## (Rev. April 2004)

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

OMB No. 1545-0927

	ment of the Treasury I Revenue Service	► See s	eparate instruction	ıs.						
Name				Α	Emple	oyer ide	ntification n	umber	_	
Nur	mber, street, and room o	r suite no. (If a P.O. box, see instructions.)			В	Date	incorpora	ated		
City	or town, state, and ZIP	code			С	Checl	k if a me	mber of an		—
Oit	or town, state, and zin	code				affiliat	ed group			
					D		assets	ipanies .	<u> </u>	
					E		Mutual	Stock		
F		ox to indicate the calendar year for which this			2001		2002	2003	20	004
Pai	Earnings	Rate (see instructions)	(a)	g of tax year (b)		(c)	End of	tax year	(d)	—
	Complete and assiste	-1	(a)	(D)		(c)			(u)	—
1 2		al								—
3		t of reserves for section 807(c)								
		to the extent included on line 3).								
	=	to deferred and uncollected						-		
b	-									
С		s or reductions								
		ıgh 4c								
5		reserves. Subtract line 4d from								
6		ions 809 (b)(4)(B)(ii) and 809 (g)(6))								
7	Subtract line 6 fro	m line 5								
8a	Asset valuation res	serve								
b		nce reserve (IMR)								
9		es (section 809(b)(5)(B))								—
10	Voluntary reserves	not included in lines 8a, 8b, or 9.						-		—
11		otal Annual Statement provision for ends payable in the following tax								
		rued or unaccrued for tax purposes								
		ax year						<u> </u>		—
12		ration on deduction for policyholder								
		se of foreign mutual life companies								
13										_
		to life insurance business in								
		estern Hemisphere countries								
b	Equity allocable to	a contiguous country branch for								
		was made								
		cessor of fraternal benefit society.								
	Add lines 14a thro	S .						$\vdash$		—
15		from line 13								—
16	the rest of the form	at beginning and end of tax year. S n if the amount shown on line 16 is ze	ro or a negative an	nount. However,	er,					
170	be sure to sign the									—
		or (loss) from operations before policyholder dividends and Federal income taxes cyholder dividends. Attach schedule								
	-	guous country branch (section 814)								
d		rom operations. Add lines 17b and 1								
е	Amortization of IM	IR								_
f	Net gain or (loss) to	from operations, after amortization of	of IMR. Subtract li	ine 17e from line	17d.					_

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_		Earnings Rate (continued)	(a) Beginning of tax year	(b) End of tax ye		rence (colum s column (a))	n (b)
18 19		tatutory reserves					
20 21 22 23	Capital Other a	ent gain or (loss) from operations (excluding IM		es 17f, 20, 21,	20 21 22 23		
Pa	rt II	Effects of Special Transactions (All que	stions refer to transac	tions occurring	during the ta	x year.)	
	expens	Questions 1 and 2. Do not include a coinsurantes and income items between the ceding control which contains no adjustment based on exp	npany and the reinsurer	in the same propo			
	·					Yes	No
1		ne corporation have in force any reinsurance to company or the reinsurer?	reaty entered into or ame	ended during the t	ax year as the	e	
2	the val	e corporation made or received any distribution ue of the stock or assets of which is <b>not</b> include member of the affiliated group of life insurance c	ded for purposes of dete	rmining the averag	ge equity base	,	
3	Has the	e corporation engaged in any transaction with under section 814(g)?					
4	or asse	e corporation had any surplus, capital, or obligatets of which is <b>not</b> included for purposes of ded group of life insurance companies (determine	etermining the average e	quity base of any			
5	Has the	e corporation changed in any manner its practice	es and procedures with re	spect to policyhol	der dividends?	?	
	how th	answer to any of the above questions is "Yes ation's earnings rate by .5% or more, (e.g., the 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%), a the effect. nsidered together in dete	ttach a schedule	explaining (1	)	
Siç He	ın	Under penalties of perjury, I declare that I have examinknowledge and belief, it is true, correct, and complete. Deany knowledge.	ed this return, including accom	panying schedules and taxpayer) is based on	d statements, and all information of	I to the best which prepa	t of my arer has
		Signature of officer	Date	Title			
	d parer's e Only	Preparer's signature  Firm's name (or yours, if self-amployed)		Date		eck if -employed	
USE	Office	yours, 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, P.O. Box 5137, Grand Central Station, Attention: Group 1169, 6th Floor, New York, NY 10163.

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## **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				

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## **SCHEDULE A—Reserves** (Continued)

Category F Group Accident and Health Insurance	(a) Beginning Statutory Reserves	<b>(b)</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				

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