

Life, Accident and Health Insurers Qualifying Assets Under Section 901

Read instructions before completing form.

Submission Required By:
All Domestic Life, Accident and Health
Insurers

2008

Due 3/1/09

Bar Code Required – Place Bar Code Here

Company name	NAIC Co. Code / Group No.	Name of parent company (if licensed in Michigan)
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1. **Liabilities** excluding separate accounts (from annual statement: page 3, line 26) 1. _____
2. **Minimum Capital and Surplus** required by Section 901(1) 2. \$7,000,000
3. Add lines 1 and 2 3. _____
- (Lines 4 and 5 intentionally left blank)
6. **Policy Loans** in compliance with Section 901(3)(b) (from annual statement: page 2, line 6) 6. _____
7. **Premium Notes** to the extent they are secured by a letter of credit, security trust funds or unearned premium reserves per Section (901)(3)(c) (from annual statement: page 2, line 6) 7. _____
8. **Agents' Balances or Uncollected Premiums** (Section 901(3)(d) and (e))
 - 8a. Total premiums (from annual statement: page 2, add lines 13.1, 13.2 and 13.3) 8a. _____
 - 8b. Amount of insurance premiums and annuity considerations included on line 8a that are deferred and not yet due.... 8b. _____
 - 8c. Total credit Life, A&H premiums included in 8b 8c. _____
 - 8d. Subtract line 8c from line 8b..... 8d. _____
 - 8e. Subtract line 8d from line 8a 8e. _____
 - 8f. Total amount from line 8e receivable from an agent, agency, policyholder or other person that DOES NOT control more than 10% of all the insurer's agents' balances, and is NOT affiliated with the insurer, on policies with December 2008 effective dates to the extent that the amounts are offset by unearned premium reserves on the same policies 8f. _____
- TOTAL: Add lines 8d and 8f 8. _____
9. **Reinsurance Recoverable** in compliance with Sections 901(3)(a) or (f) (from annual statement: page 2, lines 14.1, 14.3 and as a write-in asset). A listing with a breakdown by reinsurer and amount must be attached to this form for line 14.3 and write-in recoverables 9. _____
10. **Amounts Receivable** in compliance with Section 901(3)(f) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form 10. _____
11. Add lines 6 through 10..... 11. _____
12. **Net Liabilities** (subtract line 11 from line 3)..... 12. _____
- 13 a. **5% Limitation** per Section 901(6) (multiply line 12 by 5%) 13a. _____
- b. **2% Limitation** per Section 901(2)(a) (multiply line 12 by 2%) 13b. _____
- c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 12 by 20%) 13c. _____
14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form) 14. _____
15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). EXCLUDE the value of affiliated stocks (**Note:** subject to 5% limit; see line 13a of this form)..... 15. _____

- 16. **Mortgage Loans on Real Estate** at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form)..... 16. _____
- 17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** subject to 5% limit, and 20% limit; see lines 13a and 13c of this form)..... 17. _____
- 18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form (**Note:** subject to 5% limit; see line 13a of this form) 18. _____
- 19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form 19. _____
- 20. **Cash and Bank Deposits** (**Note:** subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form) 20. _____
- 21. **Short-Term Investments** at statement value. (**Note:** may be subject to 5% limit; see line 13a of this form)..... 21. _____
- 22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). **Attach** a complete listing showing companies and amount.
Attach an audited financial statement and an annual statement for each affiliate not licensed in Michigan..... 22. _____
- 23. **Equity in Wholly-owned Non-insurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned non-insurers in compliance with Section 901(7)(c). **Attach** a complete listing showing companies and amount.
Attach an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) 23. _____
- 24. **Value of Computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (**Note:** Subject to 2% limit; see line 13b of this form)..... 24. _____
- 25. **Income Due and Accrued** (only include income due and accrued on assets reported on lines 14 through 24 of this form)..... 25. _____
- 26. Total Amount of Qualifying Assets (add lines 14 through 25) 26. _____
- 27. Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 12 from line 26). If amount is positive, no further work is necessary. If amount is negative, continue below 27. _____
- Other assets not included above, subject to approval by the Commissioner:**
- 28. **Assets considered as qualifying under Section 901(2)(e)** (Detail Required) 28. _____
- 29. **Assets considered as qualifying under Section 901(7)(d) and (e)** (Detail Required) 29. _____
- 30. **Assets considered as qualifying under Section 901(5)** (Detail Required)..... 30. _____
- 31. Add lines 27 through 30..... 31. _____

Certification: I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company Code
Company Officer's name and title typed or printed	Contact person (regarding this report) and phone number	

P.A. 218 of 1956 as amended requires submission by insurers stated on page 1. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.



Michigan Department of Labor & Economic Growth

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