Information Return for Determination of Life Insurance **Company Earnings Rate Under Section 809**

Department of the Treasury Internal Revenue Service

► See separate instructions. For calendar year 1998, or fiscal year beginning , 1998, and ending

OMB No. 1545-0927

| انح | Number, street, and room or suite no. (If a P.O. box, see instructions.) City or town, state, and ZIP code | | | A Employer Identification number | | |
|-------------|---|-------------------|--------------------------|----------------------------------|--|--|
| or print | | | | B Date incorporated | | |
| Please type | | | | affiliated | C Check if a member of an affiliated group of life insurance companies | |
| leas | | | | D Gross as | ssets | |
| _ | | | | E Mu | itual Stock | |
| Pa | rt I Earnings Rate (See instructions.) | Beginn | ing of tax year | End o | of tax year | |
| | | (a) | (b) | (c) | (d) | |
| 1 | Surplus and capital | | | | | |
| 2 | Nonadmitted financial assets | | | | | |
| 3 | Aggregate amount of reserves for section 807(c) . | | | | | |
| 4a | Deficiency reserves (to the extent included on line 3). | | _ | | | |
| b | Reserves relating to deferred and uncollected premiums | | | | | |
| С | Other adjustments or reductions | | | | | |
| d | Add lines 4a through 4c | | | | | |
| 5 | Adjusted statutory reserves. Subtract line 4d from line 3 | | | | | |
| 6 | Tax reserves (Sections 809 (b)(4)(B)(ii) and 809 (g)(6)) | | | | | |
| 7 | Subtract line 6 from line 5 | | | | | |
| 8a | Asset valuation reserve | | | | | |
| b | Interest maintenance reserve (IMR) | | | | | |
| 9 | Deficiency reserves (Section 809(b)(5)(B)) | | | | | |
| 10 | Voluntary reserves not included in lines 8a, 8b, or 9 | | | | | |
| 11 | 50% of the amount of any provision for policyholder | | | | | |
| 40 | dividends payable in the following tax year | | | | | |
| 12 | Section 842(c)(3) adjustment | | | | | |
| 13 | Add lines 1, 2, and 7 through 12 | | | | | |
| | Equity allocable to life insurance business in noncontiguous Western Hemisphere countries | | _ | | | |
| b | Equity allocable to a contiguous country branch for | | | | | |
| _ | which an election was made | | | | _ | |
| | Reduction for successor of fraternal benefit society | | | | | |
| u 15 | Add lines 14a through 14c | | | | | |
| 16 | Average of line 15 at beginning and end of tax year. S | Stock companies | , do not complete | | | |
| | the rest of the form if the amount shown on line 16 is ze | ero or a negative | amount. However, | | | |
| | be sure to sign the form | | | | | |
| 17a | Gain or (loss) from operations before policyholder div | | | | | |
| b | Policyholder dividends. Attach schedule | | | | | |
| С | | | | 17- | | |
| d | Net gain or (loss) from operations. Add lines 17b and | | | | | |
| e f | Amortization of IMR | | line 17e from line 1 | 7d . | | |
| - | Jami or (1888) irom aparational arter arrioritzation | Cabilde | | | | |

Form 8390 (1998) Page 2 (c) Difference (column (b) **Earnings Rate** (continued) Part I (a) Beginning of tax year (b) End of tax year less column (a)) 18 Tax reserves (Part I, line 6) 19 20 20 Net difference. Subtract line 19, column (c), from line 18, column (c) 21 Capital gains and (losses) before IMR transfer 21 22 22 23 Statement gain or (loss) from operations (excluding IMR transactions). Add lines 17f, 20, 21, and 22. 23 Part II Effects of Special Transactions (All guestions refer to transactions occurring during the tax year.) Note: Questions 1 and 2. Do not include a coinsurance treaty covering new business of the ceding company which allocates expenses and income items between the ceding company and the reinsurer in the same proportion as the allocation of the risk, and which contains no adjustment based on experience under the treaty. Yes No Does the corporation have in force any reinsurance treaty entered into or amended during the tax year as the Has the corporation made or received any distribution or capital contribution to or from any other corporation, the value of the stock or assets of which is NOT included for purposes of determining the average equity base of any member of the affiliated group of life insurance companies (determined without regard to section 1504(b))? Has the corporation engaged in any transaction with a contiguous country branch for which an election was Has the corporation had any surplus, capital, or obligation guaranteed by a related person, the value of the stock or assets of which is NOT included for purposes of determining the average equity base of any member of its affiliated group of life insurance companies (determined without regard to section 1504(b))? Has the corporation changed in any manner its practices and procedures with respect to policyholder dividends? If the answer to any of the above questions is "Yes," and the transaction had the effect of increasing the corporation's earnings rate by .5% or more, e.g., from 12% to 12.5%, attach a schedule explaining (1) how the effect occurred; and (2) the magnitude of the effect. Note: All transactions with the same party will be considered together in determining whether the transaction had the effect of increasing the company's earnings rate by .5% or more.

| 0 | ·· | | | | | |
|----------------|---|------|------------|------------------------|--|--|
| Please Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | |
| Here | | | | | | |
| | Signature of officer | Date | Title | | | |
| Paid | Preparer's signature | | Date | Check if self-employed | | |
| Preparer's | Firm's name (or | | | • | | |
| Use Only | yours, if self-employed) and address | | ZIP code ► | | | |

When To File: Form 8390 must be filed no later than September 30, 1999.

Where To File: Internal Revenue Service, P.O. Box 5137, Grand Central Station, Attention: Group 1882, 6th Floor,

New York, NY 10163.

Form 8390 (1998) Page $\, {f 3} \,$

SCHEDULE A—Reserves (See instructions.)

| Category A | | (a) Beginning | (b) Beginning | (c) Ending | (d) Ending |
|------------|---|-------------------------|-------------------------|--------------------|----------------------|
| Indi | vidual Life Insurance Policies | Statutory Reserves | Tax Reserves | Statutory Reserves | Tax Reserves |
| 1 | Term life | | | | |
| 2 | Permanent life (other than flexible | | | | |
| | premium) issued: | | | | |
| | During current year | | | | |
| b | During immediately preceding year . | | | | |
| C C | During 2nd through 9th preceding years. | | | | |
| d 3 | Prior to 9th preceding year | | | | |
| | During current year | | | | |
| b | During immediately preceding year . | | | | |
| | During 2nd through 9th preceding years. | | | | |
| | Prior to 9th preceding year | | | | |
| 4 | Paid-up and other nonpremium | | | | |
| | paying life | | | | |
| 5 | Supplemental benefits | | | | |
| | egory B | | | | |
| Gro | up Life Insurance Policies | | | | |
| 1 | Death benefit or unearned premium. | | | | |
| 2 | Extended death benefits, disability | | | | |
| | waiver of premium benefits, and | | | | |
| 2 | other similar benefits | | | | |
| 3 4 | Premium stabilization Insurance continuance accounts for | | | | |
| 4 | retired lives | | | | |
| 5 | Group permanent and paid-up life | | | | |
| | insurance contracts | | | | |
| Cat | egory C | | | | |
| Indi | vidual Annuity Contracts | | | | |
| 1 | Unmatured fixed premium | | | | |
| 2 | Unmatured flexible and single | | | | |
| | premium deferred | | | | |
| 3 | Unmatured issued pursuant to | | | | |
| | structured settlements (other than | | | | |
| 4 | single pay immediate annuities) Immediate or matured fixed, flexible, | | | | |
| 7 | or single premium | | | | |
| Category D | | | | | |
| Gro | up Annuity Contracts | | | | |
| 1 | Guaranteed investment | | | | |
| 2 | Guaranteed annuity | | | | |
| 3 | Other, including immediate partici- | | | | |
| | pation guaranteed, deposit admini- | | | | |
| Cat | stration, and deferred annuity | | | | |
| | egory E vidual Accident and Health Insurance | | | | |
| 1 | Health care: | | | | |
| | Noncancelable and guaranteed renewable | | | | |
| | Other | | | | |
| 2 | Long-term disability: | | | | |
| | Noncancelable and guaranteed renewable | | | | |
| b | Other | | | | |
| 3 | Short-term disability: | | | | |
| | Noncancelable and guaranteed renewable | | | | |
| b | Other | | | | |

Form 8390 (1998) Page **4**

SCHEDULE A—Reserves (Continued)

| Category F Group Accident and Health Insurance | (a) Beginning Statutory Reserves | (b) Beginning Tax Reserves | (c) Ending Statutory Reserves | (d) Ending Tax Reserves |
|---|--|---|-------------------------------------|-------------------------------|
| 1 Health care | | | | |
| 2 Long-term disability | | | | |
| 3 Short-term disability | | | | |
| Category G Credit Insurance | | | | |
| 1 Single pay credit life | | | | |
| 2 Outstanding balance credit life | | | | |
| 3 Single pay credit accident and health | | | | |
| 4 Outstanding balance credit accident and health | | | | |
| Category H Supplementary Contracts | | | | |
| 1 Involving life, accident, or health contingencies | | | | |
| 2 Other | | | | |
| Category I Miscellaneous | | | | |
| All other reserves | | | | |
| TOTAL—Enter here and on Part I, line 5. | | | | |
| TOTAL—Enter here and on Part I, line 6. | | | | |