

- 20. **Cash and Bank Deposits** (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 Noninsurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned noninsurers 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. (Line 24 intentionally left blank)
 - 25. **Income Due and Accrued** (only include income due and accrued on assets reported on line 14 through 24 of this form) 25. _____
 - 26. Total Amount of Section 411 Trusteed Assets Qualifying under Section 901 (add lines 14 through 25) 26. _____
 - 27. Excess Amount of Section 411 Trusteed Assets Qualifying under Section 901 over Amount of Total Adjusted Liabilities (subtract line 12 from line 26) If amount is positive, no further work is necessary. If amount is negative, continue below 27. _____
- Other Trusteed 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. The sum of 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	Person and phone no. to contact regarding this report:	

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



Michigan Department of Energy, Labor & Economic Growth

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