



QUARTERLY STATEMENT

AS OF MARCH 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

Northern National Life Insurance Co of RI

NAIC Group Code 0000, , NAIC Company Code 87564 Employer's ID Number 05-0376183
(Current Period) (Prior Period)

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Incorporated/Organized April 14, 1977 Commenced Business April 14, 1977

Statutory Home Office One Home Loan Plaza, Warwick, Rhode Island 02886
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office One Home Loan Plaza, Warwick, Rhode Island 02886 800-223-1700 Ext 202
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address One Home Loan Plaza, Warwick, Rhode Island 02886
(Street and Number or P. O. Box, City or Town, State and Zip Code)

Primary Location of Books and Records One Home Loan Plaza, Warwick, Rhode Island 02886
(Street and Number, City or Town, State and Zip Code)
800-223-1700 Ext 202
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Michael Holahan 800-223-1700 x202
(Name) (Area Code) (Telephone Number) (Extension)
mholahan@homeloanbank.com 401-739-9675
(E-Mail Address) (Fax Number)

OFFICERS

Brian J Murphy (President)
 Daniel A Murphy (Secretary)
 Daniel A Murphy (Treasurer)
 Gary Fagg (Actuary)

OTHER OFFICERS

Peter LaChapelle (Operating Officer)

DIRECTORS OR TRUSTEES

State of Rhode Island }
 County of } SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Brian J Murphy
 President
 Subscribed and sworn to before me this
 day of May, 2009

 Daniel A Murphy
 Secretary

 Daniel A Murphy
 Treasurer
 a. Is this an original filing? Yes (X) No ()
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

ASSETS

| | Current Statement Date | | | 4 |
|--|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Col. 1 minus Col. 2) | December 31 Prior Year Net Admitted Assets |
| 1. Bonds | 2,000,000 | | 2,000,000 | 2,000,000 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$ 309,896), cash equivalents (\$) and short-term investments (\$ 1,614,543) | 1,924,439 | | 1,924,439 | 1,922,369 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Other invested assets | | | | |
| 8. Receivables for securities | | | | |
| 9. Aggregate write-ins for invested assets | | | | |
| 10. Subtotals, cash and invested assets (Line 1 to Line 9) | 3,924,439 | | 3,924,439 | 3,922,369 |
| 11. Title plants less \$ charged off (for Title insurers only) | | | | |
| 12. Investment income due and accrued | 10,041 | | 10,041 | 11,197 |
| 13. Premiums and considerations: | | | | |
| 13.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 13.3 Accrued retrospective premiums | | | | |
| 14. Reinsurance: | | | | |
| 14.1 Amounts recoverable from reinsurers | | | | |
| 14.2 Funds held by or deposited with reinsured companies | | | | |
| 14.3 Other amounts receivable under reinsurance contracts | | | | |
| 15. Amounts receivable relating to uninsured plans | | | | |
| 16.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 16.2 Net deferred tax asset | | | | |
| 17. Guaranty funds receivable or on deposit | | | | |
| 18. Electronic data processing equipment and software | | | | |
| 19. Furniture and equipment, including health care delivery assets (\$) | | | | |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 21. Receivables from parent, subsidiaries and affiliates | | | | |
| 22. Health care (\$) and other amounts receivable | | | | |
| 23. Aggregate write-ins for other than invested assets | | | | |
| 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23) | 3,934,480 | | 3,934,480 | 3,933,566 |
| 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 26. Totals (Line 24 and Line 25) | 3,934,480 | | 3,934,480 | 3,933,566 |
| DETAILS OF WRITE-INS | | | | |
| 0901. | | | | |
| 0902. | | | | |
| 0903. | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | |
| 0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above) | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) | | | | |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31 Prior Year |
|---|--------------------------------|--------------------------------|
| 1. Aggregate reserve for life contracts \$ 1,935 less \$ included in Line 6.3 (including \$ Modco Reserve) | 1,935 | 1,942 |
| 2. Aggregate reserve for accident and health contracts (including \$ Modco Reserve) | | |
| 3. Liability for deposit-type contracts (including \$ Modco Reserve) | | |
| 4. Contract claims: | | |
| 4.1 Life | 45,000 | 45,000 |
| 4.2 Accident and health | | |
| 5. Policyholders' dividends \$ and coupons \$ due and unpaid | | |
| 6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts: | | |
| 6.1 Dividends apportioned for payment (including \$ Modco) | | |
| 6.2 Dividends not yet apportioned (including \$ Modco) | | |
| 6.3 Coupons and similar benefits (including \$ Modco) | | |
| 7. Amount provisionally held for deferred dividend policies not included in Line 6 | | |
| 8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount, including \$ accident and health premiums | | |
| 9. Contract liabilities not included elsewhere: | | |
| 9.1 Surrender values on cancelled contracts | | |
| 9.2 Provision for experience rating refunds, including \$ accident and health experience rating refunds | | |
| 9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded | | |
| 9.4 Interest Maintenance Reserve | | |
| 10. Commissions to agents due or accrued-life and annuity contracts \$, accident and health \$ and deposit-type contract funds \$ | | |
| 11. Commissions and expense allowances payable on reinsurance assumed | 231 | 290 |
| 12. General expenses due or accrued | | |
| 13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances) | | |
| 14. Taxes, licenses and fees due or accrued, excluding federal income taxes | | |
| 15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses) | 30,587 | 31,375 |
| 15.2 Net deferred tax liability | | |
| 16. Unearned investment income | | |
| 17. Amounts withheld or retained by company as agent or trustee | | |
| 18. Amounts held for agents' account, including \$ agents' credit balances | | |
| 19. Remittances and items not allocated | | |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates | | |
| 21. Liability for benefits for employees and agents if not included above | | |
| 22. Borrowed money \$ and interest thereon \$ | | |
| 23. Dividends to stockholders declared and unpaid | | |
| 24. Miscellaneous liabilities: | | |
| 24.1 Asset valuation reserve | | |
| 24.2 Reinsurance in unauthorized companies | | |
| 24.3 Funds held under reinsurance treaties with unauthorized reinsurers | | |
| 24.4 Payable to parent, subsidiaries and affiliates | 7,991 | 3,861 |
| 24.5 Drafts outstanding | | |
| 24.6 Liability for amounts held under uninsured plans | | |
| 24.7 Funds held under coinsurance | | |
| 24.8 Payable for securities | | |
| 24.9 Capital notes \$ and interest thereon \$ | | |
| 25. Aggregate write-ins for liabilities | | |
| 26. Total liabilities excluding Separate Accounts business (Line 1 to Line 25) | 85,744 | 82,468 |
| 27. From Separate Accounts statement | | |
| 28. Total liabilities (Line 26 and Line 27) | 85,744 | 82,468 |
| 29. Common capital stock | 100,000 | 100,000 |
| 30. Preferred capital stock | | |
| 31. Aggregate write-ins for other than special surplus funds | | |
| 32. Surplus notes | | |
| 33. Gross paid in and contributed surplus | 139,789 | 139,789 |
| 34. Aggregate write-ins for special surplus funds | | |
| 35. Unassigned funds (surplus) | 3,608,946 | 3,611,309 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 29 \$) | | |
| 36.2 shares preferred (value included in Line 30 \$) | | |
| 37. Surplus (Total Line 31 through Line 35 minus Line 36) (including \$ in Separate Accounts Statement) | 3,748,735 | 3,751,098 |
| 38. Total of Line 29, Line 30 and Line 37 | 3,848,735 | 3,851,098 |
| 39. Total of Line 28 and Line 38 | 3,934,479 | 3,933,566 |
| DETAILS OF WRITE-INS | | |
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | | |
| 3101. | | |
| 3102. | | |
| 3103. | | |
| 3198. Summary of remaining write-ins for Line 31 from overflow page | | |
| 3199. Totals (Line 3101 through Line 3103 plus Line 3198) (Line 31 above) | | |
| 3401. | | |
| 3402. | | |
| 3403. | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | |
| 3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above) | | |

SUMMARY OF OPERATIONS

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| 1. Premiums and annuity considerations for life and accident and health contracts | 266 | 665 | 1,964 |
| 2. Considerations for supplementary contracts with life contingencies | | | |
| 3. Net investment income | 6,387 | 24,003 | 83,346 |
| 4. Amortization of Interest Maintenance Reserve (IMR) | | | |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses | | | |
| 6. Commissions and expense allowances on reinsurance ceded | | | |
| 7. Reserve adjustments on reinsurance ceded | | | |
| 8. Miscellaneous Income: | | | |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts | | | |
| 8.2 Charges and fees for deposit-type contracts | | | |
| 8.3 Aggregate write-ins for miscellaneous income | | | |
| 9. Totals (Line 1 to Line 8.3) | 6,653 | 24,668 | 85,310 |
| 10. Death benefits | (63) | (136) | (409) |
| 11. Matured endowments (excluding guaranteed annual pure endowments) | | | |
| 12. Annuity benefits | | | |
| 13. Disability benefits and benefits under accident and health contracts | | | |
| 14. Coupons, guaranteed annual pure endowments and similar benefits | | | |
| 15. Surrender benefits and withdrawals for life contracts | | | |
| 16. Group conversions | | | |
| 17. Interest and adjustments on contract or deposit-type contract funds | | | |
| 18. Payments on supplementary contracts with life contingencies | | | |
| 19. Increase in aggregate reserves for life and accident and health contracts | (7) | (125) | (3,380) |
| 20. Totals (Line 10 to Line 19) | (70) | (261) | (3,789) |
| 21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) | | | |
| 22. Commissions and expense allowances on reinsurance assumed | 97 | 241 | 713 |
| 23. General insurance expenses | 9,405 | 26,839 | 62,610 |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes | 372 | 372 | 1,427 |
| 25. Increase in loading on deferred and uncollected premiums | | | |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance | | | |
| 27. Aggregate write-ins for deductions | | | |
| 28. Totals (Line 20 to Line 27) | 9,804 | 27,191 | 60,961 |
| 29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) | (3,151) | (2,523) | 24,349 |
| 30. Dividends to policyholders | | | |
| 31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) | (3,151) | (2,523) | 24,349 |
| 32. Federal and foreign income taxes incurred (excluding tax on capital gains) | (788) | | 6,087 |
| 33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) | (2,363) | (2,523) | 18,262 |
| 34. Net realized capital gains or (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR) | | | |
| 35. Net Income (Line 33 plus Line 34) | (2,363) | (2,523) | 18,262 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 36. Capital and surplus, December 31, prior year | 3,851,098 | 3,832,836 | 3,832,836 |
| 37. Net income (Line 35) | (2,363) | (2,523) | 18,262 |
| 38. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | | |
| 39. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 40. Change in net deferred income tax | | | |
| 41. Change in nonadmitted assets | | | |
| 42. Change in liability for reinsurance in unauthorized companies | | | |
| 43. Change in reserve on account of change in valuation basis, (increase) or decrease | | | |
| 44. Change in asset valuation reserve | | | |
| 45. Change in treasury stock | | | |
| 46. Surplus (contributed to) withdrawn from Separate Accounts during period | | | |
| 47. Other changes in surplus in Separate Accounts Statement | | | |
| 48. Change in surplus notes | | | |
| 49. Cumulative effect of changes in accounting principles | | | |
| 50. Capital changes: | | | |
| 50.1 Paid in | | | |
| 50.2 Transferred from surplus (Stock Dividend) | | | |
| 50.3 Transferred to surplus | | | |
| 51. Surplus adjustment: | | | |
| 51.1 Paid in | | | |
| 51.2 Transferred to capital (Stock Dividend) | | | |
| 51.3 Transferred from capital | | | |
| 51.4 Change in surplus as a result of reinsurance | | | |
| 52. Dividends to stockholders | | | |
| 53. Aggregate write-ins for gains and losses in surplus | | | |
| 54. Net change in capital and surplus (Line 37 through Line 53) | (2,363) | (2,523) | 18,262 |
| 55. Capital and surplus as of statement date (Line 36 plus Line 54) | 3,848,735 | 3,830,313 | 3,851,098 |
| DETAILS OF WRITE-INS | | | |
| 08.301 | | | |
| 08.302 | | | |
| 08.303 | | | |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page | | | |
| 08.399. Totals (Line 08.301 through Line 08.303 plus Line 08.398) (Line 8.3 above) | | | |
| 2701. | | | |
| 2702. | | | |
| 2703. | | | |
| 2798. Summary of remaining write-ins for Line 27 from overflow page | | | |
| 2799. Totals (Line 2701 through Line 2703 plus Line 2798) (Line 27 above) | | | |
| 5301. | | | |
| 5302. | | | |
| 5303. | | | |
| 5398. Summary of remaining write-ins for Line 53 from overflow page | | | |
| 5399. Totals (Line 5301 through Line 5303 plus Line 5398) (Line 53 above) | | | |

CASH FLOW

| | 1 | 2 |
|--|-------------------------|---------------------------------|
| | Current Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 266 | 1,964 |
| 2. Net investment income | 6,387 | 83,346 |
| 3. Miscellaneous income | | |
| 4. Total (Line 1 through Line 3) | 6,653 | 85,310 |
| 5. Benefit and loss related payments | (63) | (409) |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | (5,227) | 9,149 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 9,874 | 64,750 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | |
| 10. Total (Line 5 through Line 9) | 4,584 | 73,490 |
| 11. Net cash from operations (Line 4 minus Line 10) | 2,069 | 11,820 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | | |
| 12.2 Stocks | | |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | 849 |
| 12.7 Miscellaneous proceeds | | |
| 12.8 Total investment proceeds (Line 12.1 through Line 12.7) | | 849 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | | 2,006,970 |
| 13.2 Stocks | | |
| 13.3 Mortgage loans | | |
| 13.4 Real estate | | |
| 13.5 Other invested assets | | |
| 13.6 Miscellaneous applications | | |
| 13.7 Total investments acquired (Line 13.1 through Line 13.6) | | 2,006,970 |
| 14. Net increase or (decrease) in contract loans and premium notes | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | | (2,006,121) |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | | |
| 16.2 Capital and paid in surplus, less treasury stock | | |
| 16.3 Borrowed funds | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| 16.5 Dividends to stockholders | | |
| 16.6 Other cash provided (applied) | | (6,034) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | | (6,034) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | 2,069 | (2,000,335) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 1,922,369 | 3,922,704 |
| 19.2 End of period (Line 18 plus Line 19.1) | 1,924,438 | 1,922,369 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | |
|---------|--|--|
| 20.0001 | | |
| 20.0002 | | |
| 20.0003 | | |
| 20.0004 | | |
| 20.0005 | | |
| 20.0006 | | |
| 20.0007 | | |
| 20.0008 | | |
| 20.0009 | | |
| 20.0010 | | |

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Exhibit 1 - Direct Premiums and Deposit-Type Contracts

NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies –
The financial statements of Northern National Life Insurance Company we're prepared in accordance with the NAIC Accounting Practices and Procedures Manual and the Rhode Island Department of Business Regulations – Insurance Division.
2. Accounting Changes and Corrections of Errors - NO CHANGE
3. Business Combinations and Goodwill - NO CHANGE
4. Discontinued Operations - NO CHANGE
5. Investments – NO CHANGE
6. Joint Ventures, Partnerships and Limited Liability Companies - NO CHANGE
7. Investment Income - NO CHANGE
8. Derivative Instruments - NO CHANGE
9. Income Taxes - NO CHANGE
10. Information Concerning Parent, Subsidiaries and Affiliates - NO CHANGE
11. Debt - NO CHANGE
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - NO CHANGE
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations - NO CHANGE
14. Contingencies - NO CHANGE
15. Leases - NO CHANGE
16. Information About Financial Instruments With Off-Balance Sheet - Risk and Financial Instruments With Concentrations of Credit Risk – NO CHANGE
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – NO CHANGE
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured

NOTES TO FINANCIAL STATEMENTS

Portion of Partially Insured Plans - NO CHANGE

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – NO CHANGE
20. September 11 Events – NO CHANGE
21. Other Items - NO CHANGE
22. Events Subsequent - NO CHANGE
23. Reinsurance - NO CHANGE
24. Retrospectively Rated Contracts & Contracts Subject to Re-determination - NO CHANGE
25. Change in Incurred Claims and Claim Adjustment Expenses - NO CHANGE
26. Intercompany Pooling Arrangements - NO CHANGE
27. Structured Settlements - NO CHANGE
28. Health Care Receivables - NO CHANGE
29. Participating Policies - NO CHANGE
30. Premium Deficiency Reserves - NO CHANGE
31. Reserves for Life Contracts and Deposit Type Contracts - NO CHANGE
32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics - NO CHANGE
33. Premium and Annuity Considerations Deferred and Uncollected - NO CHANGE
34. Separate Accounts - NO CHANGE
35. Loss/Claim Adjustment Expenses - NO CHANGE

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes () No (X)
- 1.2 If yes, has the report been filed with the domiciliary state? Yes () No ()
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
- 3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes () No (X)
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
| | | |
| | | |

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes () No () N/A (X)
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2004
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/15/2006
- 6.4 By what department or departments?

.....
Rhode Island Department of Business Regulation Insurance Division

- 6.5 Have any financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes () No () N/A (X)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes () No () N/A (X)
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes () No (X)
- 7.2 If yes, give full information

.....

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes (X) No ()
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|---------------------------|--------------------------------|----------|----------|----------|-----------|----------|
| Home Loan Investment Bank | Warwick, RI | | | OTS | | |
| | | | | | | |
| | | | | | | |

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ()
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

- 9.2 Has the code of ethics for senior managers been amended? Yes () No (X)

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)

10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes () No (X)

11.2 If yes, give full and complete information relating thereto:

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes () No (X)

14.2 If yes, please complete the following:

| | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/ Adjusted Carrying Value | Current Quarter Book/ Adjusted Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26) | \$ | \$ |
| 14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above | \$ | \$ |

- 15.1 Has the reporting entity entered into any hedging transactions reported on schedule DB? Yes () No (X)

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No ()

If no, attach a description with this statement.

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes () No (X)

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian (s) | 2 Custodian Address |
|----------------------------|------------------------|
| | |
| | |
| | |

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation (s) |
|--------------|------------------|-------------------------------|
| | | |
| | | |
| | | |

16.3 Have there been any changes, including name changes, in the custodian (s) identified in 16.1 during the current quarter? Yes () No (X)

16.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name (s) | 3 Address |
|--------------------------------------|---------------|--------------|
| | | |
| | | |
| | | |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes (X) No ()

17.2 If no, list exceptions:

.....
.....

GENERAL INTERROGATORIES - Line 4.2 (Continued)

| | | |
|---------------------|------------------------|------------------------|
| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|

4.2 - Entities that have ceased to exist as a result of the merger or consolidation

GENERAL INTERROGATORIES - Line 8.4 (Continued)

| | | | | | | |
|---------------------|-----------------------------|----------|----------|----------|-----------|----------|
| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|---------------------|-----------------------------|----------|----------|----------|-----------|----------|

Names and location of any affiliates regulated by a federal regulatory services agency.
 Home Loan Investment Bank Warwick, RI OTS

8.4 - Names and location of any affiliates regulated by a federal regulatory services agency.

GENERAL INTERROGATORIES - Line 16.1 (continued)

| | |
|---------------------------|------------------------|
| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|------------------------|

GENERAL INTERROGATORIES - Line 16.2 (continued)

| | | |
|--------------|------------------|------------------------------|
| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|

GENERAL INTERROGATORIES - Line 16.4 (continued)

| | | | |
|--------------------|--------------------|---------------------|-------------|
| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|

GENERAL INTERROGATORIES - Line 16.5 (continued)

| | | |
|---|--------------|--------------|
| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|---|--------------|--------------|

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 2 - LIFE AND HEALTH

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

| | 1 |
|--|-----------------------------|
| | Amount |
| 1.1 Long-Term Mortgages in Good Standing | |
| 1.11 Farm Mortgages | \$ |
| 1.12 Residential Mortgages | \$ |
| 1.13 Commercial Mortgages | \$ |
| 1.14 Total Mortgages in Good Standing | \$ |
| | <u> </u> |
| 1.2 Long-Term Mortgages in Good Standing with Restructured Terms | |
| 1.21 Total Mortgages in Good Standing with Restructured Terms | \$ |
| | <u> </u> |
| 1.3 Long-Term Mortgage Loans upon which Interest is in Arrears more than Three Months | |
| 1.31 Farm Mortgages | \$ |
| 1.32 Residential Mortgages | \$ |
| 1.33 Commercial Mortgages | \$ |
| 1.34 Total Mortgages with Interest Overdue more than Three Months | \$ |
| | <u> </u> |
| 1.4 Long-Term Mortgage Loans in Process of Foreclosure | |
| 1.41 Farm Mortgages | \$ |
| 1.42 Residential Mortgages | \$ |
| 1.43 Commercial Mortgages | \$ |
| 1.44 Total Mortgages in Process of Foreclosure | \$ |
| | <u> </u> |
| 1.5 Total Mortgage Loans (Line 1.14 plus Line 1.21 plus Line 1.34 plus Line 1.44) (Page 2, Column 3, Line 3.1 plus Line 3.2) | \$ |
| | <u> </u> |
| 1.6 Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter | |
| 1.61 Farm Mortgages | \$ |
| 1.62 Residential Mortgages | \$ |
| 1.63 Commercial Mortgages | \$ |
| 1.64 Total Mortgages Foreclosed and Transferred to Real Estate | \$ |
| | <u> </u> |

NONE

Page 10
Schedule S - Ceded Reinsurance
NONE

STATEMENT AS OF MARCH 31, 2009 OF THE Northern National Life Insurance Co of RI
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

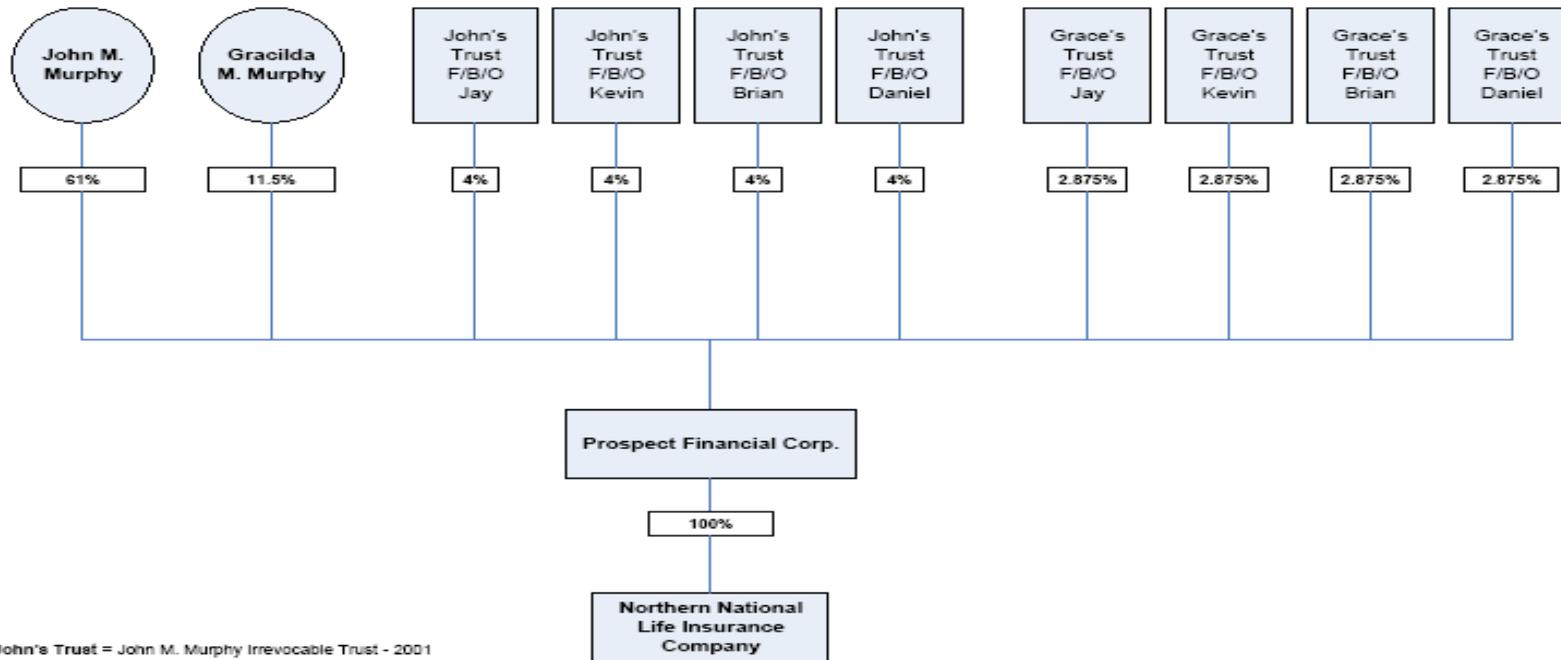
| States, Etc. | 1 | | Direct Business Only | | | | | |
|--|-----|-----|---------------------------------|--------------------------------|--|------------------------------|---|--------------------------------|
| | | | Life Contracts | | 4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | 5 Other Considerations | 6 Total Column 2 Through Column 5 | 7 Deposit-Type Contracts |
| | | | 2 Life Insurance Premiums | 3 Annuity Considerations | | | | |
| 1. Alabama | AL | N | | | | | | |
| 2. Alaska | AK | N | | | | | | |
| 3. Arizona | AZ | N | | | | | | |
| 4. Arkansas | AR | N | | | | | | |
| 5. California | CA | N | | | | | | |
| 6. Colorado | CO | N | | | | | | |
| 7. Connecticut | CT | N | | | | | | |
| 8. Delaware | DE | N | | | | | | |
| 9. District of Columbia | DC | N | | | | | | |
| 10. Florida | FL | N | | | | | | |
| 11. Georgia | GA | N | | | | | | |
| 12. Hawaii | HI | N | | | | | | |
| 13. Idaho | ID | N | | | | | | |
| 14. Illinois | IL | N | | | | | | |
| 15. Indiana | IN | N | | | | | | |
| 16. Iowa | IA | N | | | | | | |
| 17. Kansas | KS | N | | | | | | |
| 18. Kentucky | KY | N | | | | | | |
| 19. Louisiana | LA | N | | | | | | |
| 20. Maine | ME | N | | | | | | |
| 21. Maryland | MD | N | | | | | | |
| 22. Massachusetts | MA | N | | | | | | |
| 23. Michigan | MI | N | | | | | | |
| 24. Minnesota | MN | N | | | | | | |
| 25. Mississippi | MS | N | | | | | | |
| 26. Missouri | MO | N | | | | | | |
| 27. Montana | MT | N | | | | | | |
| 28. Nebraska | NE | N | | | | | | |
| 29. Nevada | NV | N | | | | | | |
| 30. New Hampshire | NH | N | | | | | | |
| 31. New Jersey | NJ | N | | | | | | |
| 32. New Mexico | NM | N | | | | | | |
| 33. New York | NY | N | | | | | | |
| 34. North Carolina | NC | N | | | | | | |
| 35. North Dakota | ND | N | | | | | | |
| 36. Ohio | OH | N | | | | | | |
| 37. Oklahoma | OK | N | | | | | | |
| 38. Oregon | OR | N | | | | | | |
| 39. Pennsylvania | PA | N | | | | | | |
| 40. Rhode Island | RI | R | | | | | | |
| 41. South Carolina | SC | N | | | | | | |
| 42. South Dakota | SD | N | | | | | | |
| 43. Tennessee | TN | N | | | | | | |
| 44. Texas | TX | N | | | | | | |
| 45. Utah | UT | N | | | | | | |
| 46. Vermont | VT | N | | | | | | |
| 47. Virginia | VA | N | | | | | | |
| 48. Washington | WA | N | | | | | | |
| 49. West Virginia | WV | N | | | | | | |
| 50. Wisconsin | WI | N | | | | | | |
| 51. Wyoming | WY | N | | | | | | |
| 52. American Samoa | AS | N | | | | | | |
| 53. Guam | GU | N | | | | | | |
| 54. Puerto Rico | PR | N | | | | | | |
| 55. U. S. Virgin Islands | VI | N | | | | | | |
| 56. Northern Mariana Islands | MP | N | | | | | | |
| 57. Canada | CN | N | | | | | | |
| 58. Aggregate Other Alien | OT | XXX | | | | | | |
| 59. Subtotal | (a) | XXX | | | | | | |
| 90. Reporting entity contributions for employee benefit plans | | XXX | | | | | | |
| 91. Dividends or refunds applied to purchase paid-up additions and annuities | | XXX | | | | | | |
| 92. Dividends or refunds applied to shorten endowment or premium paying period | | XXX | | | | | | |
| 93. Premium or annuity considerations waived under disability or other contract provisions | | XXX | | | | | | |
| 94. Aggregate other amounts not allocable by State | | XXX | | | | | | |
| 95. Totals (Direct Business) | | XXX | | | | | | |
| 96. Plus Reinsurance Assumed | | XXX | 266 | | | | 266 | |
| 97. Totals (All Business) | | XXX | 266 | | | | 266 | |
| 98. Less Reinsurance Ceded | | XXX | | | | | | |
| 99. Totals (All Business) less Reinsurance Ceded | | XXX | 266 | | | | 266 | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5801. | | XXX | | | | | | |
| 5802. | | XXX | | | | | | |
| 5803. | | XXX | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | | XXX | | | | | | |
| 5899. Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above) | | XXX | | | | | | |
| | | | | | | | | |
| 9401. | | XXX | | | | | | |
| 9402. | | XXX | | | | | | |
| 9403. | | XXX | | | | | | |
| 9498. Summary of remaining write-ins for Line 94 from overflow page | | XXX | | | | | | |
| 9499. Total (Line 9401 through Line 9403 plus Line 9498) (Line 94 above) | | XXX | | | | | | |

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Northern National Life Insurance Company – Current Ownership Structure



* John's Trust = John M. Murphy Irrevocable Trust - 2001

* Grace's Trust = Gracilda M. Murphy Irrevocable Trust - 2001

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | Response |
|--|---|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| Explanation: | |
| Barcode Document Identifier 490: | 8 7 5 6 4 2 0 0 9 4 9 0 0 0 0 0 1  |
| 2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| Explanation: Company only issued credit life insurance. | |
| Barcode Document Identifier 365: | 8 7 5 6 4 2 0 0 9 3 6 5 0 0 0 0 1  |
| 3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? | YES |
| EXPLANATION: | |
| BARCODE: Document Identifier 445: | |
| 4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? | NO |
| EXPLANATION: Company is not required to have the Reasonableness of Assumptions Certification because it does not sell equity indexed annuities or equity indexed life insurance policies. | |
| BARCODE: Document Identifier 446: | 8 7 5 6 4 2 0 0 9 4 4 6 0 0 0 0 1  |
| 5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC? | NO |
| EXPLANATION: Company is not required to have Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method because it does not sell equity indexed annuities or equity indexed life insurance policies. | |
| BARCODE: Document Identifier 447: | 8 7 5 6 4 2 0 0 9 4 4 7 0 0 0 0 1  |
| 6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC? | NO |
| EXPLANATION: Company is not required because it does not sell equity indexed annuities or equity indexed life insurance policies. | |
| BARCODE: Document Identifier 448: | 8 7 5 6 4 2 0 0 9 4 4 8 0 0 0 0 1  |
| 7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC? | NO |
| EXPLANATION: Company is not required because it does not sell equity indexed annuities or equity indexed life insurance policies. | |
| BARCODE: Document Identifier 449: | 8 7 5 6 4 2 0 0 9 4 4 9 0 0 0 0 1  |

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after ac | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/ad | | |
| 7. Deduct current year's other than temporar | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus | | |
| Line 5 plus Line 6 minus Line 7 plus Line 8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after ac | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortg | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus | | |
| Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) | | |
| 12. Total Valuation Allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after ac | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus | | |
| Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 2,000,000 | 2,000,000 |
| 2. Cost of bonds and stocks acquired | | |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus | | |
| Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) | 2,000,000 | 2,000,000 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 2,000,000 | 2,000,000 |

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|--|---|---|---|--|---|--|--|
| | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 2,000,000 | | | | 2,000,000 | | | 2,000,000 |
| 2. Class 2 (a) | | | | | | | | |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 2,000,000 | | | | 2,000,000 | | | 2,000,000 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds and Preferred Stock | 2,000,000 | | | | 2,000,000 | | | 2,000,000 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

| | 1 | 2 | 3 | 4 | 5 |
|----------------------|---------------------------------|-----------|----------------|---------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 9199999 Totals | 1,614,542 | XXX | | 2,313 | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book / adjusted carrying value, December 31 of prior year | 1,609,966 | 2,652,181 |
| 2. Cost of short-term investments acquired | | 2,417,737 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | 2,263 | |
| 5. Total gain (loss) on disposals | 2,313 | 44,048 |
| 6. Deduct consideration received on disposals | | 3,504,000 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) | 1,614,542 | 1,609,966 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,614,542 | 1,609,966 |

Page SI04

Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open
NONE

Page SI05

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets
NONE

Page SI06

Schedule E, Verification (Cash Equivalents)
NONE

Page E01

Sch. A, Pt. 2, Real Estate Acquired
NONE

Sch. A, Pt. 3, Real Estate Disposed
NONE

Page E02

Schedule B, Part 2, Mortgage Loans Acquired
NONE

Schedule B, Part 3, Mortgage Loans Disposed
NONE

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

Page E04

Schedule D, Part 3, Long-Term Bonds and Stocks Acquired
NONE

Page E05

Schedule D, Part 4, Long-Term Bonds and Stocks Disposed Of
NONE

Page E06

Schedule DB, Part A, Section 1
NONE

Schedule DB, Part B, Section 1
NONE

Page E07

Schedule DB, Part C, Section 1
NONE

Schedule DB, Part D, Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|-------------------------------------|---------------------------------------|------|------------------|--|--|--|--------------|-------------|---------|
| | | | | | | 6 | 7 | 8 | |
| Name | Location and Supplemental Information | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | First Month | Second Month | Third Month | * |
| Open Depositories | | | | | | | | | |
| Bank of America | Boston, MA (checking account) | | | | | 177,519 | 176,244 | 174,504 | |
| Home Loan Investment Bank | Providence, RI (passbook account) | | 1.250 | 417 | | 135,119 | 135,248 | 135,392 | |
| 0199999 - TOTAL - Open Depositories | | | | | | 417 | 312,638 | 311,492 | 309,896 |
| 0399999 - TOTAL Cash on Deposit | | | | | | 417 | 312,638 | 311,492 | 309,896 |
| 0599999 - TOTALS | | | | | | 417 | 312,638 | 311,492 | 309,896 |

Page E09

Schedule E, Part 2, Cash Equivalents

NONE