



LIFE AND ACCIDENT AND HEALTH COMPANIES — ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
TRANS-OCEANIC LIFE INSURANCE COMPANY

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 69523 Employer's ID Number 66-0235829
Organized under the Laws of Puerto Rico, State of Domicile or Port of Entry Puerto Rico
Country of Domicile United States
Incorporated/Organized 12/22/1959 Commenced Business 12/22/1959
Statutory Home Office #121 ONEILL (Street and Number), SAN JUAN, PR, US 00918-2404 (City or Town, State, Country and Zip Code)
Main Administrative Office # 121 ONEILL (Street and Number), SAN JUAN, PR, US 00918-2404 (City or Town, State, Country and Zip Code), 787-620-2680-2319 (Area Code) (Telephone Number)
Mail Address PO BOX 363467 (Street and Number or P.O. Box), SAN JUAN, PR, US 00936-3467 (City or Town, State, Country and Zip Code)
Primary Location of Books and Records # 121 ONEILL (Street and Number), SAN JUAN, PR, US 00918-2404 (City or Town, State, Country and Zip Code), 787-620-2682 (Area Code) (Telephone Number)
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OFFICERS

Name Title Name Title
NICOLAS TOUMA CORREA, PRESIDENT JORGE LUIS MENDIN, SECRETARY
LUIS MARQUES GUILLERMETY, CPA, TREASURER

OTHER OFFICERS

HUMBERTO TAPIA TAVERAS, ASSISTANT SECRETARY EDRICK TOUMA TAVERAS, CPA, ASSISTANT TREASURER

DIRECTORS OR TRUSTEES

NICOLAS TOUMA CORREA, CHAIRMAN JORGE LUIS MENDIN, ESQ. CARLOS EDUARDO GIROD, MD LUIS MARQUES GUILLERMETY, CPA
HUMBERTO TAPIA TAVERAS CARMEN TAVERAS BURGOS JOSE EDDIE BISBAL VAZQUEZ, MD EDRICK TOUMA TAVERAS, CPA

State of ss
County of

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.

NICOLAS TOUMA CORREA, PRESIDENT JORGE LUIS MENDIN, SECRETARY LUIS MARQUES GUILLERMETY, CPA, TREASURER

Subscribed and sworn to before me this day of

Gustavo Umpierre, Lawyer
Life

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	33,468,456		33,468,456	31,114,112
2. Stocks (Schedule D):				
2.1 Preferred stocks	48,039		48,039	48,039
2.2 Common stocks	529,160		529,160	589,603
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$6,507,326 encumbrances).....	6,240,679	350,283	5,890,396	4,407,785
4.2 Properties held for the production of income (less \$31,000 encumbrances)	31,000	31,000	0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$18,018,499 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	18,018,499		18,018,499	16,859,363
6. Contract loans (including \$premium notes).....	146,887		146,887	34,492
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	58,482,720	381,283	58,101,437	53,053,394
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	272,627		272,627	248,672
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,290,921	38,750	1,252,171	1,355,285
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	212,033		212,033	196,683
15.3 Accrued retrospective premiums.....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....	749,428		749,428	240,570
21. Furniture and equipment, including health care delivery assets (\$)	161,890	161,890	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets	6,498,943	2,157,491	4,341,452	3,809,351
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	67,668,562	2,739,414	64,929,148	58,903,955
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	67,668,562	2,739,414	64,929,148	58,903,955
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. OTHER - NON ADMITTED ASSETS (INCLUDED BUSINESS POLICIES ACQUISITION).....	4,702,463	2,082,903	2,619,560	2,024,361
2502. COLLATERAL REAL ESTATE LOAN MORTGAGE.....	185,000		185,000	185,000
2503. OTHER RECEIVABLES.....	274,867	74,588	200,279	124,990
2598. Summary of remaining write-ins for Line 25 from overflow page	1,336,613	0	1,336,613	1,475,000
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	6,498,943	2,157,491	4,341,452	3,809,351

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$3,594,307 (Exhibit 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)	3,594,307	3,244,012
2. Aggregate reserve for accident and health contracts (including \$0 Modco Reserve)	15,788,422	13,854,602
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)	0	0
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)	113,247	66,123
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)	5,906,436	6,657,848
5. Policyholders' dividends \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)	0	0
6. Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
6.1 Dividends apportioned for payment (including \$ Modco)	0	0
6.2 Dividends not yet apportioned (including \$ Modco)	0	0
6.3 Coupons and similar benefits (including \$ Modco)	0	0
7. Amount provisionally held for deferred dividend policies not included in Line 6	0	0
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)	0	0
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts	0	0
9.2 Provision for experience rating refunds, including the liability of \$ accident and health experience rating refunds of which \$ is for medical loss ratio rebate per the Public Health Service Act	0	0
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded	0	0
9.4 Interest Maintenance Reserve (IMR, Line 6)	0	0
10. Commissions to agents due or accrued-life and annuity contracts \$3,000 accident and health \$2,141,817 and deposit-type contract funds \$	2,144,817	1,938,127
11. Commissions and expense allowances payable on reinsurance assumed	0	0
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6)	1,883,905	2,038,168
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)	0	0
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)	312,240	151,683
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses)	0	0
15.2 Net deferred tax liability	29,253	29,255
16. Unearned investment income	0	0
17. Amounts withheld or retained by company as agent or trustee	0	0
18. Amounts held for agents' account, including \$ agents' credit balances	0	0
19. Remittances and items not allocated	177,475	334,171
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0
21. Liability for benefits for employees and agents if not included above	0	0
22. Borrowed money \$ and interest thereon \$	0	0
23. Dividends to stockholders declared and unpaid	0	0
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7)	556,713	435,000
24.02 Reinsurance in unauthorized and certified (\$) companies	0	0
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers	0	0
24.04 Payable to parent, subsidiaries and affiliates	0	0
24.05 Drafts outstanding	107,365	143,613
24.06 Liability for amounts held under uninsured plans	0	0
24.07 Funds held under coinsurance	0	0
24.08 Derivatives	0	0
24.09 Payable for securities	0	0
24.10 Payable for securities lending	0	0
24.11 Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	580,187	557,315
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)	31,194,367	29,449,917
27. From Separate Accounts statement	0	0
28. Total liabilities (Lines 26 and 27)	31,194,367	29,449,917
29. Common capital stock	2,500,000	2,500,000
30. Preferred capital stock	0	0
31. Aggregate write-ins for other than special surplus funds	0	0
32. Surplus notes	0	0
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)	50,000	50,000
34. Aggregate write-ins for special surplus funds	0	0
35. Unassigned funds (surplus)	31,184,781	26,904,038
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)	0	0
36.2 shares preferred (value included in Line 30 \$)	0	0
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement)	31,234,781	26,954,038
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)	33,734,781	29,454,038
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	64,929,148	58,903,955
DETAILS OF WRITE-INS		
2501. REINSURANCE PAYABLE	392,443	369,571
2502. OTHER PAYABLE ACQUIRED THROUGH MERGED TRANSACTION APPROVED BY PR COMMISSIONER OF INSURANCE IN 12/22/2010	187,744	187,744
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	580,187	557,315
3101.	0	0
3102.	0	0
3103.	0	0
3198. Summary of remaining write-ins for Line 31 from overflow page	0	0
3199. Totals (Lines 3101 through 3103 plus 3198) (Line 31 above)	0	0
3401.	0	0
3402.	0	0
3403.	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	29,787,349	29,813,217
2. Considerations for supplementary contracts with life contingencies	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17)	1,483,201	1,084,414
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	11,721	13,962
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	0	0
7. Reserve adjustments on reinsurance ceded	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	0
8.2 Charges and fees for deposit-type contracts	0	0
8.3 Aggregate write-ins for miscellaneous income	32	1,503,600
9. Totals (Lines 1 to 8.3)	31,282,303	32,415,193
10. Death benefits	161,788	137,006
11. Matured endowments (excluding guaranteed annual pure endowments)	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	0	0
13. Disability benefits and benefits under accident and health contracts	7,370,636	8,307,599
14. Coupons, guaranteed annual pure endowments and similar benefits	0	0
15. Surrender benefits and withdrawals for life contracts	28,419	100,572
16. Group conversions	0	0
17. Interest and adjustments on contract or deposit-type contract funds	0	0
18. Payments on supplementary contracts with life contingencies	0	0
19. Increase in aggregate reserves for life and accident and health contracts	2,284,115	819,010
20. Totals (Lines 10 to 19)	9,844,958	9,364,187
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	7,402,601	8,840,094
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	0	0
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	8,830,441	7,663,697
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	451,614	385,919
25. Increase in loading on deferred and uncollected premiums	(11,582)	(73,646)
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	0
27. Aggregate write-ins for deductions	0	0
28. Totals (Lines 20 to 27)	26,518,032	26,180,251
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	4,764,271	6,234,942
30. Dividends to policyholders	0	0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	4,764,271	6,234,942
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	298,728	150,000
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)	4,465,543	6,084,942
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)	128,144	(73,900)
35. Net income (Line 33 plus Line 34)	4,593,687	6,011,042
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	29,454,038	22,464,581
37. Net income (Line 35)	4,593,687	6,011,042
38. Change in net unrealized capital gains (losses) less capital gains tax of \$	(124,164)	74,403
39. Change in net unrealized foreign exchange capital gain (loss)	0	0
40. Change in net deferred income tax	0	0
41. Change in nonadmitted assets	1,586,923	1,860,370
42. Change in liability for reinsurance in unauthorized and certified companies	0	0
43. Change in reserve on account of change in valuation basis, (increase) or decrease	0	0
44. Change in asset valuation reserve	(121,713)	(135,511)
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period	0	0
47. Other changes in surplus in Separate Accounts statement	0	0
48. Change in surplus notes	0	0
49. Cumulative effect of changes in accounting principles	0	0
50. Capital changes:		
50.1 Paid in	0	0
50.2 Transferred from surplus (Stock Dividend)	0	0
50.3 Transferred to surplus	0	0
51. Surplus adjustment:		
51.1 Paid in	0	0
51.2 Transferred to capital (Stock Dividend)	0	0
51.3 Transferred from capital	0	0
51.4 Change in surplus as a result of reinsurance	0	0
52. Dividends to stockholders	(1,653,990)	(820,847)
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	4,280,743	6,989,457
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	33,734,781	29,454,038
DETAILS OF WRITE-INS		
08.301 RENT INCOME	0	3,600
08.302 LEGAL AGREEMENT - CIVIL CASE	0	1,500,000
08.303 OTHER INCOME	32	0
08.398 Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399 Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	32	1,503,600
2701.	0	0
2702.	0	0
2703.	0	0
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0
5301.	0	0
5302.	0	0
5303.	0	0
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	29,998,475	29,875,527
2. Net investment income	1,505,989	1,153,618
3. Miscellaneous income	32	1,503,600
4. Total (Lines 1 through 3)	31,504,496	32,532,745
5. Benefit and loss related payments	8,265,131	7,864,737
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	16,471,672	16,178,683
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	298,730	125,199
10. Total (Lines 5 through 9)	25,035,533	24,168,619
11. Net cash from operations (Line 4 minus Line 10)	6,468,963	8,364,126
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	5,122,518	3,410,772
12.2 Stocks	587,088	29,450
12.3 Mortgage loans	0	0
12.4 Real estate	0	2,575,000
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,709,606	6,015,222
13. Cost of investments acquired (long-term only):		
13.1 Bonds	7,400,485	8,225,920
13.2 Stocks	509,945	32,663
13.3 Mortgage loans	0	0
13.4 Real estate	1,968,732	3,215,588
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	2	24,801
13.7 Total investments acquired (Lines 13.1 to 13.6)	9,879,164	11,498,972
14. Net increase (decrease) in contract loans and premium notes	112,395	(13,007)
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(4,281,953)	(5,470,743)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	1,653,990	820,847
16.6 Other cash provided (applied)	626,116	(245,139)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,027,874)	(1,065,986)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,159,136	1,827,397
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	16,859,363	15,031,966
19.2 End of year (Line 18 plus Line 19.1)	18,018,499	16,859,363

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts	29,787,349	.0	2,213,209	23,821		(221)	98,933	.0	.0	.0	27,451,607	
2. Considerations for supplementary contracts with life contingencies	.0											
3. Net investment income	1,483,201		186,391	88,605		.46	2,000				1,206,159	
4. Amortization of Interest Maintenance Reserve (IMR)	11,721		1,472	700		.1	14				9,534	
5. Separate Accounts net gain from operations excluding unrealized gains or losses	.0											
6. Commissions and expense allowances on reinsurance ceded	.0	.0	.0	.0		.0	.0	.0	.0	.0	.0	.0
7. Reserve adjustments on reinsurance ceded	.0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	.0											
8.2 Charges and fees for deposit-type contracts	.0											
8.3 Aggregate write-ins for miscellaneous income	32		1	0	0	0	0	0	0	0	31	0
9. Totals (Lines 1 to 8.3)	31,282,303	0	2,401,073	113,126	0	(174)	100,947	0	0	0	28,667,331	0
10. Death benefits	161,788		139,728			1,214	20,846					
11. Matured endowments (excluding guaranteed annual pure endowments)	.0	.0	.0				.0					
12. Annuity benefits	.0			0				0				
13. Disability benefits and benefits under accident and health contracts	7,370,636								0	0	7,370,636	
14. Coupons, guaranteed annual pure endowments and similar benefits	.0											
15. Surrender benefits and withdrawals for life contracts	28,419		23,495	4,924								
16. Group conversions	.0											
17. Interest and adjustments on contract or deposit-type contract funds	.0											
18. Payments on supplementary contracts with life contingencies	.0											
19. Increase in aggregate reserves for life and accident and health contracts	2,284,115		275,237	79,542		(4,484)	0			(285)	1,934,105	
20. Totals (Lines 10 to 19)	9,844,958	.0	438,460	84,466	.0	(3,270)	20,846	.0	.0	(285)	9,304,741	.0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	7,402,601	.0	500,591	1,191		.0	25,616	.0	.0	.0	6,875,203	.0
22. Commissions and expense allowances on reinsurance assumed	.0	.0	.0	.0		.0	.0	.0	.0	.0	.0	.0
23. General insurance expenses	8,830,441		581,920	6,263		.0	25,955	.0	.0	.0	8,216,303	.0
24. Insurance taxes, licenses and fees, excluding federal income taxes	451,614		33,555	361		.0	1,497	.0	.0	.0	416,201	.0
25. Increase in loading on deferred and uncollected premiums	(11,582)		(8,267)	.0		.0	(25)				(3,290)	
26. Net transfers to or (from) Separate Accounts net of reinsurance	.0											
27. Aggregate write-ins for deductions	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27)	26,518,032	0	1,546,259	92,281	0	(3,270)	73,889	0	0	(285)	24,809,158	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	4,764,271	.0	854,814	20,845	.0	3,096	27,058	.0	.0	285	3,858,173	.0
30. Dividends to policyholders	0									0	0	0
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	4,764,271	.0	854,814	20,845	.0	3,096	27,058	.0	.0	285	3,858,173	.0
32. Federal income taxes incurred (excluding tax on capital gains)	298,728		22,222			0	990				275,516	
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)	4,465,543	0	832,592	20,845	0	3,096	26,068	0	0	285	3,582,657	0
DETAILS OF WRITE-INS												
08.301. OTHER INCOME	32		1								31	
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	32	0	1	0	0	0	0	0	0	0	31	0
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1 Line 10 Line 16 Line 23 Line 24

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group	
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities
Involving Life or Disability Contingencies (Reserves) (Net of Reinsurance Ceded)								
1. Reserve December 31, prior year	3,244,012	0	2,160,559	1,078,369	0	5,084	0	0
2. Tabular net premiums or considerations	2,335,963		2,213,209	23,821			98,933	
3. Present value of disability claims incurred	0				XXX			
4. Tabular interest	160,645		98,015	60,645		254	1,731	
5. Tabular less actual reserve released	0							
6. Increase in reserve on account of change in valuation basis	0							
7. Other increases (net)	0							
8. Totals (Lines 1 to 7)	5,740,620	0	4,471,783	1,162,835	0	5,338	100,664	0
9. Tabular cost	1,956,106		1,872,764		XXX	3,524	79,818	
10. Reserves released by death	161,788		139,728	XXX	XXX	1,214	20,846	XXX
11. Reserves released by other terminations (net)	28,419		23,495	4,924				
12. Annuity, supplementary contract, and disability payments involving life contingencies	0							
13. Net transfers to or (from) Separate Accounts	0							
14. Total deductions (Lines 9 to 13)	2,146,313	0	2,035,987	4,924	0	4,738	100,664	0
15. Reserve December 31, current year	3,594,307	0	2,435,796	1,157,911	0	600	0	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 1,337,277	1,361,693
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 4,313	4,313
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	16,608	16,608
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans	4,764	4,764
6. Cash, cash equivalents and short-term investments	(e) 35,691	35,230
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	1,398,653	1,422,608
11. Investment expenses		(g) 434,206
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i) 135,839
15. Aggregate write-ins for deductions from investment income		(630,638)
16. Total deductions (Lines 11 through 15)		(60,593)
17. Net investment income (Line 10 minus Line 16)		1,483,201
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501. RENT EXPENSES		(630,638)
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		(630,638)

(a) Includes \$ 89,096 accrual of discount less \$ amortization of premium and less \$ 26,687 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(12,718)		(12,718)		
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)			0		
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	140,862	0	140,862	(124,163)	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	(2)	0
10. Total capital gains (losses)	128,144	0	128,144	(124,165)	0
DETAILS OF WRITE-INS					
0901. NET CHANGE IN UNREALIZED (NET DAT)			0	(2)	
0902.			0		
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	(2)	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1	2	Ordinary		5	Group		Accident and Health		11	
			3	4		6	7	8	9		10
	Total	Industrial Life	Life Insurance	Individual Annuities	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
FIRST YEAR (other than single)											
1. Uncollected	99,951	0	0	0	0	0	0	0	0	99,951	0
2. Deferred and accrued	22,256	0	22,256	0	0	0	0	0	0	0	0
3. Deferred, accrued and uncollected:											
3.1 Direct	122,207	0	22,256	0	0	0	0	0	0	99,951	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
3.4 Net (Line 1 + Line 2)	122,207	0	22,256	0	0	0	0	0	0	99,951	0
4. Advance	0	0	0	0	0	0	0	0	0	0	0
5. Line 3.4 - Line 4	122,207	0	22,256	0	0	0	0	0	0	99,951	0
6. Collected during year:											
6.1 Direct	7,790,178	0	305,245	0	(221)	0	0	0	0	7,485,154	0
6.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded	57,950	0	57,950	0	0	0	0	0	0	0	0
6.4 Net	7,732,228	0	247,295	0	(221)	0	0	0	0	7,485,154	0
7. Line 5 + Line 6.4	7,854,435	0	269,551	0	(221)	0	0	0	0	7,585,105	0
8. Prior year (uncollected + deferred and accrued - advance)	144,409	0	22,354	0	0	0	0	0	0	122,055	0
9. First year premiums and considerations:											
9.1 Direct	7,767,976	0	305,147	0	(221)	0	0	0	0	7,463,050	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	57,950	0	57,950	0	0	0	0	0	0	0	0
9.4 Net (Line 7 - Line 8)	7,710,026	0	247,197	0	(221)	0	0	0	0	7,463,050	0
SINGLE											
10. Single premiums and considerations:											
10.1 Direct	0	0	0	0	0	0	0	0	0	0	0
10.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
10.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
10.4 Net	0	0	0	0	0	0	0	0	0	0	0
RENEWAL											
11. Uncollected	1,229,431	0	79,997	0	0	0	0	0	0	1,149,434	0
12. Deferred and accrued	295,687	0	295,687	0	0	0	0	0	0	0	0
13. Deferred, accrued and uncollected:											
13.1 Direct	1,525,118	0	375,684	0	0	0	0	0	0	1,149,434	0
13.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
13.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
13.4 Net (Line 11 + Line 12)	1,525,118	0	375,684	0	0	0	0	0	0	1,149,434	0
14. Advance	0	0	0	0	0	0	0	0	0	0	0
15. Line 13.4 - Line 14	1,525,118	0	375,684	0	0	0	0	0	0	1,149,434	0
16. Collected during year:											
16.1 Direct	22,464,292	0	2,069,641	23,821	0	128,079	0	0	0	20,242,751	0
16.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
16.3 Reinsurance ceded	198,044	0	170,137	0	0	27,907	0	0	0	0	0
16.4 Net	22,266,248	0	1,899,504	23,821	0	100,172	0	0	0	20,242,751	0
17. Line 15 + Line 16.4	23,791,366	0	2,275,188	23,821	0	100,172	0	0	0	21,392,185	0
18. Prior year (uncollected + deferred and accrued - advance)	1,714,043	0	309,176	0	0	1,239	0	0	0	1,403,628	0
19. Renewal premiums and considerations:											
19.1 Direct	22,275,367	0	2,136,149	23,821	0	126,840	0	0	0	19,988,557	0
19.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
19.3 Reinsurance ceded	198,044	0	170,137	0	0	27,907	0	0	0	0	0
19.4 Net (Line 17 - Line 18)	22,077,323	0	1,966,012	23,821	0	98,933	0	0	0	19,988,557	0
TOTAL											
20. Total premiums and annuity considerations:											
20.1 Direct	30,043,343	0	2,441,296	23,821	(221)	126,840	0	0	0	27,451,607	0
20.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded	255,994	0	228,087	0	0	27,907	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4)	29,787,349	0	2,213,209	23,821	(221)	98,933	0	0	0	27,451,607	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums.....	0										
22. All other.....	0										
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded.....	0										
23.2 Reinsurance assumed.....	0										
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded.....	0										
24.2 Reinsurance assumed.....	0										
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded.....	0										
25.2 Reinsurance assumed.....	0										
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22).....	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single).....	0										
28. Single.....	3,475,797		107,478		0					3,368,319	
29. Renewal.....	3,926,804		393,113	1,191		25,616				3,506,884	
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21)	7,402,601	0	500,591	1,191	0	25,616	0	0	0	6,875,203	0

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5 Investment	6 Total
	1 Life	Accident and Health		4 All Other Lines of Business		
		2 Cost Containment	3 All Other			
1. Rent						0
2. Salaries and wages	225,317		2,648,111		18,500	2,891,928
3.11 Contributions for benefit plans for employees	38,129		448,129			486,258
3.12 Contributions for benefit plans for agents	1,816		21,342			23,158
3.21 Payments to employees under non-funded benefit plans						0
3.22 Payments to agents under non-funded benefit plans						0
3.31 Other employee welfare						0
3.32 Other agent welfare						0
4.1 Legal fees and expenses	52,920		621,960			674,880
4.2 Medical examination fees	1,960		23,040			25,000
4.3 Inspection report fees	1,781		20,930			22,711
4.4 Fees of public accountants and consulting actuaries	16,130		189,573			205,703
4.5 Expense of investigation and settlement of policy claims						0
5.1 Traveling expenses	12,343		145,063			157,406
5.2 Advertising	435		5,115			5,550
5.3 Postage, express, telegraph and telephone	21,840		256,682			278,522
5.4 Printing and stationery	5,579		65,565			71,144
5.5 Cost or depreciation of furniture and equipment	5,564		65,395			70,959
5.6 Rental of equipment	19,216		225,848			245,064
5.7 Cost or depreciation of EDP equipment and software	23,963		281,632			305,595
6.1 Books and periodicals	11		132			143
6.2 Bureau and association fees	5,490		76,280			82,770
6.3 Insurance, except on real estate						0
6.4 Miscellaneous losses						0
6.5 Collection and bank service charges	18,563		218,164			236,727
6.6 Sundry general expenses	56,285		661,513			717,798
6.7 Group service and administration fees	(44)		0			(44)
6.8 Reimbursements by uninsured plans						0
7.1 Agency expense allowance						0
7.2 Agents' balances charged off (less recovered)						0
7.3 Agency conferences other than local meetings	18,890		222,008			240,898
9.1 Real estate expenses	66,273		778,823		412,267	1,257,363
9.2 Investment expenses not included elsewhere					3,439	3,439
9.3 Aggregate write-ins for expenses	20,677	0	1,240,998	0	0	1,261,675
10. General expenses incurred	614,138	0	8,216,303	0	434,206	9,264,647
11. General expenses unpaid December 31, prior year	154,018	0	1,884,150	0	0	2,038,168
12. General expenses unpaid December 31, current year	147,724	0	1,736,181	0	0	1,883,905
13. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0	0
14. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0	0
15. General expenses paid during year (Lines 10+11-12-13+14)	620,432	0	8,364,272	0	434,206	9,418,910
DETAILS OF WRITE-INS						
09.301. MAINTENANCE OF EQUIPMENT	5,648		66,382			72,030
09.302. PROF. CONSULTING FEES	15,029		176,630			191,659
09.303. AMORTIZATION GOODWILL			997,986			997,986
09.398. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	0
09.399. Totals (Lines 09.301 through 09.303 + 09.398) (Line 9.3 above)	20,677	0	1,240,998	0	0	1,261,675

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4 Investment	5 Total
	1 Life	Accident and Health			
		2 Cost Containment	3 All Other Lines of Business		
1. Real estate taxes	9,453	111,101			120,554
2. State insurance department licenses and fees	4,443	52,217			56,660
3. State taxes on premiums					0
4. Other state taxes, incl. \$ for employee benefits	5,699	66,976			72,675
5. U.S. Social Security taxes	15,818	185,907			201,725
6. All other taxes	0				0
7. Taxes, licenses and fees incurred	35,413	416,201	0	0	451,614
8. Taxes, licenses and fees unpaid December 31, prior year	11,462	140,221	0	0	151,683
9. Taxes, licenses and fees unpaid December 31, current year	24,484	287,756	0	0	312,240
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	22,391	268,666	0	0	291,057

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums	
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Lines 1 through 4	0	0
6. Paid-in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options	0	0
9. Total Lines 5 through 8	0	0
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in Line 13		
15. Total Lines 10 through 14	0	0
16. Total from prior year	0	0
17. Total dividends or refunds (Lines 9 + 15 - 16)	0	0
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0
0899. Totals (Line 0801 through 0803 + 0898) (Line 8 above)	0	0

NONE

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
LIFE INSURANCE					
0100001. 58 CSO 3.0% 59-83.....	24,531		24,531		
0100002. 58 CSO CRVM 3.5% to 4.5%.....	990,827				
0100003. 58 CSO CRVM 5.5% to 6%.....	349,052		349,052		
0100004. 80 CSO CRVM 3.5% to 4.5%.....	24,539		24,539		
0100005. 80 CSO CRVM 5.0% to 6%.....	50,866		50,866		
0100006. 2001 CSO CRVM 3.5% to 4.5%.....	331,470		331,470		
0100007. 80 CET 3.5%.....	600			600	
0199997 Totals (Gross).....	1,771,885	0	1,771,285	600	0
0199998 Reinsurance ceded.....	0				
0199999 Totals (Net).....	1,771,885	0	1,771,285	600	0
ANNUITIES (excluding supplementary contracts with life contingencies):					
0200001. 3.5% CARVM.....	1,157,911	XXX	1,157,911	XXX	
0299997 Totals (Gross).....	1,157,911	XXX	1,157,911	XXX	0
0299998 Reinsurance ceded.....	0	XXX		XXX	
0299999 Totals (Net).....	1,157,911	XXX	1,157,911	XXX	0
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:					
0300001.	0				
0300002.	0				
0399997 Totals (Gross).....	0	0	0	0	0
0399998 Reinsurance ceded.....	0				
0399999 Totals (Net).....	0	0	0	0	0
ACCIDENTAL DEATH BENEFITS:					
0400001. 59 ADB 3.0%.....	581,517		581,517		
0400002.	0				
0499997 Totals (Gross).....	581,517	0	581,517	0	0
0499998 Reinsurance ceded.....	0				
0499999 Totals (Net).....	581,517	0	581,517	0	0
DISABILITY-ACTIVE LIVES:					
0500001. 52 DIS 3.0 %.....	13,748		13,748		
0500002.	0				
0599997 Totals (Gross).....	13,748	0	13,748	0	0
0599998 Reinsurance ceded.....	0				
0599999 Totals (Net).....	13,748	0	13,748	0	0
DISABILITY-DISABLED LIVES:					
0600001. 52 DIS 3.0 %.....	6,777		6,777		
0600002.	0				
0699997 Totals (Gross).....	6,777	0	6,777	0	0
0699998 Reinsurance ceded.....	0				
0699999 Totals (Net).....	6,777	0	6,777	0	0
MISCELLANEOUS RESERVES					
0700001. IMMEDIATE PAYMENTS OF CLAIMS.....	39,500		39,500		
0700002. DEFICIENCY RESERVES.....	17,925		17,925		
0700003. NON - DEDUCTIONS OF DEFERRED FRACTIONAL PREMIUMS.....	5,044		5,044		
0799997 Totals (Gross).....	62,469	0	62,469	0	0
0799998 Reinsurance ceded.....	0				
0799999 Totals (Net).....	62,469	0	62,469	0	0
9999999 Totals (Net) - Page 3, Line 1.....	3,594,307	0	3,593,707	600	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?..... Yes [X] No []
- 1.2 If not, state which kind is issued:
.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [X] No []
- 2.2 If not, state which kind is issued:
.....
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [] No [X]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
- 4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X]
If so, state:
- 4.1 Amount of insurance:..... \$
- 4.2 Amount of reserve:..... \$
- 4.3 Basis of reserve:
.....
- 4.4 Basis of regular assessments:
.....
- 4.5 Basis of special assessments:
.....
- 4.6 Assessments collected during the year: \$
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts:
.....
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]
- 6.1 If so, state the amount of reserve on such contracts on the basis actually held:..... \$
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:..... \$
Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? .. Yes [] No [X]
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:..... \$
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
.....
- 7.3 State the amount of reserves established for this business:..... \$
- 7.4 Identify where the reserves are reported in the blank
.....
- 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:..... \$
- 8.2 State the amount of reserves established for this business:..... \$
- 8.3 Identify where the reserves are reported in the blank:
.....
- 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X]
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:..... \$
- 9.2 State the amount of reserves established for this business:..... \$
- 9.3 Identify where the reserves are reported in the blank:
.....

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
LIFE CONTRACTS (Including supplementary contracts set upon a basis other than that used to determine benefits) (Exhibit 5)			
0199999 Subtotal (Page 7, Line 6)	XXX	XXX	
ACCIDENT AND HEALTH CONTRACTS (Exhibit 6)			
0299999 Subtotal	XXX	XXX	
DEPOSIT-TYPE CONTRACTS (Exhibit 7)			
NONE			
0399999 Subtotal	XXX	XXX	
9999999 Total (Column 4 only)			

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves	8,370		114			8,256			
2. Additional contract reserves (a)	15,614,407					15,614,407			
3. Additional actuarial reserves - Asset/Liability analysis	0								
4. Reserve for future contingent benefits	0								
5. Reserve for rate credits	0								
6. Aggregate write-ins for reserves	165,645	0	0	0	0	165,645	0	0	0
7. Totals (Gross)	15,788,422	0	114	0	0	15,788,308	0	0	0
8. Reinsurance ceded	0								
9. Totals (Net)	15,788,422	0	114	0	0	15,788,308	0	0	0
CLAIM RESERVE									
10. Present value of amounts not yet due on claims	0								
11. Additional actuarial reserves-Asset/Liability analysis	0								
12. Reserve for future contingent benefits	0								
13. Aggregate write-ins for reserves	0	0	0	0	0	0	0	0	0
14. Totals (Gross)	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded	0								
16. Totals (Net)	0	0	0	0	0	0	0	0	0
17. TOTAL (Net)	15,788,422	0	114	0	0	15,788,308	0	0	0
18. TABULAR FUND INTEREST	0								
DETAILS OF WRITE-INS									
0601. RETURN OF PREMIUM	165,645					165,645			
0602.									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	165,645	0	0	0	0	165,645	0	0	0
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year .....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct	0										
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted											
2.11 Direct	0										
2.12 Reinsurance assumed	0										
2.13 Reinsurance ceded	0										
2.14 Net	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	0	0	0
2.2 Other	641,226										641,226
2.21 Direct	641,226										641,226
2.22 Reinsurance assumed	0										
2.23 Reinsurance ceded	0										
2.24 Net	641,226	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 641,226
3. Incurred but unreported:											
3.1 Direct	5,378,457		95,355			2,245	15,647				5,265,210
3.2 Reinsurance assumed	0										
3.3 Reinsurance ceded	0										
3.4 Net	5,378,457	0	(b) 95,355	(b) 0	0	(b) 2,245	(b) 15,647	0	(b) 0	(b) 0	(b) 5,265,210
4. TOTALS											
4.1 Direct	6,019,683	0	95,355	0	0	2,245	15,647	0	0	0	5,906,436
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	6,019,683	(a) 0	(a) 95,355	0	0	2,245	(a) 15,647	0	0	0	5,906,436

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$in Column 2, \$in Column 3 and \$in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$, Individual Annuities \$, Credit Life (Group and Individual) \$, and Group Life \$, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$, Credit (Group and Individual) Accident and Health \$, and Other Accident and Health \$ are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct	8,295,455		96,548			2,273	35,843				8,160,791
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	58,743						20,000				38,743
1.4 Net	8,236,712	0	96,548	0	0	2,273	15,843	0	0	0	8,122,048
2. Liability December 31, current year from Part 1:											
2.1 Direct	6,019,683	0	95,355	0	0	2,245	15,647	0	0	0	5,906,436
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	6,019,683	0	95,355	0	0	2,245	15,647	0	0	0	5,906,436
3. Amounts recoverable from reinsurers December 31, current year	0										
4. Liability December 31, prior year:											
4.1 Direct	6,723,971	0	52,175	0	0	3,304	10,644	0	0	0	6,657,848
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	6,723,971	0	52,175	0	0	3,304	10,644	0	0	0	6,657,848
5. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0
6. Incurred benefits:											
6.1 Direct	7,591,167	0	139,728	0	0	1,214	40,846	0	0	0	7,409,379
6.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded	58,743	0	0	0	0	0	20,000	0	0	0	38,743
6.4 Net	7,532,424	0	139,728	0	0	1,214	20,846	0	0	0	7,370,636

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$in Line 1.1, \$in Line 1.4.

\$in Line 6.1 and \$in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$in Line 1.1, \$in Line 1.4.

\$in Line 6.1 and \$in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$in Line 1.1, \$in Line 1.4.

\$in Line 6.1 and \$in Line 6.4.

(d) Includes \$premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	350,283	0	(350,283)
4.2 Properties held for the production of income.....	31,000	31,000	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	381,283	31,000	(350,283)
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	38,750	150,530	111,780
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	161,890	135,832	(26,058)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets	2,157,491	4,008,975	1,851,484
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	2,739,414	4,326,337	1,586,923
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	2,739,414	4,326,337	1,586,923
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. OTHER NON ADMITTED ASSETS (VALUE OF ACQUISITION BUSINESS).....	2,082,903	3,935,201	1,852,298
2502. OTHER RECEIVABLE.....	74,588	73,774	(814)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,157,491	4,008,975	1,851,484

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. **ACCOUNTING PRACTICES** : THE ACCOMPANYING FINANCIAL STATEMENTS OF THE COMPANY HAVE BEEN PREPARED IN CONFORMITY WITH ACCOUNTING PRACTICES PRESCRIBED PERMITTED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS AND THE COMMONWEALTH OF PUERTO RICO.

B. **ACCOUNTING POLICYS** : ASSET VALUES ARE GENERALLY STATED AS FOLLOWS : BONDS AT AMORTIZED COST, COMMON STOCK AT MARKET INVESTMENT, PREFERRED STOCKS AT COST VALUE, IN REAL ESTATE AND PROPERTY ACQUIRED IN SATISFACTION OF DEBT AT DEPRECIATED COST, LESS ENCUMBRANCES, OTHER INVESTMENTS ON THE EQUITY BASIS.

1. THE COMPANY USES STRAIGHT LINE DEPRECIATION FOR ALL ITS REAL ESTATE HOLDINGS WITH THE LIFE VARYING DEPENDING UPON THE TYPE OF THE COMPANY OWNS NO INVESTED ASSETS REQUIRING A METHOD OF DEPLETION.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS - NOT EVENT

3. **BUSINESS COMBINATIONS AND GOODWILL** - IN JANUARY 1,2008 , TRANS-OCEANIC LIFE INSURANCE COMPANY PURCHASE THE ACCIDENT & HEALTH POLICIES PORTFOLIO OF UNIVERSAL LIFE INSURANCE COMPANY, AT COST OF \$ 9,979,863. THE COST WAS ACCOUNTED IN ADMITTED ASSETS FOR THE AMOUNT OF \$ 983,941, NON ADMITTED ASSETS OF \$ 8,995,922 AND AMORTIZATION OF POSITIVE GOODWILL FOR THE AMOUNT OF \$ 997,986 (FOR TEN YEAR) . ALSO, THE COMPANY RECEIVED \$ 7,229,863 OF ACCUMULATED RESERVE. THE TRANSACTION WAS ACCOUNTED FOR STATUTORY METHOD. AT 2014 THE AMORTIZED COST OF GOODWILL IS FOR THE AMOUNT OF 374,401.

4. DISCONTINUED OPERATIONS- NOT EVENT

5. **INVESTMENTS** : COMMON STOCKS PORTFOLIO - DURING 2009 : INVESTEMENT INDISCRETIONARILY MANAGED EQUITIES COMMENCED IN THE LATE 90'S THROUGH 1838 INVESTMENT ADVISORS AND A LARGER PERCENTAGE OF THE TOTAL INVESTMENT PORTFOLIO. DUE TO THE VOLATILITY OF THE MARKETS IN THIS DECADE AS WELL AS THE IMPLICATION OF ACCOUNTING PRONOUNCEMENT IN TRANS OCEANIC LIFE'S FINANCIAL STATEMENTS, A PROGRAM OF ORDAINED PARTIAL DIVESTITURE WAS ESTABLISHED, WHEREAS THE MANAGER WAS CHANGED TO JP MORGAN INVESTMENTS MANAGEMENT WITH A MORE CONSISTENT AND QUALITY ORIENTED MANADATE.

DURING 2009 AND AS A RESULT OF THE RECOVERY IN THE EQUITY MARKETS, THE REMAINING MANAGED PORTFOLIO WAS SOLD AT A GAIN WITH THE INTENTION OF REEVALUATING AMORE MODERATE EQUITY EXPOSURE DURING 2014 (A SMALL AMOUNT OF 100,000). THE COMPANY AND ITS ADVISORS WILL CONSIDERE THE CURRENT STATE OF THE DOMESTIC AND THE INTERNATIONAL MARKETS USING MODELS THAT INCORPORATE THE RELATIVE VALUE AO ASSETS CLASSES AND MORE IMPORTANTLY, THE CASH FLOW AND LIABILITY COMPOSITION OF ITS OPERACTIONS. FUTURE EQUITY PARTICIPATION WILL ENCOMPAS GREATER DIVERSIFICATION BOTH BY INDUSTRIES AS WELL AS GEOGRAPHICALLY , IN ORDER TO CAPTURE GROWTH JURISDICTIONS EITHER DOMESTICALLY OR GLOBALLY.

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES - NOT EVENT

7. INVESTMENT INCOME

A. DUE AND ACCRUED INCOME SUBJECT TO EXCLUSION FROM INVESTMENT INCOME IS BASED ON THE FOLLOWING:

MORTGAGE LOANS - ON LOANS IN FORECLOSURE OR DELINQUENT MORE THAN ONE YEAR OR WHERE COLLECTION OF INTEREST IS UNCERTAIN.

BONDS - WHERE COLLECTION OF INTEREST IS UNCERTAIN.

REAL STATE - WHERE RENT IS IN ARREAR FOR MORE THAN THREE MONTHS.

THERE WERE NO EXCLUSIONS DURING 2014.

B. THE COMPANY DOES NOT USE THE INVESTMENT YEAR METHOD OF ALLOCATION OF NET INVESTMENT INCOME TO LINES OF BUSINESS.

8. DERIVATIVE INSTRUMENTS - NOT EVENT

9. INCOME TAXES

A. DEFERRED INCOME TAX LIABILITY IS A LIABILITY FOR THE AMOUNT OF ACCUMULATED OF \$ 29,253.

B. FEDERAL INCOME TAX ALLOCATION - THE COMPANY IS NOT REQUIRED TO FILE FEDERAL INCOME TAX RETURNS IN PUERTO RICO. HOWEVER, WE ARE FILING FEDERAL INSURENCE TAX RETURNS FOR THE STATE OF FLORIDA, U.S.A. AND THE VIRGIN ISLANDS, FOR 2014.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES AND OTHER RELATED PARTIES.

Effective as of December 31, 2010, and with the prior written approval of the Office of the Insurance Commissioner of Puerto Rico, a tax-free corporate reorganization complying with Section 1112 of the Puerto Rico Internal Revenue Code took place involving TOLIC and its parent company until such date, Victory Insurance Corporation. As a result of such reorganization, Victory Insurance Corporation was merged into TOLIC, and TOLIC became a subsidiary of a new corporation, Trans-Oceanic Group, Inc., which owned from that effective date the same number of common stock shares of TOLIC that Victory Insurance Corporation had owned until then. Pursuant to said corporate reorganization the same natural and legal persons that had been until then the common stockholders and preferred stockholders of Victory Insurance Corporation became the common and preferred stockholders of Trans-Oceanic Group, Inc., in the same proportional percentages of ownership participation.

NOTES TO FINANCIAL STATEMENTS

On the date immediately prior to that of the corporate reorganization—that is, on December 30, 2010—the Touma-Taveras Trust had acquired from Roberto A. Tirado the totality of the 16,667 common stock shares of Victory Insurance Corporation that until such acquisition had belonged to Mr. Tirado, representing one third of the 50,000 issued and outstanding common shares of Victory Insurance Corporation at that moment. As a result of such acquisition, which also had the prior written approval of the Office of the Insurance Commissioner of Puerto Rico, the Touma-Taveras Trust became the owner of one half of the common stock shares of Victory Insurance Corporation as of December 30, 2010; and thus, pursuant to the subsequent corporate reorganization, also became the owner of one half of the common stock shares of Trans-Oceanic Group, Inc. as of December 31, 2010. As of the same latter date, and also pursuant to the corporate reorganization, Touma-Taveras, Inc. became the owner of one-third of the common stock shares of Trans-Oceanic Group, Inc. and Nicolás Touma Correa became the owner of the remaining one-sixth of those common stock shares.

The principal economic effect of the merger of Victory Insurance Corporation into TOLIC was that a real estate property belonging until that moment to Victory Insurance Corporation, and consisting of a storage building and parking lot adjacent to the real estate property where TOLIC's principal offices are located, came to be owned by TOLIC.

As part of the above-described corporate reorganization, Trans-Oceanic Group, Inc. also became the parent company of two other new corporations, Victory Insurance Agency, Inc. and Tuchman Travel & Leisure, Inc., which will respectively operate an insurance agency license and a travel agency license that until the effective date of the reorganization belonged to Victory Insurance Corporation.

11. DEBT

TOLIC will lend to T-Group the sum of \$1,475,000.00, an amount that T-Group will use to buy office furniture and audio-visual equipment which, in turn, it will lease to TOLIC, as shall be indicated further below. The loan will be guaranteed with said furniture and equipment, approved by PR Commissioner of Insurance in December 20, 2013 (Art. 44.060 (a) (2) A (1) Insurance Code. At December 31, 2014 the balance of this loan is 1,336,813.

Also TOLIC has two loans and one credit line with Banco Popular de Puerto Rico to use to finance the HO Building construction. As December 31, 2014 the balance is 6,507,326.00, see scd A.

12. RETIREMENTS PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFITS PLANS.

DEFERRED COMPENSATION AND RETIREMENT PLANS

A. EMPLOYEE RETIREMENT PLAN

- 1) TOLIC ESTABLISHED A 401K PLAN FOR THE BENEFIT OF ALL ITS EMPLOYEES AND OFFICERS.
- 2) THE COMPANY IS NOT THE INSURER OF THE PENSION PLAN.

B. DEFERRED COMPENSATION PLAN

- 1) THE COMPANY DOES NOT HAVE A DEFERRED COMPENSATION PLAN.

13. CAPITAL AND SURPLUS AND SHAREHOLDERS' DIVIDEND RESTRICTION AND QUASI-REORGANIZATIONS

A. DIVIDENDS ON COMPANY STOCK ARE PAID AS DECLARED BY ITS BOARD OF DIRECTORS, ACCORDING TO THE BY-LAWS OF THE COMPANY.

B. THE COMPANY HAS NO PREFERRED STOCK OUTSTANDING.

C. UNASSIGNED SURPLUS FUNDS WERE TOTALLY EARNED BY THE NON-PARTICIPATING DIVISION. TOTAL UNASSIGNED SURPLUS IS \$ 33,734,781. THERE IS NOT RESTRICTED SURPLUS. THE AMOUNT BEING HELD FOR BENEFIT OF COMPANY SHAREHOLDERS IS \$ 33,734,781.

D. THE COMPANY DID NOT HOLD ANY SHARES OF STOCK FOR SPECIAL PURPOSES.

14. CONTINGENCIES -

THE COMPANY IS NOT AWARE OF ANY MATERIAL CONTINGENT LIABILITIES AS OF DECEMBER 31, 2014. THE COMPANY HAS NO PENDING LAW SUITS THAT MAY BE MATERIAL TO ITS FINANCIAL CONDITIONS.

15. LEASES

TOLIC has three (3) leases. One with Oriental Bank finance two (2) company cars and other with Ricoh, finance the photocopiers.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK. - NOT EVENT

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES - NOT EVENT

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS - NOT EVENT

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS - NOT EVENT

NOTES TO FINANCIAL STATEMENTS

20. OTHER ITEMS

A. DISCLOSURES OF CASH FROM FINANCING AND MISCELLANEOUS SOURCES , according SSAP no. 69:

LIABILITIES	AMOUNT THIS YEAR	AMOUNT LAST YEAR	CHANGE
Remittances & items not allocated	177,475	334,171	
Drafts outstanding	107,365	143,613	
Agregate write off - liabilities	<u>580,187</u>	<u>557,315</u>	
Total	<u>865,027</u>	<u>1,035,099</u>	<u>(170,072)</u>
ASSETS			
Electronic Equipment, net of dep.*	749,428	240,570	
Furniture & Fixtures Equipment,net of dep.*	161,890	135,832	
Other assets - write off *	<u>6,487,222</u>	<u>7,818,326</u>	
Total	<u>7,398,540</u>	<u>8,194,728</u>	<u>796,188</u>
Total Cash Financing & Miscellaneous sources			<u>626,116</u>

* Included non cash items I

Depreciation expense - Electronic equipment is 305,595 & Furniture & fixture is 70,959.
Value of portfolio policies (net of amortization) - 374,401

B. 2014 AUDITED FINANCIAL STATEMENTS

OUR AUDITORS ARE CURRENTLY IN THE PROCESS OF AUDITING THE 2011 FINANCIAL STATEMENTS. WE SHALL PROVIDE THE AUDITED FINANCIAL STATEMENT NOTES IN JUNE 2015.

C. RECENTLY ADOPTED SSAPs - NOT EVENT

21. EVENTS SUBSEQUENT : NOT EVENT

22. REINSURANCE - NOT EVENT

23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION - NOT EVENT

24. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES - NOT APPLICABLE

25. INTERCOMPANY POOLING ARRANGEMENTS - NOT EVENT

26. STRUCTURED SETTELEMENTS - NOT EVENT

27. HEALTH CARE RECEIVABLES - NOT EVENT

28. PARTICIPATING POLICIES - NOT EVENT

29. PREMIUM DEFICIENCY RESERVES - NOT APPLICABLE

30. RESERVES FOR LIFE CONTRACTS AND ANNUITY CONTRACTS -

A. THE COMPANY WAIVED DEDUCTION OF DEFERRED FRACTIONAL PREMIUMS UPON DEATH OF THE INSURED AND HOLDS NET LEVEL PREMIUM RESERVES ON MORTALITY & INTEREST BASES WHICH ARE CONSISTENT WITH THE BASIC POLICIES. THE COMPANY DOES NOT RETURN ANY PORTION OF THE FINAL PREMIUMS FOR PERIODS BEYOND THE TIME OF DEATH. SURRENDER VALUES ARE NOT PROMISED IN EXCESS OF THE LEGALLY COMPUTED RESERVES.

B. ADDITIONAL PREMIUMS ARE CHARGED FOR POLICIES ISSUED ON SUBSTANDARD LIVES ACCORDING TO UNDERWRITING CLASSIFICATION. THE CORRESPONDING RESERVES HELD ON SUCH POLICIES ARE CALCULATED BY COMPUTING THE REGULAR MEANS RESERVE FOR THE PLAN AT RATED AGE AND HOLDING IN ADDITION ONE HALF (1/2) OF THE EXTRA PREMIUM CHARGED FOR THE YEAR.

C. THE AMOUNT OF INSURANCE IN FORCE FOR WHICH THE GROSS PREMIUM ARE LESS THAN THE NET PREMIUMS ACCORDING TO THE STANDARDS OF VALUATION SET BY THE COMMISSIONER OF INSURANCE IS NOT READILY AVAILABLE, ALTHOUGH SUCH AMOUNT IS CONSIDERED BY MANAGEMENT TO BE NOT SIGNIFICANT.

31. ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSITS TYPE LIABILITIES BY WITHSDRAWAL CHARACTERISTICS

THE TOTAL ANNUITY RESERVE FOR THE YEAR ENDED AS DECEMBER 31, 2014 IS FOR THE AMOUNT OF \$ 1,157,911.

NOTES TO FINANCIAL STATEMENTS

32. PREMIUMS AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED

DEFERRED AND UNCOLLECTED LIFE INSURANCE PREMIUMS AND ANNUITY CONSIDERATIONS AS OF DECEMBER 31, 2014 WERE AS FOLLOWS:

TYPE	GROSS	LOADING	NET OF LOADING
ORDINARY & ANNUITY-NEW BUSINESS	22,256	8,102	14,154
ORDINARY-RENEWAL	375,684	112,056	263,628
CREDIT LIFE	0	0	0
GROUP LIFE	0	0	0
TOTAL.....	<u>397,940</u>	<u>120,158</u>	<u>277,782</u>

33. SEPARATE ACCOUNTS - NOT APPLICABLE

34. LOSS/CLAIM ADJUSTMENTS EXPENSES - NOT APPLICABLE

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? PUERTO RICO.....
- 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 [X] No []
- 2.2 If yes, date of change:03/19/2014
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2012
- 3.2 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.12/31/2012
- 3.3 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).12/31/2012
- 3.4 By what department or departments? ACCOUNTING & FINANCE DEPARTAMENT & OPERATION AREAS IN CHARGE.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the 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

- 6.1 Has the 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? Yes [] No [X]
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 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 [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), 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 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 TRONCOSO CONSULTING GROUP 472 DECLARATION COURT SUITE 1000 ANNANDALE VIRGINIA 22003-4403.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [X] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 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?
 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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
 - 20.12 To stockholders not officers \$.....
 - 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
 - 20.22 To stockholders not officers \$.....
 - 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
 - 21.22 Borrowed from others \$.....
 - 21.23 Leased from others \$.....
 - 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
 - 22.22 Amount paid as expenses \$.....
 - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....1,336,613

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [X] NA []
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [X] NA []
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [X] NA []
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. 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 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
MERRILL LYNCH.....	GLOBAL WEALTH MANAGEMENT MILLENIUM PARK PLAZA #15 SECOND ST. SUITE 210 METRO OFFICE PARK GUAYNABO PR 00968-1741.....
SANTANDER SECURITIES.....	207 PONCE DE LEON AVE 4TH FLOOR SAN JUAN PR 00917-1818.....
CITIBANK.....	PO BOX 70301 SAN JUAN PR 00918.....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/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 Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No []

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	33,468,456	33,521,978	53,522
30.2 Preferred Stocks.....	48,039	48,650	611
30.3 Totals	33,516,495	33,570,628	54,133

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$82,770
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$674,880
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
JULIO VAZQUEZ, ESQUIRE.....	\$.....192,038

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
- 1.2 If yes, indicate premium earned on U. S. business only. \$0
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....
- 1.31 Reason for excluding:
.....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$.....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned \$0
- 1.62 Total incurred claims \$0
- 1.63 Number of covered lives 0
- All years prior to most current three years:
- 1.64 Total premium earned \$0
- 1.65 Total incurred claims \$0
- 1.66 Number of covered lives 0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned \$0
- 1.72 Total incurred claims \$0
- 1.73 Number of covered lives 0
- All years prior to most current three years:
- 1.74 Total premium earned \$0
- 1.75 Total incurred claims \$0
- 1.76 Number of covered lives 0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$0	\$	.....0
2.2	Premium Denominator	.....29,787,349	\$	.....29,813,217
2.3	Premium Ratio (2.1/2.2)	.....0.000		.....0.000
2.4	Reserve Numerator	\$5,914,692	\$	.....6,669,108
2.5	Reserve Denominator	\$25,339,943	\$	.....23,766,736
2.6	Reserve Ratio (2.4/2.5)	.....0.233		.....0.281

- 3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]
- 3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] N/A [X]
- 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$.....
- 3.4 State the authority under which Separate Accounts are maintained:
.....
- 3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No [X]
- 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No [X]
- 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)? \$.....
- 4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [] No [X]
- 4.2 Net reimbursement of such expenses between reporting entities:
- 4.21 Paid \$
- 4.22 Received \$
- 5.1 Does the reporting entity write any guaranteed interest contracts? Yes [] No [X]
- 5.2 If yes, what amount pertaining to these items is included in:
- 5.21 Page 3, Line 1 \$
- 5.22 Page 4, Line 1 \$
6. For stock reporting entities only:
- 6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$.....
7. Total dividends paid stockholders since organization of the reporting entity:
- 7.11 Cash \$
- 7.12 Stock \$

GENERAL INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Yes [] No [X]
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the *Workers Compensation Carve-Out Supplement* to the Annual Statement? Yes [] No [X]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

		1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31	Earned premium.....	.....	.....	.....
8.32	Paid claims.....	.....	.....	.....
8.33	Claim liability and reserve (beginning of year).....	.....	.....	.....
8.34	Claim liability and reserve (end of year).....	.....	.....	.....
8.35	Incurred claims.....	.....	.....	.....

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability And Reserve
8.41	<\$25,000	.....	.....
8.42	\$25,000 – 99,999	.....	.....
8.43	\$100,000 – 249,999	.....	.....
8.44	\$250,000 – 999,999	.....	.....
8.45	\$1,000,000 or more	.....	.....

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools? \$.....

9.1 Does the company have variable annuities with guaranteed benefits? Yes [] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefits	2 Guaranteed Living Benefits	Waiting Period Remaining	Account Value Related to Col.3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit

10. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year: \$.....

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
.....
.....
.....

11.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

11.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

11.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

12.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes [] No [X] N/A []

12.2 If the answer to 12.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

13. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

13.1 Direct Premium Written..... \$0

13.2 Total Incurred Claims \$0

13.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.
 Show amounts of life insurance in this exhibit in thousands (OMIT \$000)

	1 2014	2 2013	3 2012	4 2011	5 2010
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Col. 4)	863,682	897,300	947,348	853,658	875,629
2. Ordinary-term (Line 21, Col. 4, less Line 34, Col. 4)	25,546	25,896	24,661	103,685	9,719
3. Credit life (Line 21, Col. 6)	241	2,138	5,171	10,384	14,003
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	26,263	51,299	39,986	18,458	22,103
5. Industrial (Line 21, Col. 2)	0	0	0	0	0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0	0	0	0
7. Total (Line 21, Col. 10)	915,732	976,633	1,017,166	986,185	921,454
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Col. 2)	11,250	15,550	26,102	20,575	1,035
9. Ordinary-term (Line 2, Col. 4, less Line 34, Col. 2)	5,475	6,996	4,642	8,980	15,892
10. Credit life (Line 2, Col. 6)	0	0	32	2,449	3,589
11. Group (Line 2, Col. 9)	2,300	2,727	0	0	0
12. Industrial (Line 2, Col. 2)	0	0	0	0	0
13. Total (Line 2, Col. 10)	19,025	25,273	30,776	32,004	20,516
Premium Income - Lines of Business (Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Col. 2)	0	0	0	0	0
15.1 Ordinary life insurance (Line 20.4, Col. 3)	2,213,209	2,109,490	2,525,851	1,815,688	1,988,977
15.2 Ordinary individual annuities (Line 20.4, Col. 4)	23,821	43,972	41,717	29,992	21,421
16. Credit life, (group and individual) (Line 20.4, Col. 5)	(221)	(7,308)	(4,922)	41,366	124,304
17.1 Group life insurance (Line 20.4, Col. 6)	98,933	106,743	299,329	507,716	403,359
17.2 Group annuities (Line 20.4, Col. 7)	0	0	0	0	0
18.1A & H-group (Line 20.4, Col. 8)	0	0	0	0	0
18.2A & H-credit (group and individual) (Line 20.4, Col. 9)	0	0	0	0	0
18.3A & H-other (Line 20.4, Col. 10)	27,451,607	27,560,320	25,657,660	23,729,101	22,302,714
19. Aggregate of all other lines of business (Line 20.4, Col. 11)	0	0	0	0	0
20. Total	29,787,349	29,813,217	28,519,635	26,123,863	24,840,775
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	64,929,148	58,903,955	49,577,757	42,937,590	38,067,448
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	31,194,367	29,449,917	27,113,176	25,627,749	24,410,667
23. Aggregate life reserves (Page 3, Line 1)	3,594,307	3,244,012	3,137,965	2,956,285	2,616,683
24. Aggregate A & H reserves (Page 3, Line 2)	15,788,422	13,854,602	13,141,640	13,553,545	13,116,200
25. Deposit-type contract funds (Page 3, Line 3)	0	0	0	0	0
26. Asset valuation reserve (Page 3, Line 24.01)	556,713	435,000	299,489	171,250	133,441
27. Capital (Page 3, Lines 29 & 30)	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
28. Surplus (Page 3, Line 37)	31,234,781	26,954,038	19,964,581	14,809,841	11,156,781
Cash Flow (Page 5)					
29. Net cash from operations (Line 11)	6,468,963	8,364,126	5,444,550	4,762,221	3,759,122
Risk-Based Capital Analysis					
30. Total adjusted capital	34,291,494	29,889,038	22,764,070	17,481,091	13,790,222
31. Authorized control level risk-based capital	1,179,556	1,160,316	1,144,940	1,079,150	1,022,294
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No./Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	57.6	58.6	57.4	58.6	54.6
33. Stocks (Lines 2.1 and 2.2)	1.0	1.2	1.2	0.4	0.6
34. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
35. Real estate (Lines 4.1, 4.2 and 4.3)	10.1	8.3	8.5	7.3	8.6
36. Cash, cash equivalents and short-term investments (Line 5)	31.0	31.8	32.8	33.6	36.0
37. Contract loans (Line 6)	0.3	0.1	0.1	0.1	0.2
38. Derivatives (Page 2, Line 7)	0.0	0.0	0.0	0.0	0.0
39. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
40. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
41. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
42. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
48. Affiliated mortgage loans on real estate	0	0	0	0	0
49. All other affiliated	0	0	0	0	0
50. Total of above Lines 44 to 49	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above	0	0	0	0	0
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2)	2,739,414	4,326,337	6,186,707	7,940,295	8,442,158
53. Total admitted assets (Page 2, Line 28, Col. 3)	64,929,148	58,903,955	49,577,757	42,937,590	38,067,448
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)	1,483,201	1,084,414	1,048,870	956,415	1,088,587
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)	128,144	(73,900)	20,984	(7,679)	(982,420)
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)	(124,164)	74,403	18,787	(2,744)	449,416
57. Total of above Lines 54, 55 and 56	1,487,181	1,084,917	1,088,641	945,992	555,583
Benefits and Reserve Increase (Page 6)					
58. Total contract benefits-life (Lines 10, 11, 12, 13, 14 and 15, Col.1 minus Lines 10, 11, 12, 13, 14, and 15, Cols. 9, 10 and 11)	190,207	237,578	230,078	425,629	642,704
59. Total contract benefits-A & H (Lines 13 & 14, Cols. 9, 10 & 11)	7,370,636	8,307,599	7,502,927	6,459,716	6,859,825
60. Increase in life reserves-other than group and annuities (Line 19, Cols. 2 & 3)	275,237	79,299	167,659	305,886	70,779
61. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11)	1,933,820	712,963	(411,905)	437,345	(62,803)
62. Dividends to policyholders (Line 30, Col. 1)	0	0	0	0	0
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col.1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00	54.5	55.4	63.0	59.6	60.8
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00	0.0	0.0	0.0	0.0	0.2
65. A & H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)	33.6	32.7	27.3	29.2	30.8
66. A & H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)	0.0	0.0	0.0	0.0	0.0
67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)	55.9	58.2	66.3	62.1	64.0
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims-group health (Sch. H, Part 3, Line 3.1, Col. 2)	0	0	0	0	0
69. Prior years' claim liability and reserve-group health (Sch. H, Part 3, Line 3.2, Col. 2)	0	0	0	0	0
70. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2)	5,977,260	5,515,630	4,804,534	4,777,532	3,818,838
71. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2)	6,657,848	5,956,137	5,507,208	4,942,337	4,297,659
Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)					
72. Industrial life (Col. 2)	0	0	0	0	0
73. Ordinary-life (Col. 3)	832,592	1,217,323	1,387,075	360,545	646,847
74. Ordinary-individual annuities (Col. 4)	20,845	7,610	14,308	1,201	1,733
75. Ordinary-supplementary contracts (Col. 5)	0	0	0	0	0
76. Credit life (Col. 6)	3,096	33,692	1,979	5,455	5,697
77. Group life (Col. 7)	26,068	73,329	117,764	9,075	9,964
78. Group annuities (Col. 8)	0	0	0	0	0
79. A & H-group (Col. 9)	0	0	0	0	0
80. A & H-credit (Col. 10)	285	1,109	1,785	2,527	4,296
81. A & H-other (Col. 11)	3,582,657	4,751,879	2,174,839	2,961,070	2,326,084
82. Aggregate of all other lines of business (Col. 12)	0	0	0	0	0
83. Total (Col. 1)	4,465,543	6,084,942	3,697,750	3,339,873	2,994,621

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance (a)
	1	2	3	4	5	6	Number of		9	
	Number of Policies	Amount of Insurance (a)	Number of Policies	Amount of Insurance (a)	Number of Individual Policies and Group Certificates	Amount of Insurance (a)	7 Policies	8 Certificates	Amount of Insurance (a)	
1. In force end of prior year	0	0	52,189	923,196	578	2,138	6	1,146	51,299	976,633
2. Issued during year	0	0	444	16,725	0	0		39	2,300	19,025
3. Reinsurance assumed			0	0						0
4. Revived during year										0
5. Increased during year (net)										0
6. Subtotals, Lines 2 to 5	0	0	444	16,725	0	0	0	39	2,300	19,025
7. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX		0
8. Aggregate write-ins for increases	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8)	0	0	52,633	939,921	578	2,138	6	1,185	53,599	995,658
Deductions during year:										
10. Death			24	97	3	2	XXX	32	36	135
11. Maturity					527	1,895	XXX			1,895
12. Disability							XXX			0
13. Expiry										0
14. Surrender										0
15. Lapse										0
16. Conversion							XXX	XXX	XXX	0
17. Decreased (net)			624	50,596			2	453	27,300	77,896
18. Reinsurance										0
19. Aggregate write-ins for decreases	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19)	0	0	648	50,693	530	1,897	2	485	27,336	79,926
21. In force end of year (Line 9 minus Line 20)	0	0	51,985	889,228	48	241	4	700	26,263	915,732
22. Reinsurance ceded end of year	XXX		XXX	47,028	XXX		XXX	XXX	17,041	64,069
23. Line 21 minus Line 22	XXX	0	XXX	842,200	XXX	(b) 241	XXX	XXX	9,222	851,663
DETAILS OF WRITE-INS										
0801.										
0802.										
0803.										
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0	0	0	0	0	0	0	0	0
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)	0	0	0	0	0	0	0	0	0	0
1901.										
1902.										
1903.										
1998. Summary of remaining write-ins for Line 19 from overflow page	0	0	0	0	0	0	0	0	0	0
1999. Totals (Lines 1901 through 1903 plus 1998) (Line 19 above)	0	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) Group \$ 241 ; Individual \$ 241

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

EXHIBIT OF LIFE INSURANCE (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends	XXX		XXX	
25. Other paid-up insurance				
26. Debit ordinary insurance	XXX	XXX		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies-decreasing	53	5,075	181	15,316
28. Term policies-other	93	400	775	10,230
29. Other term insurance-decreasing	XXX		XXX	
30. Other term insurance	XXX		XXX	
31. Totals, (Lines 27 to 30)	146	5,475	956	25,546
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	
33. Totals, extended term insurance	XXX	XXX		
34. Totals, whole life and endowment	298	11,250	51,029	863,682
35. Totals (Lines 31 to 34)	444	16,725	51,985	889,228

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial				
37. Ordinary		16,725		889,228
38. Credit Life (Group and Individual)		0		241
39. Group		2,300		26,263
40. Totals (Lines 36 to 39)	0	19,025	0	915,732

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies	XXX		XXX	17,041
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21				
45. Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a)	815,050
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BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc. policies and riders included above	NONE
47.1	
47.2	

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificate s	8 Amount of Insurance (a)
48. Waiver of Premium			34	5,719				
49. Disability Income								
50. Extended Benefits			XXX	XXX				
51. Other								
52. Total	0 ^(b)	0	34 ^(b)	5,719	0 ^(b)	0	0 ^(b)	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year	0	0	0	0
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Total (Lines 1 to 4)	0	0	0	0
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)	0	0	0	0
9. In force end of year	0	0	0	0
10. Amount on deposit		(a)		(a)
11. Income now payable				
12. Amount of income payable	(a)	(a)	(a)	(a)

NONE

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year	0	86	0	0
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Totals (Lines 1 to 4)	0	86	0	0
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Lines 6 and 7)	0	0	0	0
9. In force end of year	0	86	0	0
Income now payable:				
10. Amount of income payable	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance	XXX	(a)	XXX	(a)
Deferred not fully paid:				
12. Account balance	XXX	(a)	XXX	(a)

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year	0	0	7	0	344,974	27,564,917
2. Issued during year					91,407	162,988
3. Reinsurance assumed						
4. Increased during year (net)		XXX		XXX		XXX
5. Totals (Lines 1 to 4)	0	XXX	7	XXX	436,381	XXX
Deductions during year:						
6. Conversions		XXX	XXX	XXX	XXX	XXX
7. Decreased (net)		XXX	5	XXX	90,228	XXX
8. Reinsurance ceded		XXX		XXX		XXX
9. Totals (Lines 6 to 8)	0	XXX	5	XXX	90,228	XXX
10. In force end of year	0 (a)		2 (a)		346,153 (a)	27,727,905

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year	0	0
2. Issued during year		
3. Reinsurance assumed		
4. Increased during year (net)		
5. Totals (Lines 1 to 4)	0	0
Deductions during year:		
6. Decreased (net)		
7. Reinsurance ceded		
8. Totals (Lines 6 and 7)	0	0
9. In force end of year	0	0
10. Amount of account balance	(a)	(a)

NONE

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE TRANS-OCEANIC LIFE INSURANCE COMPANY

SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1	Direct Business Only						
		Life Contracts		4	5	6	7	
		2	3					
Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit - Type Contracts		
1. Alabama	AL	N	.0	.0	.0	.0	.0	.0
2. Alaska	AK	N	.0	.0	.0	.0	.0	.0
3. Arizona	AZ	N	.0	.0	.0	.0	.0	.0
4. Arkansas	AR	N	.0	.0	.0	.0	.0	.0
5. California	CA	N	.0	.0	.0	.0	.0	.0
6. Colorado	CO	N	.0	.0	.0	.0	.0	.0
7. Connecticut	CT	N	.0	.0	.0	.0	.0	.0
8. Delaware	DE	N	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	N	.0	.0	.0	.0	.0	.0
10. Florida	FL	L	.0	.0	3,945	.0	3,945	.0
11. Georgia	GA	N	.0	.0	.0	.0	.0	.0
12. Hawaii	HI	N	.0	.0	.0	.0	.0	.0
13. Idaho	ID	N	.0	.0	.0	.0	.0	.0
14. Illinois	IL	N	.0	.0	.0	.0	.0	.0
15. Indiana	IN	N	.0	.0	.0	.0	.0	.0
16. Iowa	IA	N	.0	.0	.0	.0	.0	.0
17. Kansas	KS	N	.0	.0	.0	.0	.0	.0
18. Kentucky	KY	N	.0	.0	.0	.0	.0	.0
19. Louisiana	LA	N	.0	.0	.0	.0	.0	.0
20. Maine	ME	N	.0	.0	.0	.0	.0	.0
21. Maryland	MD	N	.0	.0	.0	.0	.0	.0
22. Massachusetts	MA	N	.0	.0	.0	.0	.0	.0
23. Michigan	MI	N	.0	.0	.0	.0	.0	.0
24. Minnesota	MN	N	.0	.0	.0	.0	.0	.0
25. Mississippi	MS	N	.0	.0	.0	.0	.0	.0
26. Missouri	MO	N	.0	.0	.0	.0	.0	.0
27. Montana	MT	N	.0	.0	.0	.0	.0	.0
28. Nebraska	NE	N	.0	.0	.0	.0	.0	.0
29. Nevada	NV	N	.0	.0	.0	.0	.0	.0
30. New Hampshire	NH	N	.0	.0	.0	.0	.0	.0
31. New Jersey	NJ	N	.0	.0	.0	.0	.0	.0
32. New Mexico	NM	N	.0	.0	.0	.0	.0	.0
33. New York	NY	N	.0	.0	.0	.0	.0	.0
34. North Carolina	NC	N	.0	.0	.0	.0	.0	.0
35. North Dakota	ND	N	.0	.0	.0	.0	.0	.0
36. Ohio	OH	N	.0	.0	.0	.0	.0	.0
37. Oklahoma	OK	N	.0	.0	.0	.0	.0	.0
38. Oregon	OR	N	.0	.0	.0	.0	.0	.0
39. Pennsylvania	PA	N	.0	.0	.0	.0	.0	.0
40. Rhode Island	RI	N	.0	.0	.0	.0	.0	.0
41. South Carolina	SC	N	.0	.0	.0	.0	.0	.0
42. South Dakota	SD	N	.0	.0	.0	.0	.0	.0
43. Tennessee	TN	N	.0	.0	.0	.0	.0	.0
44. Texas	TX	N	.0	.0	.0	.0	.0	.0
45. Utah	UT	N	.0	.0	.0	.0	.0	.0
46. Vermont	VT	N	.0	.0	.0	.0	.0	.0
47. Virginia	VA	N	.0	.0	.0	.0	.0	.0
48. Washington	WA	N	.0	.0	.0	.0	.0	.0
49. West Virginia	WV	N	.0	.0	.0	.0	.0	.0
50. Wisconsin	WI	N	.0	.0	.0	.0	.0	.0
51. Wyoming	WY	N	.0	.0	.0	.0	.0	.0
52. American Samoa	AS	N	.0	.0	.0	.0	.0	.0
53. Guam	GU	N	.0	.0	.0	.0	.0	.0
54. Puerto Rico	PR	L	2,502,744	23,821	27,708,052	.0	30,234,617	.0
55. US Virgin Islands	VI	L	.0	.0	15,908	.0	15,908	.0
56. Northern Mariana Islands	MP	N	.0	.0	.0	.0	.0	.0
57. Canada	CAN	N	.0	.0	.0	.0	.0	.0
58. Aggregate Other Alien	OT	XXX	.0	.0	.0	.0	.0	.0
59. Subtotal	(a)	3	2,502,744	23,821	27,727,905	.0	30,254,470	.0
90. Reporting entity contributions for employee benefits plans	XXX						.0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX						.0	
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX						.0	
93. Premium or annuity considerations waived under disability or other contract provisions	XXX						.0	
94. Aggregate other amounts not allocable by State	XXX		.0	.0	.0	.0	.0	.0
95. Totals (Direct Business)	XXX		2,502,744	23,821	27,727,905	.0	30,254,470	.0
96. Plus reinsurance assumed	XXX						.0	
97. Totals (All Business)	XXX		2,502,744	23,821	27,727,905	.0	30,254,470	.0
98. Less reinsurance ceded	XXX		255,994				255,994	
99. Totals (All Business) less Reinsurance Ceded	XXX		2,246,750	23,821	(b) 27,727,905	0	29,998,476	0
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		.0	.0	.0	.0	.0	.0
58999. Total (Lines 58001 through 58003 + 58998)(Line 58 above)	XXX		0	0	0	0	0	0
9401.	XXX						.0	
9402.	XXX						.0	
9403.	XXX						.0	
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX		.0	.0	.0	.0	.0	.0
9499. Total (Lines 9401 through 9403 + 9498)(Line 94 above)	XXX		0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

UNDERWRITING FACTORS, FOR EXAMPLE AGE, SEX, HEALTH FACTORS, DRIVING RECORD, HISTORY OF SUBSTANCE ABUSE, CITIZENSHIP ETC.

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1 indicate which; Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

TRANS-OCEANIC GROUP INC

66-0760550 Puerto Rico 100%

|

Trans- Oceanic Life Insurance Company
66-023-5829 Puerto Rico 69523

VICTORY INSURANCE AGENCY
66-0757208 PUERTO RICO

TUCHMAN TRAVEL & LEISURE INC.
66-0760552 PUERTO RICO

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