

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

OMB No. 1545-0927

▶ See separate instructions.

| | |
|--|--|
| 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 . . . <input type="checkbox"/> |
| | D Gross assets |
| | E <input type="checkbox"/> Mutual <input type="checkbox"/> Stock |
| F Check the applicable box to indicate the calendar year for which this form is being filed <input type="checkbox"/> 2001 <input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 | |

| Part I Earnings Rate (see instructions) | Beginning of tax year | | End 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 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 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 | | | | |
| c Reduction for successor of fraternal benefit society. | | | | |
| d 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 dividends and Federal income taxes | | | | |
| b Policyholder dividends. Attach schedule | | | | |
| c Reduction for contiguous country branch (section 814) | | | | |
| d Net gain or (loss) from operations. Add lines 17b and 17c and subtract the total from line 17a | | | | |
| e Amortization of IMR | | | | |
| f Net gain or (loss) from operations, after amortization of IMR. Subtract line 17e from line 17d. | | | | |

| Part I Earnings Rate (continued) | | (a) Beginning of tax year | (b) End of tax year | (c) Difference (column (b) less column (a)) |
|---|--|---------------------------|---------------------|---|
| 18 | Total statutory reserves | | | |
| 19 | Tax reserves (Part I, line 6) | | | |
| 20 | Net difference. Subtract line 19, column (c), from line 18, column (c). | | | 20 |
| 21 | Capital gains and (losses) before IMR transfer | | | 21 |
| 22 | Other adjustments (see instructions) | | | 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 questions 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 |
|--|-----|----|
| 1 Does the corporation have in force any reinsurance treaty entered into or amended during the tax year as the ceding company or the reinsurer? | | |
| 2 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))? | | |
| 3 Has the corporation engaged in any transaction with a contiguous country branch for which an election was made 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? 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.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my 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.

Signature of officer _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours, if self-employed) address, and ZIP code _____

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, P.O. Box 5137, Grand Central Station, Attention: Group 1169, 6th Floor, New York, NY 10163.

SCHEDULE A—Reserves (see instructions)

| Category A Individual 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: | | | | |
| a 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: | | | | |
| a During current year | | | | |
| b During immediately preceding year | | | | |
| c During 2nd through 9th preceding years | | | | |
| d Prior to 9th preceding year | | | | |
| 4 Paid-up and other nonpremium paying life | | | | |
| 5 Supplemental benefits | | | | |
| Category B Group 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 | | | | |
| Category C Individual Annuity Contracts | | | | |
| 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, or single premium. | | | | |
| Category D Group 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 Noncancelable and guaranteed renewable | | | | |
| b Other | | | | |
| 2 Long-term disability: | | | | |
| a Noncancelable and guaranteed renewable | | | | |
| b Other | | | | |
| 3 Short-term disability: | | | | |
| a Noncancelable and guaranteed renewable | | | | |
| b Other | | | | |

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 | | | | |