTMENTS

LR039, **LR040** and **LR041**

Basis of Factors

Affiliated Preferred and Common Stock

The risk-based capital for U.S. life insurance companies, property and casualty insurance companies, health entities and investment subsidiaries is calculated on a "see through" basis (multiplied by the percent of ownership). This requires "looking through" all holding and subsidiary companies to the lowest level of ownership for each affiliated stock investment. The advantage of this approach is that where there is a choice of whether to have ownership of an asset in either the parent or the subsidiary, RBC results are unlikely to affect that decision.

The pre-tax factor for common stock of other affiliates is set at 30 percent since many of these investments have risk characteristics similar to those of unaffiliated common stock. Conversely, due to management's knowledge and control, the capital remaining in the affiliate may be the minimum needed to properly conduct its normal course of business. For that reason, a separate sensitivity analysis is completed using a pre-tax factor of 100 percent. If an insurance subsidiary is owned by another affiliate, the RBC of the insurance subsidiary is calculated first, and the pre-tax 30 percent is applied to the difference between the carrying value of the other affiliate and the carrying value of the insurance subsidiary.

The pre-tax factor for publicly traded insurance subsidiaries held at fair value is 34.6 percent, and is applied to the excess of the statutorily haircut fair value over the book value of the subsidiary. The factor is lower than the 30 percent factor for other affiliates to avoid double-counting the haircut applied to the fair value and to be consistent with the factor used in the property and casualty and health RBC formulas.

There are 14 categories of subsidiary and affiliated investments that are subject to an RBC requirement for common and preferred stock. Those 14 categories are:

1 Directly Owned Property and Casualty Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
2. Directly Owned Life Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
3. Directly and Indirectly Owned Health Entity Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
4. Indirectly Owned Property and Casualty Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
5. Indirectly Owned Life Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
6. Investment Subsidiaries
7. Holding Company Value in Excess of Indirectly Owned Insurance Subsidiaries
8. Alien Insurance Subsidiaries – Canadian Life
9. Alien Insurance Subsidiaries – Others
10. Investments in Upstream Affiliate (Parent)
11. Other Affiliated Investments – Property and Casualty Insurers not Subject to Risk-Based Capital
12. Other Affiliated Investments – Life Insurers not Subject to Risk-Based Capital
13. Other Affiliated Investments – Non-insurers
14. Publicly Traded Insurance Subsidiaries Held at Fair Value

Codes 1 through 13 appear in Column (2) of **LR041** Details for Affiliated Investments. The program will automatically calculate the code and the risk-based capital charge based on the category of affiliate the company is reported under. Reporting an affiliate in the wrong category may cause a cross-check failure, requiring correction of the oversight and refiling a corrected version with the NAIC and/or any state requiring a risk-based capital filing with their department.

The total of all reported affiliated stock should equal the amounts reported on Schedule D, Part 2, Section 1, Line 8599999 plus Schedule D, Part 2, Section 2, Line 9199999 and **should also equal** Schedule D, Part 6, Section 1, Line 0999999 plus Line 1899999.

Affiliated investments fall into two broad categories: (a) Insurance and investment subsidiaries that are subject to a look-through risk-based capital calculation; and (b) subsidiaries that are not subject to risk-based capital. The risk-based capital for these two broad groups differs. A third category of affiliates, Publicly Traded Insurance Subsidiaries Held at Fair Value, has characteristics of both of the two broader categories. As a result, it has a two-part RBC calculation. The general treatment for each is explained below.

Insurance and Investment Subsidiaries that are Subject to a Look-Through Risk-Based Capital Calculation

The risk-based capital requirement for the reporting company for those insurance subsidiaries that are subject to a risk-based capital requirement is based on the Total Risk-Based Capital After Covariance of the subsidiary, prorated for the percent of ownership of that subsidiary. (Note: For life and investment subsidiaries, the Total Risk-Based Capital After Covariance and the Company Action Level Risk-Based Capital are identical.) The risk-based capital for those subsidiaries must be calculated prior to completing this risk-based capital worksheet. The subsidiaries affected by this rule are:

1. Directly Owned Property and Casualty Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
2. Directly Owned Life Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
3. Directly and Indirectly Owned Health Entity Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
4. Indirectly Owned Property and Casualty Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
5. Indirectly Owned Life Insurance Subsidiaries Subject to a Look-Through Risk-Based Capital Calculation
6. Investment Subsidiaries

<u>Directly Owned U.S. Property and Casualty Insurance Subsidiaries</u>

Report information regarding any top-layer directly owned U.S. property and casualty insurance subsidiaries in the schedule. For each subsidiary, report its name, NAIC company code, affiliate's Total Risk-Based Capital After Covariance, value of the common stock from Schedule D, Part 6 , Section 1, Line 1199999 (less any amounts reported on the worksheet as affiliate code "11") in Columns (1) through (6). If no value is reported in the Total Value of Affiliate's Common Stock column (Column (6)), the program will assume 100 percent ownership. If the reporting company does not own any of the affiliate's common stock but does own preferred stock, the Total Value of Affiliate's Common Stock in Column (6) must be reported so the program can calculate the percent of ownership. Subsidiaries reported in this section will be assigned an affiliate code of "1" for directly owned property and casualty insurers.

The carrying value of any preferred stock is reported in Column (7) and should equal the amount reported in Schedule D, Part 6, Section 1, Line 0299999 (less any amounts reported on the worksheet as affiliate code "11"). The total outstanding value of the affiliate's preferred stock is reported in Column (8). The percentage of ownership will be automatically calculated in Column (9). For companies owning preferred and common stock in the same subsidiary, the percent of ownership is calculated by summing the book/adjusted carrying values of the owned preferred and common stock and dividing that amount by the sum of all outstanding preferred and common stock.

The risk-based capital to be reported for each subsidiary property and casualty insurer should be obtained by using a separate copy of the property and casualty risk-based capital program for each subsidiary. Title insurers, monoline financial guaranty insurers and monoline mortgage guaranty insurers are not subject to risk-based capital. Additionally, some insurers are granted exemptions from filing risk-based capital. These affiliates and other similar affiliates should be reported as Other Affiliated Investments – Property and Casualty insurers not subject to risk-based capital.

Directly Owned U.S. Life Insurance Subsidiaries

Report information regarding any top-layer directly owned U.S. life insurance affiliates in the schedule. For each affiliate, report the same information as required for directly owned property and casualty insurance affiliates that are subject to risk-based capital. The value of common stock should be the same as reported in Schedule D, Part 6, Section 1, Line 1299999 (less any amounts reported on the worksheet as affiliate code "12"). The amount of preferred stock reported should match Schedule D, Part 6, Section 1, Line 0399999 (less any amounts reported on the worksheet as affiliate code "12"). If the life insurance affiliate is not subject to risk-based capital, then it should be considered an Other Affiliated Investment. Subsidiaries reported in this section will be assigned an affiliate code of "2" for directly owned life insurers.

The risk-based capital of each life affiliate should be obtained by using a separate copy of the life risk-based capital program for each affiliate.

Directly/Indirectly Owned U.S. Health Entity Subsidiaries/Affiliates

The filing life insurance companies are responsible for providing the health RBC amount for its health entity subsidiaries/affiliates for use in the life RBC formula, even if the health entity is not required to file this calculation by its state of domicile. The health RBC times the life insurer's percentage ownership of the health entity subsidiary will be used as the risk charge in this part of the life RBC formula. Subsidiaries reported in this section will be assigned an affiliate code of "3" for directly/indirectly owned health entities.

Indirectly Owned U.S. Property and Casualty Insurance Affiliates

The reporting company's book/adjusted carrying value of the holding company should be allocated between any top-layer, indirectly owned insurance affiliates and the Holding Company Value in Excess of Indirectly Owned Insurance Affiliates. The carrying value of the holding company should be first allocated based on the values shown on the holding company's balance sheet. The following example shows a hypothetical holding company, Holder, Inc., that is 100 percent owned by Big Insurance Company and illustrates the allocation of Holder's carrying value among these categories:

Balance Sheet
Holder, Inc.
12/31/XX

ABC Life	$ 4,000,000	Long-Term Debt	$ 14,000,000
XYZ Casualty	2,000,000	Other Liabilities	5,000,000
GX Todd Real Estate	10,000,000		
Cash	5,000,000	Equity	5,000,000
Other Assets	3,000,000		
Total Assets	$ 24,000,000	Total Liabilities and Equity	$ 24,000,000

Since ABC Life Insurance Company makes up one-sixth ($4,000,000 divided by $24,000,000) of the total assets for Holder, Inc., then this indirectly owned affiliate represents one-sixth of the carrying value of Holder, Inc. on the statement of Big Insurance Company. Similarly, XYZ Casualty represents one-twelfth of the carrying value ($2,000,000 divided by $24,000,000) of Holder on Big's annual statement. Three-fourths of the carrying value of Holder, Inc. ($18,000,000 divided by $24,000,000) represents the Holding Company Value in Excess of Indirectly Owned Insurance Affiliates. If Big Insurance Company carries Holder, Inc. on its annual statement at $30,000,000 (assume that this is the current fair value of shares in Holder, which was a publicly traded corporation of which Big has just acquired 100 percent ownership), then Big will allocate one-sixth of the $30,000,000 to ABC Life, one-twelfth of the $30,000,000 to XYZ Casualty, and three-fourths to Holder under the category Holding Company Value in Excess of Indirectly Owned Insurance Affiliates. The RBC charge for the indirect ownership of common stock in ABC Life will be ABC's Total RBC After Covariance, adjusted for percent of ownership. (If Holder owns 50 percent of ABC Life the amount would be calculated as 100 percent times 50 percent times RBC after Covariance.) The RBC charge for the indirect ownership of XYZ Casualty would be computed in the same manner.

If Big only acquired 50 percent of the shares of Holder, then these values must be adjusted to reflect Big's partial ownership. The carrying value on Big's annual statement is $15,000,000 which is allocated as $2,500,000 to ABC Life (one-sixth of $15,000,000), $1,250,000 to XYZ Casualty (one-twelfth of $15,000,000), and $11,250,000 to Holder as the Holding Company Value in Excess of Indirectly Owned Affiliates. The RBC for the indirectly owned affiliates is also adjusted to reflect the fact that Big only owns 50 percent of the affiliates. There, Big will report $2,500,000 as the carrying value for ABC Life and in Column (5) and $5,000,000 ($2,500,000 divided by 0.50) as the total outstanding common stock in Column (6). (The RBC requirement for ABC Life then becomes 50 percent times 50 percent times ABC's Total RBC After Covariance.)

The information for all top-layer, indirectly owned U.S. property and casualty insurance affiliates and indirectly owned U.S. life insurance affiliates is reported in the appropriate columns within the worksheet. For each affiliate, report its name, NAIC company code and the pro-rated share of risk-based capital along with all other information required in Columns (1) through (6). Subsidiaries reported in this section will be assigned an affiliate code of "4" for indirectly owned property and casualty insurers.

Indirectly Owned U.S. Life Insurance Affiliates

Indirectly owned U.S. life insurance affiliates are treated in a manner similar to indirectly owned property and casualty insurance affiliates. Note that the insurance affiliate must be subject to risk-based capital and file a risk-based capital report to be included in this section. Otherwise, the affiliate's value will be included in the Holding Company Value in Excess of Insurance Affiliates section. Subsidiaries reported in this section will be assigned an affiliate code of "5" for indirectly owned life insurers.

Investment Affiliates

An investment affiliate is an affiliate that exists only to invest the funds of the parent company. The term "investment affiliate" is strictly defined in the NAIC's *Annual Statement Instructions* as any affiliate, other than a holding company, engaged or organized primarily to engage in the ownership and management of investments for the insurer. An investment affiliate shall not include any broker-dealer or a money management fund managing funds other than those of the parent company. The risk-based capital charge for the ownership of an investment affiliate is based on the risk-based capital of the underlying assets, pro-rated for the degree of ownership. The basis for this calculation is the assumption that the charge should be the same as it would be if the life insurer held the assets directly.

Report information regarding any investment affiliates. Subsidiaries reported in this section will be assigned an affiliate code of "6" for investment subsidiaries. The amount of reported common stock should be the same as Schedule D, Part 6, Section 1, Line 1699999. Preferred stock information should be the same as Schedule D, Part 6, Section 1, Line 0799999.

Affiliates that are not Subject to Risk-Based Capital

This category includes the following affiliated investments:

7. Holding Company Value in Excess of Indirectly Owned Insurance Subsidiaries
8. Alien Insurance Subsidiaries – Canadian Life
9. Alien Insurance Subsidiaries – Other
10. Investments in Upstream Affiliates (Parents)
11. Other Affiliated Investments – Property and Casualty Insurers that are not Subject to Risk-Based Capital
12. Other Affiliated Investments – Life Insurers that are not Subject to Risk-Based Capital
13. Other Affiliated Investments – Non-insurers

Insurance affiliates that are not subject to risk-based capital, such as title insurers, monoline financial guaranty insurers, and monoline mortgage guaranty insurers are classified as Other Affiliated Investments under the appropriate classification.

The risk-based capital charge for these investments is calculated by multiplying a factor times the book/adjusted carrying value of the common and preferred stock of those affiliates. The risk-based capital factor for Alien Insurance Affiliates is 100 percent (except for Canadian Life insurers); the factor for Holding Company Value in Excess of Indirectly Owned Insurance Affiliates, Investments in Upstream Affiliate (Parent) and Other Affiliated Investments is 0.300 times the book/adjusted carrying value of the common and preferred stock of those affiliates.

Holding Company Value in Excess of Indirectly Owned Insurance Affiliates

The pre-tax risk-based capital charge for the parent insurer preparing the calculation is a 30 percent charge against the holding company value in excess of the indirectly owned insurance affiliates as calculated in the prior example.

Report information in the appropriate columns of the worksheet, omitting those columns that do not apply (Column (3) – NAIC Company Code and Column (4) affiliate's risk-based capital). Subsidiaries reported in this section will be assigned an affiliate code of "7" for Holding Company Value in Excess of Indirectly Owned Insurance Affiliates.

The total of Indirectly Owned Insurers (life and property and casualty) plus the amount of Holding Company Value in Excess of Indirectly Owned Insurance Affiliates should equal Schedule D, Part 6, Section 1, Line 0699999 for the reporting of preferred stock and Schedule D, Part 6, Section 1, Line 1599999 for common stock.

Alien Insurance Affiliates – Canadian Life

Canadian regulatory authorities have in place a Minimum Continuing Capital and Surplus Requirement (MCCSR) for Canadian life insurance companies. In addition to the MCCSR formula, Canadian regulators have the authority to adjust the capital requirements upward for companies where deemed appropriate. For purposes of the U.S. formula, MCCSR times percent of ownership is used to establish the risk-based capital requirement for Canadian life subsidiaries. If the MCCSR has been adjusted by regulatory authorities, this adjusted MCCSR is to be used. Canadian property and casualty companies will continue to be reported in the Alien Insurance Affiliates – Other section.

Report the Canadian life insurer name, alien insurer identification number, the book/adjusted carrying value of common and preferred stock and the total outstanding value of common and preferred stock. Companies reported in this section will be assigned an affiliate code of "8" for Canadian life insurers.

Alien Insurance Affiliates – Other

For purposes of this formula, the risk-based capital of each alien insurance affiliate is **zero**. Report information for any non-U.S. insurance affiliate, both life (except for Canadian life insurers) and property and casualty.

For each affiliate, report the name **and** alien insurer identification number**. For purposes of this formula, the statement value of common and preferred stock and the total outstanding value of common and preferred stock for alien insurance affiliates should be entered as zero.** Companies reported in this section will be assigned an affiliate code of "9" for alien insurers.

Investment in Upstream Affiliate (Parent)

The pre-tax risk-based capital for an investment in an upstream parent is 0.300 times the carrying value of the common and preferred stock regardless of whether that upstream parent is subject to risk-based capital. Report the appropriate information from Schedule D, Part 6, Section 1, Lines 0199999 and 1099999 in Columns (1) through (6). The affiliate code for an upstream parent is "10."

Other Affiliated Investments
The pre-tax risk-based capital for an investment in an Other Affiliated Investment is 0.300 times the carrying value of the common and preferred stock. All insurance affiliates that do not otherwise qualify for another section of this report, such as title insurance companies (code "11") or a life insurance affiliate that has been exempted from the risk-based capital system (code "12"), are to be included in these categories. The affiliate code for an Other Affiliated Investment – Non-insurer is "13." Reported amounts use Schedule D, Part 6, Section 1, Line 0899999 and Line 1799999 as the basis of reporting and additionally include any life and property and casualty insurers not subject to risk-based capital (as discussed earlier).

Publicly Traded Insurance Affiliates Held at Fair Value
The risk-based capital for a publicly traded insurance affiliate held at fair value is calculated in two parts. First, calculate and report the risk-based capital of the affiliate according to the relevant instructions above for Insurance Affiliates that are Subject to a Look-Through RBC Calculation. Second, calculate the additional risk-based capital charge as 34.6 percent pre-tax of the difference between the market (statement) value and the book value of the affiliate.

Report information regarding any publicly traded insurance affiliate held at fair value. The reported fair value of common stock should be the same as shown Schedule D, Part 2, Section 2, Column 8, Line 9199999. The fair value of preferred stock should be the same as shown in Schedule D, Part 2, Section 1, Column 9, line 8599999. The reported book value of common stock should be the same as shown in Schedule D, Part 2, Section 2, Column 6, Line 9199999. The reported book value of preferred stock should be the same as Schedule D, Part 2, Section 1, Column 8, Line 8599999.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS

LR042, **LR043**, **LR044** and **LR045**

This represents a new element of the risk-based capital calculation. References to MODCO and funds withheld reinsurance agreements apply to all treaties in effect.

Basis of Factors

When the default risk in modified coinsurance (MODCO) and other reinsurance transactions with funds withheld is transferred, this transfer should be recognized by reducing the RBC for the ceding company and increasing it for the assuming company. In the event that the entire asset credit or variability in statement value risk associated with the assets supporting the business reinsured is not transferred to the assuming company for the entire duration of the reinsurance treaty, the RBC for the ceding company should not be reduced.

Assets

The total RBC related to assets (i.e., bonds, mortgages, unaffiliated preferred and common stock, separate accounts, real estate and other long-term assets) in MODCO or Funds Withheld reinsurance agreements, should be reduced (increased) by the amounts of RBC ceded (assumed). There is a separate line in each asset section to achieve this reduction (i.e., "Reduction in RBC for MODCO or Funds Withheld reinsurance ceded agreements") The amount ceded is determined using the assets supporting the ceded liabilities as of Dec. 31. (In some instances, there may be assets in a trust that exceed the amount needed to support the liabilities; only the portion of assets used to support the ceded liabilities is used to determine the ceded RBC). The ceding company will need to supply the assuming company with sufficient information in order for the assuming company to determine the amount of RBC assumed. With the exception of the impact of the size factor, the amount of RBC ceded should be equal to the amount of RBC assumed. Put another way, there should be "mirror imaging" of RBC, except for the impact of the size factor. For MODCO or Funds Withheld reinsurance agreements, there will be no specific, line-by-line inventory of ceded assets and corresponding ceded RBC; however, ceding and assuming companies must keep detailed records and be prepared to produce those records upon request. The ceding company is required to supply the assuming company with sufficient information in order for the assuming company to determine the amount of RBC assumed.

A reinsurer that has not received such information shall calculate MODCO adjustments for reinsurance assumed as follows:

- If the reinsurer has received data for periods prior to the effective date of the RBC filing, a "MODCO liability ratio" will be developed by comparing the MODCO liabilities at the filing date to the MODCO liabilities as of the last date for which data were received. The required capital for MODCO assumed is the required capital as calculated based on these data multiplied by the "MODCO liability ratio."
- If the reinsurer has never received data from the ceding company, a "MODCO liability ratio" will be developed by comparing the MODCO liabilities at the filing date to the reinsurer's total invested assets (Page 2, Line **12** of the blue blank, or its equivalent). The required capital for MODCO assumed is the reinsurer's required capital as calculated prior to MODCO ceded and assumed adjustments multiplied by the "MODCO liability ratio."

Adjustments for MODCO or Funds Withheld reinsurance agreements should be based on pre-tax factors.

Size Factor

Companies with MODCO or Funds Withheld reinsurance agreements should adjust the company's year-end size factors according to the way the bonds are handled in the treaties. The assuming company includes the bonds that support its share of the liabilities; the ceding company includes the bonds that support its share of the liabilities. No adjustment is made for bonds purchased subsequent to June 30 of the valuation year and that solely support ceded liabilities.

Mortgages

The amount of RBC for mortgages is based upon the ceding company's calculation for the mortgages, or portion of these mortgages, which support the ceded liabilities. Thus, the amount of RBC ceded is equal to the amount of RBC assumed.

Specific Instructions for Application of the Formula

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Ceded - Bonds C-1o
LR042

Column 4
Enter by reinsurer, the amount of C-1o RBC the insurance company has ceded that is attributable to bonds. The "total" should equal the total amount of the reduction in C-1o RBC shown on Line (**19**) of page LR002 Bonds.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Assumed - Bonds C-1o
LR043

Column 4
Enter by ceding company, the amount of C-1o RBC the insurance company has assumed that is attributable to bonds. The "total" should equal the total amount of the increase in C-1o RBC shown on Line (**20**) of page LR002 Bonds.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Ceded – All Other Assets C-o, C-1
LR044

Column 4
Enter by reinsurer, the amount of C-1 RBC the company has ceded that is attributable to all assets except bonds. The "total" should equal the total amount of the reduction of C-1 RBC attributable to all assets except bonds for MODCO and funds withheld agreements.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Assumed – All Other Assets C-o, C-1
LR045

Column 4
Enter by ceding company, the amount of C-1 RBC the insurance company has assumed that is attributable to all assets except bonds. The "total" should equal the total amount of the increase in C-1 RBC attributable to all assets except bonds for MODCO and funds withheld agreements.

EXEMPTION TEST: CASH FLOW TESTING FOR C-3 RBC

LR046

Specific Instructions for Application of the Formula

Line (5)

Column (1) Line (5) will need to be manual entry if the company has any equity-indexed product amounts included in the totals from **LR027** Interest Rate Risk and Market Risk. Line (5) is calculated as **LR027** Interest Rate Risk and Market Risk Column (3) Line (17) times 0.65 plus **LR027** Interest Rate Risk and Market Risk Column (3) Line (16) times 0.65 minus any equity indexed product amounts included in these totals times 0.65.

Line (6)

Column (1) Line (6) will also be manual entry if the company has any equity-indexed product amounts subtracted from Line (5) above. Line (6) is calculated as **LR027** Interest Rate Risk and Market Risk Column (3) (Line (22) + (27) + (29) + (30) + (31)) x 0.65 plus any equity-indexed amounts subtracted in the Line (5) calculation.

Line (16)

Column (1) Line (16) will need to be manual entry if the company has any equity-indexed product amounts included in the totals from **LR027**Interest Rate Risk and Market Risk. Line (16) is calculated as **LR027** Interest Rate Risk and Market Risk Column (3) Line (17) times 0.65 plus **LR027** Interest Rate Risk Column (3) Line (16) times 0.65 minus any equity-indexed product amounts included in these totals times 0.65.

Line (17)

Column (1) Line (17) will need to be manual entry if the company has any equity indexed product amounts included in the totals from **LR027** Interest Rate Risk and Market Risk. Line (17) is calculated as **LR027** Interest Rate Risk and Market Risk Column (3) Line (17) times 6.5 times 0.65 minus any equity-indexed product amounts included in these totals times 6.5 times 0.65.

Line (18)

Column (1) Line (18) will also be manual entry if the company has any equity-indexed product amounts subtracted from Line (16) above. Line (18) is calculated as **LR027** Interest Rate Risk and Market Risk Column (3) (Line (22) + (27) + (29) + (30) + (31)) x 0.65 plus any equity-indexed amounts subtracted in the Line (5) calculation.

Appendix 1 – Cash Flow Testing for C-3 RBC

This appendix is applicable for all companies who do Cash Flow Testing for C-3 RBC.

The method of developing the C-3 component is building on the work of the asset adequacy modeling, but using interest scenarios designed to help approximate the 95th percentile C-3 risk.

The C-3 component is to be calculated as the sum of four amounts, but subject to a minimum. The calculation is:

(a) For Certain Annuities or Single Premium Life Insurance products other than equity-indexed products, whether written directly or assumed through reinsurance, that the company tests for asset adequacy analysis using cash flow testing, an actuary should calculate the C-3 requirement based on the same cash flow models and assumptions used and same "as-of" date as for asset adequacy, but with a different set of interest scenarios and a different measurement of results. A weighted average of a subset of the scenario-specific results is used to determine the C-3 requirement. The result is to be divided by 0.65 to put it on a pre-tax basis for **LR027** Interest Rate Risk and Market Risk Column (2) Line (33).

If the "as-of" date of this testing is not Dec. 31, the ratio of the C-3 requirement to reserves on the "as-of" date is applied to the year-end reserves, similarly grouped, to determine the year-end C-3 requirement for this category.

(b) Equity-indexed products are to use the existing C-3 RBC factors, not the results of cash flow testing.

(c) For all other products (either non-cash-flow-tested or those outside the product scope defined above) the C-3 requirements are calculated using current existing C-3 RBC factors and instructions.

(d) For callable/pre-payable assets (including IOs and similar investments other than those used for testing in component a) above, the C-3 requirement is 76.9 percent of the excess, if any, of book/adjusted carrying value above current call price. The calculation is to be done on an asset-by-asset basis.

The total C-3 component is the sum of (a), (b), (c) and (d), but not less than half the C-3 component based on current factors and instructions.

- For this C-3 calculation, "Certain Annuities" means products with the characteristics of deferred and immediate annuities, structured settlements, guaranteed separate accounts (excluding guaranteed indexed separate accounts following a Class II investment strategy) and GICs (including synthetic GICs and funding agreements). Debt incurred for funding an investment account is included if cash flow testing of the arrangement is required by the insurer's state of domicile for asset adequacy analysis. The equity-based portions of variable products are not to be included, but guaranteed fixed options within such products are. See Appendix 1b for further discussion.

- The company may use either a standard 50 scenario set of interest rates or an alternative, but more conservative, 12 scenario set (for part a, above). It may use the smaller set for some products and the larger one for others. Details of the cash flow testing for C-3 RBC methodology are contained in Appendix 1a.

- In order to allow time for the additional work effort, an estimated value is permitted for the year-end annual statement. For the RBC electronic filing, the actual results of the cash flow testing for C-3 RBC will be required. If the actual RBC value exceeds that estimated earlier in the blanks filing by more than 5 percent, or if the actual value triggers regulatory action, a revised filing with the NAIC and the state of domicile is required by June 15; otherwise, re-filing is permitted but not required.

- The risk-based capital submission is to be accompanied by a statement from the appointed actuary certifying that in his or her opinion the assumptions used for these calculations are not unreasonable for the products, scenarios and purpose being tested. This C-3 Assumption Statement is required from the appointed actuary even if the cash flow testing for C-3 RBC is done by a different actuary.

- The cash flow testing used for this purpose will use assumptions as to cash flows, assets associated with tested liabilities, future investment strategy, rate spreads, “as-of” date and how negative cash flow is reflected consistent with those used for cash flow testing for asset adequacy purposes (except that if negative cash flow is modeled by borrowing, the actuary needs to make sure that the amount and cost of borrowing are reasonable for that particular scenario of the C-3 testing). The other differences are the interest scenarios assumptions and how the results are used.

  It is important that assumptions be reviewed for reasonableness under the severe scenarios used for C-3 RBC cash flow testing. The assumptions used for cash flow testing may need to be modified so as to produce reasonable results in severe scenarios.

- The actuary must also ensure that the cash flow testing used for the 50 or 12 scenarios does not double-count cash flow offsets to the interest rate risks. That is, that the calculations do not reduce C-3 and another RBC component for the same margins. For example, certain reserve margins on some guaranteed separate account products serve an AVR role and are credited against the C-1o requirement. To that degree, these margins should be removed from the reserve used for C-3 RBC cash flow testing.

Appendix 1a – Cash Flow Testing for C-3 RBC Methodology

General Approach

1. The underlying asset and liability model(s) are those used for year-end Asset Adequacy Analysis cash flow testing, or a consistent model.

2. Run the scenarios (12 or 50) produced from the interest-rate scenario generator.

3. The statutory capital and surplus position, S(t), should be captured for every scenario for each calendar year-end of the testing horizon. The capital and surplus position is equal to statutory assets less statutory liabilities for the portfolio.

4. For each scenario, the C-3 measure is the most negative of the series of present values S(t)*pv(t), where pv(t) is the accumulated discount factor for t years using 105 percent of the after-tax one-year Treasury rates for that scenario. In other words:

$$pv(t) = \prod_{1}^{t} 1/(1+i_t)$$

5. Rank the scenario-specific C-3 measures in descending order, with scenario number 1's measure being the positive capital amount needed to equal the very worst present value measure.

6. Taking the weighted average of a subset of the scenario specific C-3 scores derives the final C-3 after-tax factor.

   (a) For the 50 scenario set, the C-3 scores are multiplied by the following series of weights:

   ------------------------------------ Weighting Table --

Scenario Rank:	17	16	15	14	13	12	11	10	9	8	7	6	5
Weight:	0.02	0.04	0.06	0.08	0.10	0.12	0.16	0.12	0.10	0.08	0.06	0.04	0.02

   The sum of these products is the C-3 charge for the product.

   (b) For the 12 scenario set, the charge is calculated as the average of the C-3 scores ranked 2 and 3, but cannot be less than half the worst scenario score.

7. If multiple asset/liability portfolios are tested and aggregated, an aggregate C-3 charge can be derived by first summing the S(t)'s from all the portfolios (by scenario) and then following Steps 2 through 6 above. An alternative method is to calculate the C-3 score by scenario for each product, sum them by scenario, then order them by rank and apply the above weights.

Single Scenario C-3 Measurement Considerations

1. GENERAL METHOD - This approach incorporates interim values, consistent with the approach used for bond, mortgage and mortality RBC factor quantification. The approach establishes the risk measure in terms of an absolute level of risk (e.g., solvency) rather than volatility around an expected level of risk. It also recognizes reserve conservatism, to the degree that such conservatism hasn't been used elsewhere.

2. INITIAL ASSETS = RESERVES - Consistent with appointed actuary practice, the cash flow models are run with initial assets equal to reserves; that is, no surplus assets are used.

3. AVR - Existing AVR-related assets should not be included in the initial assets used in the C-3 modeling. These assets are available for future credit loss deviations over and above expected credit losses. These deviations are covered by C-1 risk capital. Similarly, future AVR contributions should not be modeled. However, the expected credit losses should be in the cash flow modeling. (Deviations from expected are covered by both the AVR and the C-1 risk capital.)

4. IMR - IMR assets should be used for C-3 modeling. (Also see #9 – Disinvestment Strategy.)

5. INTERIM MEASURE - Retained statutory surplus (i.e., statutory assets less statutory liabilities) is used as the year-to-year interim measure.

6. TESTING HORIZONS - Surplus adequacy should be tested over a period that extends to a point at which contributions to surplus on a closed block are immaterial in relationship to the analysis. If some products are being cash flow tested for Asset Adequacy Analysis over a longer period than the 30 years generated by the interest-rate scenario generator, the scenario rates should be held constant at the year 30 level for all future years. A consistent testing horizon is important for all lines if the C-3 results from different lines of business are aggregated.

7. TAX TREATMENT - The tax treatment should be consistent with that used in Asset Adequacy Analysis. Appropriate disclosure of tax assumptions may be required.

8. REINVESTMENT STRATEGY - The reinvestment strategy should be that used in Asset Adequacy Analysis modeling.

9. DISINVESTMENT STRATEGY - In general, negative cash flows should be handled just as they are in the Asset Adequacy Analysis. The one caveat is, since the RBC scenarios are more severe, models that depend on borrowing need to be reviewed to be confident that loans in the necessary volume are likely to be available under these circumstances at a rate consistent with the model's assumptions. If not, adjustments need to be made.

   If negative cash flows are handled by selling assets, then appropriate modeling of contributions and withdrawals to the IMR need to be reflected in the modeling.

10. STATUTORY PROFITS RETAINED - The measure is based on a profits retained model, anticipating that statutory net income earned one period is retained to support capital requirements in future periods. In other words, no stockholder dividends are withdrawn, but policyholder dividends, excess interest, declared rates, etc., are modeled realistically and assumed, paid or credited.

11. LIABILITY and ASSET ASSUMPTIONS - The liability and asset assumptions should be those used in Asset Adequacy Analysis modeling. Disclosure of these assumptions may be required.

12. SENSITIVITY TESTING - Key assumptions shall be stress tested (e.g., lapses increased by 50 percent) to evaluate sensitivity of the resulting C-3 requirement to the various assumptions made by the actuary. Disclosure of these results may be required.

Appendix 1b - Frequently Asked Questions for Cash Flow Testing for C-3 RBC

1. Where can the scenario generator be found? What is needed to run it?

   The scenario generator is a Microsoft Excel spreadsheet. By entering the Treasury yield curve at the date for which the testing is done, it will generate the sets of 50 or 12 scenarios. It requires Windows 95 or higher. This spreadsheet and instructions are available on the NAIC Web site at (http://www.naic.org/committees_e_capad_lrbc.htm). It is also available on diskette from the American Academy of Actuaries.

2. The results may include sensitive information in some instances. How can it be kept confidential?

   As provided for in Section 8 of the Risk-Based Capital (RBC) For Insurers Model Act, all information in support of and provided in the RBC reports (to the extent the information therein is not required to be set forth in a publicly available annual statement schedule), with respect to any domestic or foreign insurer, which is filed with the commissioner constitute information that might be damaging to the insurer if made available to its competitors, and therefore shall be kept confidential by the commissioner. This information shall not be made public or be subject to subpoena, other than by the commissioner and then only for the purpose of enforcement actions taken by the commissioner under the Risk-Based Capital (RBC) For Insurers Model Act or any other provision of the insurance laws of the state.

3. The definition of the annuities category talks about "debt incurred for funding an investment account…" Could you give a specific description of what is intended?

   One example is a situation where an insurer is borrowing under an advance agreement with a federal home loan bank, under which agreement collateral, on a current fair value basis, is required to be maintained with the bank. This arrangement has many of the characteristics of a GIC, but is classified as debt.

4. The instructions specify that assumptions consistent with those used for Asset Adequacy Analysis testing be used for C-3 RBC, but my company cash flow tests a combination of universal life and annuities for that analysis and using the same assumptions will produce incorrect results. What was intended in this situation?

   Where this situation exists, assumptions should be used for the risk-based capital work that are consistent with those used for the Asset Adequacy Cash Flow Testing. In other words, the assumptions used should be appropriate to the annuity component being evaluated for RBC and consistent with the overall assumption set used for Asset Adequacy Analysis.

Appendix 2 - Commonly Used Health Insurance Terms

The Definitions of Commonly Used Terms are frequently duplicates from the main body of the text. If there are any inconsistencies between the definitions in this section and the definitions in the main body of the instructions, the main body definition should be used.

Administrative Expenses - Costs associated with the overall management and operations of the insurer that are not directly related to, or in direct support of providing medical services. Expenses to administer ASC, ASO business and related revenue must be identified separately from underwritten business. Commission payments and premium taxes are excluded for RBC calculation purposes.

Administrative Services Contract (ASC) - A contract where the insurer agrees to provide administrative services, such as claims processing, for a third party that is at risk, and accordingly, the administrator has not issued an insurance policy, regardless of whether an identification card is issued. The administrator may arrange for provision of medical services through a contracted or employed provider network. The plan (whether insured by another reporting entity or self-insured) bears all of the insurance risk, and there is not possibility of loss or liability to the administrator caused by claims incurred related to the plan. Claims are paid from the reporting entity's own bank accounts, and only subsequently receives reimbursement from the uninsured plan sponsor.

ASC Reimbursements - Funds received by the company under an ASC contract as reimbursement for claims payments and for expenses associated with administering the contract.

Administrative Services Only (ASO) - A contract where the insurer agrees to provide administrative services, such as claims processing, for a third party that is at risk, and accordingly, the administrator has not issued an insurance policy, regardless of whether an identification card is issued. The administrator may arrange for provision of medical services through a contracted or employed provider network. The plan (whether insured by another reporting entity or self-insured) bears all of the insurance risk, and there is not possibility of loss or liability to the administrator caused by claims incurred related to the 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 reporting entity, but only after the reporting entity has received funds from the uninsured plan sponsor that are adequate to fully cover the claim payments.

ASO Reimbursements - Funds received by the company under an ASO contract as a fee for expenses associated with administering the contract.

Aggregate Cost Payments - The aggregate cost method of reimbursement is where a health plan has a reimbursement plan with a corporate entity that directly provides care, where (1) the health plan is contractually required to pay the total operating costs of the corporate entity, less any income to the entity from other users of services; and (2) there are mutual unlimited guarantees of solvency between the entity and the health plan, which put their respective capital and surplus at risk in guaranteeing each other.

Intermediary - An intermediary is a person, corporation or other business entity (not licensed as a medical provider) that arranges, by contracts with physicians and other licensed medical providers, to deliver health services for an insurer and its enrollees via a separate contract between the intermediary and the insurer.

Managed Care Organization (MCO) - Any person, corporation or other entity (other than an insurer) that enters into arrangements or agreements with licensed medical providers or intermediaries for the purpose of providing or offering to provide a plan of health benefits directly to individuals or employer groups in consideration for an advance periodic charge (premium) per member covered.

Maximum Retained Risk - The maximum level of potential claim exposure (capped at $750,000 for medical coverage and $25,000 for all other coverage) resulting from coverage on a single member of an insurer. Maximum retained risk for companies providing "professional component" (non-hospital) coverage will be capped at $375,000. Where specific stop-loss reinsurance protection is in place, this is equal to the highest attachment point on such stop-loss reinsurance, subject to the following:

> Where coverage under the stop-loss protection (plus retention) with the highest attachment point is capped at less than $750,000 per member ($375,000 for companies providing "professional component" coverage only), the maximum retained loss will be equal to such attachment point plus the difference between the coverage (plus retention) and $750,000.
>
> Where the stop-loss layer is subject to participation by the insurer, the maximum retained risk as calculated above will be increased by the insurer's participation in the stop-loss layer (up to $750,000 less retention).

Professional Services - Health care services provided by a physician or other health care practitioner licensed, accredited or certified to perform specified health services consistent with state law.

Provider Stop-loss - Coverage afforded to a provider via the risk-sharing mechanisms within the contract with such provider in exchange for a reduced payment to the provider. Also includes insurance (not reinsurance) purchased by the provider (or an intermediary) directly from a licensed insurer.

Regulated Intermediary - A regulated intermediary is an intermediary (affiliated or not) subject to state regulation and required to file the MCO RBC formula with the state. (See also Intermediary.)

Risk Revenue - Amounts charged by the reporting insurer as a provider or intermediary for specified medical services provided to the policyholders or members of another insurer or MCO. Unlike premiums, which are collected from an employer group or individual member, risk revenue is the prepaid (usually on a capitated basis) payments, made by another insurer or MCO to the reporting company in exchange for services to be provided or offered by such organization. Payments to providers under risk revenue arrangements are included in the RBC calculation at the same factor as premiums and are subject to the same managed care credit categories. *NOTE: RISK REVENUE IS VERY SIMILAR TO REINSURANCE ASSUMED.*

Specified Disease Coverage - Coverage that provides primarily pre-determined benefits for expenses in the care of cancer and/or other specified diseases.

Stop-Loss Coverage - Coverage for a self-insured group plan, a provider/provider group or non-proportional reinsurance of a medical insurance product. Coverage may apply on a specific basis, an aggregate basis or both. Specific coverage means that the stop-loss carriers risk begins after a minimum of at least $5,000 of claims for any one covered life has been covered by the group plan, provider/provider group or direct writer. Aggregate coverage means that the stop-loss carriers risk begins after the group plan, provider/provider group or direct writer has retained at least 90 percent of expected claims or the economic equivalent.

Appendix 3 – Commonly Used Terms for Stand-Alone Medicare Part D Coverage

The federal Centers for Medicare and Medicaid Services (CMS) oversees the Stand-Alone Medicare Part D prescription drug coverage, including both coverage provided through a stand-alone Prescription Drug Plan (PDP) and coverage provided as part of a Medicare Advantage plan. CMS ascribes a specific meaning to most of the following terms, and the RBC formulas have adopted that terminology to reduce the potential for misinterpretation. Other terms have been defined below in order to facilitate the appropriate application of the RBC formula.

Beneficiary Premium (Standard Coverage Portion) - The amount received from the Part D enrollee (directly, or from CMS after being withheld from Social Security benefits) as payment for the Standard Coverage. This includes any late enrollment penalties that the PDP Sponsor receives for an enrollee. The Beneficiary Premium is accounted for as health premium.

Beneficiary Premium (Supplemental Benefit Portion) - The amount received from the Part D enrollee (directly, or from CMS after being withheld from Social Security benefits) as payment for Supplemental Benefits. The Beneficiary Premium is accounted for as health premium.

Coverage Year Reconciliation - A reconciliation made after the close of each calendar year, to determine the amounts that a PDP Sponsor is entitled to for the Low-Income Subsidy (Cost-Sharing Portion), the Reinsurance Payment, and the Risk Corridor Payment Adjustment. To the extent that interim payments (if any) from CMS exceeded the amounts determined by the reconciliation, the PDP Sponsor must return the excess to the government; to the extent that interim payments (if any) from CMS fell short of the amounts determined by the reconciliation, the government will make an additional payment to the PDP Sponsor. The Coverage Year Reconciliation results in the Low-Income Subsidy (Cost-Sharing Portion) and the Reinsurance Payment being essentially a self-insured (by the government) component of the Part D coverage, subject to SSAP No. 47. The Coverage Year Reconciliation also results in the treatment of the Risk Corridor Payment Adjustment as a retrospective premium adjustment, subject to SSAP No. 66.

Direct Subsidy – The amount the government pays to the PDP Sponsor for the Standard Coverage. These payments are accounted for as health premium.

Low-Income Subsidy (Cost-Sharing Portion) - The amount the government pays to the PDP Sponsor for additional benefits provided to low-income enrollees. The additional benefits may include payment for some or all of the deductible, the coinsurance, and the copayment above the out-of-pocket threshold. These payments are accounted for as payments made under a self-insured plan.

Low-Income Subsidy (Premium Portion) - The amount the government pays to the PDP Sponsor for low-income enrollees in lieu of part or all of the Beneficiary Premium (Standard Coverage Portion). These payments are accounted for as health premium.

Part D Payment Demonstration - A payment from the government to a PDP Sponsor participating in CMS's Part D Payment Demonstration. The Payment Demonstration is a special arrangement in which the PDP sponsor receives a predetermined per-enrollee capitation payment and the government no longer provides reinsurance for the 80 percent of costs in excess of the out-of-pocket threshold. Rather, the PDP sponsor assumes the risk for this 80 percent of costs, in addition to its normal 15 percent share of costs in excess of this threshold. However, risk corridor protection does still apply to this 80 percent share of costs. These payments are accounted for as health premium.

PDP Sponsor - The entity that provides stand-alone Part D coverage (as opposed to Part D coverage provided through a Medicare Advantage plan).

Reinsurance Coverage - The Stand-Alone Medicare Part D provision under which the PDP sponsor may receive a Reinsurance Payment. This does not include payments under the Part D Payment Demonstration.

Reinsurance Payment - An amount paid by the government for benefit costs above the out-of-pocket threshold (see "Standard Coverage"). Generally, when costs exceed the out-of-pocket threshold, the government pays 80 percent of the costs, the enrollee pays 5 percent (or specified copayments, if greater), and the PDP Sponsor pays the remainder (typically, 15 percent of the costs). The amount paid by the government is treated as a claim payment made by a self-insured benefit plan rather than as revenue to the PDP Sponsor, and the claims do not flow through the PDP sponsor's income statement. In cases where the government prepays the Reinsurance Payment on an estimated basis, the prepayment is treated as a deposit, which again does not pass through the PDP Sponsor's income statement.

Risk Corridor Payment Adjustment - An amount by which the government adjusts its payments to the PDP Sponsor, based on how actual benefit costs vary from the costs anticipated in the PDP Sponsor's bid for the Part D contract (the "target amount" of costs). The government establishes thresholds for symmetric risk corridors around the target amount, using percentages of the target amount. If actual costs exceed the target amount but are less than the first threshold upper limit, then no adjustment is made. If actual costs exceed the first threshold upper limit, the government will make an additional payment equal to 50 percent (75 percent in 2006 and 2007, or 90 percent under some circumstances) of the excess that falls between the first and second thresholds, and 80 percent of the excess that falls above the second threshold. However, if actual costs are less than the target amount, then the PDP Sponsor must make a comparable payment to the government. For 2006 and 2007, the first and second thresholds are 2.5 percent and 5 percent, respectively; for 2009-2011, they are 5 percent and 10 percent; and for 2012 and later, the thresholds have not yet been established, but will be no less than the 2009-2011 values. Risk corridor payment adjustments are accounted for as retrospective premium adjustments on retrospectively rated contracts.

Risk Corridor Protection - The Stand-Alone Medicare Part D provision under which the PDP sponsor may receive or pay a Risk Corridor Payment Adjustment. Most employer plans providing Stand-Alone Medicare Part D are not subject to Risk Corridor Payment Adjustments.

Standard Coverage - The Part D benefit design that conforms to certain standards prescribed by the government. The standard coverage comprises: no coverage for an annual initial deductible; coverage net of a coinsurance provision (25 percent of costs are payable by the insured) for costs up to an initial coverage limit; a range beyond the initial coverage limit, in which the insured pays all of the prescription drug costs –i.e., no coverage by the PDP; and an annual out-of-pocket threshold, above which the insured pays the greater of a specified copayment or 5 percent of the drug cost. The various limits and thresholds are set at specified dollar amounts for 2006, which will be increased in later years based on the growth in drug expenditures. Wherever the term "Standard Coverage" is used as part of these instructions, the same treatment would be applied to coverage that has been approved as actuarially equivalent coverage. With respect to amounts above the out-of-pocket threshold, see the definitions of "Reinsurance Payment" and "Part D Payment Demonstration."

Supplemental Benefits - Benefits in excess of the Standard Coverage. These benefits typically will cover some portion of the deductible, the copayments, or the "coverage gap" between the initial coverage limit and the out-of-pocket threshold. Supplemental Benefits are part of an enrollee's Part D coverage, so they are not placed in the "Other" category in the RBC formula. However, they are not subject to either the Reinsurance Payment or the Risk Corridor Payment Adjustment, so they receive less favorable RBC treatment than the Standard Coverage.

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COMPANY INFORMATION PAGE (JURAT)
Life Risk-Based Capital
For the Year Ending December 31, 2011

(A) Company Name ______

(B) NAIC Group Code ______ (C) NAIC Company Code ______ (D) Employer's ID Number ______

(E) Organized under the Laws of the State of ______

Contact Person for Life Risk-Based Capital:

(F) First Name ______ (G) Middle ______ (H) Last Name ______

(I) Mail Address of Contact Person ______
(Street and Number or P.O. Box)

(J) City ______ (K) State ______ (L) Zip ______

(M) Phone Number of RBC Contact Person ______ Extension ______

(N) E-mail Address of RBC Contact Person ______

(O) Date Prepared ______

(P) Preparer (if different than Contact) ______ First Name ______ Middle ______ Last Name

(Q) Is this filing an Original, Amended or Refiling? ______

(Q1) If Amended, Amendment Number: ______

(R) Were any items that come directly from the annual statement entered manually for this filing? (Yes or No) ______

Officers Name: ______ ______ ______

Officers Title: ______ ______ ______

Each says that they are the above described officers of the said insurer, and that this risk-based capital report is a true and fair representation of the company's affairs and has been completed in accordance with the NAIC instructions according to the best of their information, knowledge and belief, respectively.

______ (Signature) ______ (Signature) ______ (Signature)

Denotes items that must be manually entered on the filing software.

BONDS

	SVO Bond Rating Category	Annual Statement Source	(1) Book / Adjusted Carrying Value		Factor		(2) RBC Requirement
	Long Term Bonds						
(1)	Exempt Obligations	AVR Default Component Column 1 Line 1		X	0.000	=	
(2)	Asset Class 1	AVR Default Component Column 1 Line 2 - Schedule D Part 1A Section 1 Column 6 Line 7.1		X	0.004	=	
(3)	Asset Class 2	AVR Default Component Column 1 Line 3 - Schedule D Part 1A Section 1 Column 6 Line 7.2		X	0.013	=	
(4)	Asset Class 3	AVR Default Component Column 1 Line 4 - Schedule D Part 1A Section 1 Column 6 Line 7.3		X	0.046	=	
(5)	Asset Class 4	AVR Default Component Column 1 Line 5 - Schedule D Part 1A Section 1 Column 6 Line 7.4		X	0.100	=	
(6)	Asset Class 5	AVR Default Component Column 1 Line 6 - Schedule D Part 1A Section 1 Column 6 Line 7.5		X	0.230	=	
(7)	Asset Class 6	AVR Default Component Column 1 Line 7 - Schedule D Part 1A Section 1 Column 6 Line 7.6		X	0.300	=	
(8)	Total Long-Term Bonds	Sum of Lines (1) through (7)					
	(Column (1) should equal Page 2 Column 3 Line 1 - Schedule D Part 1A Section 1 Column 6 line 7.7)						
	Short Term Bonds						
(9)	Exempt Obligations	AVR Default Component Column 1 Line 18		X	0.000	=	
(10)	Asset Class 1	AVR Default Component Column 1 Line 19		X	0.004	=	
(11)	Asset Class 2	AVR Default Component Column 1 Line 20		X	0.013	=	
(12)	Asset Class 3	AVR Default Component Column 1 Line 21		X	0.046	=	
(13)	Asset Class 4	AVR Default Component Column 1 Line 22		X	0.100	=	
(14)	Asset Class 5	AVR Default Component Column 1 Line 23		X	0.230	=	
(15)	Asset Class 6	AVR Default Component Column 1 Line 24		X	0.300	=	
(16)	Total Short-Term Bonds	Sum of Lines (9) through (15)					
	(Column (1) should equal Schedule DA Part 1 Column 8 Lines 8399999+8899999+8999999+ LR012 Miscellaneous Assets Column (1) Line (2.2))						
(17)	Total Long-Term and Short-Term Bonds (pre-MODCO/Funds Withheld)	Line (8) + (16)					
(18)	**Credit for Hedging**	**LR014 Hedged Asset Bond Schedule Column 13 Line 0399999**					
(19)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	**LR042** Modco or Funds Withheld Reinsurance Ceded - Bonds C-1o Column (4) Line (9999999)					
(20)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	**LR043** Modco or Funds Withheld Reinsurance Assumed - Bonds C-1o Column (4) Line (9999999)					
(21)	Total Long-Term and Short-Term Bonds (including MODCO/FundsWithheld **and Credit for Hedging** adjustments.)	Lines (17) - **(18) - (19) + (20)**					
(22)	Non-exempt Asset Class 1 U.S. Government Agency Bonds	Schedule D Part 1 Class 1 Bonds and Schedule DA Part 1 Class 1 Bonds, in part†		X	0.004	=	
(23)	Bonds Subject to Size Factor	Line **(21)** - Line (1) - Line (9) - Line **(22)**					
(24)	Number of Issuers	Company Records					
(25)	Size Factor for Bonds						
(26)	Bonds Subject to Size Factor after the Size Factor is Applied	Line **(23)** x Line **(25)**					
(27)	Total Bonds	Line **(22)** + Line **(26)**					

† Only investments in asset Class 1 U.S. Government agency bonds previously reported in Lines (2) and (10), net of those included on Line **(19)**, plus the portion of Line **(20)** attributable to ceding companies' Lines (2) and (10) should be included on Line **(22)**. No other class 1 bonds should be included on this line. Exempt U.S. Government bonds shown on Lines (1) and (9) should not be included on Line **(22)**. Refer to the bond section of the risk-based capital instructions for more clarification.

Denotes items that must be manually entered on the filing software.

MORTGAGE EXPERIENCE ADJUSTMENT

(1) Does the company have 5 plus years of mortgage experience? Enter "Yes" or "No." (1) ______

	Quarter and Year	(2) Farm and Commercial Mortgages With Restructured Terms	(3) Farm and Commercial Mortgages 90 Days Overdue	(4) Farm and Commercial Mortgages In Process of Foreclosure	(5) Year-to-Date Farm and Commercial Mortgages Transferred to Real Estate	(6) Farm and Commercial Mortgages In Good Standing	(7) Ratio†
(2)	September **2009**						xxxxxxxx
(3)	December **2009**						
(4)	March **2010**						‡
(5)	June **2010**						
(6)	September **2010**						
(7)	December **2010**						
(8)	March **2011**						‡
(9)	June **2011**						
(10)	September **2011**						

(11) Company Normalized Loss Ratio (Average of Column (7) Lines (3) through (10)) ______

(12) Industry Normalized Loss Ratio (Provided by the NAIC) § ______

(13) Mortgage Experience Adjustment Factor for Mortgages in Good Standing ______
Company Normalized Loss Ratio Line (11) divided by Industry Normalized LossRatio Line (12) (not more than 350 percent nor less than 50 percent)
(For year-end 2010 and 2011 only, Line (13) will be not more than 175 percent nor less than 80 percent)

† Column (7) calculation for quarterly amounts:
[0.010 multiplied by the average of [Column (2) current quarter plus Column (2) previous quarter]
plus 0.020 multiplied by the average of [Column (3) current quarter plus Column (3) previous quarter]
plus 0.025 multiplied by the average of [Column (4) current quarter plus Column (4) previous quarter]
plus 0.120 multiplied by [Column (5) current quarter less Column (5) previous quarter]]
divided by
[the average of [Columns (2), (3), (4) and (6) current quarter plus Columns (2), (3), (4) and (6) previous quarter]
plus one-half of [Column (5) current quarter less Column (5) previous quarter]]

‡ Column (7) calculation for first quarterly amounts:
[0.010 multiplied by the average of [Column (2) current quarter plus Column (2) previous quarter]
plus 0.020 multiplied by the average of [Column (3) current quarter plus Column (3) previous quarter]
plus 0.025 multiplied by the average of [Column (4) current quarter plus Column (4) previous quarter]
plus 0.120 multiplied by Column (5) current quarter]
divided by
[the average of [Columns (2), (3), (4) and (6) current quarter plus Columns (2), (3), (4) and (6) previous quarter]
plus one-half of Column (5) current quarter]

§ The **2011** Industry Normalized Loss Ratio will be available December **2011**.

Denotes items that must be manually entered on the filing software.

MORTGAGES

		Annual Statement Source	(1) Book / Adjusted Carrying Value	(2) Involuntary Reserve Adjustment†	(3) RBC Subtotal	(4) Cumulative Writedowns‡		(5) Average Factor		(6) RBC Requirement
	In Good Standing									
(1)	Farm Mortgages	AVR Default Component Column 1 Line 35				XXX	X	§	=	
(2)	Residential Mortgages-Insured or Guaranteed	AVR Default Component Column 1 Line 36				XXX	X	0.0014	=	
(3)	Residential Mortgages-All Other	AVR Default Component Column 1 Line 37				XXX	X	0.0068	=	
(4)	Commercial Mortgages-Insured or Guaranteed	AVR Default Component Column 1 Line 38				XXX	X	0.0014	=	
(5)	Commercial Mortgages-All Other	AVR Default Component Column 1 Line 39				XXX	X	§	=	
(6)	Restructured Mortgages	AVR Default Component Column 1 Line 40				XXX	X	*	=	
	90 Days Overdue, Not in Process of Foreclosure									
(7)	Farm Mortgages	AVR Default Component Column 1 Line 41					X	£	=	
(8)	Residential Mortgages-Insured or Guaranteed	AVR Default Component Column 1 Line 42					X	£	=	
(9)	Residential Mortgages-All Other	AVR Default Component Column 1 Line 43					X	£	=	
(10)	Commercial Mortgages-Insured or Guaranteed	AVR Default Component Column 1 Line 44					X	£	=	
(11)	Commercial Mortgages-All Other	AVR Default Component Column 1 Line 45					X	£	=	
	In Process of Foreclosure									
(12)	Farm Mortgages	AVR Default Component Column 1 Line 46					X	£	=	
(13)	Residential Mortgages-Insured or Guaranteed	AVR Default Component Column 1 Line 47					X	£	=	
(14)	Residential Mortgages-All Other	AVR Default Component Column 1 Line 48					X	£	=	
(15)	Commercial Mortgages-Insured or Guaranteed	AVR Default Component Column 1 Line 49					X	£	=	
(16)	Commercial Mortgages-All Other	AVR Default Component Column 1 Line 50					X	£	=	
	Due and Unpaid Taxes									
(17)	Due and Unpaid Taxes on Mortgages Overdue, Not in Process of Foreclosure	Schedule B Part 1 Footnote #3 1st amount					X	1.000	=	
(18)	Due and Unpaid Taxes on Foreclosed Mortgages	Schedule B Part 1 Footnote #4 1st amount					X	1.000	=	
(19)	Total Mortgages (including due and unpaid taxes) (Column (1) should equal Page 2 Column 3 Lines 3.1 + 3.2 + Schedule B Part 1 Footnote #3 1st amount + Schedule B Part 1 Footnote #4 1st amount).	Sum of Lines (1) through (18)								
(20)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)								
(21)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)								
(22)	Total Mortgages (including MODCO/Funds Withheld.)	Lines (19) - (20) + (21)								

† Involuntary reserves are reserves that are held as an offset to a particular asset that is clearly a troubled asset and are included on Page 3 Line 25 of the Annual Statement.
‡ Cumulative writedowns include the total amount of writedowns, non-admissions, and involuntary reserves that have been taken or established with respect to a particular mortgage.
§ For Lines (1) and (5), Column (5) is equal to 0.0260 multiplied times the experience adjustment factor on LR003 Mortgage Experience Adjustment Factor Line (13).
* For Line (6), Column (5) is the greater of 0.0900 or 0.0260 multiplied by [the experience adjustment factor calculated on LR003 Mortgage Experience Adjustment Factor Line (13)] plus 0.0200.
£ For Lines (7) through (16), Column (5) is calculated as Column (6) divided by Column (3).

Denotes items that must be manually entered on the filing software.

UNAFFILIATED PREFERRED AND COMMON STOCK

		Annual Statement Source	(1) Book / Adjusted Carrying Value	(2) Less Affiliated Preferred Stock Without AVR	(3) RBC Subtotal		(4) Factor		(5) RBC Requirement
	Unaffiliated Preferred Stock								
(1)	Preferred Stock Asset Class 1	AVR Default Component Column 1 Line 10				X	0.004	=	
(2)	Preferred Stock Asset Class 2	AVR Default Component Column 1 Line 11				X	0.013	=	
(3)	Preferred Stock Asset Class 3	AVR Default Component Column 1 Line 12				X	0.046	=	
(4)	Preferred Stock Asset Class 4	AVR Default Component Column 1 Line 13				X	0.100	=	
(5)	Preferred Stock Asset Class 5	AVR Default Component Column 1 Line 14				X	0.230	=	
(6)	Preferred Stock Asset Class 6	AVR Default Component Column 1 Line 15				X	0.300	=	
(7)	Total Unaffiliated Preferred Stock (pre-MODCO/Funds Withheld)	Sum of Lines (1) through (6)							
	(Column (1) should equal Page 2 Column 3 Line 2.1 less Asset Valuation Reserve Default Component Column 1 Line 16.)								
	(Column (2) should equal Schedule D Summary Column 1 Line 18 less Asset Valuation Reserve Default Component Column 1 Line 16.)								
	Hybrid Securities								
(8)	Hybrid Securities Asset Class 1	Schedule D Part 1A Section 1 Column 6 Line 7.1				X	0.004	=	
(9)	Hybrid Securities Asset Class 2	Schedule D Part 1A Section 1 Column 6 Line 7.2				X	0.013	=	
(10)	Hybrid Securities Asset Class 3	Schedule D Part 1A Section 1 Column 6 Line 7.3				X	0.046	=	
(11)	Hybrid Securities Asset Class 4	Schedule D Part 1A Section 1 Column 6 Line 7.4				X	0.100	=	
(12)	Hybrid Securities Asset Class 5	Schedule D Part 1A Section 1 Column 6 Line 7.5				X	0.230	=	
(13)	Hybrid Securities Asset Class 6	Schedule D Part 1A Section 1 Column 6 Line 7.6				X	0.300	=	
(14)	Total Hybrid Securities (pre-MODCO/Funds Withheld)	Sum of Lines (8) through (13)							
(15)	Total Unaffiliated Preferred Stock and Hybrid Securities (pre-MODCO/Funds Withheld)	Line (7) + Line (14)							
(16)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)							
(17)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)							
(18)	Total Unaffiliated Preferred Stock and Hybrid Securities (including MODCO/Funds Withheld.)	Lines (15) - (16) + (17)							
	Unaffiliated Common Stock								
(19)	Total Common Stock	Schedule D Summary Column 1 Line 25							
(20)	Less Affiliated Common Stock	Schedule D Summary Column 1 Line 24							
(21)	Less Non-Admitted Unaffiliated Common Stock included in Line (19)	Company Records							
(22)	Less Money Market Mutual Funds	Schedule D Part 2 Section 2 Column 6 Line 9399999				X	0.004	=	
(23)	Less Federal Home Loan Bank Common Stock	AVR Equity Component Column 1 Line 3				X	0.011	=	
(24)	Less Unaffiliated Private Common Stock	AVR Equity Component Column 1 Line 2				X	0.300	=	
(25)	Net Other Unaffiliated Public Common Stock	Lines (19) - (20) - (21) - (22) - (23) - (24)				X	†	=	
(26)	Total Admitted Unaffiliated Common Stock (pre-MODCO/Funds Withheld)	Lines (22) + (23) + (24) + (25)							
	(Column 1 should equal Schedule D Summary by Country Column 1 Line 25 less Line 24 less Line (21))								
(27)	**Credit for Hedging**	**LR015 Hedged Asset Common Stock Schedule Column 10 Line 0299999**							
(28)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)							
(29)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)							
(30)	Total Admitted Unaffiliated Common Stock (including MODCO/Funds Withheld **and Credit for Hedging**.)	Lines **(26) - (27) - (28) + (29)**							

† The factor for publicly traded common stock should equal 30 percent adjusted up or down by the weighted average beta for the publicly traded common stock portfolio subject to a minimum of 22.5 percent and a maximum of 45 percent in the same manner that the similar 13 percent factor for publicly traded common stock in the Asset Valuation Reserve (AVR) calculation is adjusted up or down. The rules for calculating the beta adjustment are set forth in the AVR section of the annual statement instructions.

Denotes items that must be manually entered on the filing software.

SEPARATE ACCOUNTS

		Annual Statement Source	(1) Book / Adjusted Carrying Value		(2) Factor or Calc		(3) RBC Requirement
	Separate Accounts with Guarantees						
(1)	Guaranteed Indexed	Page 2 Column 3 Line 27 in part			§		*
(2)	Non-Indexed, Reserved at Book Value	Company records			RBC x 1.000		
(3)	Non-Indexed, Reserved at Fair Value	Company records			RBC x 1.000 (less "haircut")		
(4)	Total Assets in Separate Accounts with Guarantees† (pre-MODCO/Funds Withheld)	Lines (1) + (2) + (3)					
(5)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(6)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(7)	Total Assets in Separate Accounts with Guarantees (including MODCO/Funds Withheld.)	Lines (4) - (5) + (6)					
	Synthetic GIC's						
(8)	Synthetic GIC's C-1 Requirement	Company Records (enter a pre-tax amount)			RBC x 1.000 (less "haircut")		
	Surplus in Non-Guaranteed Separate Accounts						
(9)	Assets in Separate Accounts	Page 2 Column 3 Line 27 in part		X	0.110	=	
(10)	Less Liabilities in Separate Accounts	Page 3 Column 1 Line 27 in part		X	0.110	=	
(11)	Expense Allowance Transfers - All Other	Page 3 Column 1 Line 13‡ in part		X	0.110	=	
(12)	Expense Allowance Transfers - Surrender Charge Based on Fund Contribution and the Fund Balance Exceeds the Sum of the Premiums Less Withdrawals	Page 3 Column 1 Line 13‡ in part		X	0.024	=	
(13)	Total Surplus in Non-Guaranteed Separate Accounts†	Lines (9) - (10) + (11) + (12)					
(14)	Total Separate Accounts Assets (Column (1) should equal Page 2 Column 3 Line 27)	Lines (4) + (9)					

† The amount reported in Column (3) should not be less than zero.
‡ The expense allowance transfers for Lines (11) and (12) should be entered as a positive value in Column (1).
§ If Column (1) is not equal to zero, Column (2) is calculated as Column (3) divided by Column (1).
* Column (3) is calculated according to the risk-based capital instructions.

Denotes items that must be manually entered on the filing software.

REAL ESTATE

		Annual Statement Source	(1) Book / Adjusted Carrying Value		(2) Average Factor		(3) RBC Requirement ‡
	Real Estate						
(1)	Company Occupied Real Estate	AVR Equity Component Column 1 Line 19					
(2)	Company Occupied Encumbrances	AVR Equity Component Column 3 Line 19					
(3)	Total Company Occupied Real Estate	Line (1) + (2)		X	†	=	
(4)	Foreclosed Real Estate	AVR Equity Component Column 1 Line 21					
(5)	Foreclosed Encumbrances	AVR Equity Component Column 3 Line 21					
(6)	Total Foreclosed Real Estate	Line (4) + (5)		X	†	=	
(7)	Investment Real Estate	AVR Equity Component Column 1 Line 20					
(8)	Investment Encumbrances	AVR Equity Component Column 3 Line 20					
(9)	Total Investment Real Estate	Line (7) + (8)		X	†	=	
(10)	Total Real Estate (pre-MODCO/Funds Withheld)	Lines (3) + (6) + (9)					
(11)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(12)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(13)	Total Real Estate (including MODCO/Funds Withheld)	Lines (10) - (11) + (12)					
	Schedule BA Real Estate						
(14)	Schedule BA Real Estate	Schedule BA Part 1 Column 12 Line 1799999 + Line 1899999 + 3399999 + 3499999 + 3599999 + 3699999, in part					
(15)	Schedule BA Real Estate Encumbrances	Schedule BA Part 1 Column 12 Line 1799999 + Line 1899999 + 3399999 + 3499999 + 3599999 + 3699999, in part					
(16)	Total Schedule BA Real Estate Excluding Low Income Housing Tax Credits Included Below	Line (14) + (15)		X	†	=	
(17)	Guaranteed Low Income Housing Tax Credits	AVR Equity Component Column 1 Line 66		X	0.0014	=	
(18)	Non-Guaranteed Low Income Housing Tax Credits	AVR Equity Component Column 1 Line 67		X	0.0260	=	
(19)	Total Schedule BA Real Estate (pre-MODCO/Funds Withheld)	Lines (16) + (17) + (18)					
(20)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(21)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(22)	Total Schedule BA Real Estate (including MODCO/Funds Withheld)	Lines (19) - (20) + (21)					

† Column (2) is calculated as Column (3) divided by Column (1).

‡ The RBC requirement is calculated for each individual property and then summarized on this page. Refer to the worksheet included in the Real Estate portion of the instructions.

Denotes items that must be manually entered on the filing software.

OTHER LONG-TERM ASSETS

		Annual Statement Source	(1) Book / Adjusted Carrying Value	(2) Unrated Items ‡	(3) RBC Subtotal †		(4) Factor		(5) RBC Requirement
	Schedule BA - Fixed Income - Bonds								
(1)	Exempt Obligations	AVR Equity Component Column 1 Line 23				X	0.000	=	
(2)	Asset Class 1	AVR Equity Component Column 1 Line 24				X	0.004	=	
(3)	Asset Class 2	AVR Equity Component Column 1 Line 25				X	0.013	=	
(4)	Asset Class 3	AVR Equity Component Column 1 Line 26				X	0.046	=	
(5)	Asset Class 4	AVR Equity Component Column 1 Line 27				X	0.100	=	
(6)	Asset Class 5	AVR Equity Component Column 1 Line 28				X	0.230	=	
(7)	Asset Class 6	AVR Equity Component Column 1 Line 29				X	0.300	=	
(8)	Total Schedule BA Bonds (pre-MODCO/Funds Withheld)	Sum of Lines (1) through (7)							
(9)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)							
(10)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)							
(11)	Total Schedule BA Bonds (including MODCO/Funds Withheld.)	Lines (8) - (9) + (10)							
	Schedule BA - Fixed Income - Preferred Stock								
(12.1)	Asset Class 1	AVR Equity Component Column 1 Line 31							
(12.2)	Less Rated Class 1 Surplus Notes and Capital Notes	Column (1) Line (22) + Column (1) Line (32)							
(12.3)	Net Asset Class 1	Line (12.1) - (12.2)				X	0.004	=	
(13)	Asset Class 2	AVR Equity Component Column 1 Line 32				X	0.013	=	
(14)	Asset Class 3	AVR Equity Component Column 1 Line 33				X	0.046	=	
(15)	Asset Class 4	AVR Equity Component Column 1 Line 34				X	0.100	=	
(16)	Asset Class 5	AVR Equity Component Column 1 Line 35				X	0.230	=	
(17)	Asset Class 6	AVR Equity Component Column 1 Line 36				X	0.300	=	
(18)	Total Schedule BA Preferred Stock (pre-MODCO/Funds Withheld)	Sum of Lines (12.3) through (17)							
(19)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)							
(20)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)							
(21)	Total Schedule BA Preferred Stock (including MODCO/Funds Withheld.)	Lines (18) - (19) + (20)							

† Fixed income instruments and surplus notes rated by the NAIC **Capital Markets and Investment Analysis** Office or considered exempt from filing as specified in the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* should be reported in Column (3).

‡ Column (2) is calculated as Column (1) less Column (3) for Lines (1) through (17). Column (2) equals Column (3) - Column (1) for Line (51.3).

Denotes items that must be manually entered on the filing software.

OTHER LONG-TERM ASSETS (CONTINUED)

		Annual Statement Source	(1) Book / Adjusted Carrying Value	(2) Unrated Items ‡	(3) RBC Subtotal †	(4) Factor	(5) RBC Requirement
	Rated Surplus Notes						
(22)	Rated Class 1 Surplus Notes	Schedule BA Part 1 Column 12 Line 2199999+2299999, in part				X 0.004 =	
(23)	Rated Class 2 Surplus Notes	Schedule BA Part 1 Column 12 Line 2199999+2299999, in part				X 0.013 =	
(24)	Rated Class 3 Surplus Notes	Schedule BA Part 1 Column 12 Line 2199999+2299999, in part				X 0.046 =	
(25)	Rated Class 4 Surplus Notes	Schedule BA Part 1 Column 12 Line 2199999+2299999, in part				X 0.100 =	
(26)	Rated Class 5 Surplus Notes	Schedule BA Part 1 Column 12 Line 2199999+2299999, in part				X 0.230 =	
(27)	Rated Class 6 Surplus Notes	Schedule BA Part 1 Column 12 Line 2199999+2299999, in part				X 0.300 =	
(28)	Total Rated Surplus Notes (pre-MODCO/Funds Withheld)	Sum of Lines (22) through (27)					
(29)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(30)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(31)	Total Rated Surplus Notes (including MODCO/Funds Withheld.)	Lines (28) - (29) + (30)					
	Rated Capital Notes						
(32)	Rated Class 1 Capital Notes	Schedule BA Part 1 Column 12 Line 2799999+2899999, in part				X 0.004 =	
(33)	Rated Class 2 Capital Notes	Schedule BA Part 1 Column 12 Line 2799999+2899999, in part				X 0.013 =	
(34)	Rated Class 3 Capital Notes	Schedule BA Part 1 Column 12 Line 2799999+2899999, in part				X 0.046 =	
(35)	Rated Class 4 Capital Notes	Schedule BA Part 1 Column 12 Line 2799999+2899999, in part				X 0.100 =	
(36)	Rated Class 5 Capital Notes	Schedule BA Part 1 Column 12 Line 2799999+2899999, in part				X 0.230 =	
(37)	Rated Class 6 Capital Notes	Schedule BA Part 1 Column 12 Line 2799999+2899999, in part				X 0.300 =	
(38)	Total Rated Capital Notes (pre-MODCO/Funds Withheld)	Sum of Lines (32) through (37)					
(39)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(40)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(41)	Total Rated Capital Notes (including MODCO/Funds Withheld.)	Lines (38) - (39) + (40)					

† Fixed income instruments and surplus notes rated by the NAIC **Capital Markets and Investment Analysis** Office or considered exempt from filing as specified in the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* should be reported in Column (3).

‡ Column (2) is calculated as Column (1) less Column (3) for Lines (1) through (17). Column (2) equals Column (3) - Column (1) for Line (51.3).

Denotes items that must be manually entered on the filing software.

OTHER LONG-TERM ASSETS (CONTINUED)

		Annual Statement Source	(1) Book / Adjusted Carrying Value	(2) Unrated Items ‡	(3) RBC Subtotal †		(4) Factor		(5) RBC Requirement
	Schedule BA - Unaffiliated Common Stock								
(42)	Schedule BA Unaffiliated Common Stock-Public	AVR Equity Component Column 1 Line 56				X	§	=	
(43)	Schedule BA Unaffiliated Common Stock-Private	AVR Equity Component Column 1 Line 57				X	0.300	=	
(44)	Total Schedule BA Unaffiliated Common Stock (pre-MODCO/Funds Withheld)	Line (42) + (43)							
(45)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)							
(46)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)							
(47)	Total Schedule BA Unaffiliated Common Stock (including MODCO/Funds Withheld.)	Lines (44) - (45) + (46)							
	Schedule BA - All Other								
(48.1)	BA Affiliated Common Stock - Life with AVR	AVR Equity Component Column 1 Line 58							
(48.2)	BA Affiliated Common Stock - Certain Other	AVR Equity Component Column 1 Line 59							
(48.3)	Total Schedule BA Affiliated Common Stock - C-1o	Line (48.1) + (48.2)				X	0.300	=	
(49.1)	BA Affiliated Common Stock - All Other	AVR Equity Component Column 1 Line 60							
(49.2)	Total Sch. BA Affiliated Common Stock - C-1cs	Line (49.1)				X	0.300	=	
(50)	Schedule BA Collateral Loans	Schedule BA Part 1 Column 12 Line 2399999 + Line 2499999				X	0.068	=	
(51.1)	Other Schedule BA Assets	AVR Equity Component Column 1 Line 71							
(51.2)	Less Class 2 thru 6 Rated Surplus Notes and Capital Notes	Column (1) Lines (23) through (27) + Column (1) Lines (33) through (37)							
(51.3)	Net Other Schedule BA Assets	Line (51.1) less (51.2)				X	0.300	=	
(52)	Total Schedule BA Assets C-1o (pre-MODCO/Funds Withheld)	Lines (11) + (21) + (31) + (41) + (48.3) + (50) + (51.3)							
(53)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)							
(54)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)							
(55)	Total Schedule BA Assets C-1o (including MODCO/Funds Withheld.)	Lines (52) - (53) + (54)							
(56)	Total Schedule BA Assets Excluding Mortgages and Real Estate	Line (47) + (49.2) + (55)							

† Fixed income instruments and surplus notes rated by the NAIC **Capital Markets and Investment Analysis** Office or considered exempt from filing as specified in the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* should be reported in Column (3).

‡ Column (2) is calculated as Column (1) less Column (3) for Lines (1) through (17). Column (2) equals Column (3) - Column (1) for Line (51.3).

§ The factor for Schedule BA publicly traded common stock should equal 30 percent adjusted up or down by the weighted average beta for the Schedule BA publicly traded common stock portfolio subject to a minimum of 22.5 percent and a maximum of 45 percent in the same manner that the similar 13 percent factor for Schedule BA publicly traded common stock in the Asset Valuation Reserve (AVR) calculation is adjusted up or down. The rules for calculating the beta adjustment are set forth in the AVR section of the annual statement instructions.

Denotes items that must be manually entered on the filing software.

SCHEDULE BA MORTGAGES

		Annual Statement Value	(1) Book / Adjusted Carrying Value	(2) Involuntary Reserve Adjustment †	(3) RBC Subtotal	(4) Cumulative Writedowns ‡		(5) Average Factor		(6) RBC Requirement
(1)	Insured or Guaranteed in Good Standing	Schedule BA Part 1 Column 12 Line 0999999 + Line1099999, in part				XXX	X	0.0014	=	
(2)	All Other in Good Standing	Schedule BA Part 1 Column 12 Line 0999999 + Line1099999, in part				XXX	X	§	=	
(3)	Restructured	AVR Equity Component Column 1 Line 44				XXX	X	*	=	
(4)	Insured or Guaranteed 90 Days Overdue	Schedule BA Part 1 Column 12 Line 0999999 + Line1099999, in part					X	£	=	
(5)	All Other 90 Days Overdue	Schedule BA Part 1 Column 12 Line 0999999 + Line1099999, in part					X	£	=	
(6)	Insured or Guaranteed in Process of Foreclosure	Schedule BA Part 1 Column 12 Line 0999999 + Line1099999, in part					X	£	=	
(7)	All Other in Process of Foreclosure	Schedule BA Part 1 Column 12 Line 0999999 + Line1099999, in part					X	£	=	
(8)	Total Schedule BA Mortgages (pre-MODCO/Funds Withheld)	Sum of Lines (1) through (7)								
(9)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)								
(10)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)								
(11)	Total Schedule BA Mortgages (including MODCO/Funds Withheld.)	Lines (8) - (9) + (10)								

† Involuntary reserves are reserves that are held as an offset to a particular asset that is clearly a troubled asset and are included on Page 3 Line 25 of the Annual Statement.
‡ Cumulative writedowns include the total amount of writedowns, non-admissions, and involuntary reserves that have been taken or established with respect to a particular mortgage.
§ For Line (2), Column (5) is equal to 0.0260 multiplied times the experience adjustment factor on LR003 Mortgage Experience Adjustment Factor Line (13).
* For Line (3), Column (5) is the greater of 0.0900 or 0.0260 multiplied by [the experience adjustment factor calculated on LR003 Mortgage Experience Adjustment Factor Line (13)] plus 0.0200.
£ For Lines (4) through (7), Column (5) is calculated as Column (6) divided by Column (3).

Denotes items that must be manually entered on the filing software.

ASSET CONCENTRATION FACTOR

	(1) Asset Type	(2) Book / Adjusted Carrying Value		(3) Factor		(4) Additional RBC	(5) Adjustment/ Subsidiary RBC	(6) RBC Requirement
	Issuer Name:							
(1)	Bond Asset Class 2		X	0.0130	=			
(2)	Bond Asset Class 3		X	0.0460	=			
(3)	Bond Asset Class 4		X	0.1000	=			
(4)	Bond Asset Class 5		X	0.2200	=			
(5)	Bond Asset Class 6		X	0.1500	=			
(6)	Bond Asset Class 1 †		X	0.0040	=			
(7)	Unaffiliated Preferred Stock Class 2		X	0.0130	=			
(8)	Unaffiliated Preferred Stock Class 3		X	0.0460	=			
(9)	Unaffiliated Preferred Stock Class 4		X	0.1000	=			
(10)	Unaffiliated Preferred Stock Class 5		X	0.2200	=			
(11)	Unaffiliated Preferred Stock Class 6		X	0.1500	=			
(12)	Unaffiliated Preferred Stock Class 1 †		X	0.0040	=			
(13)	Hybrid Securities Class 2		X	0.0130	=			
(14)	Hybrid Securities Class 3		X	0.0460	=			
(15)	Hybrid Securities Class 4		X	0.1000	=			
(16)	Hybrid Securities Class 5		X	0.2200	=			
(17)	Hybrid Securities Class 6		X	0.1500	=			
(18)	Hybrid Securities Class 1 †		X	0.0040	=			
(19)	Collateral Loans		X	0.0680	=			
(20)	Receivable for Securities		X	0.0680	=			
(21)	Write-ins for Invested Assets		X	0.0680	=			
(22)	Premium Notes		X	0.0680	=			
(23)	Real Estate - Foreclosed							
(24)	Real Estate - Foreclosed Encumbrances		X	‡	=			
(25)	Real Estate - Investments							
(26)	Real Estate - Investment Encumbrances		X	‡	=			
(27)	Real Estate - Schedule BA							
(28)	Real Estate - Schedule BA Encumbrances		X	‡	=			
(29)	Farm Mortgages in Good Standing		X	‡	=			
(30)	Commercial Mortgages in Good Standing		X	‡	=			
(31)	Commercial Mortgages in Good Standing w/Restructured Terms		X	‡	=			
(32)	Farm Mortgages - 90 Days Overdue							
(33)	Farm Mortgages - 90 Days Overdue - Cumulative Writedowns		X	‡	=			
(34)	Residential Mortgages - 90 Days Overdue							
(35)	Residential Mortgages - 90 Days Overdue - Cumulative Writedowns		X	‡	=			
(36)	Commercial Mortgages - 90 Days Overdue							
(37)	Commercial Mortgages - 90 Days Overdue - Cumulative Writedowns		X	‡	=			

† After the ten largest issuer exposures are chosen, any class 1 bonds or preferred stocks from any of these issuers should be included.

‡ Refer to the instructions for the Asset Concentration Factor for details of this calculation.

Denotes items that must be manually entered on the filing software.

ASSET CONCENTRATION FACTOR (CONTINUED)

	(1) Asset Type	(2) Book / Adjusted Carrying Value		(3) Factor		(4) Additional RBC	(5) Adjustment/ Subsidiary RBC	(6) RBC Requirement
(38)	Farm Mortgages in Foreclosure							
(39)	Farm Mortgages in Foreclosure - Cumulative Writedowns		X	‡	=			
(40)	Residential Mortgages in Foreclosure							
(41)	Residential Mortgages in Foreclosure - Cumulative Writedowns		X	‡	=			
(42)	Commercial Mortgages in Foreclosure							
(43)	Commercial Mortgages in Foreclosure - Cumulative Writedowns		X	‡	=			
(44)	Schedule BA Mortgages in Good Standing		X	‡	=			
(45)	Schedule BA Mortgages 90 Days Overdue							
(46)	Schedule BA Mortgages 90 Days Overdue - Cumulative Writedowns		X	‡	=			
(47)	Schedule BA Mortgages in Process of Foreclosure							
(48)	Schedule BA Mortgages Foreclosed - Cumulative Writedowns		X	‡	=			
(49)	Non-Guaranteed Low Income Housing Tax Credits		X	0.0230	=			
(50)	Other Schedule BA Assets		X	0.1500	=			
(51)	Sum of Lines (1) through (50)							

NOTE: Ten issuer sections and a grand total page will be available on the filing software.

‡ Refer to the instructions for the Asset Concentration Factor for details of this calculation.

Denotes items that must be manually entered on the filing software.

COMMON STOCK CONCENTRATION FACTOR

		(1)	(2)		(3)		(4)	(5)	(6)
		Issuer Name	Book / Adjusted Carrying Value		Factor		Additional RBC	Adjustment/ Subsidiary RBC	RBC Requirement
(1)	Issuer #1			X	†	=			
(2)	Issuer #2			X	†	=			
(3)	Issuer #3			X	†	=			
(4)	Issuer #4			X	†	=			
(5)	Issuer #5			X	†	=			
(6)	Sum of Lines (1) through (5)								

† The factor for each common stock holding should equal 15 percent adjusted in the case of publicly traded common stock by the beta of a particular holding subject to a minimum of 11.25 percent and a maximum of 22.5 percent. The rules for calculating the beta adjustment are set forth in the Asset Valuation Reserve (AVR) section of the annual statement instructions.

Denotes items that must be manually entered on the filing software.

MISCELLANEOUS ASSETS

		Annual Statement Source	(1) Book / Adjusted Carrying Value		Factor		(2) RBC Requirement
	Miscellaneous						
(1)	Cash	Page 2 Line 5, inside amount 1		X	0.004	=	
(2.1)	Cash Equivalents	Page 2 Line 5, inside amount 2					
(2.2)	Less Cash Equivalent Bonds Already Included with Page LR002 Bonds	Schedule E Part 2 Column 6 Line 8399999, in part					
(2.3)	Net Cash Equivalents	Line (2.1) - Line (2.2)		X	0.004	=	
(3.1)	Short-Term Investments	Page 2 Line 5, inside amount 3					
(3.2)	Less Short-Term Bonds	Schedule DA Part 1 Column 8 Line 8399999					
(3.3)	Less Exempt Money Market Funds	Schedule DA Part 1 Column 8 Line 8899999					
(3.4)	Less Class One Money Market Funds	Schedule DA Part 1 Column 8 Line 8999999					
(3.5)	Net Short-Term Investments	Lines (3.1) - (3.2) - (3.3) - (3.4)		X	0.004	=	
(4)	Premium Notes	Page 2 Line 6 first inside amount		X	0.068	=	
(5)	Receivable for Securities	Page 2 Column 3 Line 9		X	0.068	=	
(6.1)	Aggregate Write-ins for Invested Assets	Page 2 Column 3 Line 11					
(6.2)	Less Derivative Instruments	Page 2 Column 3 Line 11, Derivatives reported as part of total					
(6.3)	Net Write-ins for Invested Assets	Line (6.1) - Line (6.2)		X	0.068	=	
(7)	Total Miscellaneous Excluding Derivative Instruments	Lines (1) + (2.3) + (3.5) + (4) + (5) + (6.3)					
	Derivative Instruments						
(8)	Collateral – Off Balance Sheet	Schedule DB Part D Column 4 Line 0899999, in part		X	0.004	=	
(9)	Collateral – On Balance Sheet	Schedule DB Part D Column 4 Line 0899999, in part		X	0.000	=	
(10)	Exchange Traded	Asset Valuation Reserve Default Component Column 1 Line 26		X	0.004	=	
(11)	Over the Counter Class 1	Asset Valuation Reserve Default Component Column 1 Line 27		X	0.004	=	
(12)	Over the Counter Class 2	Asset Valuation Reserve Default Component Column 1 Line 28		X	0.013	=	
(13)	Over the Counter Class 3	Asset Valuation Reserve Default Component Column 1 Line 29		X	0.046	=	
(14)	Over the Counter Class 4	Asset Valuation Reserve Default Component Column 1 Line 30		X	0.100	=	
(15)	Over the Counter Class 5	Asset Valuation Reserve Default Component Column 1 Line 31		X	0.230	=	
(16)	Over the Counter Class 6	Asset Valuation Reserve Default Component Column 1 Line 32		X	0.300	=	
(17)	Total Derivative Instruments	Sum of Lines (8) through (16)					
(18)	Total Miscellaneous Assets (pre-MODCO/Funds Withheld)	Lines (7) + (17)					
(19)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(20)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(21)	Total Miscellaneous Assets (including MODCO/Funds Withheld.)	Lines (18) - (19) + (20)					

Denotes items that must be manually entered on the filing software.

REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORILY CONVERTIBLE SECURITIES

	(1) RSAT Number	(2) Type	(3) CUSIP	(4) Description of Assets	(5) NAIC Designation or Other Description of Asset	(6) Value of Asset	(7) RBC Requirement
(0000001)							
(0000002)							
(0000003)							
(0000004)							
(0000005)							
(0000006)							
(0000007)							
(0000008)							
(0000009)							
(0000010)							
(0000011)							
(0000012)							
(0000013)							
(0000014)							
(0000015)							
(0000016)							
(0000017)							
(0000018)							
(0000019)							
(0000020)							
(0000021)							
(0000022)							
(0000023)							
(0000024)							
(0000025)							
(0000026)							
(0000027)							
(0000028)							
(0000029)							
(0000030)							
(0000031)							
(0000032)							
(0000033)							
(0000034)							
(0000035)							
(9999999)	xxxxx	xxxxx	xxxxx	Total	xxxxx		

Denotes items that must be manually entered on the filing software.

HEDGED ASSET BOND SCHEDULE

As of:

Type of Hedged Asset	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	Hedging Instruments				Hedged Asset - Bonds								RBC Credit	
Bonds	Description †	Notional Amount †	Relationship Type of the Hedging Instrument and Hedged Asset	Maturity Date †	Description †	CUSIP †	Book Adjusted Carrying Value †	Overlap with Insurer's Bond Portfolio ‡	Maturity Date †	NAIC Designation †	RBC Factor §	Gross RBC Charge *	RBC Credit for Hedging Instruments £	Net RBC Charge **
(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)														
(0199999)	Subtotal - Class 1 Through 5 Bonds		xxxxx	xxxxx	Subtotal	xxxxx			xxxxx	xxxxx	xxxxx			
(0299999)	Subtotal - Class 6 Bonds		xxxxx	xxxxx	Subtotal	xxxxx			xxxxx	xxxxx	xxxxx			
(0399999)	Total		xxxxx	xxxxx	Total	xxxxx			xxxxx	xxxxx	xxxxx			

Note: For the intermediate category of hedging, we recommend that the risk mitigation and resulting RBC credit be determined as if each specific security common to both the index/basket hedge and the portfolio is a basic hedge with the entire basic hedge methodology applied to each matching name. This includes the application of the maturity mismatch formula and the maximum RBC credit of 94% of the C-1 asset charge for fixed income hedges.

† Columns are derived from Investment schedules.
‡ The portion of Column (2) Notional Amount of the Hedging Instrument that hedges Column (7) Book Adjusted Carrying Value. This amount cannot exceed Column (7) Book Adjusted Carrying Value.
§ Factor based on Column (10) NAIC Designation and NAIC C-1 RBC factors table.
* Column (7) Book Adjusted Carrying Value multiplied by Column (11) RBC Factor.
£ Column (13) is calculated according to the risk-based capital instructions.
** Column (12) Gross RBC Charge minus Column (13) RBC Credit for Hedging Instruments.

Denotes manual entry items that do not come directly from the annual statement.

HEDGED ASSET COMMON STOCK SCHEDULE

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Hedging Instruments			Hedged Asset - Common Stock						RBC Credit	
Common Stock	Description †	Notional Amount †	Relationship Type of the Hedging Instrument and Hedged Asset	Description †	CUSIP †	Book Adjusted Carrying Value †	Overlap with Insurer's Stock Portfolio ‡	RBC Factor §	Gross RBC Charge *	RBC Credit for Hedging Instruments £	Net RBC Charge **
(0200001)											
(0200002)											
(0200003)											
(0200004)											
(0200005)											
(0200006)											
(0200007)											
(0200008)											
(0200009)											
(0200010)											
(0200011)											
(0200012)											
(0200013)											
(0200014)											
(0200015)											
(0200016)											
(0200017)											
(0200018)											
(0200019)											
(0200020)											
(0200021)											
(0200022)											
(0200023)											
(0200024)											
(0200025)											
(0200026)											
(0200027)											
(0200028)											
(0200029)											
(0200030)											
(0299999)	Total		xxxxx	Total	xxxxx			xxxxx			

Note: For the intermediate category of hedging, we recommend that the rik mitigation and resulting RBC credit be determined as if each specific security common to both the index/basket hedge and the portfolio is a basic hedge with the entire basic hedge methodology applied to each matching name This includes the application of the maximum RBC credit of 94% of the C-1 asset charge for common stock hedges

† Columns are derived from Investment schedules
‡ The portion of Column (2) Notional Amount of the Hedging Instrument that hedges Column (6) Book Adjusted Carrying Value. This amount cannot exceed the Column (6) Book Adjusted Carrying Valu
§ Factor based on NAIC C-1 RBC factors table.
* Column (6) Book Adjusted Carrying Value multiplied by Column (8) RBC Factor
£ RBC credit for equity market risk reduction is limited to 94% of the C-1 Asset charge. Calculation: Column (7) Overlap with Insurer's Stock Portfolio multiplied by Column (8) RBC Factor multiplied by 94%
** Column (9) Gross RBC Charge minus Column (10) RBC Credit for Hedging Instruments

Denotes manual entry items that do not come directly from the annual statement.

REINSURANCE

		Annual Statement Source	(1) Statement Value	(2) 100% Owned Affiliates	(3) RBC Subtotal		Factor		(4) RBC Requirement
	Reinsurance Ceded†								
(1)	Recoverable on Paid Losses (Life)	Schedule S Part 2 Column 6 Line **0799999**				X	0.008	=	
(2)	Recoverable on Paid Losses (A&H)	Schedule S Part 2 Column 6 Line **1499999**				X	0.008	=	
(3)	Recoverable on Unpaid Losses (Life)	Schedule S Part 2 Column 7 Line **0799999**				X	0.008	=	
(4)	Recoverable on Unpaid Losses (A&H)	Schedule S Part 2 Column 7 Line **1499999**				X	0.008	=	
(5)	Unearned premiums (A&H)	Schedule S Part 3 Section 2 Column 8 Line **1599999**				X	0.008	=	
(6)	Other Reserve Credits (A&H)	Schedule S Part 3 Section 2 Column 9 Line **1599999**				X	0.008	=	
(7)	Reserve credit (Life)	Schedule S Part 3 Section 1 Column 8 Line **1599999**				X	0.008	=	
			(1) Statement Value	(2) Other than 100% Owned Affiliates	(3) RBC Subtotal		Factor		(4) RBC Requirement
	Reinsurance Assumed Credit								
(8)	Affiliate Reserve Credit (Life)	Schedule S Part 1 Section 1 Column 8 Line **0399999**				X	-0.008	=	
(9)	Affiliate Reinsurance Payable (Life)	Schedule S Part 1 Section 1 Column 10 Line **0399999**				X	-0.008	=	
(10)	Reinsurance Assumed on Unearned Premiums (A&H)	Schedule S Part 1 Section 2 Column 8 Line **0399999**				X	-0.008	=	
(11)	Reinsurance Assumed Other Reserved Credits (A&H)	Schedule S Part 1 Section 2 Column 9 Line **0399999**				X	-0.008	=	
(12)	Reinsurance Assumed - Losses (A&H)	Schedule S Part 1 Section 2 Column 10 Line **0399999**				X	-0.008	=	
	Reinsurance Payable Credit								
(13)	Reinsurance in Unauthorized Companies	Page 3 Column 1 Line 24.02				X	-0.008	=	
(14)	Funds Held in Unauthorized Reinsurers	Page 3 Column 1 Line 24.03				X	-0.008	=	
(15)	Funds Held in Authorized Reinsurers and Trusteed Collateral Supporting Authorized Reinsurance	Page 3 Column 1 Line 25 in part and Company Records				X	-0.008	=	
(16)	Other Reinsurance Recoverable or Reserves "Reestablished" on Page 3	Page 3 Column 1 Line 25 in part				X	-0.008	=	
(17)	Total Reinsurance	Sum of Lines (1) through (16)							

† Statement values should be net of policy loans if policy loans are part of the reinsurance transaction.

Denotes items that must be manually entered on the filing software.

OFF-BALANCE SHEET AND OTHER ITEMS

		Annual Statement Source	(1) Statement Value	(2) Less Noncontrolled Assets Funding Guaranteed Separate Accounts or Synthetic GIC's	(3) Subtotal	Factor	(4) RBC Requirement
	Noncontrolled Assets						
(1)	Loaned to Others - Conforming Securities Lending Program	General Interrogatories Part 1 Line **24.5**				X 0.002 =	
(2)	Loaned to Others - Securities Lending Programs - Other	General Interrogatories Part 1 Line **24.6**				X 0.013 =	
(3)	Subject to Repurchase Agreements	General Interrogatories Part 1 Line **25.21**				X 0.013 =	
(4)	Subject to Reverse Repurchase Agreements	General Interrogatories Part 1 Line **25.22**				X 0.013 =	
(5)	Subject to Dollar Repurchase Agreements	General Interrogatories Part 1 Line **25.23**				X 0.013 =	
(6)	Subject to Reverse Dollar Repurchase Agreements	General Interrogatories Part 1 Line **25.24**				X 0.013 =	
(7)	Pledged as Collateral	General Interrogatories Part 1 Line **25.25**		†		X 0.013 =	
(8)	Assets Placed Under Option Agreements	General Interrogatories Part 1 Line **25.26**				X 0.013 =	
(9)	Letter Stock or Other Securities Restricted	General Interrogatories Part 1 Line **25.27**				X 0.013 =	
(10)	On Deposit with State or Other Regulatory Body	General Interrogatories Part 1 Line **25.28**				X 0.013 =	
(11)	Other	General Interrogatories Part 1 Line **25.29**				X 0.013 =	
(12)	Total Noncontrolled Assets	Sum of Lines (1) through (11)					
	Derivative Instruments						
(13)	Exchange Traded	Schedule DB Part D Column 12, Line 0199999				X 0.004 =	
(14)	Off-Balance Sheet Exposure Class 1	Schedule DB Part D Column 12, Line 0299999				X 0.004 =	
(15)	Off-Balance Sheet Exposure Class 2	Schedule DB Part D Column 12, Line 0399999				X 0.013 =	
(16)	Off-Balance Sheet Exposure Class 3	Schedule DB Part D Column 12, Line 0499999				X 0.046 =	
(17)	Off-Balance Sheet Exposure Class 4	Schedule DB Part D Column 12, Line 0599999				X 0.100 =	
(18)	Off-Balance Sheet Exposure Class 5	Schedule DB Part D Column 12, Line 0699999				X 0.230 =	
(19)	Off-Balance Sheet Exposure Class 6	Schedule DB Part D Column 12, Line 0799999				X 0.300 =	
(20)	Total Derivative Instruments Off-Balance Sheet Exposure	Sum of Lines (13) through (19)					
(21)	Guarantees for Affiliates	Notes to Financial Statements Number **14A3a**				X 0.013 =	
(22)	Contingent Liabilities	Notes to Financial Statements Number 14A1				X 0.013 =	
(23)	Long Term Leases	Notes to Financial Statements Number 15A2a1				X 0.000 =	
(24)	Total Off-Balance Sheet Items (pre-MODCO/Funds Withheld)	Lines (12) + (20) + (21) + (22) + (23)					
(25)	Reduction in RBC for MODCO/Funds Withheld Reinsurance Ceded Agreements	Company Records (enter a pre-tax amount)					
(26)	Increase in RBC for MODCO/Funds Withheld Reinsurance Assumed Agreements	Company Records (enter a pre-tax amount)					
(27)	Total Off-Balance Sheet Items (including MODCO/Funds Withheld.)	Lines (24) - (25) + (26)					
	Other Items						
(28)	Expanded Deferred Tax Asset Amount	Page 2 Column 3 Line 18.2, in part				X 0.068 =	
(29)	Total Off-Balance Sheet and Other Items	Line (27) + Line (28)					

† For Column (2) Line (7), include assets pledged as collateral related to the Federal Reserve's Term Asset Loan Facility (TALF).

Denotes items that must be manually entered on the filing software.

OFF-BALANCE SHEET COLLATERAL
(Including any Schedule DL, Part 1 Assets not Included in the Asset Valuation Reserve)

		Annual Statement Source	(1) Book / Adjusted Carrying Value		(2) Factor		(3) RBC Requirement
	Fixed Income - Bonds						
(1)	Exempt Obligations	Company Records		X	0.000	=	
(2)	Asset Class 1	Company Records		X	0.004	=	
(3)	Asset Class 2	Company Records		X	0.013	=	
(4)	Asset Class 3	Company Records		X	0.046	=	
(5)	Asset Class 4	Company Records		X	0.100	=	
(6)	Asset Class 5	Company Records		X	0.230	=	
(7)	Asset Class 6	Company Records		X	0.300	=	
(8)	Total Bonds	Sum of Lines (1) through (7)					
	Fixed Income - Preferred Stock						
(9)	Asset Class 1	Company Records		X	0.004	=	
(10)	Asset Class 2	Company Records		X	0.013	=	
(11)	Asset Class 3	Company Records		X	0.046	=	
(12)	Asset Class 4	Company Records		X	0.100	=	
(13)	Asset Class 5	Company Records		X	0.230	=	
(14)	Asset Class 6	Company Records		X	0.300	=	
(15)	Total Preferred Stock	Sum of Lines (9) through (14)					
(16)	Common Stock	Company Records		X	0.450 †	=	
(17)	Schedule BA - Other Invested Assets	Company Records		X	0.300	=	
(18)	Other Invested Assets	Company Records		X	0.300	=	
(19)	Total Off-Balance Sheet Collateral	Lines (8) + (15) + (16) + (17) + (18)					

† The factor for common stock can vary depending on the type of stock. The factor would be subject to a minimum of 22.5 percent and a maximum of 45 percent.

Denotes items that must be manually entered on the filing software.

HEALTH PREMIUMS

			Annual Statement Source	(1) Statement Value		Factor		(2) RBC Requirement
	Medical Insurance Premiums - Individual Morbidity							
(1)	Usual and Customary Major Medical and Hospital		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(2)	Medicare Supplement		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(3)	Dental and Vision		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(4)	Stand-Alone Medicare Part D Coverage		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(5)	Supplemental benefits within Stand-Alone Part D Coverage		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.350	=	
(6)	Hospital Indemnity and Specified Disease		Earned Premium (Schedule H Part 1 Line 2 in part)		X	*	=	
(7)	AD&D (Maximum Retained Risk Per Life	)	Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(8)	Other Accident		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.050	=	
	Medical Insurance Premiums - Group and Credit Morbidity							
(9)	Usual and Customary Major Medical, Hospital		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(10)	Dental and Vision		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(11)	Stop Loss and Minimum Premium		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.250	=	
(12)	Medicare Supplement		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(13)	Stand-Alone Medicare Part D Coverage (see instructions for limits)		Earned Premium (Schedule H Part 1 Line 2 in part)			†		XXX
(14)	Supplemental benefits within Stand-Alone Part D Coverage		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.350	=	
(15)	Hospital Indemnity and Specified Disease		Earned Premium (Schedule H Part 1 Line 2 in part)		X	*	=	
(16)	AD&D (Maximum Retained Risk Per Life)	)	Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(17)	Other Accident		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.050	=	
(18)	Federal Employee Health Benefit Plan		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.000	=	
	Disability Income Premium							
(19)	Noncancellable Disability Income - Individual Morbidity		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(20)	Other Disability Income - Individual Morbidity		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(21)	Disability Income - Credit Monthly Balance Plans		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(22)	Disability Income - Group Long-Term		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(23)	Disability Income-Credit Single Premium with Additional Reserves		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(24)	Disability Income-Credit Single Premium without Additional Reserves		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
(25)	Disability Income - Group Short-Term		Earned Premium (Schedule H Part 1 Line 2 in part)		X	‡	=	
	Long-Term Care							
(26)	Noncancellable Long-Term Care Premium - Rate Risk**		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.154**	=	
(27)	Other Long-Term Care Premium ‡‡		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.000	=	‡‡
	Health Premium With Limited Underwriting Risk							
(28)	ASC Business Reported as Revenue Premium		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.000	=	
	Other Health							
(29)	Workers Compensation Carve-Out		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.000	=	
(30)	Other Health		Earned Premium (Schedule H Part 1 Line 2 in part)		X	0.120	=	
(31)	Total Earned Premiums		Sum of Lines (1) through (30)					
	(Column (1) should equal Schedule H Part 1 Column 1 Line 2)							
(32)	Additional Reserves for Credit Disability Plans		Exhibit 6, Column 3, Line 2	§				
(33)	Additional Reserves for Credit Disability Plans, prior year		Exhibit 6, Column 3, Line 2, prior year	§				

† The premium amounts in these lines are transferred to **LR020** Underwriting Risk – Experience Fluctuation Risk Lines (1.1) and (1.2) for the calculation of risk-based capital. The premium amounts are included here to assist in the balancing of total health premium. If managed care arrangements have been entered into, the company may also complete **LR022** Underwriting Risk – Managed Care Credit. In which case, the company will also need to complete **LR028** Health Credit Risk in the (C-3) portion of the formula. If there are amounts in any of lines (1), (2), (3), (9), (10) or (12) on page **LR019** Health Premiums, the company will also be directed to complete the Health Administrative Expense portion of **LR029** Business Risk in the (C-4) portion of the formula.

‡ The two tiered calculation is illustrated in the risk-based capital instructions for **LR019** Health Premiums.

‡‡ The balance of the RBC requirement for Long Term Care - Morbidity Risk is calculated on page **LR023**. The premium is shown to allow totals to check to Schedule H.

* If there is premium included on either or both of these lines, the RBC requirement in Column (2) will include 3.5 percent of such premium and $50,000 (included in the line with the larger premium).

** The factor applies to all Noncancellable premium.

§ These amounts are used to adjust the premium base for single premium credit disability plans that carry additional tabular reserves.

Denotes items that must be manually entered on the filing software.

UNDERWRITING RISK

Experience Fluctuation Risk

	Line of Business	(1) Comprehensive Medical	(2) Medicare Supplement	(3) Dental & Vision	(4) Stand-Alone Medicare Part D Coverage	(5) Total
(1.1)	Premium – Individual					
(1.2)	Premium – Group					
(1.3)	Premium – Total = Line (1.1) + Line (1.2)					
(2)	Title XVIII-Medicare†		XXX			
(3)	Title XIX-Medicaid†		XXX			
(4)	Other Health Risk Revenue†		XXX			
(5)	Underwriting Risk Revenue = Lines (1.3) + (2) + (3) + (4)					
(6)	Net Incurred Claims					
(7)	Fee-for-Service Offset†		XXX			
(8)	Underwriting Risk Incurred Claims = Line (6) – Line (7)					
(9)	Underwriting Risk Claims Ratio = Line (8) / Line (5)					XXX
(10.1)	Underwriting Risk Factor for Initial Amounts Of Premium‡	0.150	0.105	0.120	0.251	XXX
(10.2)	Underwriting Risk Factor for Excess of Initial Amount‡	0.090	0.067	0.076	0.151	XXX
(10.3)	Composite Underwriting Risk Factor					XXX
(11)	Base Underwriting Risk RBC = Line (5) x Line (9) x Line (10.3)					
(12)	Managed Care Discount Factor = **LR022** Line (17)					XXX
(13)	Base RBC After Managed Care Discount = Line (11) x Line (12)					
(14)	RBC Adjustment For Individual = [{Line(1.1) x 1.2 + Line (1.2)} / Line (1.3)] x Line (13)§					
(15)	Maximum Per-Individual Risk After Reinsurance†					XXX
(16)	Alternate Risk Charge*					
(17)	Net Alternate Risk Charge£					
(18)	Net Underwriting Risk RBC (Maximum of Line (14) or Line (17))					

† Source is company records unless already included in premiums.

‡ For Comprehensive Medical, the Initial Premium Amount is $25,000,000 or the amount in Line (1.3) if smaller. For Medicare Supplement and Dental & Vision, the Initial Premium Amount is $3,000,000 or the amount in Line (1.3) if smaller. For Stand-Alone Medicare Part D, the Initial Premium Amount is $25,000,000 or the amount in Line (1.3) if smaller

§ Formula applies only to Column (1), for all other columns Line (14) should equal Line (13).

* The Line (16) Alternate Risk Charge is calculated as follows:

LESSER OF:	$1,500,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$50,000 or 2 x Maximum Individual Risk	$150,000 or 6 x Maximum Individual Risk	Maximum of Columns (1), (2), (3) and (4)

£ Applicable only if Line (16) for a column equals Line (16) for Column (5), otherwise zero.

Denotes items that must be manually entered on the filing software.

UNDERWRITING RISK - OTHER

		Annual Statement Source	(1) Amount		Factor		(2) RBC Requirement
(1)	Business with Rate Guarantees Between 15-36 Months	Company Records		X	0.024	=	
(2)	Business with Rate Guarantees Over 36 Months	Company Records		X	0.064	=	
(3)	Federal Employees Health Benefit Program (FEHBP) Claims Incurred	Company Records		X	0.020	=	
	Workers Compensation Carve-Out Risk						
(4)	Net Premiums Written	Workers Compensation Carve Out Supplement Underwriting and Investment Exhibit Part 2 Column 5 Line 1		X	0.364	=	
(5)	Claim Liability and Reserve	Workers Compensation Carve Out Supplement Schedule P Part 1 Column 24 Line 12 x 1000		X	0.347	=	
(6.1)	Reinsurance Recoverable Balances	Workers Compensation Carve Out Supplement Schedule F Part 2 Column 15 Lines 0399999, 0599999, 0799999, 0899999, 1299999, 1499999, 1699999 and 1799999 x 1000					
(6.2)	Reinsurance Recoverable for Qualifying Voluntary Pools	Company Records					
(6.3)	All Other Reinsurance Recoverable Balances	Line (6.1) - Line (6.2)		X	0.060	=	
(7)	Total, Other Underwriting Risk	Lines (1) + (2) + (3) + (4) + (5) + (6.3)					

Denotes items that must be manually entered on the filing software.

UNDERWRITING RISK – MANAGED CARE CREDIT

	Comprehensive Medical, Medicare Supplement and Dental Claim Payments	Annual Statement Source	(1) Amount	(2) Paid Claims		Factor		(3) Weighted Claims*	(4) Part D Weighted Claims**
(1)	Category 0 - Arrangements not Included in Other Categories	Company records			X	0.000	=		
(2)	Category 1 - Payments Made According to Contractual Arrangements	Company records			X	0.150	=		
(3)	Category 2a - Subject to Withholds or Bonuses – Otherwise Category 0	Company records			X	†	=		
(4)	Category 2b - Subject to Withholds or Bonuses – Otherwise Category 1	Company records			X	‡	=		
(5)	Category 3a - Capitated Payments Directly to Providers	Company records			X	0.600	=		
(6)	Category 3b - Capitated Payments to Regulated Intermediaries	Company records			X	0.600	=		
(7)	Category 3c - Capitated Payments to Non-Regulated Intermediaries	Company records			X	0.600	=		
(8)	Category 4 - Medical & Hospital Expense Paid as Salary to Providers	Company records			X	0.750	=		
(9)	Subtotal Paid Claims	Sum of Lines (1) through (8)							
	Stand-Alone Medicare Part D Coverage Claim Payments								
(10)	Category 0 - No Federal Reinsurance or Risk Corridor Protection	Company records		XXX	X	xxx	=		XXX
(11)	Category 1 - Federal Reinsurance but no Risk Corridor Protection	Company records		XXX	X	xxx	=		XXX
(12)	Category 2a - No Federal Reinsurance but Risk Corridor Protection	Company records			X	0.667	=		
(13)	Category 3a - Federal Reinsurance and Risk Corridor Protection apply	Company records			X	0.767	=		
(14)	Subtotal Stand-Alone Medicare Part D Paid Claims	Sum of Lines (10) through (13)							
(15)	Total Paid Claims	Line (9) + Line (14)							
(16)	Weighted Average Managed Care Discount	Column (3) = Column (3) Line (9) / Column (2) Line (9) Column (4) = Column (4) Line (14) / Column (2) Line (14)							
(17)	Weighted Average Managed Care Risk Adjustment Factor	1.0 - Line (16)							
	Calculation of Category 2 Managed Care Factor (Comprehensive Medical and Dental only)								
(18)	Withhold & bonus payments, prior year	Company Records							
(19)	Withhold & bonuses available, prior year	Company Records							
(20)	Managed Care Credit Multiplier – average withhold returned	Line (18) / Line (19)							
(21)	Withholds & bonuses available, prior year	Line (19)							
(22)	Claims payments subject to withhold, prior year	Company Records							
(23)	Average withhold rate, prior year	Line (21) / Line (22)							
(24)	Managed Care Credit Discount Factor, Category 2	Minimum of 0.25 or Line (20) x Line (23)							

† Category 2 Managed Care Factor calculated on Line (24).
‡ Category 2 Managed Care Factor calculated on Line (24) with a minimum factor of 15 percent.
* This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental managed care discount factor.
** This column is for the Stand-Alone Medicare Part D managed care discount factor.

Denotes items that must be manually entered on the filing software.

LONG-TERM CARE

		Annual Statement Source	(1) Amount	Factor	(2) RBC Requirement
	Long-Term Care (LTC) Insurance Premium				
(1)	All LTC Premium - Morbidity Risk (to $50 million)	Line (4.1) Column (1) up to 50 million		0.154	
(2)	LTC Premium (over $50 million) - Morbidity Risk	Remainder of Line (4.1) Column (1) over 50 million		0.046	
(3)	Premium-based RBC	Column (2), Line (1) + Line (2)			

		Annual Statement Source	(1) Premiums	(2) Incurred Claims	(3) Col. (2)/(1) § Loss Ratio	(4) RBC Requirement
	Historical Loss Ratio Experience					
(4.1)	Current Year	Company Records				
(4.2)	Immediate Prior Year	Company Records				
(4.3)	Average Loss Ratio	If loss ratios are used, [Column (3) Line (4.1) + Line (4.2)]/2, otherwise zero				
(5)	Adjusted LTC Claims for RBC	If Column (3) Line (4.3) <> 0, then [Column (1) Line (1) + Line (2)] X Column (3) Line (4.3), else Column (2) Line (4.1)				
(5.1)	Claims (to $35 million) - Morbidity Risk	Lower of Column (2) Line (5) and $35 million			0.385 †	
(5.2)	Claims (over $35 million) - Morbidity Risk	Excess of Column (2) Line (5) over $35 million			0.123 ‡	
(6)	Claims-based RBC	Line (5.1) + (5.2)				
(7)	LTC Morbidity Risk	Column (2) Line (3) + Column (4) Line (6)				

† If Column (1), Line (4.1) is positive, then a factor of 0.385 is used. Otherwise, a higher factor of 0.569 is used.
‡ If Column (1), Line (4.1) is positive, then a factor of 0.123 is used. Otherwise, a higher factor of 0.185 is used.
§ If Column (1), Line (4.1) or (4.2) are less than or equal to zero or if Column (2), Line (4.1) or (4.2) are less than zero, the loss ratios are not used and Column (3), Line (4.3) is set to zero.

HEALTH CLAIMS RESERVES

		Annual Statement Source	(1) Statement Value	(2) Less Workers Compensation Carve Out	(3) RBC Subtotal		Factor		(4) RBC Requirement
	Individual Claim Reserves								
(1)	Exhibit 6 Collectively Renewable Claim Reserves	Exhibit 6 Column 4 Line 16							
(2)	Exhibit 6 Non-Cancellable Claim Reserves	Exhibit 6 Column 5 Line 16							
(3)	Exhibit 6 Guaranteed Renewable Claim Reserves	Exhibit 6 Column 6 Line 16							
(4)	Exhibit 6 Non-Renewable for Stated Reason Only Claim Reserves	Exhibit 6 Column 7 Line 16							
(5)	Exhibit 6 Other Accident Only Claim Reserves	Exhibit 6 Column 8 Line 16							
(6)	Exhibit 6 All Other Claim Reserves	Exhibit 6 Column 9 Line 16							
(7)	Modified Coinsurance Assumed Reserves	Schedule S Part 1 Section 2 Column 11, in part †							
(8)	Less Modified Coinsurance Ceded Reserves	Schedule S Part 3 Section 2 Column 12, in part †							
(9)	Disability Income and Long-Term Care Claim Reserves	Company Records				X	0.077	=	
(10)	Total Individual Claim Reserves	Lines (1) + (2) + (3) + (4) + (5) + (6) + (7) - (8) - (9)				X	0.050	=	
	Group and Credit Claim Reserves								
(11)	Exhibit 6 Group Claim Reserves	Exhibit 6 Column 2 Line 16							
(12)	Exhibit 6 Credit Claim Reserves	Exhibit 6 Column 3 Line 16							
(13)	Modified Coinsurance Assumed Reserves	Schedule S Part 1 Section 2 Column 11, in part †							
(14)	Less Modified Coinsurance Ceded Reserves	Schedule S Part 3 Section 2 Column 12, in part †							
(15)	Disability Income and Long-Term Care Claim Reserves	Company Records				X	0.077	=	
(16)	Total Exhibit 6 Group and Credit Claim Reserves	Lines (11) + (12) + (13) - (14) - (15)				X	0.050	=	
(17)	Total Claim Reserves	Lines (9) + (10) + (15) + (16)							
(18)	Total Health RBC	**LR019** Health Premiums Column (2) Line (31) + **LR020** Underwriting Risk Experience Fluctuation Risk Column (5) Line (18) + **LR021** Underwriting Risk Other Column (2) Line (7) + **LR023** Long-Term Care Morbidity Risk Column (4) Line (7) + **LR024** HealthClaim Reserves Column (4) Line (17)							

† Include only the portion which relates to claim reserves that, if written on a direct basis, would be included on Exhibit 6.

Denotes items that must be manually entered on the filing software.

LIFE INSURANCE

		Annual Statement Source	(1) Statement Value	Factor	(2) RBC Requirement
	Individual & Industrial Net Amount at Risk				
(1)	Ordinary Life In Force	Exhibit of Life Insurance Column 4 Line 23 x 1000			
(2)	Less Ordinary Life Reserves	Exhibit 5 Column 4 Line 0199999			
(3)	Plus Industrial Life In Force	Exhibit of Life Insurance Column 2 Line 23 x 1000			
(4)	Less Industrial Life Reserves	Exhibit 5 Column 3 Line 0199999			
(5)	Less Separate Accounts	Separate Accounts Exhibit 3 Column 3 Line 0199999			
(6)	Less Modified Coinsurance Assumed Reserves	Schedule S Part 1 Section 1 Column 11, in part ‡			
(7)	Plus Modified Coinsurance Ceded Reserves	Schedule S Part 3 Section 1 Column 13, in part ‡			
(8)	Total Individual and Industrial Net Amount at Risk	Lines (1) + (3) + (7) - (2) - (4) - (5) - (6)		X † =	
	Group and Credit Net Amount at Risk				
(9)	Group Life In Force	Exhibit of Life Insurance Column 9 Line 23 x 1000			
(10)	Less Group FEGLI	Exhibit of Life Insurance Column 4 Line 43 x 1000			
(11)	Less Group SGLI	Exhibit of Life Insurance Column 4 Line 44 x 1000			
(12)	Less Group Life Reserves	Exhibit 5 Column 6 Line 0199999			
(13)	Plus Credit Life In Force	Exhibit of Life Insurance Column 6 Line 23 x 1000			
(14)	Less Credit FEGLI	Exhibit of Life Insurance Column 2 Line 43 x 1000			
(15)	Less Credit SGLI	Exhibit of Life Insurance Column 2 Line 44 x 1000			
(16)	Less Credit Life Reserves	Exhibit 5 Column 5 Line 0199999			
(17)	Less Separate Accounts	Separate Accounts Exhibit 3 Column 4 Line 0199999			
(18)	Less Modified Coinsurance Assumed Reserves	Schedule S Part 1 Section 1 Column 11, in part ‡			
(19)	Plus Modified Coinsurance Ceded Reserves	Schedule S Part 3 Section 1 Column 13, in part ‡			
(20)	Total Group and Credit Net Amount at Risk	Lines (9) + (13) + (19) - (10) - (11) - (12) - (14) - (15) - (16) - (17) - (18)		X † =	
(21)	FEGLI/SGLI Life In Force	Exhibit of Life Insurance Column 2 and 4 Line 43 and 44 x 1000		X 0.0008 =	
(22)	Total Life	Lines (8) + (20) + (21)			

† The tiered calculation is illustrated in the Life Insurance section of the risk-based capital instructions.

‡ Include only the portion which relates to policy reserves that, if written on a direct basis, would be included on Exhibit 5.

Denotes items that must be manually entered on the filing software.

PREMIUM STABILIZATION RESERVES

		Annual Statement Source	(1) Statement Value		Factor		(2) RBC Requirement
	Group and Credit Life and Health Reported Premium Stabilization Reserves						
(1)	Stabilization Reserves and Experience Rating Refunds included in Line 3	Page 3 Column 1 Line 3 in part		X	0.500	=	
(2)	Provision for Experience Rating Refunds	Page 3 Column 1 Line 9.2 in part		X	0.500	=	
(3)	Reserve for Group Rate Credits	Exhibit 6 Column 2 Line 5		X	0.500	=	
(4)	Reserve for Credit Rate Credits	Exhibit 6 Column 3 Line 5		X	0.500	=	
(5)	Premium Stabilization Reserves	Page 3 Column 1 Line 25 in part		X	0.500	=	
(6)	Total of Preliminary Premium Stabilization Reserve Credit	Sum of Lines (1) through (5)					
	Group & Credit Life and Health Risk-Based Capital						
(7)	Life	**LR025** Life Insurance Column (2) Line (20)					
(8)	Health	**LR024** Health Claim Reserves Column (4) Line (16) + [**LR024** Column (4) Line (15) x 0.65] + **LR019** Health Premiums Column (2) Lines (11), (15), (16) and (17) + [[**LR019** Column (2) Lines (21), (22), and (25)] x 0.65] + [**LR020** Underwriting Risk - Experience Fluctuation Risk Column (5) Line 18 - Column (4) Line (18) x Line (1.2) / Line (1.3)]					
(9)	Maximum Risk-Based Capital	Lines (7) + (8)					
(10)	Final Premium Stabilization Reserve	Column (2) Line (6), but not more than Column (1) Line (9)		X	-1.000	=	

Denotes items that must be manually entered on the filing software.

INTEREST RATE RISK AND MARKET RISK

			(1)
(1.1)	Unqualified Actuarial Opinion Based on Asset Adequacy Testing?	["Yes" or "No" in Column (1)]	
(1.2)	C-3 RBC Cash Flow Testing on Certain Products? (See the insturctions for specific details)	["Yes" or "No" in Column (1)]	
(1.3)	If Line (1.2) is "Yes", is the Appointed Actuary C-3 Assumption Statement Attached?	["Yes" or "No" in Column (1)]	
(1.4)	If applicable, have the appropriate certifications been attached?	["Yes" or "No" or "N/A" in Column (1)]	

	RESERVES THAT WERE CASH FLOW TESTED FOR ASSET ADEQUACY (See Appendix 1 of the instructions for more details.)	Annual Statement Source	(2) Statement Value		Factor		(3) RBC Requirement
	Low Risk Category						
(2)	Annuity Reserve with Fair Value Adjustment (excluding unitized separate accounts)*	Notes to Financial Statements Item 32 Line A1, in part‡		X	0.0115 or 0.0077†	=	
(3)	Annuity Reserve not Withdrawable (excluding structured settlements)*	Notes to Financial Statements Item 32 Line B, in part‡		X	0.0115 or 0.0077†	=	
(4)	Guaranteed Investment Contract (GIC) Reserve within 1 Year of Maturity£	Notes to Financial Statements Item 32 Various Lines, in part‡		X	0.0115 or 0.0077†	=	
(5.1)	Single Premium Life Insurance Reserves Net of Reinsurance	Exhibit 5 Column 2 Line 0199999, in part					
(5.2)	Less Single Premium Life Insurance Reserves Policy Loans	Page 2 Line 6, in part					
(5.3)	Plus Modified Coinsurance Assumed Single Premium Life Reserves net of Modified Coinsurance Assumed Policy Loans	Schedule S Part 1 Section 1 Column 11, in part‡					
(5.4)	Less Modified Coinsurance Ceded Single Premium Life Reserves net of Modified Coinsurance Ceded Policy Loans	Schedule S Part 3 Section 1 Column 13, in part‡					
(5.5)	Single Premium Life Insurance Reserves	Line (5.1) - (5.2) + (5.3) - (5.4)		X	0.0115 or 0.0077†	=	
(6)	Total Low Risk	Lines (2) + (3) + (4) + (5.5)					
	Medium Risk **Category**						
(7)	Annuity Reserve at Book Value Less Surrender Charge of 5 Percent or More*	Notes to Financial Statements Item 32 Line A2, in part‡		X	0.0231 or 0.0154†	=	
(8)	Exhibit 7 Reserve not Included Elsewhere §	Exhibit 7 Line 14 amounts not included elsewhere in Interest Rate Risk (C-3)‡		X	0.0231 or 0.0154†	=	
(9)	Structured Settlements	Notes to Financial Statements Item 32 Line B, in part‡		X	0.0231 or 0.0154†	=	
(10)	Additional Actuarial Reserves for Annuities and Single Premium Life - Asset/Liability Analysis	Exhibit 5 Column 2 Line 0799997, in part		X	0.0231 or 0.0154†	=	
(11)	Total Medium Risk	Sum of Lines (7) through (10)					

† The factors are decreased by one-third if the company submits an unqualified actuarial opinion based on asset adequacy testing. The RBC software automatically recalculates the factor, depending on the answer to Line (1.1).
‡ Net of reinsurance, less policy loans, plus modified coinsurance assumed reserves, less modified coinsurance ceded reserves.
§ Excluding any non-policyholder reserves (e.g., reserves that are not related to specific policies).
* Excluding GICs within 1 year of maturity.
£ Includes GICs within 1 year of maturity subtracted elsewhere.

Denotes items that must be manually entered on the filing software.

INTEREST RATE RISK AND MARKET RISK (Continued)

		Annual Statement Source	(2) Statement Value		Factor		(3) RBC Requirement
	High Risk Category						
(12)	Annuity Reserve at Book Value Without Adjustment (minimal or no charge or adjustment)*	Notes to Financial Statements Item 32 Line A5, in part‡		X	0.0462 or 0.0308†	=	
(13)	Debt with GIC-like Characteristics (see Appendix 1 & 1b instructions)	Company records (enter a pre-tax amount)					
(14)	Total High Risk	Line (12) + (13)					
	Synthetic GIC's						
(15)	Synthetic GIC's C-3 Requirement	Company records (enter a pre-tax amount)					
	Callable/Pre-Payable Assets						
(16)	Callable/Pre-Payable Assets Assigned to Products Categorized Above	Company records (enter a pre-tax amount)					
(17)	Subtotal of Factor Based RBC For Products Categorized Above	Lines (6) + (11) + (14) + (15)					
	ALL OTHER RESERVES (exclude statement amounts included in Lines (2) to (17) above)						
	Low Risk Category						
(18)	Annuity Reserve with Fair Value Adjustment (excluding unitized separate accounts and eligible experience rated pension and separate accounts with guarantees)*	Notes to Financial Statements Item 32 Line A1, in part‡		X	0.0115 or 0.0077†	=	
(19)	Annuity Reserve not Withdrawable (excluding structured settlements and eligible experience rated pension and separate accounts with guarantees)*	Notes to Financial Statements Item 32 Line B, in part‡		X	0.0115 or 0.0077†	=	
(20)	Guaranteed Investment Contract (GIC) Reserve within 1 Year of Maturity£	Notes to Financial Statements Item 32 Various Lines, in part‡		X	0.0115 or 0.0077†	=	
(21.1)	Life Insurance Reserves Net of Reinsurance	Exhibit 5 Column 2 Line 0199999, in part					
(21.2)	Less Life Insurance Reserves Policy Loans	Page 2 Line 6, in part					
(21.3)	Plus Modified Coinsurance Assumed Reserves net of Modified Coinsurance Assumed Policy Loans	Schedule S Part 1 Section 1 Column 11, in part‡					
(21.4)	Less Modified Coinsurance Ceded Reserves net of Modified Coinsurance Ceded Policy Loans	Schedule S Part 3 Section 1 Column 13, in part‡					
(21.5)	Life Insurance Reserves	Line (21.1) - (21.2) + (21.3) - (21.4)		X	0.0115 or 0.0077†	=	
(22)	Total Low Risk	Lines (18) + (19) + (20) + (21.5)					

† The factors are decreased by one-third if the company submits an unqualified actuarial opinion based on asset adequacy testing. The RBC software automatically recalculates the factor, depending on the answer to Line (1.1).
‡ Net of reinsurance, less policy loans, plus modified coinsurance assumed reserves, less modified coinsurance ceded reserves.
§ Excluding any non-policyholder reserves (e.g., reserves that are not related to specific policies).
* Excluding GICs within 1 year of maturity.
£ Includes GICs within 1 year of maturity subtracted elsewhere.

Denotes items that must be manually entered on the filing software.

INTEREST RATE RISK AND MARKET RISK (Continued)

		Annual Statement Source	(2) Statement Value		Factor		(3) RBC Requirement
	Medium Risk Category						
(23)	Annuity Reserve at Book Value Less Surrender Charge of 5 Percent or More*	Notes to Financial Statements Item 32 Line A2, in part‡		X	0.0231 or 0.0154†	=	
(24)	Exhibit 7 Reserve not Included Elsewhere §	Exhibit 7 Line 14 amounts not included elsewhere in Interest Rate Risk (C-3)‡		X	0.0231 or 0.0154†	=	
(25)	Structured Settlements	Notes to Financial Statements Item 32 Line B, in part‡		X	0.0231 or 0.0154†	=	
(26)	Additional Actuarial Reserves - Asset/Liability Analysis	Exhibit 5 Column 2 Line 0799997, in part		X	0.0231 or 0.0154†	=	
(27)	Total Medium Risk	Sum of Lines (23) through (26)					
	High Risk Category						
(28)	Annuity Reserve at Book Value Without Adjustment (minimal or no charge or adjustment)*	Notes to Financial Statements Item 32 Line A5, in part‡		X	0.0462 or 0.0308†	=	
(29)	Total High Risk	Line (28)					
	Synthetic GIC's						
(30)	Synthetic GIC's C-3 Requirement	Company records (enter a pre-tax amount)			RBC x 1.000 (less "haircut")		
	Callable/Pre-Payable Assets						
(31)	Callable/Pre-Payable Assets Not Allocated to Line (16). Include Callable/Pre-Payable Assets Allocated to Surplus	Company records (enter a pre-tax amount)					
(32)	Interest Rate Risk Based Completely on Factors	Lines (16) + (17) + (22) + (27) + (29) + (30) + (31)					
(33)	C-3 RBC Cash Flow Testing Interest Rate Risk (If Line 1.2 = "Yes")	Company records (enter a pre-tax amount)			C-3 RBC Cash Flow Testing		
(34)	Sub-Total Interest Rate Risk	If Line (33) = 0, then Line (34) = Line (32). Otherwise, Line (34) = Line (32) + (33) - (16) - (17), subject to a minimum of 0.5 times Line (32)					
(35)	Interest Rate Risk Component (See the instructions for specific detail.)	Company Records (enter the pre-tax amount)					
(36)	Total Interest Rate Risk	Lines (34) + (35)					
(37)	Total Market Risk	Company Records (enter a pre-tax amount)					

† The factors are decreased by one-third if the company submits an unqualified actuarial opinion based on asset adequacy testing. The RBC software automatically recalculates the factor, depending on the answer to Line (1.1).
‡ Net of reinsurance, less policy loans, plus modified coinsurance assumed reserves, less modified coinsurance ceded reserves.
§ Excluding any non-policyholder reserves (e.g., reserves that are not related to specific policies).
* Excluding GICs within 1 year of maturity.
£ Includes GICs within 1 year of maturity subtracted elsewhere.

Denotes items that must be manually entered on the filing software.

HEALTH CREDIT RISK

		Annual Statement Source	(1) Amount		Factor		(2) RBC Requirement
	Capitations to Intermediaries						
(1)	Total Capitations Paid Directly to Providers	**LR022** Underwriting Risk Managed Care Credit Column (2) Line (5)					
(2)	Less Secured Capitations to Providers	Company Records †					
(3)	Net Capitations to Providers Subject to Credit Risk Charge	Line (1) – Line (2)		X	0.020	=	
(4)	Total Capitations to Intermediaries	**LR022** Column (2) Lines (6) + (7)					
(5)	Less Secured Capitations to Intermediaries	Company Records †					
(6)	Net Capitations to Intermediaries Subject to Credit Risk Charge	Line(4) – Line (5)		X	0.040	=	
(7)	Capitation Credit Risk RBC	Line (3) + Line (6)					

† Amounts entered on capitations worksheets.

Denotes items that must be manually entered on the filing software.

BUSINESS RISK

		Annual Statement Source	(1) Statement Value	Factor	(2) RBC Requirement
	Life Insurance Premiums				
(1)	Total Life Premiums	Schedule T Column 2 Line 59			
(2)	Less American Samoa Life Premiums	Schedule T Column 2 Line 52			
(3)	Less Guam Life Premiums	Schedule T Column 2 Line 53			
(4)	Less Puerto Rico Life Premiums	Schedule T Column 2 Line 54			
(5)	Less U.S. Virgin Islands Life Premiums	Schedule T Column 2 Line 55			
(6)	Less Northern Mariana Islands Life Premiums	Schedule T Column 2 Line 56			
(7)	Less Canada Life Premiums	Schedule T Column 2 Line 57			
(8)	Less Other Alien Life Premiums	Schedule T Column 2 Line 58			
(9)	Subtotal Net Life Premiums	Line (1) less the Sum of Lines (2) through (8)			
(10)	Plus Foreign Variable and Other Life Premiums	See Instructions†			
(11)	Less Total Variable and Other Life Premiums	See Instructions†			
(12)	Net Life Premiums	Line (9) plus Line (10) less Line (11)		X 0.0308 =	
	Annuity Considerations				
(13)	Total Annuity Considerations	Schedule T Column 3 Line 59			
(14)	Less American Samoa Annuity Considerations	Schedule T Column 3 Line 52			
(15)	Less Guam Annuity Considerations	Schedule T Column 3 Line 53			
(16)	Less Puerto Rico Annuity Considerations	Schedule T Column 3 Line 54			
(17)	Less U.S. Virgin Islands Annuity Considerations	Schedule T Column 3 Line 55			
(18)	Less Northern Mariana Islands Annuity Considerations	Schedule T Column 3 Line 56			
(19)	Less Canada Annuity Considerations	Schedule T Column 3 Line 57			
(20)	Less Other Alien Annuity Considerations	Schedule T Column 3 Line 58			
(21)	Subtotal Net Annuity Considerations	Line (13) less the Sum of Lines (14) through (20)			
(22)	Plus Foreign Variable and Other Annuity Considerations	See Instructions†			
(23)	Less Total Variable and Other Annuity Considerations	See Instructions†			
(24)	Net Annuity Considerations	Line (21) plus Line (22) less Line (23)		X 0.0308 =	
	Accident and Health Premiums				
(25)	Total Accident and Health Premiums	Schedule T Column 4 Line 59			
(26)	Less American Samoa Accident and Health Premiums	Schedule T Column 4 Line 52			
(27)	Less Guam Accident and Health Premiums	Schedule T Column 4 Line 53			
(28)	Less Puerto Rico Accident and Health Premiums	Schedule T Column 4 Line 54			
(29)	Less U.S. Virgin Islands Accident and Health Premiums	Schedule T Column 4 Line 55			
(30)	Less Northern Mariana Islands Accident and Health Premiums	Schedule T Column 4 Line 56			
(31)	Less Canada Accident and Health Premiums	Schedule T Column 4 Line 57			
(32)	Less Other Alien Accident and Health Premiums	Schedule T Column 4 Line 58			
(33)	Subtotal Net Accident and Health Premiums	Line (25) less the Sum of Lines (26) through (32)			
(34)	Plus Foreign Variable and Other A&H Premiums	See Instructions†			
(35)	Less Total Variable and Other A&H Premiums	See Instructions†			
(36)	Net Accident and Health Premiums	Line (33) plus Line (34) less Line (35)		X 0.0077 =	

† Enter amounts only if included in Schedule T Column 2 (life), Column 3 (annuity) or Column 4 (accident and health).

Denotes items that must be manually entered on the filing software.

BUSINESS RISK (CONTINUED)

		Annual Statement Source	(1) Statement Value		Factor		(2) RBC Requirement
	Separate Account Liabilities						
(37)	Total Liabilities from Separate Accounts Statement	Page 3 Column 1 Line 27					
(38)	Transfers to Separate Accounts Due or Accrued	Page 3 Column 1 Line 13					
(39)	Total Separate Account Liabilities	Line (37) plus Line (38)		X	0.0008	=	
(40)	Business Risk (C-4a)	Lines (12) + (24) + (36) + (39)					
	Administrative Expenses for Certain A&H Coverages						
(41)	Total Accident and Health Premiums	**LR019** Health Premiums Column (1) Line (31)					
(42)	Accident and Health Premiums from Underwriting Risk	**LR020** Underwriting Risk Column (5) Line (1.3)					
(43)	Accident and Health Premiums Factor	Line (42) / Line (41)					
(44)	Exhibit 2 Administrative Expenses for Health Insurance	Exhibit 2 Column 2 + Column 3 Line 10					
(45)	Exhibit 3 Administrative Expenses for Health Insurance	Exhibit 3 Column 2 Line 7					
(46)	Less Administrative Expenses for Administrative Service Contracts (ASC)	Included in Exhibit 2 Col. 2 + Col. 3 and Exhibit 3 Col. 2					
(47)	Less Administrative Expenses for Administrative Services Only (ASO) Business	Included in Exhibit 2 Col. 2 + Col. 3 and Exhibit 3 Col. 2					
(48)	Less Administrative Expenses for Commissions and Premium Taxes	Included in Exhibit 2 Col. 2 + Col. 3 and Exhibit 3 Col. 2					
(49)	Net Administrative Expenses	Lines (44) + (45) - (46) - (47) - (48)					
(50)	Composite Health Administrative Expense Risk Factor	7% of Line (42) up to $25 million + 4% of excess/Line (42)					
(51)	Administrative Expense Component for Health	Line (49) x factor Line (43) x factor Line (50)					
	Health ASO/ASC						
(52)	Administrative Expenses for ASC Business	Company Records§		X	0.0200	=	
(53)	Administrative Expenses for ASO Business	Company Records§		X	0.0200	=	
(54)	ASC Claims Reported as Incurred Claims	Company Records		X	0.0100	=	
(55)	Other Medical Costs Paid through ASC Arrangements	Company Records		X	0.0100	=	
(56)	Fee-for-Service Received from Health Entities	Company Records		X	0.0100	=	
(57)	Business Risk (C-4b)	Column (2) Lines (51) + (52) + (53) + (54) + (55) + (56)					

§ Line (52) should be greater than or equal to Line (46). Line (53) should be greater than or equal to Line (47).

Denotes items that must be manually entered on the filing software.

CALCULATION OF TAX EFFECT FOR LIFE RISK-BASED CAPITAL

		Source	(1) RBC Amount		Tax Factor		(2) RBC Tax Effect	
	ASSET RISKS							
	Bonds							
(001)	Long-term Bonds – Class 1	LR002 Bonds Column (2) Line (2) + **LR018** Off-Balance Sheet Collateral Column (3) Line (2)		X	0.2625	=		
(002)	Long-term Bonds – Class 2	LR002 Bonds Column (2) Line (3) + **LR018** Off-Balance Sheet Collateral Column (3) Line (3)		X	0.2625	=		
(003)	Long-term Bonds – Class 3	LR002 Bonds Column (2) Line (4) + **LR018** Off-Balance Sheet Collateral Column (3) Line (4)		X	0.2625	=		
(004)	Long-term Bonds – Class 4	LR002 Bonds Column (2) Line (5) + **LR018** Off-Balance Sheet Collateral Column (3) Line (5)		X	0.2625	=		
(005)	Long-term Bonds – Class 5	LR002 Bonds Column (2) Line (6) + **LR018** Off-Balance Sheet Collateral Column (3) Line (6)		X	0.2625	=		
(006)	Long-term Bonds – Class 6	LR002 Bonds Column (2) Line (7) + **LR018** Off-Balance Sheet Collateral Column (3) Line (7)		X	0.3500	=		
(007)	Short-term Bonds – Class 1	LR002 Bonds Column (2) Line (10)		X	0.2625	=		
(008)	Short-term Bonds – Class 2	LR002 Bonds Column (2) Line (11)		X	0.2625	=		
(009)	Short-term Bonds – Class 3	LR002 Bonds Column (2) Line (12)		X	0.2625	=		
(010)	Short-term Bonds – Class 4	LR002 Bonds Column (2) Line (13)		X	0.2625	=		
(011)	Short-term Bonds – Class 5	LR002 Bonds Column (2) Line (14)		X	0.2625	=		
(012)	Short-term Bonds – Class 6	LR002 Bonds Column (2) Line (15)		X	0.3500	=		
(013)	**Credit for Hedging - Class 1 Through 5 Bonds**	**LR014 Hedged Asset Bond Schedule Column (13) Line (0199999)**		**X**	**0.2625**	**=**		†
(014)	**Credit for Hedging - Class 6 Bonds**	**LR014 Hedged Asset Bond Schedule Column (13) Line (0299999)**		**X**	**0.3500**	**=**		†
(015)	Bond Reduction - Reinsurance	LR002 Bonds Column (2) Line **(19)**		X	0.3500	=		†
(016)	Bond Increase - Reinsurance	LR002 Bonds Column (2) Line **(20)**		X	0.3500	=		
(017)	Non-Exempt Class 1 U.S. Government Agency	LR002 Bonds Column (2) Line **(22)**		X	0.2625	=		
(018)	Bonds Size Factor	LR002 Bonds Column (2) Line **(26)** - LR002 Bonds Column (2) Line **(21)**		X	0.2625	=		
	Mortgages							
	In Good Standing							
(019)	Farm Mortgages	LR004 Mortgages Column (6) Line (1)		X	0.2625	=		
(020)	Residential Mortgages - Insured	LR004 Mortgages Column (6) Line (2)		X	0.2625	=		
(021)	Residential Mortgages - Other	LR004 Mortgages Column (6) Line (3)		X	0.2625	=		
(022)	Commercial Mortgages - Insured	LR004 Mortgages Column (6) Line (4)		X	0.2625	=		
(023)	Commercial Mortgages - Other	LR004 Mortgages Column (6) Line (5)		X	0.2625	=		
(024)	Restructured Mortgages	LR004 Mortgages Column (6) Line (6)		X	0.2625	=		
	90 Days Overdue							
(025)	Farm Mortgages	LR004 Mortgages Column (6) Line (7)		X	0.2625	=		
(026)	Residential Mortgages - Insured	LR004 Mortgages Column (6) Line (8)		X	0.2625	=		
(027)	Residential Mortgages - Other	LR004 Mortgages Column (6) Line (9)		X	0.2625	=		
(028)	Commercial Mortgages - Insured	LR004 Mortgages Column (6) Line (10)		X	0.2625	=		
(029)	Commercial Mortgages - Other	LR004 Mortgages Column (6) Line (11)		X	0.2625	=		
	In Process of Foreclosure							
(030)	Farm Mortgages	LR004 Mortgages Column (6) Line (12)		X	0.2625	=		

† Denotes lines that are deducted from the total rather than added.

Denotes items that must be manually entered on the filing software.

CALCULATION OF TAX EFFECT FOR LIFE RISK-BASED CAPITAL (CONTINUED)

		Source	(1) RBC Amount		Tax Factor		(2) RBC Tax Effect	
(031)	Residential Mortgages - Insured	LR004 Mortgages Column (6) Line (13)		X	0.2625	=		
(032)	Residential Mortgages - Other	LR004 Mortgages Column (6) Line (14)		X	0.2625	=		
(033)	Commercial Mortgages - Insured	LR004 Mortgages Column (6) Line (15)		X	0.2625	=		
(034)	Commercial Mortgages - Other	LR004 Mortgages Column (6) Line (16)		X	0.2625	=		
(035)	Due & Unpaid Taxes Mortgages	LR004 Mortgages Column (6) Line (17)		X	0.2625	=		
(036)	Due & Unpaid Taxes - Foreclosures	LR004 Mortgages Column (6) Line (18)		X	0.2625	=		
(037)	Mortgage Reduction - Reinsurance	LR004 Mortgages Column (6) Line (20)		X	0.3500	=		†
(038)	Mortgage Increase - Reinsurance	LR004 Mortgages Column (6) Line (21)		X	0.3500	=		
	Preferred Stock and Hybrid Securities							
(039)	Unaffiliated Preferred Stock and Hybrids Class 1	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (1) + Line (8) + **LR018** Off-Balance Sheet Collateral Column (3) Line (9)		X	0.2625	=		
(040)	Unaffiliated Preferred Stock and Hybrids Class 2	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (2) + Line (9) + **LR018** Off-Balance Sheet Collateral Column (3) Line (10)		X	0.2625	=		
(041)	Unaffiliated Preferred Stock and Hybrids Class 3	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (3) + Line (10) + **LR018** Off-Balance Sheet Collateral Column (3) Line (11)		X	0.2625	=		
(042)	Unaffiliated Preferred Stock and Hybrids Class 4	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (4) + Line (11) + **LR018** Off-Balance Sheet Collateral Column (3) Line (12)		X	0.2625	=		
(043)	Unaffiliated Preferred Stock and Hybrids Class 5	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (5) + Line (12) + **LR018** Off-Balance Sheet Collateral Column (3) Line (13)		X	0.2625	=		
(044)	Unaffiliated Preferred Stock and Hybrids Class 6	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (6) + Line (13) + **LR018** Off-Balance Sheet Collateral Column (3) Line (14)		X	0.3500	=		
(045)	Preferred Stock Reduction-Reinsurance	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (16)		X	0.3500	=		†
(046)	Preferred Stock Increase-Reinsurance	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (17)		X	0.3500	=		
	Separate Accounts							
(047)	Guaranteed Index	LR006 Separate Accounts Column (3) Line (1)		X	0.2625	=		
(048)	Nonindex-Book Reserve	LR006 Separate Accounts Column (3) Line (2)		X	0.2625	=		
(049)	Separate Accounts Nonindex-Market Reserve	LR006 Separate Accounts Column (3) Line (3)		X	0.2625	=		
(050)	Separate Accounts Reduction-Reinsurance	LR006 Separate Accounts Column (3) Line (5)		X	0.3500	=		†
(051)	Separate Accounts Increase-Reinsurance	LR006 Separate Accounts Column (3) Line (6)		X	0.3500	=		
(052)	Synthetic GICs	LR006 Separate Accounts Column (3) Line (8)		X	0.2625	=		
(053)	Separate Account Surplus	LR006 Separate Accounts Column (3) Line (13)		X	0.2625	=		
	Real Estate							
(054)	Company Occupied Real Estate	LR007 Real Estate Column (3) Line (3)		X	0.3500	=		
(055)	Foreclosed Real Estate	LR007 Real Estate Column (3) Line (6)		X	0.3500	=		
(056)	Investment Real Estate	LR007 Real Estate Column (3) Line (9)		X	0.3500	=		
(057)	Real Estate Reduction - Reinsurance	LR007 Real Estate Column (3) Line (11)		X	0.3500	=		†
(058)	Real Estate Increase - Reinsurance	LR007 Real Estate Column (3) Line (12)		X	0.3500	=		
	Schedule BA							
(059)	Sch BA Real Estate Excluding Low Income Housing Tax Credits	LR007 Real Estate Column (3) Line (16)		X	0.3500	=		
(060)	Guaranteed Low Income Housing Tax Credits	LR007 Real Estate Column (3) Line (17)		X	0.0000	=		
(061)	Non-Guaranteed Low Income Housing Tax Credits	LR007 Real Estate Column (3) Line (18)		X	0.0000	=		
(062)	Sch BA Real Estate Reduction - Reinsurance	LR007 Real Estate Column (3) Line (20)		X	0.3500	=		†
(063)	Sch BA Real Estate Increase - Reinsurance	LR007 Real Estate Column (3) Line (21)		X	0.3500	=		

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Denotes items that must be manually entered on the filing software.

CALCULATION OF TAX EFFECT FOR LIFE RISK-BASED CAPITAL (CONTINUED)

		Source	(1) RBC Amount		Tax Factor		(2) RBC Tax Effect	
(064)	Sch BA Bond Class 1	LR008 Other Long-Term Assets Column (5) Line (2)		X	0.2625	=		
(065)	Sch BA Bond Class 2	LR008 Other Long-Term Assets Column (5) Line (3)		X	0.2625	=		
(066)	Sch BA Bond Class 3	LR008 Other Long-Term Assets Column (5) Line (4)		X	0.2625	=		
(067)	Sch BA Bond Class 4	LR008 Other Long-Term Assets Column (5) Line (5)		X	0.2625	=		
(068)	Sch BA Bond Class 5	LR008 Other Long-Term Assets Column (5) Line (6)		X	0.2625	=		
(069)	Sch BA Bond Class 6	LR008 Other Long-Term Assets Column (5) Line (7)		X	0.3500	=		
(070)	BA Bond Reduction - Reinsurance	LR008 Other Long-Term Assets Column (5) Line (9)		X	0.3500	=		†
(071)	BA Bond Increase - Reinsurance	LR008 Other Long-Term Assets Column (5) Line (10)		X	0.3500	=		
(072)	BA Preferred Stock Class 1	LR008 Other Long-Term Assets Column (5) Line (12.3)		X	0.2625	=		
(073)	BA Preferred Stock Class 2	LR008 Other Long-Term Assets Column (5) Line (13)		X	0.2625	=		
(074)	BA Preferred Stock Class 3	LR008 Other Long-Term Assets Column (5) Line (14)		X	0.2625	=		
(075)	BA Preferred Stock Class 4	LR008 Other Long-Term Assets Column (5) Line (15)		X	0.2625	=		
(076)	BA Preferred Stock Class 5	LR008 Other Long-Term Assets Column (5) Line (16)		X	0.2625	=		
(077)	BA Preferred Stock Class 6	LR008 Other Long-Term Assets Column (5) Line (17)		X	0.3500	=		
(078)	BA Preferred Stock Reduction-Reinsurance	LR008 Other Long-Term Assets Column (5) Line (19)		X	0.3500	=		†
(079)	BA Preferred Stock Increase - Reinsurance	LR008 Other Long-Term Assets Column (5) Line (20)		X	0.3500	=		
(080)	Rated Surplus Notes	LR008 Other Long-Term Assets Column (5) Line (31)		X	0.2625	=		
(081)	Rated Capital Notes	LR008 Other Long-Term Assets Column (5) Line (41)		X	0.2625	=		
(082)	BA Common Stock Affiliated	LR008 Other Long-Term Assets Column (5) Line (48.3)		X	0.3500	=		
(083)	BA Collateral Loans	LR008 Other Long-Term Assets Column (5) Line (50)		X	0.2625	=		
(084)	Other BA Assets	LR008 Other Long-Term Assets Column (5) Line (51.3) + **LR018** Off-Balance Sheet Collateral Column (3) Line (17) + Line (18)		X	0.3500	=		
(085)	Other BA Assets Reduction-Reinsurance	LR008 Other Long-Term Assets Column (5) Line (53)		X	0.3500	=		†
(086)	Other BA Assets Increase - Reinsurance	LR008 Other Long-Term Assets Column (5) Line (54)		X	0.3500	=		
(087)	BA Mortgages - Insured	LR009 Schedule BA Mortgages Column (6) Line (1)		X	0.2625	=		
(088)	BA Mortgages - All Other	LR009 Schedule BA Mortgages Column (6) Line (2)		X	0.2625	=		
(089)	BA Restructured Mortgages	LR009 Schedule BA Mortgages Column (6) Line (3)		X	0.2625	=		
(090)	BA Mortgages 90 days Overdue	LR009 Schedule BA Mortgages Column (6) Line (4) + Line (5)		X	0.2625	=		
(091)	BA Mortgages Foreclosed - Insured	LR009 Schedule BA Mortgages Column (6) Line (6)		X	0.2625	=		
(092)	BA Mortgages Foreclosed - All Other	LR009 Schedule BA Mortgages Column (6) Line (7)		X	0.2625	=		
(093)	Reduction - Reinsurance	LR009 Schedule BA Mortgages Column (6) Line (9)		X	0.3500	=		†
(094)	Increase - Reinsurance	LR009 Schedule BA Mortgages Column (6) Line (10)		X	0.3500	=		
	Miscellaneous							
(095)	Asset Concentration Factor	LR010 Asset Concentration Factor Column (6) Line (51) Grand Total Page		X	0.2625	=		
(096)	Miscellaneous Assets	LR012 Miscellaneous Assets Column (2) Line (7)		X	0.2625	=		
(097)	Derivatives - Collateral and Exchange Traded	LR012 Miscellaneous Assets Column (2) Lines (8) + (9) + (10)		X	0.2625	=		
(098)	Derivatives Class 1	LR012 Miscellaneous Assets Column (2) Line (11)		X	0.2625	=		
(099)	Derivatives Class 2	LR012 Miscellaneous Assets Column (2) Line (12)		X	0.2625	=		
(100)	Derivatives Class 3	LR012 Miscellaneous Assets Column (2) Line (13)		X	0.2625	=		
(101)	Derivatives Class 4	LR012 Miscellaneous Assets Column (2) Line (14)		X	0.2625	=		
(102)	Derivatives Class 5	LR012 Miscellaneous Assets Column (2) Line (15)		X	0.2625	=		
(103)	Derivatives Class 6	LR012 Miscellaneous Assets Column (2) Line (16)		X	0.3500	=		
(104)	Miscellaneous Assets Reduction-Reinsurance	LR012 Miscellaneous Assets Column (2) Line (19)		X	0.3500	=		†
(105)	Miscellaneous Assets Increase-Reinsurance	LR012 Miscellaneous Assets Column (2) Line (20)		X	0.3500	=		

† Denotes lines that are deducted from the total rather than added.

Denotes items that must be manually entered on the filing software.

CALCULATION OF TAX EFFECT FOR LIFE RISK-BASED CAPITAL (CONTINUED)

		Source	(1) RBC Amount		Tax Factor		(2) RBC Tax Effect	
(106)	Replications	LR013 Replication (Synthetic Asset) Transactions and Mandatorily Convertible Securities Column (7) Line (9999999)		X	0.2625	=		
(107)	Reinsurance	**LR016** Reinsurance Column (4) Line (17)		X	0.3500	=		
(108)	Investment Affiliates	**LR039** Summary for Affiliated Investments Column (4) Line (6)		X	0.3500	=		
(109)	Investment in Parent	**LR039** Summary for Affiliated Investments Column (4) Line (10)		X	0.3500	=		
(110)	Other Affiliate: Property and Casualty Insurers not Subject to Risk-Based Capital	**LR039** Summary for Affiliated Investments Column (4) Line (11)		X	0.3500	=		
(111)	Other Affiliate: Life Insurers not Subject to Risk-Based Capital	**LR039** Summary for Affiliated Investments Column (4) Line (12)		X	0.3500	=		
(112)	Publicly Traded Insurance Affiliates	**LR039** Summary for Affiliated Investments Column (4) Line (14)		X	0.3500	=		
(113)	Subtotal for C-1o Assets	Sum of Lines (001) through **(112)**, Recognizing the Deduction of Lines **(013), (014), (015), (037), (045), (050), (057), (062), (070), (078), (085), (093) and (104)**						
	C-0 Affiliated Common Stock							
(114)	Off-Balance Sheet and Other Items	**LR017** Off-Balance Sheet and Other Items Column (4) Line (24) + (28)		X	0.2625	=		
(115)	Off-Balance Sheet Items Reduction - Reinsurance	**LR017** Off-Balance Sheet and Other Items Column (4) Line (25)		X	0.3500	=		†
(116)	Off-Balance Sheet Items Increase - Reinsurance	**LR017** Off-Balance Sheet and Other Items Column (4) Line (26)		X	0.3500	=		
(117)	Affiliated US Property - Casualty Insurers Directly Owned	**LR039** Summary for Affiliated Investments Column (4) Line (1)		X	0.3500	=		
(118)	Affiliated US Life Insurers Directly Owned	**LR039** Summary for Affiliated Investments Column (4) Line (2)		X	0.3500	=		
(119)	Affiliated US Health Insurers Directly and Indirectly Owned	**LR039** Summary for Affiliated Investments Column (4) Line (3)		X	0.3500	=		
(120)	Affiliated US Property - Casualty Insurers Indirectly Owned	**LR039** Summary for Affiliated Investments Column (4) Line (4)		X	0.3500	=		
(121)	Affiliated US Life Insurers Indirectly Owned	**LR039** Summary for Affiliated Investments Column (4) Line (5)		X	0.3500	=		
(122)	Affiliated Alien Life Insurers - Canadian	**LR039** Summary for Affiliated Investments Column (4) Line (8)		X	0.3500	=		
(123)	Affiliated Alien Life Insurers - All Others	**LR039** Summary for Affiliated Investments Column (4) Line (9)		X	0.0000	=		
(124)	Subtotal for C-0 Affiliated Common Stock	Lines **(114)-(115)+(116)+(117)+(118)+(119)+(120)+(121)+(122)+(123)**						
	Common Stock							
(125)	Unaffiliated Common Stock	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (26) + **LR018** Off-Balance Sheet Collateral Column (3) Line (16)		X	0.3500	=		
(126)	**Credit for Hedging - Common Stock**	**LR015 Hedged Asset Common Stock Schedule Column (10) Line (0299999)**		**X**	**0.3500**	**=**		†
(127)	Stock Reduction - Reinsurance	LR005 Unaffiliated Preferred and Common Stock Column (5) Line **(28)**		X	0.3500	=		†
(128)	Stock Increase - Reinsurance	LR005 Unaffiliated Preferred and Common Stock Column (5) Line **(29)**		X	0.3500	=		
(129)	BA Common Stock Unaffiliated	LR008 Other Long-Term Assets Column (5) Line (47)		X	0.3500	=		
(130)	BA Common Stock Affiliated - C-1cs	LR008 Other Long-Term Assets Column (5) Line (49.2)		X	0.3500	=		
(131)	Common Stock Concentration Factor	LR011 Common Stock Concentration Factor Column (6) Line (6)		X	0.3500	=		
(132)	Affiliated Preferred Stock and Common Stock - Holding Company in Excess of Indirect Subs	**LR039** Summary for Affiliated Investments Column (4) Line (7)		X	0.3500	=		
(133)	Affiliated Preferred Stock and Common Stock - All Other	**LR039** Summary for Affiliated Investments Column (4) Line (13)		X	0.3500	=		
(134)	Total for C-1cs Assets	**Lines (125)-(126)-(127)+(128)+(129)+(130)+(131)+(132)+(133)**						
	Insurance Risk							
(135)	Disability Income Premium	**LR019** Health Premiums Column (2) Lines (19) through (25)		X	0.3500	=		

† Denotes lines that are deducted from the total rather than added.

Denotes items that must be manually entered on the filing software.

CALCULATION OF TAX EFFECT FOR LIFE RISK-BASED CAPITAL (CONTINUED)

		Source	(1) RBC Amount		Tax Factor		(2) RBC Tax Effect
(136)	Long-Term Care	**LR019** Health Premiums Column (2) Line (26) + **LR023** Long-Term Care Column (4) Line (7)		X	0.3500	=	
(137)	Life Insurance C-2 Risk	**LR025** Life Insurance Column (2) Line (8)		X	0.3500	=	
(138)	Group Insurance C-2 Risk	**LR025** Life Insurance Column (2) Lines (20) and (21)		X	0.3500	=	
(139)	Disability and Long-Term Care Health Claim Reserves	**LR024** Health Claim Reserves Column (4) Line (9) + Line (15)		X	0.3500	=	
(140)	Premium Stabilization Credit	**LR026** Premium Stabilization Reserves Column (2) Line (10)		X	0.0000	=	
(141)	Total C-2 Risk	**Lines (135) + (136) + (137) + (138) + (139) + (140)**					
(142)	Interest Rate Risk	**LR027** Interest Rate Risk Column (3) Line (36)		X	0.3500	=	
(143)	Health Credit Risk	**LR028** Health Credit Risk Column (2) Line (7)		X	0.0000	=	
(144)	Market Risk	**LR027** Interest Rate Risk Column (3) Line (37)		X	0.3500	=	
(145)	Business Risk	**LR029** Business Risk Column (2) Line (40)		X	0.3500	=	
(146)	Health Administrative Expenses	**LR029** Business Risk Column (2) Line (57)		X	0.0000	=	
(147)	Total Tax Effect	**Lines (113) + (124) + (134) + (141) + (142) + (143) + (144) + (145) + (146)**					

† Denotes lines that are deducted from the total rather than added.

Denotes items that must be manually entered on the filing software.

CALCULATION OF AUTHORIZED CONTROL LEVEL RISK-BASED CAPITAL

		Source	(1) RBC Requirement
	Asset Risk - Affiliated Amounts (C-0)		
(1)	Affiliated US Property-Casualty Insurers Directly Owned	LR039 Summary for Affiliated Investments Column (4) Line (1)	
(2)	Affiliated US Life Insurers Directly Owned	LR039 Summary for Affiliated Investments Column (4) Line (2)	
(3)	Affiliated US Health Insurers Directly and Indirectly Owned	LR039 Summary for Affiliated Investments Column (4) Line (3)	
(4)	Affiliated US Property-Casualty Insurers Indirectly Owned	LR039 Summary for Affiliated Investments Column (4) Line (4)	
(5)	Affiliated US Life Insurers Indirectly Owned	LR039 Summary for Affiliated Investments Column (4) Line (5)	
(6)	Affiliated Alien Life Insurers - Canadian	LR039 Summary for Affiliated Investments Column (4) Line (8)	
(7)	Affiliated Alien Life Insurers - All Others	LR039 Summary for Affiliated Investments Column (4) Line (9)	
(8)	Off-Balance Sheet and Other Items	LR017 Off-Balance Sheet and Other Items Column (4) Line (29)	
(9)	Total (C-0) - Pre-Tax	Sum of Lines (1) through (8)	
(10)	(C-0) Tax Effect	LR030 Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line (124)	
(11)	Net (C-0) - Post-Tax	Line (9) - Line (10)	
	Asset Risk – Unaffiliated Common Stock and Affiliated Non-Insurance Stock (C-1cs)		
(12)	Schedule D Unaffiliated Common Stock	LR005 Unaffiliated Common Stock Column (5) Line (30) + LR018 Off-Balance Sheet Collateral Column (3) Line (16)	
(13)	Schedule BA Unaffiliated Common Stock	LR008 Other Long-Term Assets Column (5) line (47)	
(14)	Schedule BA Affiliated Common Stock - C-1cs	LR008 Other Long-Term Assets Column (5) line (49.2)	
(15)	Common Stock Concentration Factor	LR011 Common Stock Concentration Factor Column (6) Line (6)	
(16)	Affiliated Preferred Stock and Common Stock - Holding Company in Excess of Indirect Subsidiaries	LR039 Summary for Affiliated Investments Column (4) Line (7)	
(17)	Affiliated Preferred Stock and Common Stock - All Other	LR039 Summary for Affiliated Investments Column (4) Line (13)	
(18)	Total (C-1cs) - Pre-Tax	Sum of Lines (12) through (17)	
(19)	(C-1cs) Tax Effect	LR030 Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line (134)	
(20)	Net (C-1cs) - Post-Tax	Line (18) - Line (19)	
	Asset Risk - All Other (C-1o)		
(21)	Bonds after Size Factor	LR002 Bonds Column (2) Line (27) + LR018 Off-Balance Sheet Collateral Column (3) Line (8)	
(22)	Mortgages (including past due and unpaid taxes)	LR004 Mortgages Column (6) Line (22)	
(23)	Unaffiliated Preferred Stock Including Hybrids	LR005 Unaffiliated Preferred and Common Stock Column (5) Line (18) + LR018 Off-Balance Sheet Collateral Column (3) Line (15)	
(24)	Affiliated Preferred Stock and Common Stock - Investment Subsidiaries	LR039 Summary for Affiliated Investments Column (4) Line (6)	
(25)	Affiliated Preferred Stock and Common Stock - Parent	LR039 Summary for Affiliated Investments Column (4) Line (10)	
(26)	Affiliated Preferred Stock and Common Stock - Property and Casualty Insurers not Subject to Risk-Based Capital	LR039 Summary for Affiliated Investments Column (4) Line (11)	
(27)	Affiliated Preferred Stock and Common Stock - Life Insurers not Subject to Risk-Based Capital	LR039 Summary for Affiliated Investments Column (4) Line (12)	
(28)	Affiliated Preferred Stock and Common Stock - Publicly Traded Insurers Held at Fair Value (excess of statement value over book value)	LR039 Summary for Affiliated Investments Column (4) Line (14)	
(29)	Separate Accounts with Guarantees	LR006 Separate Accounts Column (3) Line (7)	

Denotes items that must be manually entered on the filing software.

CALCULATION OF AUTHORIZED CONTROL LEVEL RISK-BASED CAPITAL (CONTINUED)

		Source	(1) RBC Requirement
(30)	Synthetic GIC's (C-1o)	LR006 Separate Accounts Column (3) Line (8)	
(31)	Surplus in Non-Guaranteed Separate Accounts	LR006 Separate Accounts Column (3) Line (13)	
(32)	Real Estate (gross of encumbrances)	LR007 Real Estate Column (3) Line (13)	
(33)	Schedule BA Real Estate (gross of encumbrances)	LR007 Real Estate Column (3) Line (22)	
(34)	Other Long-Term Assets	LR008 Other Long-Term Assets Column (5) Line (55) + **LR018** Off-Balance Sheet Collateral Column (3) Line (17) + Line (18)	
(35)	Schedule BA Mortgages	LR009 Schedule BA Mortgages Column (6) Line (11)	
(36)	Concentration Factor	LR010 Asset Concentration Factor Column (6) Line (51) Grand Total Page	
(37)	Miscellaneous	LR012 Miscellaneous Assets Column (2) Line (21)	
(38)	Replication Transactions and Manditorily Convertible Securities	LR013 Replication (Synthetic Asset) Transactions and Mandatorily Convertible Securities Column (7) Line (9999999)	
(39)	Reinsurance	**LR016** Reinsurance Column (4) Line (17)	
(40)	Total (C-1o) - Pre-Tax	Sum of Lines (21) through (39)	
(41)	(C-1o) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(113)**	
(42)	Net (C-1o) - Post-Tax	Line (40) - Line (41)	
	Insurance Risk (C-2)		
(43)	Individual and Industrial Life Insurance	**LR025** Life Insurance Column (2) Line (8)	
(44)	Group and Credit Life Insurance and FEGI/SGLI	**LR025** Life Insurance Column (2) Lines (20) and (21)	
(45)	Total Health Insurance	**LR024** Health Claim Reserves Column (4) Line (18)	
(46)	Premium Stabilization Reserve Credit	**LR026** Premium Stabilization Reserves Column (2) Line (10)	
(47)	Total (C-2) - Pre-Tax	Sum of Lines (43) through (46)	
(48)	(C-2) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(141)**	
(49)	Net (C-2) - Post-Tax	Line (47) - Line (48)	
	Interest Rate Risk (C-3a)		
(50)	Total Interest Rate Risk - Pre-Tax	**LR027** Interest Rate Risk Column (3) Line (36)	
(51)	(C-3a) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(142)**	
(52)	Net (C-3a) - Post-Tax	Line (50) - Line (51)	
	Health Credit Risk (C-3b)		
(53)	Total Health Credit Risk - Pre-Tax	**LR028** Health Credit Risk Column (2) Line (7)	
(54)	(C-3b) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(143)**	
(55)	Net (C-3b) - Post-Tax	Line (53) - Line (54)	
	Market Risk (C-3c)		
(56)	Total Market Risk - Pre-Tax	**LR027** Interest Rate Risk Column (3) Line (37)	
(57)	(C-3c) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(144)**	
(58)	Net (C-3c) - Post-Tax	Line (56) - Line (57)	

Denotes items that must be manually entered on the filing software.

CALCULATION OF AUTHORIZED CONTROL LEVEL RISK-BASED CAPITAL (CONTINUED)

		Source	(1) RBC Requirement
	Business Risk (C-4a)		
(59)	Premium Component	**LR029** Business Risk Column (2) Lines (12) + (24) + (36)	
(60)	Liability Component	**LR029** Business Risk Column (2) Line (39)	
(61)	Subtotal Business Risk (C-4a) - Pre-Tax	Lines (59) + (60)	
(62)	(C-4a) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(145)**	
(63)	Net (C-4a) - Post-Tax	Line (61) - Line (62)	
	Business Risk (C-4b)		
(64)	Health Administrative Expense Component of Business Risk (C-4b) - Pre-Tax	**LR029** Business Risk Column (2) Line (57)	
(65)	(C-4b) Tax Effect	**LR030** Calculation of Tax Effect for Life Risk-Based Capital Column (2) Line **(146)**	
(66)	Net (C-4b) - Post-Tax	Line (64) - Line (65)	
	Total Risk-Based Capital After Covariance		
(67)	C-0 + C-4a + Square Root of [(C-1o + C-3a)² + (C-1cs + C-3c)² + (C-2)² + (C-3b)² + (C-4b)²]	REPORT AMOUNT ON PARENT COMPANY'S RBC IF APPLICABLE L(11)+L(63) + Square Root of [(L(42) + L(52))² + (L(20) + L(58))² + L(49)² + L(55)² + L(66)²]	
	Authorized Control Level Risk-Based Capital (After Covariance Adjustment)		
(68)	Total Risk-Based Capital After Covariance Times Fifty Percent	Line (67) x 0.50	
	Tax Sensitivity Test		
(69)	Tax Sensitivity Test: Total Risk-Based Capital After Covariance	L(9)+L(61) + Square Root of [(L(40) + L(50))² + (L(18) + L(56))² + L(47)² + L(53)² + L(64)²]	
(70)	Tax Sensitivity Test: Authorized Control Level Risk-Based Capital	Line (69) x 0.50	

Denotes items that must be manually entered on the filing software.

CAPITAL NOTES BEFORE LIMITATION

	Years to Maturity at the Time of the Statement	(1) Original Principal Amount		Limitation Factor		(2) Limitation on Principal Amount	(3) Current Principal Amount	(4) Credit to Total Adjusted Capital †
	Capital Notes Maturing 15 Years or less from the Year of Issue							
(1)	Greater than 0 and less than or equal to 1		X	0.0	=			
(2)	Greater than 1 and less than or equal to 2		X	0.2	=			
(3)	Greater than 2 and less than or equal to 3		X	0.4	=			
(4)	Greater than 3 and less than or equal to 4		X	0.6	=			
(5)	Greater than 4 and less than or equal to 5		X	0.8	=			
(6)	Greater than 5		X	1.0	=			
	Capital Notes Maturing more than 15 Years from the Year of Issue							
(7)	Greater than 0 and less than or equal to 1		X	0.0	=			
(8)	Greater than 1 and less than or equal to 2		X	0.1	=			
(9)	Greater than 2 and less than or equal to 3		X	0.2	=			
(10)	Greater than 3 and less than or equal to 4		X	0.3	=			
(11)	Greater than 4 and less than or equal to 5		X	0.4	=			
(12)	Greater than 5 and less than or equal to 6		X	0.5	=			
(13)	Greater than 6 and less than or equal to 7		X	0.6	=			
(14)	Greater than 7 and less than or equal to 8		X	0.7	=			
(15)	Greater than 8 and less than or equal to 9		X	0.8	=			
(16)	Greater than 9 and less than or equal to 10		X	0.9	=			
(17)	Greater than 10		X	1.0	=			
(18)	Credit for Capital Notes Before Limitation (sum of lines (1) through (17))							

† Column (4) is calculated as the lesser of Column (2) or Column (3).

Denotes items that must be manually entered on the filing software.

CALCULATION OF TOTAL ADJUSTED CAPITAL
(Including Total Adjusted Capital Tax Sensitivity Test)

		Annual Statement Source	(1) Statement Value	Factor		(2) Adjusted Capital
	Company Amounts					
(1)	Capital and Surplus	Page 3 Column 1 Line 38		X 1.000	=	
(2)	Asset Valuation Reserve	Page 3 Column 1 Line 24.01		X 1.000	=	
(3)	Dividends Apportioned for Payment	Page 3 Column 1 Line 6.1, in part		X 0.500	=	
(4)	Dividends Not Yet Apportioned	Page 3 Column 1 Line 6.2, in part		X 0.500	=	
(5)	**Hedging Fair Value Adjustment**	**Company Records**		**X -1.000**	**=**	
	Life Subsidiary Company Amounts†					
(6)	Asset Valuation Reserve	Subsidiaries' Annual Statement Page 3 Column 1 Line 24.01‡		X 1.000	=	
(7)	Dividend Liability	Subsidiaries' Annual Statement Page 3 Column 1 Line 6.1 + Line 6.2‡		X 0.500	=	
	Property and Casualty **and Other Non-U.S. Affiliated** Amounts					
(8)	Non-Tabular discount **and/or Alien Insurance Subsidiaries: Other**	Included in Subsidiaries' Annual Statement Page 3 Column 1 Line 1 + 3‡ **and/or Schedule D Part 6, Section 1 Column 8 Line 0599999 and Line 1499999, in part**		X 1.000	=	
(9)	Total Adjusted Capital Before Capital Notes	Sum of Lines (1) through **(7)** less Line **(8)**				
	Credit for Capital Notes					
(10.1)	Surplus Notes	Page 3 Column 1 Line 32				
(10.2)	Limitation on Capital Notes	0.5 x [Line **(9)** - Line **(10.1)**] - Line **(10.1)**, but not less than 0				
(10.3)	Capital Notes Before Limitation	**LR032** Capital Notes Before Limitation Column (4) Line (18)				
(10.4)	Credit for Capital Notes	Lesser of Column (1) Line **(10.2)** or Line **(10.3)**				
(11)	Total Adjusted Capital	Line **(9)** + Line **(10.4)**				
	Tax Sensitivity Test					
	Company Amounts					
(12)	Deferred Tax Asset (DTA) Value	Page 2 Column 3 Line 18.2		X -1.000	=	
(13)	Deferred Tax Liability (DTL) Value	Page 3 Column 1 Line 15.2		X 1.000	=	
	Subsidiary Amounts					
(14)	Deferred Tax Asset (DTA) Value	Company Records		X -1.000	=	
(15)	Deferred Tax Liability (DTL) Value	Company Records		X 1.000	=	
(16)	Tax Sensitivity Test: Total Adjusted Capital	Line **(11)+(12)+(13)+(14)+(15)**				
	Expanded DTA Sensitivity Test					
(17)	Expanded Deferred Tax Asset**-Company Amounts**	**Notes to Financial Statements Number 9A6e**		X 1.000	=	
(18)	**Expanded Deferred Tax Asset-Subsidiary Amounts**	**Subsidiaries Notes to Financial Statements Number 9A6e**		**X 1.000**	**=**	
(19)	Total Adjusted Capital Less Expanded Deferred Tax Asset **Amounts**	Line **(11)** less Line **(17) less Line (18)**				
(20)	Authorized Control Level RBC	**LR034** Risk-Based Capital Level of Action Line (4)		**X 1.000**	**=**	
(21)	**After-Tax Expanded Deferred Tax Asset RBC-Company Amounts**	**Off-Balance Sheet and Other Items Column (4) Line (28) * 0.7375**		**X 0.500**	**=**	
(22)	**After-Tax Expanded Deferred Tax Asset RBC-Subsidiary Amounts**	**Subsidiaries Off-Balance Sheet and Other Items Column (4) Line (28) * 0.7375**		**X 0.500**	**=**	
(23)	**Authorized Control Level RBC less Expanded DTA RBC Amounts**	**Line (20) less Line (21) less Line (22)**				
(24)	RBC% Without Expanded Deferred Tax Asset **Amounts**	Line (**19**) / Line (**23**)				0.000%

† Including subsidiaries owned by holding companies.
‡ Multiply statement value by percent of ownership.

Denotes items that must be manually entered on the filing software.

RISK-BASED CAPITAL LEVEL OF ACTION
(Including Tax Sensitivity Test)

		Source	(1) RBC Amount
(1)	Total Adjusted Capital - REPORT AMOUNT IN FIVE-YEAR HISTORICAL DATA PAGE 22 COLUMN 1 LINE 30	**LR033** Calculation of Total Adjusted Capital Column (2) Line**(11)**	________
	Trigger Points for Level of Regulatory Action:		
(2)	Company Action Level = 200% of Authorized Control Level Risk-Based Capital	2.0 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (68)	________
(3)	Regulatory Action Level = 150% of Authorized Control Level Risk-Based Capital	1.5 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (68)	________
(4)	Authorized Control Level Risk-Based Capital - REPORT AMOUNT IN FIVE-YEAR HISTORICAL DATA PAGE 22 COLUMN 1 LINE 31	1.0 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (68)	________
(5)	Mandatory Control Level = 70% of Authorized Control Level Risk-Based Capital	0.7 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (68)	________
(6)	Level of Action†:		________
	Tax Sensitivity Test		
(7)	Tax Sensitivity Test: Total Adjusted Capital	**LR033** Calculation of Total Adjusted Capital Column (2) Line**(16)**	________
(8)	Tax Sensitivity Test: Company Action Level = 200% of Authorized Control Level Risk-Based Capital	2.0 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (70)	________
(9)	Tax Sensitivity Test: Regulatory Action Level = 150% of Authorized Control Level Risk-Based Capital	1.5 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (70)	________
(10)	Tax Sensitivity Test:Authorized Control Level Risk-Based Capital	1.0 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (70)	________
(11)	Tax Sensitivity Test: Mandatory Control Level = 70% of Authorized Control Level Risk-Based Capital	0.7 times **LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (70)	________
(12)	Tax Sensitivity Test: Level of Action:		________

† If Total Adjusted Capital Line (1) exceeds Company Action Level Risk-Based Capital Line (2), None will be indicated (unless the Trend Test triggers Company Action Level). Otherwise, the appropriate level of action will be indicated.

Denotes items that must be manually entered on the filing software.

TREND TEST

		Source	(1) Amount
	Criteria for Applying Trend Test		
(1)	Authorized Control Level Risk-Based Capital	**LR031** Calculation of Authorized Control Level Risk-Based Capital Column (1) Line (68)	
(2)	Trend Test Safe Harbor	2.5 x Line (1)	
(3)	Total Adjusted Capital	**LR033** Calculation of Total Adjusted Capital Line **(11)**	
	Trend Test Data		
(4)	First Prior Year Total Adjusted Capital	Five-Year Historical Data Page 22 Column 2 Line 30	
(5)	First Prior Year Authorized Control Level Risk-Based Capital	Five-Year Historical Data Page 22 Column 2 Line 31	
(6)	Third Prior Year Total Adjusted Capital	Five-Year Historical Data Page 22 Column 4 Line 30	
(7)	Third Prior Year Authorized Control Level RBC	Five-Year Historical Data Page 22 Column 4 Line 31	
	Trend Test Calculation (only if applicable†)		
(8)	Current Year Margin	Line (3) - Line (1)	
(9)	First Prior Year Margin	Line (4) - Line (5)	
(10)	Third Prior Year Margin	Line (6) - Line (7)	
(11)	Decrease in Margin from First Prior Year	Line (9) - Line (8) (use zero if negative)	
(12)	Decrease in Margin from Third Prior Year	Line (10) - Line (8) (use zero if negative)	
(13)	Average decrease in Last Three Years	1/3 of Line (12)	
(14)	Marginal Difference	Greater of Line (11) and Line (13)	
(15)	Total Adjusted Capital Less Margin Difference	Line (3) - Line (14)	
(16)	Level of Risk-Based Capital‡	1.9 x Line (1)	

† The Trend Test applies only if Total Adjusted Capital Line (3) is less than the Trend Test Safe Harbor Line (2) and the **LR034** Risk-Based Capital Level of Action Line (6) is “None”.

‡ If Line (15) is less than Line (16), the company triggers regulatory attention at the Company Action Level based on the trend test.

Denotes items that must be manually entered on the filing software.

ADDITIONAL INFORMATION REQUIRED

			(1)
		Source	Statement Value
(1.2)	Other Affiliates: Subsidiaries	Subsidiaries' Life Risk-Based Capital **LR039** Summary for Affiliated Investments Column (1) Line (13); Property and Casualty Risk-Based Capital PR004 Summary For Subsidiary, Controlled and Affiliated Investments for Cross-Checking Statement Values Column (1) Line (8) and Line (17)	
(2.2)	Noncontrolled Assets: Subsidiaries	Subsidiaries' Life Risk-Based Capital **LR017** Off-Balance Sheet and Other Items Column (1) Line (12); Property and Casualty PR013 Miscellaneous Off-Balance Sheet Items Column (1) Line (12)	
(3.2)	Guarantees for Affiliates: Subsidiaries	Subsidiaries' Life Notes to Financial Statements #**14A3a**; Property and Casualty Notes to Financial Statements #**14A3a**	
(4.2)	Contingent Liabilities: Subsidiaries	Subsidiaries' Life Notes to Financial Statements #14A1; Property and Casualty Notes to Financial Statements #14A1	
(5.2)	Long Term Leases: Subsidiaries	Subsidiaries' Life Notes to Financial Statements #15A2a1; Property and Casualty Notes to Financial Statements #15A2a1	
(7.11)	Total Affiliated Investments: Company	Company's Annual Statement Five-Year Historical Data Column 1 Line 50	
(7.12)	Less Affiliated Common Stock: Company	Company's Annual Statement Five-Year Historical Data Column 1 Line 46	
(7.13)	Less Affiliated Preferred Stock: Company	Company's Annual Statement Five-Year Historical Data Column 1 Line 45	
(7.14)	Net Affiliated Investments: Company	Lines (7.11) - (7.12) - (7.13)	
(7.2)	Affiliated Investments: Subsidiaries	Subsidiaries' Life Annual Statement Five-Year Historical Data Column 1 Line 50 Less Lines 45 and 46; Property and Casualty Annual Statement Five-Year Historical Data Column 1 Line 48 Less Lines 43 and 44	
(9.1)	Surplus Notes: Company	Company's Annual Statement Page 3 Column 1 Line 32	
(9.2)	Surplus Notes: Subsidiaries	Subsidiaries' Life Annual Statement Page 3 Column 1 Line 32; Property and Casualty Annual Statement Page 3 Column 1 Line 33	
(10.11)	Capital Paid In: Company	Company's Annual Statement Page 4 Column 1 Line 50.1	
(10.12)	Surplus Paid In: Company	Company's Annual Statement Page 4 Column 1 Line 51.1	
(10.13)	Total Current Year's Capital Contributions: Company	Line (10.11) + Line (10.12)	
(10.2)	Current Year's Capital Contributions: Subsidiaries	Subsidiaries' Life Annual Statement Page 4 Column 1 Lines 50.1 + 51.1; Property and Casualty Annual Statement Page 4 Column 1 Lines 32.1 + 33.1	

Denotes items that must be manually entered on the filing software.

SENSITIVITY TESTS - AUTHORIZED CONTROL LEVEL

	Sensitivity Tests Affecting Authorized Control Level Risk-Based Capital	Source	(1) Statement Value	Additional Sensitivity Factor	(2) Additional RBC	(3) Authorized Control Level Before Test	(4) Authorized Control Level After Test
(1.1)	Other Affiliates: Company	**LR039** Summary for Affiliated Investments Column (1) Line (13)		0.700			
(1.2)	Other Affiliates: Subsidiaries	**LR036** Additional Information Required Column (1) Line (1.2)		0.700			
(1.99)	Total Other Affiliates			0.700			
(2.1)	Noncontrolled Assets - Company	**LR017** Off-Balance Sheet and Other Items Column (1) Line (12)		0.020			
(2.2)	Noncontrolled Assets - Subsidiaries	**LR036** Additional Information Required Column (1) Line (2.2)		0.020			
(2.99)	Total Noncontrolled Assets			0.020			
(3.1)	Guarantees for Affiliates: Company	**LR017** Off-Balance Sheet and Other Items Column (1) Line (21)		0.020			
(3.2)	Guarantees for Affiliates: Subsidiaries	**LR036** Additional Information Required Column (1) Line (3.2)		0.020			
(3.99)	Total Guarantees for Affiliates			0.020			
(4.1)	Contingent Liabilities: Company	**LR017** Off-Balance Sheet and Other Items Column (1) Line (22)		0.020			
(4.2)	Contingent Liabilities: Subsidiaries	**LR036** Additional Information Required Column (1) Line (4.2)		0.020			
(4.99)	Total Contingent Liabilities			0.020			
(5.1)	Long-Term Leases: Company	**LR017** Off-Balance Sheet and Other Items Column (1) Line (23)		0.030			
(5.2)	Long-Term Leases: Subsidiaries	**LR036** Additional Information Required Column (1) Line (5.2)		0.030			
(5.99)	Total Long-Term Leases			0.030			
(7.1)	Affiliated Investments†: Company	**LR036** Additional Information Required Column (1) Line (7.14)		0.100			
(7.2)	Affiliated Investments†: Subsidiaries	**LR036** Additional Information Required Column (1) Line (7.2)		0.100			
(7.99)	Total Affiliated Investments			0.100			

† Excluding affiliated preferred and common stock

Denotes items that must be manually entered on the filing software.

SENSITIVITY TESTS - TOTAL ADJUSTED CAPITAL

	Sensitivity Tests Affecting Total Adjusted Capital	Source	(1) Statement Value	Additional Sensitivity Factor	(2) Change to Total Adjusted Capital	(3) Total Adjusted Capital Before Test	(4) Total Adjusted Capital After Test
(8.1)	Dividend Liability: Company	**LR033** Calculation of Total Adjusted Capital Column (1) Line (3) + Line (4)		-0.250			
(8.2)	Dividend Liability: Subsidiaries	**LR033** Calculation of Total Adjusted Capital Column (1) Line **(7)**		-0.250			
(8.99)	Total Dividend Liability			-0.250			
(9.1)	Surplus Notes: Company	**LR036** Additional Information Required Column (1) Line (9.1)		-1.000			
(9.2)	Surplus Notes: Subsidiaries	**LR036** Additional Information Required Column (1) Line (9.2)		-1.000			
(9.99)	Total Surplus Notes			-1.000			
(10.1)	Current Year Capital Contribution: Company	**LR036** Additional Information Required Column (1) Line (10.13)		-1.000			
(10.2)	Current Year Capital Contribution: Subsidiaries	**LR036** Additional Information Required Column (1) Line (10.2)		-1.000			
(10.99)	Total Current Year Capital Contributions			-1.000			

Denotes items that must be manually entered on the filing software.

SUMMARY FOR AFFILIATED INVESTMENTS

	Affiliate Type	Affiliate Code	(1) Book / Adjusted Carrying Value	(2) Book Value †	(3) Difference Col. (1) - (2)	RBC Basis	(4) RBC Requirement	Number of Companies
(1)	Direct U.S. Property and Casualty Subsidiaries	1		XXX	XXX	Subsidiaries' Total Risk-Based Capital After Covariance / 0.65		
(2)	Direct U.S. Life Subsidiaries	2		XXX	XXX	Subsidiaries' Total Risk-Based Capital After Covariance / 0.65		
(3)	Direct and Indirect U.S. Health Subsidiaries	3		XXX	XXX	Subsidiaries' Total Risk-Based Capital After Covariance / 0.65		
(4)	Indirect U.S. Property and Casualty Subsidiaries	4		XXX	XXX	Subsidiaries' Total Risk-Based Capital After Covariance / 0.65		
(5)	Indirect U.S. Life Subsidiaries	5		XXX	XXX	Subsidiaries' Total Risk-Based Capital After Covariance / 0.65		
(6)	Investment Subsidiaries	6		XXX	XXX	Subsidiaries' Total Risk-Based Capital After Covariance / 0.65		
(7)	Holding Company in Excess of Indirect Subsidiaries	7		XXX	XXX	X 0.300 =		
(8)	Alien Insurance Subsidiaries: Canadian **Life**	8		XXX	XXX	Subsidiaries' MCCSR / 0.65		
(9)	Alien Insurance Subsidiaries: **Other**	9		XXX	XXX	X 1.000 =		
(10)	Investment in Parent	10		XXX	XXX	X 0.300 =		
(11)	Other Affiliate: Property and Casualty Insurers not Subject to Risk-Based Capital	11		XXX	XXX	X 0.300 =		
(12)	Other Affiliate: Life Insurers not Subject to Risk-Based Capital	12		XXX	XXX	X 0.300 =		
(13)	Other Affiliates	13		XXX	XXX	X 0.300 =		
(14)	Publicly Traded Insurance Affiliates	14				X 0.346 =		
(15)	Total (Sum of Lines (1) through (14)	XXX		XXX		XXX		

† If different than book / adjusted carrying value.

Denotes items that must be manually entered on the filing software.

CROSSCHECKING FOR AFFILIATED INVESTMENTS

Affiliated Preferred Stock

	Schedule D Part 6 Section 1 Type	Annual Statement Line Number	(1) Annual Statement Total Preferred Stock†	(2) Total from Life Risk-Based Capital Report‡	(3) Difference
(1)	Parent	0199999			
(2)	U.S. Property and Casualty Insurer	0299999			
(3)	U.S. Life Insurer	0399999			
(4)	U.S. Health Entity	0499999			
(5)	Alien Insurer	0599999			
(6)	Non-Insurer Which Controls Insurer	0699999			
(7)	Investment Subsidiary	0799999			
(8)	Other Affiliates	0899999			
(9)	Total (Sum of Lines (1) through (8))				

Affiliated Common Stock

	Schedule D Part 6 Section 1 Type	Annual Statement Line Number	(1) Annual Statement Total Common Stock†	(2) Total from Life Risk-Based Capital Report§	(3) Difference
(10)	Parent	1099999			
(11)	U.S. Property and Casualty Insurer	1199999			
(12)	U.S. Life Insurer	1299999			
(13)	U.S. Health Entity	1399999			
(14)	Alien Insurer	1499999			
(15)	Non-Insurer Which Controls Insurer	1599999			
(16)	Investment Subsidiary	1699999			
(17)	Other Affiliates	1799999			
(18)	Total (Sum of Lines (10) through (17))				

† Column (1) Lines (1) through (8) and (10) through (17) come from Schedule D Part 6 Section 1 Column 8 of the annual statement.
‡ Column (2) Lines (1) through (8) come from **LR041** Details for Affiliated Investments Column (7).
§ Column (2) Lines (10) through (17) come from **LR041** Details for Affiliated Investments Column (5).

Denotes items that must be manually entered on the filing software.

DETAILS FOR AFFILIATED INVESTMENTS

Affiliate Type	Affiliate Code for Column (2)	RBC Basis	Affiliate Type	Affiliate Code for Column (2)	RBC Basis
Direct U.S. Property and Casualty Subsidiaries	1	Subs' RBC After Covariance / 0.65	Alien Insurance Subsidiaries - Canadian Life	8	Subsidiaries' MCCSR / 0.65
Direct U.S. Life Subsidiaries	2	Subs' RBC After Covariance / 0.65	Alien Insurance Subsidiaries - Other	9	1.000 x Book/Adj. Carrying Value
Direct and Indirect U.S. Health Subsidiaries	3	Subs' RBC After Covariance / 0.65	Investment in Parents	10	0.300 x Book/Adj. Carrying Value
Indirect U.S. Property and Casualty Subsidiaries	4	Subs' RBC After Covariance / 0.65	Other Affiliate - P&C Insurers not subject to RBC	11	0.300 x Book/Adj. Carrying Value
Indirect U.S. Life Subsidiaries	5	Subs' RBC After Covariance / 0.65	Other Affiliate - Life Insurers not subject to RBC	12	0.300 x Book/Adj. Carrying Value
Investment Subsidiaries	6	Subs' RBC After Covariance / 0.65	Other Affiliate - All Other	13	0.300 x Book/Adj. Carrying Value
Holding Company in Excess of Indirect Subsidiaries	7	0.300 x Book/Adj. Carrying Value			

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Name of Affiliate	Affiliate Code (1 to 13)	NAIC Company Code or Alien ID Number†	Affiliate's RBC After Covariance‡	Book / Adjusted Carrying Value of Affiliate's Common Stock	Total Value of Affiliate's Outstanding Common Stock	Book / Adjusted Carrying Value of Affiliate's Preferred Stock	Total Value of Affiliate's Outstanding Preferred Stock	Percent Owned	RBC Requirement*
(0000001)										
(0000002)										
(0000003)										
(0000004)										
(0000005)										
(0000006)										
(0000007)										
(0000008)										
(0000009)										
(0000010)										
(0000011)										
(0000012)										
(0000013)										
(0000014)										
(0000015)										
(0000016)										
(0000017)										
(0000018)										
(0000019)										
(0000020)										
(9999999)	Total	xxxxx	xxxxx			xxxxx		xxxxx	xxxxx	

† If applicable.
‡ If applicable. For Canadian life subsidiaries, the Minimum Continuing Capital and Surplus Requirement (MCCSR) should be used.
* The RBC Requirement column is calculated on a pre-tax basis.

Denotes items that must be manually entered on the filing software.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Ceded - Bonds C-1o

	(1) NAIC Company Code	(2) Federal or Alien ID Number	(3) Reinsurer	(4) Ceded C-1o RBC Requirement
(0000001)				
(0000002)				
(0000003)				
(0000004)				
(0000005)				
(0000006)				
(0000007)				
(0000008)				
(0000009)				
(0000010)				
(0000011)				
(0000012)				
(0000013)				
(0000014)				
(0000015)				
(0000016)				
(0000017)				
(0000018)				
(0000019)				
(0000020)				
(0000021)				
(0000022)				
(0000023)				
(0000024)				
(0000025)				
(0000026)				
(0000027)				
(00000280				
(0000029)				
(0000030)				
(9999999)	XXX	XXX	Total	

Denotes items that must be manually entered on the filing software.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Assumed - Bonds C-1o

	(1) NAIC Company Code	(2) Federal or Alien ID Number	(3) Reinsurer	(4) Assumed C-1o RBC Requirement
(0000001)				
(0000002)				
(0000003)				
(0000004)				
(0000005)				
(0000006)				
(0000007)				
(0000008)				
(0000009)				
(0000010)				
(0000011)				
(0000012)				
(0000013)				
(0000014)				
(0000015)				
(0000016)				
(0000017)				
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(0000025)				
(0000026)				
(0000027)				
(00000280				
(0000029)				
(0000030)				
(9999999)	XXX	XXX	Total	

Denotes items that must be manually entered on the filing software.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Ceded - All Other Assets C-0, C-1

	(1) NAIC Company Code	(2) Federal or Alien ID Number	(3) Reinsurer	(4) Ceded C-1 or C-0 RBC Requirement
(0000001)				
(0000002)				
(0000003)				
(0000004)				
(0000005)				
(0000006)				
(0000007)				
(0000008)				
(0000009)				
(0000010)				
(0000011)				
(0000012)				
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(0000020)				
(0000021)				
(0000022)				
(0000023)				
(0000024)				
(0000025)				
(0000026)				
(0000027)				
(00000280				
(0000029)				
(0000030)				
(9999999)	XXX	XXX	Total	

Denotes items that must be manually entered on the filing software.

MODCO OR FUNDS WITHHELD REINSURANCE AGREEMENTS
Reinsurance Assumed - All Other Assets C-0, C-1

	(1) NAIC Company Code	(2) Federal or Alien ID Number	(3) Reinsurer	(4) Assumed C-1 or C-0 RBC Requirement
(0000001)				
(0000002)				
(0000003)				
(0000004)				
(0000005)				
(0000006)				
(0000007)				
(0000008)				
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(0000023)				
(0000024)				
(0000025)				
(0000026)				
(0000027)				
(00000280				
(0000029)				
(0000030)				
(9999999)	XXX	XXX	Total	

Denotes items that must be manually entered on the filing software.

EXEMPTION TEST: CASH FLOW TESTING FOR C-3 RBC

	C-3 Significance Test	Source	(1) Amount	(2) Yes/No Response	(3) Equity Indexed Annuities Adjustment (Pre-Tax)
(1)	C-0 Asset Risk - Affiliated Amounts	**LR031** Calculation of Total Authorized Control Level Capital Column (1) Line (11)			
(2)	C-1cs Asset Risk - Unaffiliated Common Stock	**LR031** Calculation of Total Authorized Control Level Capital Column (1) Line (20)			
(3)	C-1o Asset Risk - All Other	**LR031** Calculation of Total Authorized Control Level Capital Column (1) Line (42)			
(4)	C-2 Insurance Risk	**LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (49)			
(5)	C-3a Factor-Based Interest Rate Risk Single Premium and Annuity Reserves (Excluding Equity Indexed Annuities)	**LR027** Interest Rate Risk Column (3) Line (17) x 0.65 + **LR027** Interest Rate Risk Column (3) Line (16) x 0.65			
(6)	C-3a Interest Rate Risk All Other Reserves	**LR027** Interest Rate Risk [Column (3) Line (22) + (27) + (29) + (30) + (31) + (35)] x 0.65			
(7)	C-3b Health Credit Risk	**LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (55)			
(8)	C-3c Market Risk	**LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (58)			
(9)	C-4a Business Risk: Premium and Liability Components	**LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (63)			
(10)	C-4b Business Risk: Health Administrative Risk	**LR031** Calculation of Total Authorized Control Level Risk-Based Capital Column (1) Line (66)			
(11)	Total	Sum of Lines (1) through (10)			
(12)	C-3a Interest Rate Risk	Line (5) + Line (6)			
(13)	C-3a Percentage	Line (12) divided by Line (11)			
(14)	Is Line (13) greater than 40 percent? (Complete cash flow testing for C-3 RBC on Page **LR027** Interest Rate Risk Column (3) Line (33) if "Yes.")	"Yes" or "No" in Column (2)			
	C-3 Stress Test				
(15)	Total Adjusted Capital	**LR033** Calculation of Total Adjusted Capital Column (2) Line **(11)**			
(16)	C-3a Factor-Based Interest Rate Risk Single Premium and Annuity Reserves (Excluding Equity Indexed Annuities)	**LR027** Interest Rate Risk Column (3) Line (17) x 0.65 + **LR027** Interest Rate Risk Column (3) Line (16) x 0.65			
(17)	6.5 Times C-3a Factor-Based Interest Rate Risk Single Premium and Annuity Reserves	**LR027** Interest Rate Risk Column (3) Line (17) x 6.5 x 0.65			
(18)	C-3a Interest Rate Risk All Other Reserves	**LR027** Interest Rate Risk [Column (3) Line (22) + (27) + (29) + (30) + (31) + (35)] x 0.65			
(19)	Adjusted C-3a Interest Rate Risk	Line (16) + Line (17) + Line (18)			
(20)	RBC After Covariance with Line (19) in C-3a Formula	Line (1) + Line (9) + Square Root of [(Line (3) + Line (19))² + (Line (2) + Line (8))² + Line (4)² + Line (7)² + Line (10)²]			
(21)	Total	Line (15) / Line (20)			
(22)	Is Line (21) less than 100 percent and not equal to zero? (Complete cash flow testing for C-3 RBC on Page **LR027** Interest Rate Risk Column (3) Line (33) if "Yes.")	"Yes" or "No" in Column (2)			
(23)	Has the company elected to quantify RBC for Certain Annuities and Single Premium Life Insurance using Cash Flow Testing?	"Yes" or "No" in Column (2)			

Denotes items that must be manually entered on the filing software.

Life
Risk-Based Capital Forecasting
Spreadsheet Instructions

The Life RBC Forecasting CD-ROM contains a spreadsheet that calculates Risk-Based Capital using the same formula presented in the *2011 NAIC Life Risk-Based Capital Report Including Overview & Instructions for Companies*. (A hard copy of this booklet is mailed with the forecasting CD-ROM.)

The forecasting spreadsheets can be used to check RBC results throughout the year to get an early look at RBC results before the RBC vendor filing software may available, or to evalua te "what-if" scenarios. Factors and formulas in the spreadsheet can be changed if the protection is disabled.

WARNING!

The Risk-Based Capital Forecastin g Spreadsheet CANNO T be used to meet the year-end risk -based capital electronic filing requirement. Risk - based capital filing softw are from an annual statement softw are vendor should be used to create the electroni c filing. If the forecasting worksheet is sent instead of an electronic filing, it will not be accepted, and the RBC will not have been filed.

User Requirements

- A Windows version of Microsoft Excel 2003 (or compatible versions).
- 5 megabytes of hard disk space.
- A good u nderstanding of spreadsheet software.

Installation

To install the spreadsheet files, start Windows Explorer and go to the CD-ROM drive where the forecasting spreadsheet is located.

Click on the Forecast _Life_2011.xls file. Select "Edit" and then "Copy." Select the directory where you would like the file to be located and select "Edit" and then "Paste."

About the File

The spreadsheet Forecast_Life_201 1.xls was created in Microsoft Excel. The spreadsheet can be used with Microsoft Excel version 5. 0 or higher. The spreadsheet includes menus for use in navigation between pages and for printing.

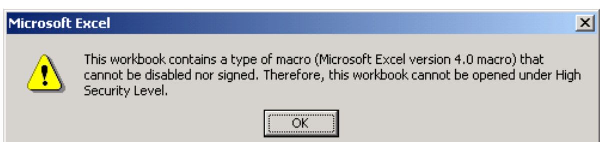
The RBC spreadsheet abo ve follows the *2011 Life Risk-Based Capital Report Including Overview and Instructions for Companies* formula pages. To help f ollow along w ith the formula pages in th e overview and instructions, a separate worksheet has been included in the spreadsheet that corresponds to the same page in the booklet.

Usage

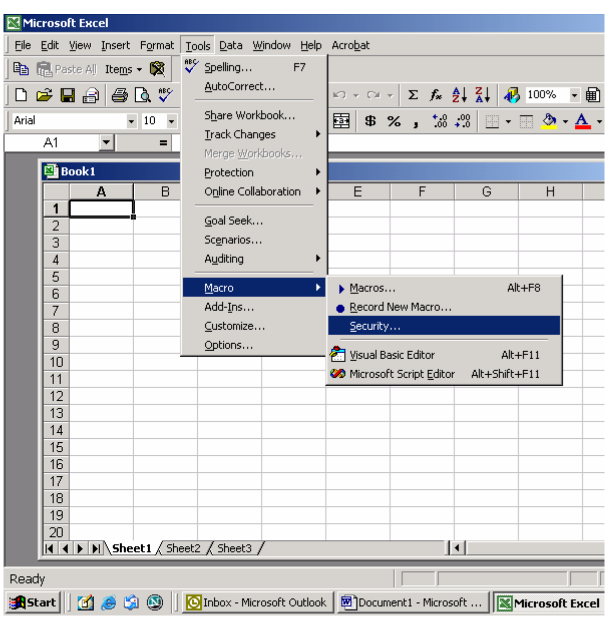
1. Start the spreadsheet program (i.e., in Windows, double click on the Excel icon).
2. Select the Open option from the File menu.
3. In the Open dialog box, select the directory in which the forecasting spreadsheet was copied.
4. Open the Forecast_Life_2011.xls file.
5. Enter data as described in the following sections and examine the results.
6. Save any changes to the spreadsheets using the File menu's Save command.

Please Note

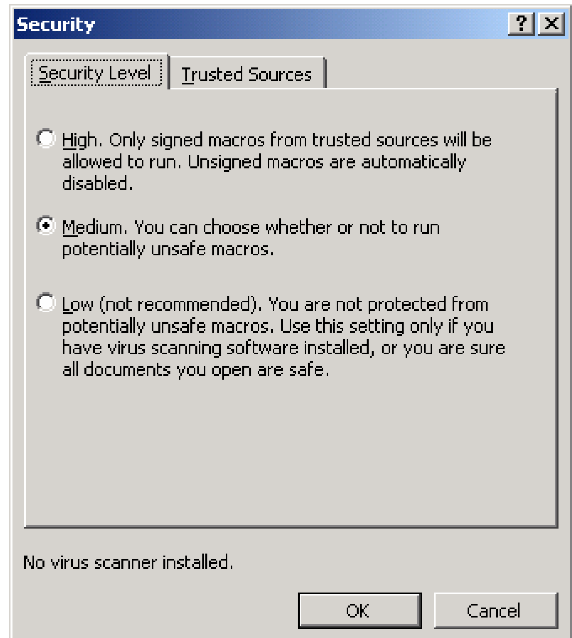
In certain versions of Excel the user may receive the following message when the forecasting file is opened:



If this is the case, the user would need to change the Excel security level from "High" to "Medium" in order to open the file. The security level can be changed by choosing "Tools," "Macro" and then "Security" in Excel.



Finally, select the "Medium" option and click on the "OK" button.



Data Entry

The RBC spreadsheets have been color-coded for easy use.

- Blue-shaded cells are data elements that tie directly to the 2011 life annual statement (i.e., vendor link items). This data can be found in the company's annual statement filing.
- Red-shaded cells are data elements that are not available directly from the annual statement (e.g., manual data entry items). These items come from other company records as noted in the spreadsheet.
- Grey-shaded cells are data elements calculated automatically by the spreadsheet. These cells are protected and cannot be modified without turning off the protection.
- Green-shaded cells are data elements that must be entered using a separate input worksheet. Clicking on the cell will automatically take the user to the input worksheet when using the Forecast_Life_2011.xls file. Data input into the separate worksheet will feed automatically to the main page.

What-If Scenarios

One of the unique features of the forecasting spreadsheet is its ability to perform what-if calculations. Since the formula is implemented as spreadsheet cells, the user is able to adjust the formula to see what affect such adjustments will have. For example, it is possible to see what impact an NAIC change in the factor for unaffiliated common stock would have, simply by changing the factor in the spreadsheet cell and then viewing the results.

In order for the user to perform what-if calculations, the user must turn off the cell protections. Use the Help menu on the software to find instructions for protecting and unprotecting the spreadsheet. The Excel file also has buttons at the bottom of the menu for protecting and unprotecting all worksheets. NOTE: No passwords were used to protect the spreadsheets. If the user is prompted by the software for a password, ignore the password prompt and select “OK.”

It is strongly recommended, however, that a BACK-UP COPY of the program be made before making formula or factor changes. If a back-up copy is not made, the actual RBC formula and the user’s entered data will be lost.

Saving and Exiting

To exit the program, simply choose the Exit option from the File menu. The spreadsheet program will prompt to save any files that have been changed.

- Answer “yes” at the prompt to save any changes, such as data input or formula changes.

- Answer “no” if the saving is not desired. Warning: This will ignore any and all other changes.

Printing

A print menu was added to aid in printing for Excel users. For pages desired to be printed, click on each box next to the page name for the individual pages. Then select the button for “Print Selected Pages.” Select the “Reset” button any time it is desired to have all buttons deselected. Individual boxes can also be deselected by clicking on them.

Printing all pages at once may possibly overload the printer depending on the amount of memory available to the printer.

RBC Forecasting Tips

1. Make sure the CD-ROM is retained so a back-up copy of the Excel file is available. The NAIC will not replace the CD-ROM unless it was damaged during shipping or is otherwise defective.

2. Gather information required for the affiliated investments section before beginning. In some instances information will need to be gathered from the various affiliates themselves.

3. Keep a copy of the NAIC Annual Statement Blank and Annual Statement Instructions nearby and refer to them as needed.

4. Keep the copy of the *Overview & Instructions* at the computer to be used as a reference while filling out the spreadsheet. The spreadsheet follows the *Overview & Instructions* formula pages exactly.

5. Make a list of questions while filling out the spreadsheet. Then call the NAIC staff once, saving both parties time.

6. When leaving voicemail messages, make the question as specific and detailed as possible. We will then be able to call back with the answer, saving time spent on the phone. Please leave a phone number and fax number and we will get back to you with an answer as soon as possible.

Questions and Support

If problems are encountered, please refer to the LRBC *Overview & Instructions* booklet and/or the Forecasting Spreadsheet Instructions first. However, if there is still a question, call the NAIC.

For questions pertaining to annual statement references, insurance accounting questions or formula questions, contact Dan Swanson.

For computer-usage related questions (loading the product, etc.), call the NAIC Help Desk.

Important Contact Information

- Formula questions: Dave Fleming (816) 783-8121; e-mail: dfleming@naic.org
- Computer questions: NAIC Help Desk (816) 783-8500; e-mail: Help@naic.org
- Annual statement questions: NAIC Financial Reporting Questions Help Line (816) 783-8400
- Questions on publications: NAIC Publications (816) 783-8300; e-mail: prodserv@naic.org

RBC
Risk-Based Capital

2011

FORECASTING
CD-ROM

NAIC
National Association of Insurance Commissioners

National Association of Insurance Commissioners

The National Association of Insurance Commissioners (NAIC) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S.

For more information, visit **www.naic.org**.

RBC-LF-11