FRATERNAL
COMPULSORY AND SECURITY
SURPLUS CALCULATION

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section Ins 51.80, Wis. Adm. Code

INSTRUCTIONS: This form is required of all Fraternal insurers licensed in Wisconsin. Failure to complete this form will result in disciplinary action. Round all figures to the nearest dollar. This form is required as of March 31, June 30, September 30. Complete it, using the prior 12 months' data. Annual statement references are given as a guide to the information requested as of quarter-end. Send completed form with all quarterly statement filings to the above address by the required quarterly filing date.

Insurer Name	NAIC Number

NATIONWIDE BUSINESS FOR 12 MONTHS ENDING _____

	A Life and Accident & Health	B Annuities	C Totals columns A+B
1. Complete the following for nationwide business:			
a. Net Premiums Written (From Annual Statement, Exhibit 1, Part 1, Lines 6.4 + 10.4 + 16.4)			
b. Refunds to Members (Total from Annual Statement, Exhibit 7, Line 9)			
c. Subtotal (Line 1a. less Line 1b.)			
d. Add Modified Coinsurance Premiums Ceded			
e. Subtotal (Line 1c. plus Line 1d.)			
f. Modified Coinsurance Premiums Assumed			
g. Subtotal (Line 1e. minus Line 1f.)			
h. Factor	.15	.075	NA
i. Totals (Line g times Line h)			NA

(continued on next page)

Insurer Name

2.	Amount of Reserve for Annuities and Deposit Administration Funds (Annual Statement, Exhibit 8, Line 0499999, Total Reserve, plus the appropriate part of "Liability for premium and other deposit funds," Page 3)	
	Factor	X .02
3.	Total (Line 2 times .02)	
4.	Compulsory Surplus (Line 1i., column A) plus [greater of (Line 1i., Column B) **or** (Line 3)]	
5.	Total Premium (Line 1g., Column C)	
6.	Security Surplus Factor: Enter percentage from the attached Table of Security Surplus Percentages, based on premium entered in Line 5	
7.	Security Surplus (Line 4 times Line 6)	
8.	Comparison of Assets Less Liabilities to Compulsory and Security Surplus	
	a. Assets (may include investment in insurance subsidiaries only to the extent that the value of any subsidiary owned by this company exceeds the subsidiary's security surplus)	
	b. Total Liabilities (From Annual Statement, Page 3)	
	c. Subtotal (Line 8a. less Line 8b.)	
	d. Compulsory Surplus (Line 4 above)	
	e. Total Excess (Deficiency) (Line 8c. less Line 8d.)	
	f. Assets Less Liabilities (Line 8c.)	
	g. Security Surplus (Line 7 above)	
	h. Total Excess (Deficiency) (Line 8f. less Line 8g.)	

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

TABLE OF SECURITY SURPLUS PERCENTAGES

Premiums Earned* More Than	Less Than	Security Surplus %
0	43	140
43	76	139
76	109	138
109	142	137
142	175	136
175	208	135
208	241	134
241	274	133
274	307	132
307	340	131
340	373	130
373	406	129
406	439	128
439	472	127
472	505	126
505	538	125
538	571	124
571	604	123
604	637	122
637	670	121
670	703	120
703	736	119
736	769	118
769	802	117
802	835	116
835	868	115
868	901	114
901	934	113
934	967	112
967	1000	111
1000		110

* Last 000000 omitted.