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

| OMB No. 1545-092 |
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Department of the Treasury Internal Revenue Service

► See separate instructions.

| | For calendar year 2000, or fiscal year | beginning , 2 | , and ending | | 20 | _ | | |
|-------------|--|---------------------|---------------------------------------|-----|------|--------------|--|-----|
| print. | Name | | | | | _ | identification numbe | r |
| ō | Number, street, and room or suite no. (If a P.O. box, see instructions.) | | | | | Date incor | rporated | |
| Please type | City or town, state, and ZIP code | | | | a | iffiliated g | member of an group of life companies | _ |
| Pleas | | | | | | Gross ass | | |
| Pai | Earnings Rate (See instructions.) | Reginnin | g of tax year | | E | Mutu | tax year | _ |
| Га | Larmings Nate (See mandenons.) | (a) | (b) | | (c) | LIIU OI | (d) | - |
| 1 2 | Surplus and capital | | (=) | | | | (2) | _ |
| 3 | Aggregate amount of reserves for section 807(c) . | | , , , , , , , , , , , , , , , , , , , | | | | | 77. |
| 4a | Deficiency reserves (to the extent included on line 3). | | | | | | | |
| | Reserves relating to deferred and uncollected premiums | | | | | | | |
| | Other adjustments or reductions | | | | | | | // |
| _ | 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 22 | Subtract line 6 from line 5 | | | | | | | - |
| 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 | | | | | | | 7 |
| 14a | Equity allocable to life insurance business in noncontiguous Western Hemisphere countries | | | | | | | |
| | Equity allocable to a contiguous country branch for which an election was made | | | | | | | |
| | Reduction for successor of fraternal benefit society | | | | | | | // |
| | Add lines 14a through 14c | | | | | | | _ |
| 15 | Subtract line 14d from line 13 | <u> </u> | 1 | | | | | _ |
| 16 | Average of line 15 at beginning and end of tax year. Sthe rest of the form if the amount shown on line 16 is zero be sure to sign the form | ero or a negative a | mount. However, | | | | | |
| | Gain or (loss) from operations before policyholder div | idends and Feder | al income taxes | | | | | 7 |
| | Policyholder dividends. Attach schedule | | | | | | | |
| С | 9 , | | | | | | | // |
| d | Net gain or (loss) from operations. Add lines 17b and | | | | | | | _ |
| e f | Amortization of IMR | of IMR. Subtract I | ine 17e from line | 17d | | | | _ |

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| Form | 8390 (200 | 00) | | | | | Page 2 | 2 |
|---|--|---|---|--|----------------------------------|------------------------------|-------------------------|----------|
| Pa | rt I | Earnings Rate (continued) | (a) Beginning of tax year | (b) End of tax ye | | ifference (co less column | | |
| 18 | Total st | tatutory reserves | | | | | | |
| 20 Net dif21 Capita22 Other | | ent gain or (loss) from operations (excluding I | | | 20 21 22 23 | | | _ |
| Pai | rt II | Effects of Special Transactions (All que | estions refer to transac | ions occurring of | during the | tax year | r.) | |
| | expens | Questions 1 and 2. Do not include a coinsurar ses and income items between the ceding cor nd which contains no adjustment based on exp | mpany and the reinsurer i | n the same propo | | | | |
| 1 | Does tl | he corporation have in force any reinsurance company or the reinsurer? | | | tax year as | | es No | _ |
| 2 | | | | | | | | |
| 3 | | e corporation engaged in any transaction with under section 814(g)? | • | ranch for which a | an election | was | | |
| 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 | If the a corpora effect of Note . | e corporation changed in any manner its practic answer to any of the above questions is "Yeation's earnings rate by .5% or more, e.g., fror occurred; and (2) the magnitude of the effect. All transactions with the same party will be concerned of increasing the company's earnings | es," and the transaction in 12% to 12.5%, attach a considered together in det | had the effect of a schedule explain | increasing ning (1) how | the the | | |
| Sig He | ın re | Under penalties of perjury, I declare that I have examin knowledge and belief, it is true, correct, and complete. D any knowledge. | ned this return, including accom eclaration of preparer (other than | panying schedules and taxpayer) is based on | d statements, all information | and to the of which property | best of m reparer ha | ıy ıs |
| | | Signature of officer | Date | Title Date | | | | _ |
| | d parer's Only | Preparer's signature Firm's name (or yours, if self-employed) address, and ZIP code | | Date | | Check if self-employ | ed | _ |
| | | ile: Form 8390 must be filed no later than (| | Attention: Group 1 | 1169 6th F | loor. | | |

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SCHEDULE A—Reserves (See instructions.)

| _ | - | (-) | (1-) | (-) | (-1) |
|-------------|---|--|--|-------------------------------------|-------------------------------|
| | egory A vidual Life Insurance Policies | (a) Beginning Statutory Reserves | (b) Beginning Tax Reserves | (c) Ending Statutory Reserves | (d) Ending Tax Reserves |
| 1 | Term life | | | | |
| 2 | Permanent life (other than flexible premium) issued: | | | | |
| а | During current year | | | | |
| b | During immediately preceding year . | | | | |
| c | During 2nd through 9th preceding years. | | | | |
| d | Prior to 9th preceding year | | | | |
| 3 | Flexible premium life issued: | | | | |
| | During current year | | | | |
| a | During immediately preceding year . | | | | |
| b | | | | | |
| C | During 2nd through 9th preceding years. | | | | |
| d | Prior to 9th preceding year | | | | |
| 4 | Paid-up and other nonpremium | | | | |
| 5 | paying life | | | | |
| | | | \ X//////////////////////////////////// | | |
| | egory B | | | | |
| GIO | 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 | | | | |
| Cat | egory C | | | | |
| <u>Indi</u> | vidual Annuity Contracts | | | X | |
| 1 | Unmatured fixed premium | | | | |
| 2 | Unmatured flexible and single | | | | |
| | premium deferred | | | | |
| 3 | Unmatured issued pursuant to structured settlements (other than | | | | |
| _ | single pay immediate annuities) | | | | |
| 4 | Immediate or matured fixed, flexible, | | | | |
| Cat | or single premium | | | | |
| Gro | up Annuity Contracts | | | | |
| 1 | Guaranteed investment | | | | |
| 2 | Guaranteed annuity | | | | |
| 3 | Other, including immediate partici- | | | | |
| | pation guaranteed, deposit admini- | | | | |
| | stration, and deferred annuity | | | | |
| Cat | egory E | | | X | |
| Indiv | vidual Accident and Health Insurance | | | | |
| 1 | Health care: | | | | |
| = | Noncancelable and guaranteed renewable | | | | |
| b | Other | | | | |
| 2 | Long-term disability: | | | | |
| a | Noncancelable and guaranteed renewable | | | | |
| a b | Other | | | | |
| 3 | Short-term disability: | | | | |
| з a | Noncancelable and guaranteed renewable | | | | |
| | Other | | | | |
| | | <u>I</u> | <u>I</u> | <u>I</u> | Form 8300 (2000) |

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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 | | | | |
| 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. | | | | 2000 |

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