

CERTIFICATION OF ALLOCATED DEPOSIT-TYPE FUNDS
SPECIAL PURPOSE APPORTIONMENT AND FRAUD ASSESSMENT
FOR YEAR ENDED DECEMBER 31, 20 _____

Company Name: _____

Company NAIC No. _____

1. Annuity Considerations (State Business Page, Line 2, Column 5) _____
2. Allocated Deposit-Type Deferred Annuity Contract Funds Included
in Line 1 above _____
3. Prior Year Annuity Considerations or Immediate Annuities not included in
Line 1 above or not previously included in the assessment base. _____
4. Dividends to Policyholders (State Business Page, Line 7.1 +
Line 7.3, Column 5) _____
5. Net Annuity Considerations Subject to Assessment (Line 1 –
Line 2 + Line 3 – Line 4) _____

CERTIFICATION

The undersigned certifies that (s)he is authorized to file this information on behalf of (Company Name) and that the information contained herein is correct to the best of his/her knowledge, information and belief.

(Signature) _____

Type or print name _____

Title _____