Form **8390**(Rev. April 2004) Department of the Treasury Internal Revenue Service

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

► See separate instructions.

OMB No. 1545-0927

| Name | | | | A Employer identification number | | |
|--|---|-----------------------|----------------------|--|-------------|--|
| Number, street, and room or suite no. (If a P.O. box, see instructions.) | | | | B Date incorporated | | |
| City | or town, state, and ZIP code | | | C Check if a member of an affiliated group of life insurance companies [| | |
| | | | | E Mutual | Stock | |
| F | Check the applicable box to indicate the calendar year for which thi | s form is being filed | 2 | 2001 2002 | 2003 2004 | |
| Pai | t I Earnings Rate (see instructions) | Beginnin | g 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 | | | | | |
| c d | Other adjustments or reductions | | | | | |
| 5 | Adjusted statutory reserves. Subtract line 4d from | | | | | |
| 6 | line 3 | | | | | |
| 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 | Enter 50% of the total Annual Statement provision for policyholder dividends payable in the following tax year, whether accrued or unaccrued for tax purposes | | | | | |
| | at the end of the tax year | | | | | |
| 12 | Adjustment to limitation on deduction for policyholder dividends in the case of foreign mutual life companies (section 842(c)(3)) | | | | | |
| 13 | Add lines 1, 2, and 7 through 12 | | | | | |
| 14a | 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 | | | | | |
| С | Reduction for successor of fraternal benefit society. | | | | | |
| | Add lines 14a through 14c | | | | | |
| 15 | Subtract line 14d from line 13 | | | | | |
| 16 | Average of line 15 at beginning and end of tax year. Stock companies, do not complete the rest of the form if the amount shown on line 16 is zero 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 | Reduction for contiguous country branch (section 814) | | | | | |
| d | Net gain or (loss) from operations. Add lines 17b and 1 | | | | | |
| e | Amortization of IMR | | | | | |
| <u> </u> | ivet gain or (ioss) from operations, aπer amortization | oi iivin. Subtract II | ille 17e from line 1 | 17 U | | |

| _ | 2222 (D | 4.000.0 | | | | _ | , | |
|----------------------------|--|--|---|------------------|-------------------|--|--------------|--|
| | 8390 (Rev | Earnings Rate (continued) | (a) Beginning of tax year | (b) End of | tax year (| (c) Difference (column less column (a)) | ige 2 | |
| 18 | Total st | tatutory reserves | | | | | | |
| 19 20 21 22 23 | Net diff Capital Other a Statem and 22 | ent gain or (loss) from operations (excluding IN | | s 17f, 20, 21 | . 22 | | | |
| Pa | rt II | Effects of Special Transactions (All que | stions refer to transact | ions occurr | ing during t | the tax year.) | | |
| | expens | Questions 1 and 2. Do not include a coinsurant es and income items between the ceding com and which contains no adjustment based on exp | npany and the reinsurer ir | | | | | |
| | | | - | | | Yes | No | |
| 1 | | s the corporation have in force any reinsurance treaty entered into or amended during the tax year as the ing company or the reinsurer? | | | | | | |
| 2 | the valu | e corporation made or received any distribution ue of the stock or assets of which is not include member of the affiliated group of life insurance or | ded for purposes of deter | mining the a | verage equity | y base | | |
| 3 | Has the | ne corporation engaged in any transaction with a contiguous country branch for which an election was under section 814(g)? | | | | | | |
| 4 | 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))? | | | | | | | |
| 5 | Has the corporation changed in any manner its practices and procedures with respect to policyholder dividends? | | | | | | | |
| | corpora how th Note. A | answer to any of the above questions is "Yes ation's earnings rate by .5% or more, (e.g., e effect occurred; and (2) the magnitude of All transactions with the same party will be core effect of increasing the company's earnings. | from 12% to 12.5%), at the effect. nsidered together in deter | tach a sche | dule explaini | ing (1) | | |
| Sig He | jn re | Under penalties of perjury, I declare that I have examine knowledge and belief, it is true, correct, and complete. De any knowledge. | eclaration of preparer (other than | taxpayer) is bas | ed on all informa | nts, and to the best of the best of the station of which prepare | of my | |
| | | Signature of officer Preparer's | Date | Tit | le Date | Chook if | | |
| | d parer's e Only | Fignature Firm's name (or yours, if self-employed) address, and ZIP code | | | | Check if self-employed | | |

When To File: Form 8390 must be filed no later than July 1, 2004, if filing for 2001 or 2002; no later than October 1, 2004, if filing for 2003; and no later than October 1, 2005, if filing for 2004.

Where To File: Internal Revenue Service, Attention: Technical Advisor, Life Insurance, 110 West 44th Street, 6th Floor, Group 1169, New York, NY 10036.

Form 8390 (Rev. 4-2004) Page **3**

SCHEDULE A—Reserves (see instructions)

| Category A Individual Life Insurance Policies | | (a) Beginning | (b) Beginning | (c) Ending | (d) Ending |
|---|--|--------------------|------------------|--------------------|---------------|
| | | Statutory Reserves | Tax Reserves | Statutory Reserves | Tax Reserves |
| 1 | Term life | | | | |
| а | During current year | | | | |
| b | During immediately preceding year . | | | | |
| С | During 2nd through 9th preceding years | | | | |
| d | Prior to 9th preceding year | | | | |
| 3 | Flexible premium life issued: | | | | |
| а | During current year | | | | |
| b | During immediately preceding year . | | | | |
| C | During 2nd through 9th preceding years | | | | |
| | Prior to 9th preceding year | | | | |
| 4 | Paid-up and other nonpremium paying life | | | | |
| 5 | Supplemental benefits | | | | |
| Cat | egory B | | | | |
| Gro | up Life Insurance Policies | | | | |
| 1 | Death benefit or unearned premium. | | | | |
| 2 | Extended death benefits, disability | | | | |
| | waiver of premium benefits, and | | | | |
| | other similar benefits | | | | |
| 3 | Premium stabilization | | | | |
| 4 | Insurance continuance accounts for retired lives | | | | |
| 5 | Group permanent and paid-up life insurance contracts | | | | |
| | 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, | | | | |
| Cat | or single premium | | | | |
| Gro | up Annuity Contracts | | | | |
| 1 | Guaranteed investment | | | | |
| 2 | Guaranteed annuity | | | | |
| 3 | Other, including immediate participation guaranteed, deposit administration, and deferred annuity. | | | | |
| Category E Individual Accident and Health Insurance | | | | | |
| 1 | Health care: | | | | |
| a h | Noncancelable and guaranteed renewable Other | | | | |
| 2 | Long-term disability: | | | | |
| a | | | | | |
| b | Other | | | | |
| 3 | Short-term disability: | | | | |
| | Noncancelable and guaranteed renewable | | | | |
| <u>b</u> | Other | | | | |

Form 8390 (Rev. 4-2004) 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 | | | | |
| 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 | | | | 5 9200 (D. 4 000) |

Form **8390** (Rev. 4-2004)