

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

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

**1991**

For calendar year 1991, or fiscal year beginning ....., 1991, and ending ....., 19 .....

<b>Please type or print.</b>	Name	<b>A</b> Employer identification number
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	<b>B</b> Date incorporated
	City or town, state, and ZIP code	<b>C</b> Check if a member of an affiliated group of life insurance companies <input type="checkbox"/>
		<b>D</b> Gross assets
		<b>E</b> <input type="checkbox"/> Mutual <input type="checkbox"/> Stock

<b>Part I Earnings Rate</b> (See instructions.)		Beginning of tax year	End of tax year
<b>1</b>	Surplus and capital . . . . .		
<b>2</b>	Nonadmitted financial assets . . . . .		
<b>3</b>	Aggregate amount of reserves for section 807(c) . . . . .		
<b>4a</b>	Deficiency reserves (to the extent included on line 3) . . . . .		
<b>b</b>	Reserves relating to deferred and uncollected premiums . . . . .		
<b>c</b>	Other adjustments or reductions . . . . .		
<b>d</b>	Total. Add lines 4a through 4c . . . . .		
<b>5</b>	Adjusted statutory reserves. Line 3 less line 4d . . . . .		
<b>6</b>	Tax reserves (sections 809(b)(4)(B)(ii) and 809(g)(6)) . . . . .		
<b>7</b>	Subtract line 6 from line 5 . . . . .		
<b>8</b>	Mandatory securities valuation reserve (section 809(b)(5)(A)) . . . . .		
<b>9</b>	Deficiency reserves (section 809(b)(5)(B)) . . . . .		
<b>10</b>	Voluntary reserves not included in lines 8 or 9 . . . . .		
<b>11</b>	50% of the amount of any provision for policyholder dividends payable in the following tax year . . . . .		
<b>12</b>	Section 842(c)(3) adjustment . . . . .		
<b>13</b>	Add lines 7 through 12 . . . . .		
<b>14</b>	Add lines 1, 2, and 13 . . . . .		
<b>15a</b>	Equity allocable to life insurance business in noncontiguous Western Hemisphere countries . . . . .		
<b>b</b>	Equity allocable to a contiguous country branch for which an election was made . . . . .		
<b>c</b>	Reduction for successor of fraternal benefit society . . . . .		
<b>d</b>	Total. Add lines 15a through 15c . . . . .		
<b>16</b>	Equity base. Subtract line 15d from line 14 . . . . .		
<b>17</b>	Average equity base. Average of line 16 at beginning and end of tax year (see instructions) . . . . .		
<b>18a</b>	Gain or (loss) from operations before policyholder dividends and Federal income taxes . . . . .		
<b>b</b>	Policyholder dividends. Attach schedule . . . . .		
<b>c</b>	Reduction for contiguous country branch (section 814) . . . . .		
<b>d</b>	Net gain or (loss) from operations. Add lines 18b and c and subtract the total from line 18a . . . . .		
		<b>(a)</b> Beginning of tax year	<b>(b)</b> End of tax year
			<b>(c)</b> Difference
<b>19</b>	Total statutory reserves . . . . .		
<b>20</b>	Tax reserves . . . . .		
<b>21</b>	Net difference. Subtract line 20, column (c), from line 19, column (c) . . . . .		<b>21</b>
<b>22</b>	Capital gains and (losses) . . . . .		<b>22</b>
<b>23</b>	Other adjustments. See instructions . . . . .		<b>23</b>
<b>24</b>	Statement gain or (loss) from operations. Add lines 18d, 21, 22, and 23 . . . . .		<b>24</b>

**Part II** Effects of Special Transactions (See instructions.)

	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. <b>Note:</b> 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.		

**Part III** Fluctuations and Inconsistencies (See instructions.)

1 Gain or (loss) from operations (Part I, line 18a) . . . . .	<b>1</b>	
2 Surplus and capital (Part I, line 1) . . . . .	<b>2</b>	
3 Earnings rate computed on annual statement basis. Divide line 1 by line 2 . . . . .	<b>3</b>	
4 Ratio of section 809 earnings rate to annual statement earnings rate (see instructions) . . . . .	<b>4</b>	
5 Adjusted statutory reserves (Part I, line 5) . . . . .	<b>5</b>	
6 Tax reserves (Part I, line 6) . . . . .	<b>6</b>	
7 Ratio of adjusted statutory reserves to tax reserves. Divide line 5 by line 6 . . . . .	<b>7</b>	

<b>Please Sign Here</b>	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
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	ZIP code	

**When To File:** Form 8390 **must be filed** no later than September 30, 1992.

**Where To File:** Internal Revenue Service, P.O. Box 3100, Church St. Station, New York, N.Y. 10008, Attention: Group 1162, 13th Floor

**SCHEDULE A.—Reserves (See instructions.)**

<b>Category A Individual Life Insurance Policies</b>	<b>(a) Opening Statutory</b>	<b>(b) Opening Tax</b>	<b>(c) Closing Statutory</b>	<b>(d) Closing Tax</b>
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 . . . . .				
<b>Category B Group Life Insurance Policies</b>				
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 . . . . .				
<b>Category C Individual Annuity Contracts</b>				
1 Unmatured fixed premium . . . . .				
2 Unmatured flexible and single premium deferred . . . . .				
3 Unmatured issued pursuant to structured settlements . . . . .				
4 Immediate or matured fixed, flexible, or single premium. . . . .				
<b>Category D Group Annuity Contracts</b>				
1 Guaranteed investment . . . . .				
2 Guaranteed annuity . . . . .				
3 Other, including immediate participation guaranteed, deposit administration, and deferred annuity. . . . .				
<b>Category E Individual Accident and Health Insurance</b>				
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)**

<b>Category F</b> <b>Group Accident and Health Insurance</b>	<b>(a)</b> Opening Statutory	<b>(b)</b> Opening Tax	<b>(c)</b> Closing Statutory	<b>(d)</b> Closing Tax
1 Health care . . . . .				
2 Long-term disability . . . . .				
3 Short-term disability . . . . .				
<b>Category G</b> <b>Credit Insurance</b>				
1 Single pay credit life . . . . .				
2 Outstanding balance credit life . . . . .				
3 Single pay credit accident and health . . . . .				
4 Outstanding balance credit accident and health . . . . .				
<b>Category H</b> <b>Supplementary Contracts</b>				
1 Involving life, accident, or health contingencies . . . . .				
2 Other . . . . .				
<b>Category I</b> <b>Miscellaneous</b>				
All other reserves . . . . .				
TOTAL—Enter here and on Part I, line 5 . . . . .				
TOTAL—Enter here and on Part I, line 6 . . . . .				