Information Return for Determination of Life Insurance

OMB No. 1545-0927

0370	Company Earning	s Rate Under	Section 809		-10 0
► See separate instructions.			10	1994	
	For calendar year 1994, or fiscal year	beginning, 1	994, and ending		loyer identification number
Name					
Number street and room or suite no (If a P.O. box see instructions.)					incorporated
,		,			
City or town, state, and	d ZIP code				ck if a member of an
					ated group of life rance companies
				D Gros	ss assets
	Data (Cas instructions)		<u>, , , , , , , , , , , , , , , , , , , </u>		Mutual Stock
Earnings	Rate (See Instructions.)	-			nd of tax year
~		(a)	(b)	(C)	(d)
•					
Add lines 4a throu	ugh 4c				
•					
•					
	U U				
Add lines 1, 2, an	d 7 through 12				
•					
	•				
	-				
	0				
		see instructions)			
-					
		of IMP Subtract	ing 17g from 17d		·
	Interference of the Treasury ame Interference of the Service Interference I	Lompany Earning > See s For calendar year 1994, or fiscal year ame umber, street, and room or suite no. (if a P.O. box, see instructions) ity or town, state, and ZIP code Earnings Rate (See instructions.) urplus and capital	Company Earnings Rate Under	Company Earnings Kate Under Section 809 See separate instructions. Ser calendar year 1994, or fiscal year beginning	Company Earnings Rate Under Section 809 See separate instructions. For calendar year 1994, or fiscal year beginning

For Paperwork Reduction Act Notice, see page 1 of the instructions.

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Cat. No. 13860K

Form 8390 (1994)

Ра	rt I Earnings Rate (continued)	(a) Beginning of tax year	(b) End of tax yea	ar	(c) Difference (subtract column (a) from column (b))
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 I and 22.	MR transactions). Add lir	nes 17f, 20, 21,	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: <i>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.</i>		
			- 6

Please Sign	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.						
Here	\			_			
	Signature of officer		Date		Title		
Paid	Preparer's signature				Date	Check if self-employed	
Preparer's Use Only	Firm's name (or yours, if self-employed) — and address				ZIP code ►		

When To File: Form 8390 must be filed no later than October 2, 1995.Where To File: Internal Revenue Service, P.O. Box 5137, Grand Central Station, Attention: Group 1162, 6th Floor, New York, NY 10163.

SCHEDULE A-Reserves (See instructions.)

	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:				
а	During current year				
b	During immediately preceding year .				
с	During 2nd through 9th preceding years.				
d	Prior to 9th preceding year				
4	Paid-up and other nonpremium				
-	paying life				
5	Supplemental benefits				
	egory B				
	up Life Insurance Policies				
1	Death benefit or unearned premium.				
2	Extended death benefits, disability				
~	waiver of premium benefits, and				
	other similar benefits.				
2					
3					
4	Insurance continuance accounts for 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				
2	premium deferred				
3	Unmatured issued pursuant to structured settlements (other than				
	single pay immediate annuities)				
4	Immediate or matured fixed, flexible,				
	or single premium				
	egory D up Annuity Contracts				
1	Guaranteed investment				
2	Guaranteed annuity				
3	Other, including immediate partici-				
3	pation guaranteed, deposit administration, and deferred annuity.				
	egory E				
	vidual Accident and Health Insurance				
1	Health care:				
2	Noncancelable and guaranteed renewable				
h					
2	Long-term disability:				
а	Noncancelable and guaranteed renewable				
b	Other				
3	Short-term disability:				
а	Noncancelable and guaranteed renewable				
b	Other				

SCHEDULE A—Reserves (Continued)

Category F	(a)	(b)	(C)	(d)
Group Accident and Health Insurance	Beginning Statutory Reserves	Beginning Tax Reserves	Ending Statutory Reserves	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.				

