| ending | , 20 |
|--------|------|
|        |      |

OMB No. 1545-0123

| Inter                        | nal Rev      | enue Se  | rvice  | ► Inform              | ation abou                         | ut Form 11   | 20-L an          | d its sep   | arate instr   | uctio    | ns is a | at ww               | w.irs.go     | ov/fo                               | rm11    | 201.     |         |                                   |      |  |  |  |  |
|------------------------------|--------------|--|--|-----------------------|------------------------------------|--|------------------|-------------|---------------|----------|---------|---------------------|--------------|-------------------------------------|---------|----------|---------|-----------------------------------|------|--|--|--|--|
| A                            | Check        | c if:  | -  |                       | Name                               |  |                  |             |               |          |         |                     |              |                                     | ВЕ      | nploye   | r ident | ification nu                      | mber |  |  |  |  |
| 1                            |              | olidated   |  | Please                |                                    |  |                  |             |               |          |         |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| 2                            | •            | Number, street, and room or suite no. If a P.O. box, see instructions. |  |                       |                                    |  |                  |             |               |          |         | C Date incorporated |              |                                     |         |          |         |                                   |      |  |  |  |  |
|                              | dated return |  |  |                       |                                    |  |                  |             |               |          |         |                     |              | Check applicable box if an election |         |          |         |                                   |      |  |  |  |  |
| 3                            |              | lule M-3<br>1120-L   |  | type                  | City or tow                        | n, state or p  | rovince, c       | country, an | d ZIP or fore | eign po  | stal co | ode                 |              |                                     |         |          |         | e box if an e<br>under sectio     |      |  |  |  |  |
|                              | attach       |  | <u></u>  | ]                     |                                    |  |                  |             |               |          |         |                     |              |                                     | _       |          |         |                                   | (0). |  |  |  |  |
| E                            | Check        | c if:  | (1)  | Final return          | (2) 📙 1                            | Name chang   | je <b>(</b> 3    | 3) L Ac     | ldress chang  | ge (     | (4)     | Ame                 | nded ret     | urn                                 | □ 95    | 3(c)(3)( | C)      | 953(d)                            |      |  |  |  |  |
|                              | 1            |  | Gross premiums, etc., less return premiums, etc. Enter balance |                       |                                    |  |                  |             |               |          |         |                     |              |                                     | 1       |          |         |                                   |      |  |  |  |  |
|                              | 2            | Net decrease, if any, in reserves (see instructions)                   |  |                       |                                    |  |                  |             |               |          |         |                     |              | 2                                   |         |          |         |                                   |      |  |  |  |  |
| Φ                            | 3            |  |  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     |         | 3        |         |                                   |      |  |  |  |  |
| Income                       | 4            |  |  |                       |                                    | dule B, line 8) (see instructions)   |                  |             |               |          |         |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| <u>၁</u>                     | 5            |  |  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     |         | 5        |         |                                   |      |  |  |  |  |
|                              | 6            |  |  |                       | oss discour                        |  |                  |             |               |          |         |                     |              |                                     |         | 6        |         |                                   |      |  |  |  |  |
|                              | 7            |  |  |                       | atement)                           |  |                  |             |               |          |         |                     |              |                                     |         | 7        |         |                                   |      |  |  |  |  |
|                              | 8            |  |  |                       | gross inco                         |  |                  |             |               |          |         |                     |              |                                     |         | 8        |         |                                   |      |  |  |  |  |
| s.                           | 9            | Dea  | th benefit   | ts, etc               |                                    |  |                  |             |               |          |         |                     |              |                                     |         | 9        |         |                                   |      |  |  |  |  |
| io                           | 10           |  |  |                       | eserves (Sc                        |  |                  |             |               |          |         |                     |              |                                     |         | 10       |         |                                   |      |  |  |  |  |
| deductions.)                 | 11           | 10%  | of any ir  | ncrease in            | reserves un                        | nder section   | n 807(f)(1       | 1)(B)(i) .  |               |          |         |                     |              |                                     |         | 11       |         |                                   |      |  |  |  |  |
| gec                          | 12           |  |  |                       | dividends                          |  |                  |             |               |          |         |                     |              |                                     |         | 12       |         |                                   |      |  |  |  |  |
| o                            | 13           |  |  |                       | person of li                       |  |                  |             |               |          |         |                     |              |                                     |         | 13       |         |                                   |      |  |  |  |  |
| Suc                          | 14           |  |  | mbursable             | by taxpaye                         |  |                  |             |               |          |         |                     |              |                                     |         | 14       |         |                                   | _    |  |  |  |  |
| tatic                        | 15a          |  | rest ► _   |                       |                                    |  |                  |             | t expense     |          |         |                     |              | <b>c</b> Ba                         |         | 15c      |         |                                   |      |  |  |  |  |
| <u>E</u>                     | 16           |  |  |                       | sition exper                       |  |                  |             |               |          |         |                     |              |                                     |         | 16       |         |                                   |      |  |  |  |  |
| ō                            | 17           |  |  |                       | tach Form                          |  |                  |             |               |          |         |                     |              |                                     |         | 17       |         |                                   | +    |  |  |  |  |
| SU                           | 18           |  |  |                       | nstructions)                       |  |                  |             |               |          |         |                     |              |                                     |         | 18       |         |                                   | +    |  |  |  |  |
| cţio                         | 19           |  |  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     |         | 19       |         |                                   | +    |  |  |  |  |
| instructions for limitations | 20           |  |  |                       | 19 from line                       |  |                  |             |               |          |         |                     |              | · i                                 | •       | 20       |         |                                   | +    |  |  |  |  |
| Ë.                           | 21a          |  |  |                       | •                                  | ction (Schedule A, line 16, column (c)) eduction (see instructions) (attach statement) |                  |             |               |          |         |                     |              |                                     |         | 04       |         |                                   |      |  |  |  |  |
| Deductions (See              |              |  |  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     |         | 21c      |         |                                   | +    |  |  |  |  |
| us                           | 22           |  |  |                       |                                    | ions. Subtract line 21c from line 20   |                  |             |               |          |         |                     |              |                                     |         | 22       |         |                                   | +    |  |  |  |  |
| 흕                            | 23           |  |  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     |         | 23       |         |                                   | -    |  |  |  |  |
| 풪                            | 24           |  |  |                       | taxable inc                        |  |                  |             |               |          |         |                     |              |                                     |         | 24<br>25 |         |                                   | +    |  |  |  |  |
| Ö                            | 25<br>26     |  |  |                       | nce losses<br>n policyholo         |  |                  |             |               |          |         |                     |              |                                     |         | 26       |         |                                   | +    |  |  |  |  |
|                              | 27           |  |  |                       | nes 24, 25,                        |  |                  |             |               |          |         |                     |              |                                     |         | 27       |         |                                   | +    |  |  |  |  |
|                              | 28           |  |  |                       | ines 24, 23,                       | •  |                  |             |               |          |         |                     |              |                                     |         | 28       |         |                                   | +    |  |  |  |  |
|                              | 29a          |  |  |                       | ited to 2016                       |  |                  |             |               | ·i       |         | •                   | •            | •                                   | ·       |          |         |                                   | -    |  |  |  |  |
|                              | b            |  |  |                       | d tax paymer                       |  |                  |             |               |          |         |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| "                            | c            |  |  |                       | ments .                            |  |                  |             |               |          |         |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| ent                          | d            |  |  |                       | tax paymer                         |  |                  | _           | 9f)           |          | 29d     |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| Ě                            | е            |  | •  |                       | ed for on Fo                       | •  |                  | e (         | ´             | )        | 29f     |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| Ра                           | g            | Tax  | deposite   | d with Forr           | n 7004 .                           |  |                  |             |               |          | 29g     |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| and Payments                 | h            | _  | dits: <b>(1)</b> Fo  |                       |                                    | (  | <b>2)</b> Form 4 | 136         |               | _        | 29h     |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| Тах                          | i            | U.S  | income   | tax paid or           | withheld at                        | t source (a  | ttach Fo         | rm 1042-    | S)            |          | 29i     |                     |              |                                     |         |          |         |                                   |      |  |  |  |  |
| Ë                            | j            | Refu   | undable d  | redit from            | Form 8827,                         | , line 8c  |                  |             |               | . [      | 29j     |                     |              |                                     |         | 29k      |         |                                   |      |  |  |  |  |
|                              | 30           | Esti   | mated tax  | x penalty. 0          | Check if For                       | rm 2220 is   | attached         | d           |               |          |         |                     |              | . ▶                                 |         | 30       |         |                                   |      |  |  |  |  |
|                              | 31           | Am   | ount owe   | ed. If line 29        | 9k is smalle                       | er than the  | total of li      | ines 28 aı  | nd 30, ente   | er amo   | ount o  | wed                 |              |                                     |         | 31       |         |                                   |      |  |  |  |  |
|                              | 32           | Ove  | rpaymer  | <b>nt.</b> If line 29 | k is larger t                      | than the to  | tal of line      | es 28 and   | 30, enter a   | amour    | nt ove  | rpaid               |              |                                     |         | 32       |         |                                   |      |  |  |  |  |
|                              | 33           |  |  |                       | 2: Credited                        |  |                  |             |               |          |         |                     | Refur        |                                     |         | 33       |         |                                   |      |  |  |  |  |
| <u>د:</u>                    |              |  |  |                       | lare that I have<br>on of preparer |  |                  |             |               |          |         |                     |              |                                     |         | _        |         |                                   |      |  |  |  |  |
| Si                           | - 1          | 30,7001,   | and compr  | o.o. Doolardii        | o or propuler                      | . <sub>(</sub> Saisi alah t  | puyoi/ is        | . Juoga 011 | o////ad/O/    | 01 11111 | on pro  | Jaioi iia           | .c arry Nile | oug                                 | , J.    |          |         | S discuss th                      |      |  |  |  |  |
| He                           | ere          |  |  |                       |                                    |  |                  |             | \ _           |          |         |                     |              |                                     |         |          |         | reparer show<br>tions)? <b>Ye</b> |      |  |  |  |  |
|                              |              | <u>_</u>   | ature of of  |                       |                                    | Ι.   |                  | ate         |               | Title    |         | 1.                  |              |                                     |         | ,,,,,    |         |                                   |      |  |  |  |  |
| Pa                           | id           |  | rınt/ I ype  | preparer's na         | arne                               |  | reparer's        | s signature |               |          |         | Dat                 | е            |                                     |         |          | 」if │   | PTIN                              |      |  |  |  |  |
|                              | epar         | rer 📙  |  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     | _       | -emplo   | yed     |                                   |      |  |  |  |  |
|                              | e O          | nly ├ <sup>-</sup>   | irm's nam  |                       |                                    |  |                  |             |               |          |         |                     |              |                                     | ı's EIN |          |         |                                   |      |  |  |  |  |
|                              |              | F  | irm's addr   | ess >                 |                                    |  |                  |             |               |          |         |                     |              | Pho                                 | ne no.  |          |         |                                   |      |  |  |  |  |

| Sche | dule A Dividend Income and Dividends-Received                               | Dedu     | uction (see instructions)           |    |                                  |  |
|------|---|----------|-------------------------------------|----|----------------------------------|--|
|      | Dividends subject to proration  |          | (a) Dividends received (b) 9        | 6  | (c) Deduction<br>((a) times (b)) |  |
| 1    | Domestic corporations, less-than-20%-owned (other than debt-financed stock) | 1        |                                     |    | ((2) 1111100 (2))                |  |
| 2    | Domestic corporations, 20%-or-more-owned (other than debt-                  |          |                                     |    |                                  |  |
|      | financed stock)   | 2        |                                     |    |                                  |  |
| 3    | Debt-financed stock of domestic and foreign corporations                    | 3        |                                     |    |                                  |  |
| 4    | Public utility corporations, less-than-20%-owned                            | 4        |                                     |    |                                  |  |
| 5    | Public utility corporations, 20%-or-more-owned                              | 5        |                                     |    |                                  |  |
| 6    | Foreign corporations, less-than-20%-owned, and certain FSCs .               | 6        |                                     |    |                                  |  |
| 7    | Foreign corporations, 20%-or-more-owned, and certain FSCs .                 | 7        |                                     |    |                                  |  |
| 8    | Wholly owned foreign subsidiaries and certain FSCs                          | 8        |                                     |    |                                  |  |
| 9    | Certain affiliated company dividends  | 9        |                                     |    |                                  |  |
| 10   | Gross dividends-received deduction. Add lines 1 through 9                   | 10       |                                     |    |                                  |  |
| 11   | Company share percentage (Schedule F, line 32)                              | 11       |                                     |    |                                  |  |
| 12   | Prorated amount. Line 10 times line 11                                      | 12       |                                     |    |                                  |  |
|      | Dividends not subject to proration  |          |                                     |    |                                  |  |
| 13   | Affiliated company dividends  | 13       |                                     |    |                                  |  |
| 14   | Other corporate dividends   | 14       |                                     |    |                                  |  |
| 15   | Total dividends. Add lines 1 through 14, column (a). Enter here             |          |                                     |    |                                  |  |
|      | and on Schedule B, line 2   | 15       |                                     |    |                                  |  |
| 16   | Total deductions. Add lines 12 and 13, column (c). Reduce the               |          |                                     |    |                                  |  |
|      | deduction as provided in section 805(a)(4)(D)(ii). Enter here and on        |          |                                     |    |                                  |  |
|      | page 1, line 21a and on Schedule J, Part I, line 2c                         |          |                                     |    |                                  |  |
| Sche | dule B Gross Investment Income (section 812(d)) (s                          | see ir   | structions)                         |    |                                  |  |
| 1    | Interest (excluding tax-exempt interest)                                    |          |                                     | 1  |                                  |  |
| 2    | Total dividends (Schedule A, line 15, column (a))                           |          |                                     | 2  |                                  |  |
| 3    | Gross rents   |          |                                     | 3  |                                  |  |
| 4    | Gross royalties   |          |                                     | 4  |                                  |  |
| 5    | Leases, terminations, etc   |          |                                     | 5  |                                  |  |
| 6    | Excess of net short-term capital gain over net long-term capital loss       | (Sche    | dule D (Form 1120), line 16)        | 6  |                                  |  |
| 7    | Gross income from trade or business other than an insurance business        | ess (att | ach statement)                      | 7  |                                  |  |
| 8    | Investment income. Add lines 1 through 7. Enter here and on page 1          | , line 4 |                                     | 8  |                                  |  |
| 9    | Tax-exempt interest. Enter here and on Schedule F, line 13 and Sche         | edule .  | J, Part I, line 2d                  | 9  |                                  |  |
| 10   | Increase in policy cash value of section 264(f) policies as defined         | d in se  | ection 805(a)(4)(F). Enter here and |    |                                  |  |
|      | include on Schedule F, line 13  |          |                                     | 10 |                                  |  |
| 11   | Add lines 8, 9, and 10  |          |                                     | 11 |                                  |  |
| 12   | 100% qualifying dividends   |          |                                     | 12 |                                  |  |
| 13   | Gross investment income. Subtract line 12 from line 11. Enter here          | and o    | n Schedule F, line 9                | 13 |                                  |  |
|      |   |          |                                     |    | 4400 1                           |  |

| Sche        | dule F Increase (Decrease) in Reserves (section 807) at                                 | nd     | Con    | npany/Policyh   | older      | Share | Percentage      |
|-------------|---|--------|--------|-----------------|------------|-------|-----------------|
|             | (section 812) (see instructions)  |        |        | (a) Beginning o | f tax vear | (b) F | End of tax year |
| 1           | Life insurance reserves   |        | Γ.     | 1               | 1, 7       | (-, - | 1               |
| 2           | Unearned premiums and unpaid losses   |        |        | 2               |            |       |                 |
| 3           | Supplementary contracts   |        |        | 3               |            |       |                 |
| 4           | Dividend accumulations and other amounts  |        |        | 4               |            |       |                 |
| 5           | Advance premiums  |        | _      | 5               |            |       |                 |
| 6           | Special contingency reserves  |        |        | 6               |            |       |                 |
| 7           | Add lines 1 through 6   |        |        | 7               |            |       |                 |
|             |   |        | -      | •               |            |       |                 |
| 8           | Increase (decrease) in reserves under section 807. Subtract line 7, column (a) from     | m line | 7, cc  | olumn (b)       | 8          |       |                 |
| 9           | Gross investment income (Schedule B, line 13)   |        |        |                 | 9          |       |                 |
| 10a         | Required interest on reserves under sections 807(c)(1), (3), (4), (5), and (6) (attach  |        | 1      | 1               |            |       |                 |
|             | statement)  | 10     | )a     |                 |            |       |                 |
| b           | Deductible excess interest. Enter here and on lines 18b and 19 below                    | 10     | )b     |                 |            |       |                 |
| С           | Deductible amounts credited to employee pension funds                                   |        | )c     |                 |            |       |                 |
| d           | Deductible amounts credited to deferred annuities                                       |        | )d     |                 | _          |       |                 |
| е           | Deductible interest on amounts left on deposit  | 10     | )e     |                 |            |       |                 |
|             |   |        |        |                 |            |       |                 |
| f           | Total policy interest. Add lines 10a through 10e. Enter here and on line 26 below       |        |        |                 | 10f        |       |                 |
| 11          | Subtract line 10f from line 9   |        | - 1    |                 | 11         |       |                 |
| 12          | Life insurance company gross income (see instructions)                                  |        | 2      |                 | _          |       |                 |
| 13          | Tax-exempt interest and the increase in policy cash value of section 264(f) policies as | - 1    | _      |                 |            |       |                 |
|             | defined in section 805(a)(4)(F). (Enter the sum of Schedule B, line 9 and line 10.)     | _ 1    | 3      |                 |            |       |                 |
| 14          | Add lines 12 and 12   |        |        |                 | 14         |       |                 |
| 15          | Add lines 12 and 13   |        |        |                 |            |       |                 |
| 16          | Subtract line 15 from line 14   |        |        |                 |            |       |                 |
|             | Subtract line 15 from line 14   | •      |        |                 | 10         |       |                 |
| 17          | Investment income ratio. Divide line 11 by line 16. If zero or less, enter -0           |        |        |                 | 17         |       |                 |
| 18a         | Policyholder dividends paid or accrued  |        | Ва     |                 |            |       |                 |
| b           | Excess interest from line 10b   |        | 3b     |                 |            |       |                 |
| С           | Premium adjustments   |        | Вс     |                 |            |       |                 |
| d           | Experience-rated refunds  | 18     | 3d     |                 |            |       |                 |
| е           | Deductible policyholder dividends. Add lines 18a through 18d. Enter here and on         | page   | 1, lin | ne 12           | 18e        |       |                 |
|             |   |        |        |                 |            |       |                 |
| 19          | Deductible excess interest from line 10b  | 1      | 9      |                 |            |       |                 |
| 20          | Deductible dividends on employee pension funds  | 2      | 0      |                 |            |       |                 |
| 21          | Deductible dividends on deferred annuities  | 2      | 1      |                 |            |       |                 |
| 22          | Deductible premium and mortality charges for contracts paying excess interest           | 2      | 2      |                 | _          |       |                 |
|             |   |        |        |                 |            |       |                 |
| 23          | Add lines 19 through 22   |        |        |                 |            |       |                 |
| 24          | Subtract line 23 from line 18e  |        |        |                 |            |       |                 |
| 25          | Investment portion of dividends. Line 17 times line 24                                  |        |        |                 |            |       |                 |
| 26          | Policy interest from line 10f   |        |        |                 |            |       |                 |
| 27          | Policyholder share amount. Add lines 25 and 26  |        |        |                 |            |       |                 |
| 28<br>29    | Net investment income (see instructions)  |        |        |                 |            |       |                 |
| 30          | Policyholder share amount from line 27  |        |        |                 |            |       |                 |
| 31          | Total share percentage  |        |        |                 |            |       |                 |
| 32          | Company share percentage. Divide line 30 by line 28. Enter here and on Schedu           |        |        |                 |            |       | %               |
| 33          | Policyholders' share percentage. Subtract line 32 from line 31                          |        |        |                 |            |       |                 |
| 34          | Policyholders' share of tax-exempt interest and the increase in policy cash value       |        |        |                 |            |       | 70              |
| <del></del> | defined in section 805(a)(4)(F). Multiply line 13 by line 33                            |        |        |                 |            |       |                 |
| 35          | Net increase (decrease) in reserves. Subtract line 34 from line 8. If an increase       |        |        |                 |            |       |                 |
|             | line 10. If a (decrease), enter here and on page 1, line 2                              |        |        |                 |            |       |                 |

| Sche | dule G Policy Acquisition Expenses (section 848) (see ins  | truct   | ions)          |           |                       |     |           |
|------|--|---------|----------------|-----------|-----------------------|-----|-----------|
|      |  |         | (a) Annui      | ty        | (b) Group<br>insurand | I   | (c) Other |
| 1    | Gross premiums and other consideration   | 1       |                |           |                       |     |           |
| 2    | Return premiums and premiums and other consideration incurred for reinsurance  | 2       |                |           |                       |     |           |
| 3    | Net premiums. Subtract line 2 from line 1  | 3       |                |           |                       |     |           |
| 4    | Net premium percentage   | 4       |                |           |                       |     |           |
| 5    | Multiply line 3 by line 4  | 5       |                |           |                       |     |           |
| 6    | Combine line 5, columns (a), (b), and (c), and enter here. If zero or less, enter  | -0- or  | lines 7 and 8  |           |                       | 6   |           |
| 7    | Unused balance of negative capitalization amount from prior years  |         |                |           |                       | 7   | ( )       |
| 8    | Combine lines 6 and 7. If zero or less, enter -0   |         |                |           |                       | 8   |           |
| 9    | General deductions (attach statement)  |         |                |           |                       | 9   |           |
| 10   | Enter the lesser of line 8 or line 9   |         |                |           |                       | 10  |           |
| 11   | Deductible general deductions. Subtract line 10 from line 9. Enter here and in   |         |                |           |                       | 11  |           |
| 12   | If the amount on line 6 is negative, enter it as a positive amount. If the amour   |         | •              |           |                       | 12  |           |
| 13   | Unamortized specified policy acquisition expenses from prior years   |         |                |           |                       | 13  |           |
| 14   | Deductible negative capitalization amount. Enter the lesser of line 12 or line 1   |         |                |           | <br>I                 | 14  |           |
| 15a  | Tentative 60-month specified policy acquisition expenses. Enter amount from  |         |                |           |                       |     |           |
|      | more than \$5 million  |         |                | 15a       |                       |     |           |
| b    | Limitation   |         |                | 15b       |                       |     |           |
| 16   | Phase-out amount. Subtract line 15b from line 10. If zero or less, enter -0-   |         |                | 16        |                       |     |           |
| 17a  | Current year 60-month specified policy acquisition expenses. Subtract line zero or less, enter -0                        |         |                | 17a       |                       |     |           |
| b    | Enter 10% of line 17a  |         |                |           |                       | 17b |           |
| 18a  | Current year 120-month specified policy acquisition expenses. Subtra   | ct lin  | e 17a from     |           |                       |     |           |
|      | line 10  |         |                | 18a       |                       |     |           |
| b    | Enter 5% of line 18a   |         |                |           |                       | 18b |           |
| 19   | Enter the applicable amount of amortization from specified policy acquisition and deductible this year. Attach statement |         | •              |           |                       | 19  |           |
|      | and deductible this year. Attach statement   | •       |                | •         |                       | 19  |           |
| 20   | Deductible policy acquisition expenses. Add lines 14, 17b, 18b, and 19. E  | nter he | ere and on pag | je 1, lii | ne 16                 | 20  |           |

Form **1120-L** (2016)

| Sche     | Gule H Small Life Insurance Company Deduction (section 806)  | <u> </u>   |          | structi   | ons)           |              |                |          | _  |  |  |
|----------|--|------------|----------|-----------|----------------|--------------|----------------|----------|----|--|--|
|          | Name of company  |            |          |           |                | <br>Tentativ | entative LICTI |          |    |  |  |
|          | Name of company (a) Income   |            |          |           |                |              |                | oss)     | _  |  |  |
| 1        |  |            |          | <u>`</u>  | <u> </u>       |              |                |          | _  |  |  |
| 2        |  |            |          |           |                |              |                |          | _  |  |  |
| 3        |  |            |          |           |                |              |                |          |    |  |  |
| 4        |  |            |          |           |                |              |                |          |    |  |  |
| 5        |  |            |          |           |                |              |                |          |    |  |  |
| 6        | Add lines 1 through 5 in both columns  |            | .        |           |                |              |                |          |    |  |  |
| 7        | Net controlled group tentative LICTI. Subtract line 6, column (b) from line 6, column Enter here and on line 11 below  |            | ` ′      |           |                |              |                |          |    |  |  |
| Part     | Enter here and on line 11 below  | hed        | ule L    | , Part    | I, line        | 6, col       | umn (b)),      | are \$50 | )( |  |  |
| millio   | n or more, complete lines 8 through 12, line 16, and enter -0- on line   | 17 (       | see ir   | nstruct   | ons).          |              |                |          |    |  |  |
| 8        | Gain or (loss) from operations from page 1, line 22  | 8          |          |           |                |              |                |          |    |  |  |
| 9a       |  | 9a         |          |           |                | -            |                |          |    |  |  |
| b        |  | 9b         |          |           |                | -            |                |          |    |  |  |
| 10a      | Gain or (loss) on insurance operations. Subtract line 9a from line 8 and add   | 40-        |          |           |                |              |                |          |    |  |  |
| <b>L</b> |  | 10a<br>10b |          |           |                | -            |                |          |    |  |  |
| b        | · · · · · · · · · · · · · · · · · · ·  | 10b        |          |           |                | -            |                |          |    |  |  |
| 11       |  | 11         |          |           |                | 1            |                |          |    |  |  |
| ••       | The solutioned group to matter 210 million in 10 million 210 milli | •          |          |           |                | -            |                |          |    |  |  |
| 12       | Combined tentative LICTI. Add line 10c and line 11. If \$15 million or more, skip lines 13 through 15 and enter -0- on line 17 below and on page 1, line 23  | 12         |          |           |                |              |                |          |    |  |  |
| 13       | Enter 60% of line 12, but not more than \$1,800,000  |            |          |           |                | 13           |                |          |    |  |  |
| 14a      | Maximum statutory amount   | 14a        |          |           |                | -            |                |          |    |  |  |
| b        | Subtract line 14a from line 12. If zero or less, enter -0  | 14b        |          |           |                |              |                |          |    |  |  |
| c        | Enter 15% of line 14b, but not more than \$1,800,000   | _          |          |           | <del>.</del> . | 14c          |                |          |    |  |  |
| 15       | Tentative small life insurance company deduction. Subtract line 14c from line 13 .   |            |          |           |                | 15           |                |          |    |  |  |
| 16       | Taxpayer's share. Divide line 10c by the total of line 6, column (a) and line 10c. If line -0- on this line  |            |          |           | s, enter       | 16           |                |          |    |  |  |
| 17       | Small life insurance company deduction. Multiply line 15 by line 16. Enter here a  | ınd or     | n page   | 1, line 2 | 23, and        |              |                |          |    |  |  |
| 0 1      | on Schedule J, Part I, line 2b   |            | <u> </u> | <u></u>   |                | 17           |                |          |    |  |  |
| Sche     | Edule I Limitation on Noninsurance Losses (section 806(b)(3)(C)  | (S)) (SE   | e ins    | tructio   | ns)            |              |                |          | _  |  |  |
| 1        | Noninsurance income (attach statement)   |            |          |           |                | 1            |                | $\perp$  |    |  |  |
| 2        | Noninsurance deductions (attach statement)   |            |          |           |                | 2            |                | _        |    |  |  |
| 3        | Noninsurance operations loss deductions  |            |          |           |                | 3            |                | _        |    |  |  |
| 4        | Add lines 2 and 3  |            |          |           |                | 4            |                |          |    |  |  |
| 5        | Noninsurance loss. Subtract line 1 from line 4. If line 1 is greater than line 4, skip li -0- on line 9  |            | 5 throu  | ıgh 8 an  | d enter        | 5            |                |          |    |  |  |
| 6        | Enter 35% of line 5  |            |          |           |                | 6            |                |          |    |  |  |
| 7        | Enter 35% of the excess of LICTI (page 1, line 24) over any noninsurance loss include  | led or     | n page   | 1         |                | 7            |                |          |    |  |  |
| 8        | Enter the lesser of line 6 or line 7   |            |          |           |                | 8            |                |          |    |  |  |
| 0        | Limitation on poningurance losses. Cubtract line 9 from line 5. Enter have and on p  |            | 1 line   | 05        |                |              |                |          |    |  |  |

| Sche   | edule J Part I—Shareholders Surplus Account (Stock Companies Only) (section 815)                          | c)) (se | e instructions) |  |
|--------|---|---------|-----------------|--|
| 1a     | Balance at the beginning of the tax year  | 1a      |                 |  |
| b      | Transfers under pre-1984 sections 815(d)(1) and (4) for the preceding year                                | 1b      |                 |  |
| С      | Balance at the beginning of the tax year. Add lines 1a and 1b   | 1c      |                 |  |
| 2a     | LICTI. Add lines 24 and 25, page 1. If zero or less, enter -0-  | 2a      |                 |  |
| b      | Small life insurance company deduction (Schedule H, line 17)  | 2b      |                 |  |
| С      | Dividends-received deduction (Schedule A, line 16, column (c))  | 2c      |                 |  |
| d      | Tax-exempt interest (Schedule B, line 9) (see instructions)   | 2d      |                 |  |
| 3      | Add lines 1c through 2d   | 3       |                 |  |
| 4      | Tax liability without regard to section 815. Figure the tax on line 2a as if it were total taxable income | 4       |                 |  |
| 5      | Subtract line 4 from line 3. If zero or less, enter -0  | 5       |                 |  |
| 6      | Direct or indirect distributions in the tax year but not more than line 5                                 | 6       |                 |  |
| 7      | Balance at the end of the tax year. Subtract line 6 from line 5   | 7       |                 |  |
| Part l | II — Policyholders Surplus Account (Stock Companies Only) (section 815(d)) (see instruct                  | ions)   |                 |  |
| 8      | Balance at the beginning of the tax year  | 8       |                 |  |
| 9a     | Direct or indirect distributions in excess of the amount on line 5, Part I above . 9a                     |         |                 |  |
| b      | Tax increase on line 9a   |         |                 |  |
| С      | Subtractions from account under pre-1984 sections 815(d)(1) and (4) 9c                                    |         |                 |  |
| d      | Tax increase on line 9c   |         |                 |  |
| е      | Subtraction from account under pre-1984 sections 815(d)(2)  |         |                 |  |
| 10     | Add lines 9a through 9e, but not more than line 8. Enter here and on page 1, line 26                      | 10      |                 |  |
| 11     | Balance at the end of the tax year. Subtract line 10 from line 8  | 11      |                 |  |
| Sche   | edule K Tax Computation (see instructions)  |         |                 |  |
| 1      | Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) ▶ □            |         |                 |  |
| 2      | Income tax  | 2       |                 |  |
| 3      | Alternative minimum tax (attach Form 4626)  | 3       |                 |  |
| 4      | Add lines 2 and 3   | 4       |                 |  |
| 5a     | Foreign tax credit (attach Form 1118)   |         |                 |  |
| b      | Credit from Form 8834 (attach Form 8834)  |         |                 |  |
| С      | General business credit (attach Form 3800)  |         |                 |  |
| d      | Credit for prior year minimum tax (attach Form 8827)  |         |                 |  |
| е      | Bond credits from Form 8912   |         |                 |  |
| 6      | Total credits. Add lines 5a through 5e  | 6       |                 |  |
| 7      | Subtract line 6 from line 4   | 7       |                 |  |
| 8      | Foreign corporations—tax on income not effectively connected with U.S. business                           | 8       |                 |  |
| 9      | Other taxes. Check if from:  Form 4255 Form 8611 Other (attach statement)                                 | 9       |                 |  |
| 10     | Total tax. Add lines 7 through 9. Enter here and on page 1, line 28                                       | 10      |                 |  |

| Sche      | edule L Part I—Total Assets (section 806(a)(3)(C)) (see instructions)  |           |                         |                       |
|-----------|--|-----------|-------------------------|-----------------------|
|           |  | (a        | ) Beginning of tax year | (b) End of tax year   |
| 1         | Real property  | 1         |                         |                       |
| 2         | Stocks   | 2         |                         |                       |
| 3         | Proportionate share of partnership and trust assets  | 3         |                         |                       |
| 4         | Other assets (attach statement)  | 4         |                         |                       |
| 5         | Total assets of controlled groups  | 5         |                         |                       |
| 6<br>Part | Total assets. Add lines 1 through 5  | 6<br>(see | instructions)           |                       |
|           | formation provided in Part II should conform with the "Assets" and "Liabilities, Surplus, and  | •         |                         | NAIC Annual Statement |
|           |  |           | ) Beginning of tax year | (b) End of tax year   |
| 1         | Subtotals for assets   | 1         |                         |                       |
| 2         | Total assets   | 2         |                         |                       |
| 3         | Reserve for life policies and contracts  | 3         |                         |                       |
| 4         | Reserve for accident and health policies   | 4         |                         |                       |
| 5         | Liability for deposit-type contracts   | 5         |                         |                       |
| 6         | Life policy and contract claims  | 6         |                         |                       |
| 7         | Accident and health policy and contract claims   | 7         |                         |                       |
| 8         | Policyholder's dividend and coupon accumulations   | 8         |                         |                       |
| 9         | Premiums and annuity considerations received in advance less discount  | 9         |                         |                       |
| 10        | Surrender values on canceled policies  | 10        |                         |                       |
| 11        | Part of other amounts payable on reinsurance assumed   | 11        |                         |                       |
| 12        | Part of aggregate write-ins for liabilities. (Only include items or amounts includible in "total insurance liabilities on U.S. business" as defined in section $842(b)(2)(B)(i)$ ) | 12        |                         |                       |
| 13        | Separate accounts statement  | 13        |                         |                       |
| 14        | Total insurance liabilities. Add lines 3 through 13  | 14        |                         |                       |

| Sche | dule M Other Information (see instruction  | ns) |    |     |  |     |    |
|------|--|-----|----|-----|--|-----|----|
| 1    | Check method of accounting:  | Yes | No | 8   | At any time during the year, did one foreign person  | Yes | No |
| а    | Accrual <b>b</b> Other (specify)   |     |    |     | own, directly or indirectly, at least 25% of (a)   |     |    |
| 2    | Check if the corporation is a:   |     |    |     | the total voting power of all classes of stock of<br>the corporation entitled to vote or <b>(b)</b> the total value of |     |    |
| а    | Legal reserve company—if checked   |     |    |     | all classes of stock of the corporation?   |     |    |
|      | Kind of company:   |     |    |     | If "Yes," enter: a Percentage owned ▶  |     |    |
|      | (1) Stock (2) Mutual   |     |    |     | and <b>b</b> Owner's country ▶   |     |    |
|      | Principal business:  |     |    |     |  |     |    |
|      | (1) Life Insurance   |     |    |     |  |     |    |
|      | (2) Health and accident insurance  |     |    | С   | The corporation may have to file Form 5472,  |     |    |
| b    | Fraternal or assessment association  |     |    |     | Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a                       |     |    |
| С    | ☐ Burial or other insurance company  |     |    |     | U.S. Trade or Business. Enter number of Forms 5472 attached ▶  |     |    |
| 3    | Enter the percentage that the total of the   |     |    |     |  |     |    |
|      | corporation's life insurance reserves (section   |     |    | 9   | Has the corporation elected to use its own payout pattern for discounting unpaid losses and unpaid loss                |     |    |
|      | 816(b)) plus unearned premiums and unpaid losses   |     |    |     | adjustment expenses?   |     |    |
|      | (whether or not ascertained) on noncancelable life,<br>health or accident policies not included in |     |    | 10  | Does the corporation discount any of the loss  |     |    |
|      | life insurance reserves bears to the corporation's   |     |    |     | reserves shown on its annual statement?  |     |    |
|      | total reserves (section 816(c)) %.  Attach a statement showing the computation.                    |     |    | 11a | Enter the total unpaid losses shown on the corporation's annual statement:   |     |    |
| 4    | Does the corporation have any variable annuity   |     |    |     | (1) For the current year: \$   |     |    |
| •    | contracts outstanding?   |     |    |     | (2) For the previous year: \$  |     |    |
|      |  |     |    | b   | Enter the total unpaid loss adjustment expenses  |     |    |
| 5    | At the end of the tax year, did the corporation own,   |     |    |     | shown on the corporation's annual statement:   |     |    |
|      | directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of   |     |    |     | (1) For the current year: \$   |     |    |
|      | attribution, see section 267(c).)  |     |    |     | (2) For the previous year: \$  |     |    |
|      | If "Yes," attach a statement showing (a) name and  |     |    |     |  |     |    |
|      | employer identification number (EIN), <b>(b)</b> percentage  |     |    | 12  | If the corporation has an operations loss deduction (OLD) for the tax year and is electing under section               |     |    |
|      | owned, and (c) taxable income or (loss) before NOL   |     |    |     | 810(b)(3) to forego the carryback period, check  |     |    |
|      | and special deductions of such corporation for the tax year ending with or within your tax year.   |     |    |     | here   |     |    |
|      | tax year ending with or within your tax year.  |     |    |     | If the corporation is filing a consolidated return, the  |     |    |
| 6    | Is the corporation a subsidiary in an affiliated group   |     |    |     | statement required by Regulations section 1.1502-21  |     |    |
|      | or a parent-subsidiary controlled group?   |     |    |     | (b)(3) must be attached or the election will not be  |     |    |
|      | If "Yes," enter name and EIN of the parent   |     |    |     | valid.   |     |    |
|      | corporation. >   |     |    | 13  | Enter the available OLD carryover from prior tax years.  |     |    |
| 7    | At the end of the tax year, did any  |     |    |     | (Do not reduce it by any deduction on page 1,  |     |    |
|      | individual, partnership, corporation, estate, or trust   |     |    |     | line 21b.) ► \$  |     |    |
|      | own, directly or indirectly, 50% or more of<br>the corporation's voting stock? (For rules of       |     |    | 14a | Enter the corporation's state of domicile ▶  |     |    |
|      | attribution, see section 267(c).) If "Yes," complete a   |     |    |     |  |     |    |
|      | and <b>b</b> below   |     |    | b   | Was the annual statement used to prepare the tax   |     |    |
| _    | Attach a statement showing name and identifying  |     |    |     | return filed with the state of domicile?   |     |    |
| а    | Attach a statement showing name and identifying number. (Do not include any information already    |     |    |     | If "No," complete <b>c</b> below.  |     |    |
|      | entered in <b>6</b> above.)  |     |    | С   | Enter the state where the annual statement used to   |     |    |
|      | ,  |     |    |     | prepare the tax return was filed ►   |     |    |
| b    | Enter percentage owned ►   |     |    |     |  |     |    |
|      |  |     |    | 15  | Is the corporation required to file Schedule UTP (Form   |     |    |
|      |  |     |    |     | 1120), Uncertain Tax Position Statement (see   |     |    |
|      |  |     |    |     | instructions)?   |     |    |
|      |  |     |    |     | If "Yes," complete and attach Schedule UTP.  |     |    |
|      |  |     |    |     |  |     |    |