

CY2005
Gross Annual Premium and Enrollment
Accident and Health Markets



Florida Office of Insurance Regulation
Market Research Unit

October, 2006

Report of Gross Annual Accident and Health Premium and Enrollment Data Definitions

Section 627.9175, F.S., to read as follows:

627.9175 Reports of information on health and accident insurance.--

(1) *Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state. The required information shall be described by market segment, to include, but not be limited to:*

(a) *Issuing, servicing company, and entity contact information.*

(b) *Information on all health and accident insurance policies and prepaid limited health service organizations and health maintenance organization contracts in force and issued in the previous year. Such information shall include, but not be limited to, direct premiums earned, direct losses incurred, number of policies, number of certificates, number of covered lives, number or the percentage of claims denied and claims meeting prompt pay requirements, and the average number of days taken to pay claims.*

The commission may establish rules governing the submission of information described in this section, including the use of uniform formats and electronic data transmission.

This is to be accomplished by filing the recently revised data collection form OIR-B2-1094, *Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents.*

The following accident and health coverage types (as defined by the National Association of Insurance Commissioners Uniform Product Coding Matrix for Life, Accident/Health, Annuity, Credit Products unless otherwise specified) are included:

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p>Major Medical - A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. In Florida this means insurance that is designed to cover expenses of serious illness, chronic care (excluding long-term care) and/or hospitalization. The term does NOT include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, prepaid products, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which do not duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance. Please note that short-term major medical coverages are to be reported on Line 16.</p>	<p>H16G H16I H15G H15I</p>
<p>Hospital/Surgical/Medical Expense - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.</p> <p>These definitions include the following subcategories:</p> <ul style="list-style-type: none"> • <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i> • <i>Individually Underwritten</i> • <i>Self-Employed or Sole Proprietor (FS 627.6699)</i> • <i>2 - 5 Member Groups (FS 627.6699)</i> • <i>6 - 50 Member Groups (FS 627.6699)</i> • <i>51+ Member Groups</i> 	
<p>Short Term Major Medical - A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable.</p>	<p>H16G.004 H16I.004</p>
<p>Conversion - Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.</p>	<p>H06</p>
<p>Other Prepaid Health Services not listed below: Pursuant to Section 636.003(5), F.S., "Limited health service" also includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services. "Limited health service" does not include inpatient, hospital surgical services, or emergency services except as such services are provided incident to the limited health services.</p>	

Prepaid Health Clinic - Pursuant to Section 641.402(4), FS, is any organization authorized to provide, either directly or through arrangements with other persons, basic services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis, including those basic services which subscribers might reasonably require to maintain good health. However, no clinic that provides or contracts for, either directly or indirectly, inpatient hospital services, hospital inpatient physician services, or indemnity against the cost of such services shall be a prepaid health clinic.	
Discount Medical Plan - Pursuant to Section 636.202(1), FS, is a business arrangement or contract in which a person, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. The term "discount medical plan" does not include any product regulated under chapter 627, chapter 641, or part I of chapter 636.	
Administrative Services Only (ASO) - ASO describes the contractual arrangement utilized by a self-funded employer, whereby a separate company processes claims and other administrative needs pertinent to the employer's health care plans. Please use Columns (A), (B) and (C) to report fees earned associated with this service.	
Accident Only - An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.	H02G H02I
Accidental Death & Dismemberment - An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.	H03G H03I
Blanket Accident/Sickness - A health insurance contract that covers all of a class of persons not individually identified in the contract.	H04
Dental - Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.	H10G H10I
Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness.	H11G H11I
Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) - This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount. As defined in Section 627.6482 (14), F.S., "Stop-loss coverage" means an arrangement whereby a self-insurance plan insures against the risk that any one claim will exceed a specific dollar amount or that an entire self-insurance plan's losses will exceed a specific amount.	H12
Hospital Indemnity - An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition.	H14G H14I
Limited Benefit (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)-	H07G
(a) Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum.	H07I H08G
(b) Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.	H08I H09G
(c) Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.	H09I

<p>Long Term Care - Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.</p>	<p>LTC02G LTC02I LTC03G LTC03I LTC04G LTC04I LTC05G LTC05I LTC05.1G LTC05.1I LTC05.2G LTC05.2I LTC06</p>
<p>Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.</p>	<p>H13G H13I</p>
<p>Medicare Supplement - Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.</p>	<p>MS02G MS02I MS03G MS03I MS04G MS04I MS05G MS05I MS06</p>
<p>Champus/Tricare Supplement - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.</p>	<p>H05</p>
<p>Prescription Drug - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.</p>	<p>H17G H17I</p>
<p>Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.</p>	<p>H18G H18I</p>
<p>Student - A health insurance contract that covers a class of students not individually identified in the contract.</p>	<p>H04.001</p>
<p>Travel - Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)</p>	<p>H19I H19G</p>

Vision - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.	H20G H20I
Other - Not specifically described above. Itemize and list below, please specify coverage type.	H21

For each of the health coverage types listed above, the following information is required:

Please note that as defined in Section 627.6482(12), premium means the entire cost of an insurance plan, including the administrative fee, the risk assumption charge, and, in the instance of a minimum premium plan or stop-loss coverage, the incurred claims whether or not such claims are paid directly by the insurer.

DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS (A)

Requested data is your company's direct premium earned from January 01 through December 31, inclusive, for the reporting calendar year. Provide only premium specific to covered Florida residents.

DIRECT LOSSES INCURRED (B)

Requested data is your company's direct losses incurred from January 01 through December 31, inclusive, for the reporting calendar year. Provide only losses specific to covered Florida residents.

DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY (C)

Requested data is your company's direct premium earned for new business only from January 01 through December 31, inclusive, for the reporting calendar year. Provide premium specific to covered Florida residents.

EMPLOYERS, IF GROUP COVERAGE, AT END OF REPORTING CY (D)

For all group categories, provide the number of employers who covered Florida resident employees, as of December 31 for the reporting calendar year.

PRIMARY INSUREDS AT END OF REPORTING CY (E)

Provide the total number of resident individual policyholders or resident group employee/member certificateholders, as of December 31 for the reporting calendar year.

COVERED DEPENDENTS AT END OF REPORTING CY (F)

Provide the total number of individuals who are covered by the primary insured's plan and who receive coverage due to his/her dependent relationship to the primary insured, as of December 31 for the reporting calendar year

AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS (G)

Provide a simple average ([the total number of days from the date of receipt to the date of payment for each claim received] divided by [the total of number of claims received]) rounded to two decimal points, e.g., 31.29%. The data provided should specific to covered Florida residents and only include claims where there is a date of payment between January 01 through December 31, inclusive, for the reporting calendar year.

- Where **claim** is defined by Section 627.6131(2) and 641.3155(1), F.S.
- Where **date of receipt** is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S.
- Where **date of payment** is defined by Section 627.6131(7) and 641.3155 (6), F.S.

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Line of Business

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Instate Guarantee Issue	\$81,286,431	\$68,629,082	\$10,932,370	0	21,569	7,633	29,202
Instate Individually Underwritten	\$962,816,696	\$643,463,407	\$290,322,345	0	315,235	109,539	424,774
Instate Sole Proprietor	\$163,826,093	\$133,572,176	\$12,998,336	18,212	18,212	13,401	31,613
Instate 2-5 Member Groups	\$817,502,232	\$613,531,296	\$99,017,863	41,464	146,613	95,826	242,439
Instate 6-50 Member Groups	\$2,745,026,118	\$1,943,100,064	\$376,565,158	62,069	483,188	303,322	786,510
Instate 51+ Member Groups	\$8,482,142,528	\$7,089,064,370	\$794,990,975	17,168	1,350,207	883,228	2,233,435
Instate Short Term Major Medical	\$1,568	\$0	\$0	0	1	0	1
Instate Conversion	\$130,609,710	\$176,485,998	\$14,992,922	0	20,757	5,347	26,104
Out-of-State Group Guarantee Issue	\$12,295,544	\$13,046,342	\$2,520,789	0	1,322	160	1,482
Out-of-State Group Individually Underwritten	\$481,718,925	\$270,691,466	\$85,073,479	839	124,149	99,087	223,236
Out-of-State Group Sole Proprietor	\$5,820,464	\$5,209,311	\$0	779	779	376	1,155
Out-of-State Group 2-5 Member Groups	\$25,626,557	\$19,995,660	\$1,176,507	1,138	2,356	1,483	3,839
Out-of-State Group 6-50 Member Groups	\$24,196,681	\$16,662,645	\$2,394,393	794	4,226	2,901	7,127
Out-of-State Group 51+ Member Groups	\$737,092,634	\$567,219,518	\$49,616,073	3,836	128,678	105,943	234,621
Out-of-State Group Short Term Major Medical	\$349,555	\$210,131	\$349,555	0	120	34	154
Out-of-State Group Conversion	\$614,500	\$1,263,392	\$0	2	65	33	98
Prepaid Health Services	\$9,124,298	\$0	\$0	0	35,728	0	35,728
Prepaid Health Clinic	\$8,719,816	\$5,628,393	\$8,370,220	155	4,592	8,428	13,020
Administrative Services Only (ASO)	\$2,431,857,746	\$2,229,743,231	\$403,261,349	2,155	723,828	682,105	1,405,933
Accident Only	\$234,995,148	\$110,095,481	\$49,837,241	2,628	6,264,686	442,401	6,707,087
Accidental Death & Dismemberment	\$74,224,431	\$33,040,367	\$7,198,901	10,940	4,822,145	1,561,947	6,384,092
Blanket Accident/Sickness	\$6,292,335	\$3,919,454	\$1,745,136	2,098	462,345	259	462,604
Dental	\$821,762,138	\$580,083,619	\$76,416,149	28,431	3,114,427	2,358,427	5,472,854

Date Collection Form: OIR-B2-1094

This information is compiled from data filed with the Office by each Accident and/or Health Coverage Provider. It has not been audited or independently verified.

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Line of Business

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$943,675,157	\$1,015,786,498	\$107,563,005	18,207	2,903,859	37,583	2,941,442
Excess/Stop Loss	\$229,649,345	\$164,836,425	\$35,548,465	2,610	486,032	645,019	1,131,051
Hospital Indemnity	\$89,661,949	\$43,181,223	\$23,359,983	549	331,934	112,145	444,079
Limited Benefits	\$227,177,718	\$124,808,206	\$30,653,490	3,361	773,886	428,603	1,202,489
Long Term Care	\$614,094,459	\$420,196,915	\$47,111,919	3,364	391,179	16,895	408,074
Short Term Care	\$11,164,002	\$10,057,464	\$5,547,346	0	6,010	1,956	7,966
Medicare Supplement	\$1,339,746,906	\$1,131,958,403	\$46,654,926	4,848	764,572	3,523	768,095
Champus/Tricare Supplement	\$2,111,681	\$1,528,038	\$172,479	2	2,334	2,938	5,272
Prescription Drug	\$7,824,706	\$7,978,149	\$869,525	1,314	6,289	4,293	10,582
Sickness	\$923,358	\$467,102	\$42,528	0	4,482	16	4,498
Student	\$9,478,955	\$8,783,439	\$3,437,074	5	23,585	125	23,710
Travel	\$4,593,455	\$2,634,898	\$191,605	405	542,121	9,432	551,553
Vision	\$61,333,490	\$52,928,069	\$3,967,667	885	1,349,760	1,020,557	2,370,317

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

5 STAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
541829709	77879							
Champus/Tricare Supplement		\$861,997	\$689,518	\$172,479	0	1,107	1,963	3,070

AAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520891929	71854							
Accident Only		\$8,462,516	\$2,749,128	\$1,343,749	0	62,758	57,634	120,392
Hospital Indemnity		\$8,628	\$61,315	\$2,682	0	19	0	19

ACACIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
530022880	60038							
Disability Income		\$558	\$0	\$0	0	4	0	4

ACADEMY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
840528301	60046							
Accident Only		\$972	\$0	\$0	0	8	0	8
Hospital Indemnity		\$19,640	\$13,966	\$0	0	41	0	41
Medicare Supplement		\$64,885	\$47,364	\$0	0	39	0	39

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ACE AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
952371728	22667							
Accident Only		\$115,536	\$286,959	\$15,020	1	6	2	8
Accidental Death & Dismemberment		\$770,241	\$1,913,060	\$100,131	22	86,283	0	86,283
Disability Income		\$1,925,603	\$4,782,651	\$250,329	0	9	0	9
Excess/Stop Loss		\$1,039,826	\$2,582,631	\$135,177	2	195	942	1,137

ADVANTICA EYECARE, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
810617310								
Vision		\$460,215	\$219,983	\$159,493	72	4,361	9,071	13,432

AETNA HEALTH INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592411584	95088							
Instate Sole Proprietor		\$15,536,141	\$11,806,327	\$1,392,913	2,726	2,726	1,963	4,689
Instate 2-5 Member Groups		\$214,619,266	\$163,712,327	\$20,783,651	13,518	38,351	25,938	64,289
Instate 6-50 Member Groups		\$403,880,059	\$308,081,122	\$39,111,597	5,960	81,825	49,948	131,773
Instate 51+ Member Groups		\$649,377,138	\$478,236,639	\$47,756,991	1,874	115,082	81,285	196,367
Instate Conversion		\$23,260,670	\$29,149,638	\$8,357,476	0	2,528	1,172	3,700
Out-of-State Group 6-50 Member Groups		\$13,594,122	\$10,330,537	\$1,681,289	556	2,276	1,513	3,789
Out-of-State Group 51+ Member Groups		\$570,555,943	\$422,348,994	\$34,582,649	1,493	99,745	80,666	180,411
Administrative Services Only (ASO)		\$32,658,625	\$0	\$6,408	473	55,015	61,666	116,681

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AETNA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
066033492	60054							
Instate Sole Proprietor		\$3,069,948	\$3,194,465	\$2,149,146	303	303	173	476
Instate 2-5 Member Groups		\$17,301,374	\$12,999,770	\$4,694,939	1,225	2,913	2,247	5,160
Instate 6-50 Member Groups		\$13,993,273	\$9,595,228	\$4,606,814	206	2,904	2,002	4,906
Instate 51+ Member Groups		\$80,675,168	\$73,478,034	\$4,126,188	174	10,001	13,189	23,190
Instate Conversion		\$3,850,678	\$3,982,151	\$716,881	0	692	160	852
Out-of-State Group 2-5 Member Groups		\$2,731,665	\$1,575,387	\$1,173,959	259	308	242	550
Out-of-State Group 6-50 Member Groups		\$2,736,655	\$1,589,294	\$521,226	80	549	382	931
Out-of-State Group 51+ Member Groups		\$51,793,185	\$45,529,530	\$8,740,154	1,000	8,749	10,004	18,753
Administrative Services Only (ASO)		\$1,705,240,632	\$1,610,800,617	\$402,810,638	956	270,051	294,355	564,406
Accidental Death & Dismemberment		\$4,261,961	\$1,757,747	\$311,062	1,438	218,862	1,965	220,827
Dental		\$89,232,374	\$59,120,872	\$7,935,580	3,991	172,860	210,145	383,005
Disability Income		\$22,009,213	\$20,267,042	\$3,046,604	86	61,075	0	61,075
Excess/Stop Loss		\$6,916,773	\$3,225,533	\$6,120,558	414	47,273	41,625	88,898
Hospital Indemnity		\$123,935	\$271,031	\$0	1	200	6	206
Long Term Care		\$4,638,070	\$2,884,344	\$94,035	11	2,670	1,715	4,385
Medicare Supplement		\$33,652	\$39,732	\$2,415	13	26	0	26
Student		\$3,381,426	\$2,501,491	\$0	1	2,767	50	2,817

AIG CENTENNIAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
232044095	34789							
Accident Only		\$2,096	\$1,145	\$0	0	12	0	12
Hospital Indemnity		\$1,206	\$485	\$0	0	7	0	7

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AIG LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
251118523	66842							
Accident Only		\$1,911,251	\$4,427,267	\$387,023	23	2,688	17,477	20,165
Accidental Death & Dismemberment		\$79,236	\$0	\$85,376	26	993	153	1,146
Dental		\$7,401	\$13,890	\$6,596	2	137	154	291
Disability Income		\$36,030	\$1,993,173	\$79,158	24	920	431	1,351
Excess/Stop Loss		\$4,967,293	\$5,734,101	\$0	0	8,810	0	8,810
Hospital Indemnity		\$25,574	\$9,456	\$0	0	102	0	102
Limited Benefits		\$31,368	\$15,580	(\$193)	1	253	0	253
Long Term Care		\$1,154,677	\$776,715	\$0	0	1,787	0	1,787
Vision		\$38,902	\$0	\$203,888	130	5,664	1,043	6,707

AIG PREMIER INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
221721971	20796							
Accidental Death & Dismemberment		\$1,522	\$229	\$0	0	23	6	29
Hospital Indemnity		\$34,396	\$6,791	\$0	0	84	80	164
Long Term Care		\$1,050	\$69	\$0	0	3	1	4
Medicare Supplement		\$117,456	\$69,449	\$0	0	55	6	61

ALFA LIFE INSURANCE CORPORATION

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630338648	79049							
Hospital Indemnity		\$89	\$0	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
411366075	90611							
Out-of-State Group 51+ Member Groups		\$4,549	\$173,527	\$0	1	2	3	5
Out-of-State Group Conversion		\$12,968	\$30,787	\$0	2	3	4	7
Accidental Death & Dismemberment		\$1,320	\$0	\$0	4	27	0	27
Disability Income		\$59	\$16,892	\$0	1	2	0	2
Excess/Stop Loss		\$1,207,733	\$2,595,519	\$288,680	3	4,325	5,406	9,731
Hospital Indemnity		\$40,926	\$89,184	\$0	7	316	0	316
Limited Benefits		\$237	\$0	\$0	1	3	0	3
Long Term Care		\$8,274,071	\$763,165	\$0	3	42	4	46
Medicare Supplement		\$42,642	\$15,925	\$0	9	24	10	34

ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY CO.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
046145677	84824							
Instate Individually Underwritten		\$11,716	\$35,277	\$0	0	31	5	36
Disability Income		\$931,086	\$1,655,882	\$0	0	734	3	737

ALLSTATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362554642	60186							
Accident Only		\$7,947,161	\$3,269,306	\$0	0	78,233	0	78,233
Hospital Indemnity		\$680,144	\$236,836	\$0	0	2,299	0	2,299
Long Term Care		\$369,355	\$235,339	\$0	0	216	0	216

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ALTA HEALTH & LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591031071	67369							
Instate 51+ Member Groups		\$8,612,326	\$6,114,797	\$0	1	10,293	5,154	15,447
Out-of-State Group 51+ Member Groups		\$52,716	\$37,429	\$0	2	21	32	53
Accidental Death & Dismemberment		\$20,970	\$14,889	\$0	1	21	11	32
Dental		\$211,222	\$149,969	\$0	9	726	594	1,320
Disability Income		\$1,997,463	\$1,418,210	\$0	9	2,023	1,059	3,082
Excess/Stop Loss		\$1,008,956	\$716,364	\$0	40	1,017	529	1,546
Vision		\$188	\$133	\$0	1	1	1	2

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
590593886	10111							
Accidental Death & Dismemberment		\$431,434	\$49,600	\$0	0	3,595	0	3,595
Disability Income		\$343,710	\$39,515	\$0	0	2,864	0	2,864

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
590676017	60275							
Accidental Death & Dismemberment		\$1,709,960	\$370,188	\$0	14	40,135	2,049	42,184
Disability Income		\$205,251	\$21,604	\$0	5	13,494	455	13,949

AMERICAN CAPITOL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
741219404	60291							
Medicare Supplement		\$23,570	\$55,446	\$0	0	21	0	21

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
230342560	20427							
Disability Income		\$2,009	\$13,770	\$0	0	0	0	0

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
580663085	60380							
Accident Only		\$56,089,058	\$25,253,444	\$18,384,851	0	191,775	194,874	386,649
Dental		\$6,334,596	\$2,630,533	\$2,181,368	0	14,809	10,578	25,387
Disability Income		\$42,064,411	\$17,771,675	\$14,433,397	0	97,128	0	97,128
Hospital Indemnity		\$24,566,793	\$9,506,092	\$9,797,053	0	66,058	59,498	125,556
Limited Benefits		\$80,195,757	\$38,325,358	\$17,597,527	0	283,825	264,932	548,757
Long Term Care		\$2,769,616	\$2,085,632	\$247,006	0	2,270	238	2,508
Medicare Supplement		\$8,057,575	\$6,787,065	\$0	0	3,460	0	3,460
Vision		\$118,563	\$8,709	\$118,563	0	2,676	1,035	3,711

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN FIDELITY ASSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
730714500	60410							
Out-of-State Group 2-5 Member Groups		\$1,138	\$0	\$0	1	1	0	1
Accidental Death & Dismemberment		\$1,938	\$549	\$0	4	20	2	22
Dental		\$39,001	\$12,915	\$364	2	620	0	620
Disability Income		\$5,948,588	\$3,483,397	\$1,640,417	115	15,155	51	15,206
Excess/Stop Loss		\$1,223,508	\$2,206,622	\$0	5	9,108	5,732	14,840
Hospital Indemnity		\$983,695	\$330,521	\$463,232	16	2,948	0	2,948
Limited Benefits		\$1,487,167	\$606,135	\$192,313	0	2,843	196	3,039
Long Term Care		\$217,427	\$203,316	\$0	0	110	0	110
Medicare Supplement		\$1,761	\$1,479	\$0	0	2	0	2

AMERICAN GENERAL ASSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
361677770	68373							
Accidental Death & Dismemberment		\$976,552	\$1,245,678	\$244,138	3	2,572	3,858	6,430
Disability Income		\$286,010	\$125,438	\$60,151	2	300	451	751
Vision		\$2,143	\$87,767	\$0	0	3	5	8

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
620306330	66672							
Instate Individually Underwritten		\$233,921	\$982,306	\$0	0	265	0	265
Accident Only		\$1,441,229	\$553,753	\$31,720	0	29,307	0	29,307
Disability Income		\$139,050	\$115,299	\$19,538	0	4,927	0	4,927
Hospital Indemnity		\$853,542	\$327,927	\$0	0	11,270	0	11,270
Limited Benefits		\$3,561,264	\$3,466,732	\$629,806	0	18,643	0	18,643
Medicare Supplement		\$1,290,442	\$1,129,410	\$0	0	725	0	725

AMERICAN GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
250598210	60488							
Disability Income		\$1,238,821	\$1,128,155	\$29,783	0	1,885	0	1,885
Limited Benefits		\$391,675	\$16,245	\$299,516	0	3,533	0	3,533
Long Term Care		\$14,990	\$765	\$1,329	0	7	0	7

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520696632	60518							
Accident Only		\$8,700	\$7,056	\$0	0	26	0	26
Disability Income		\$90	\$7,528	\$0	0	2	0	2
Limited Benefits		(\$13)	\$0	\$0	0	0	0	0
Long Term Care		\$19,677	\$119,302	\$0	0	15	0	15

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN HERITAGE LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
590781901	60534							
Accident Only		\$15,854,308	\$6,485,666	\$5,951,359	1	39,801	39,755	79,556
Dental		\$51,784	\$141,285	\$956	42	1,170	337	1,507
Disability Income		\$6,411,664	\$3,570,616	\$1,664,653	0	15,223	0	15,223
Hospital Indemnity		\$8,187,964	\$3,685,245	\$3,879,695	36	15,876	14,366	30,242
Limited Benefits		\$17,470,336	\$10,662,362	\$2,972,197	23	48,030	44,127	92,157
Long Term Care		\$2,545,438	\$3,460,296	\$0	0	943	0	943

AMERICAN HOME ASSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
135124990	19380							
Accident Only		\$287,422	\$482,657	\$558	0	54,340	0	54,340

AMERICAN INCOME LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
741365936	60577							
Accident Only		\$1,740,181	\$1,313,449	\$373,670	0	23,132	11,071	34,203
Accidental Death & Dismemberment		\$524,827	\$56,667	\$5,855	0	382,065	0	382,065
Blanket Accident/Sickness		\$12,390	\$25,940	\$12,390	0	191	0	191
Disability Income		\$7,211	\$1,377	\$0	0	37	0	37
Hospital Indemnity		\$522,015	\$225,254	\$132,600	0	4,947	245	5,192
Limited Benefits		\$303,549	\$148,253	\$29,419	0	3,184	1,622	4,806
Medicare Supplement		\$194,849	\$374,100	\$0	0	132	0	132

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN INSURANCE COMPANY OF TEXAS

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
751302312	81949							
Instate Individually Underwritten		\$19,206	\$18	\$0	0	5	3	8
Instate 51+ Member Groups		\$34,547	\$2,046	\$0	0	4	2	6
Disability Income		\$3,099	\$20,923	\$0	0	13	0	13
Hospital Indemnity		\$169	\$0	\$0	0	1	0	1
Limited Benefits		\$1,475	\$1,039	\$0	0	23	2	25

AMERICAN INTERNATIONAL LIFE ASSURANCE CO. OF NY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
136101875	60607							
Out-of-State Group 51+ Member Groups		\$0	\$84,467	\$0	0	0	0	0
Accident Only		\$2,207	\$63,818	\$0	0	17	0	17
Dental		\$0	\$713	\$0	0	0	0	0
Disability Income		\$574,524	\$4,154,667	\$0	0	6,625	0	6,625
Long Term Care		\$84,498	\$57,106	\$0	0	26	0	26

AMERICAN LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
941516991	60704							
Accident Only		\$626	\$0	\$0	0	5	0	5
Disability Income		\$224	\$3,900	\$0	0	1	0	1

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
860207231	97179							
Out-of-State Group Guarantee Issue		\$93,959	\$894,628	\$0	0	5	2	7
Out-of-State Group Individually Underwritten		\$55,205,915	\$52,226,375	\$6,436,819	0	12,414	8,897	21,311
Out-of-State Group Conversion		\$144,057	\$62,572	\$0	0	14	2	16
Dental		\$6,629,850	\$3,721,001	\$81,734	1,078	8,431	6,605	15,036
Disability Income		\$46,326	\$7,863	\$0	23	94	0	94
Excess/Stop Loss		\$5,140,933	\$7,462,439	\$0	43	1,998	2,078	4,076

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
460260270	67989							
Disability Income		\$253	\$0	\$0	0	1	0	1
Limited Benefits		\$10	\$0	\$0	0	2	0	2

AMERICAN NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
740484030	60739							
Instate Individually Underwritten		\$242,639	\$222,420	\$0	0	130	47	177
Instate 51+ Member Groups		\$88,049	\$288,608	\$0	1	9	0	9
Out-of-State Group Individually Underwritten		\$173,763	\$90,043	\$0	0	20	12	32
Accident Only		\$14,257	\$4,941	\$0	0	323	26	349
Disability Income		\$44,193	\$8,859	\$0	0	78	0	78
Limited Benefits		\$77,778	\$282,634	\$0	0	298	168	466
Medicare Supplement		\$4,298	\$11,468	\$0	0	7	0	7

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
751016594	71773							
Instate Individually Underwritten		\$2,188,015	\$2,386,249	\$0	0	526	381	907
Instate Conversion		\$9,604	\$197	\$0	0	0	0	0
Out-of-State Group Individually Underwritten		\$5,152,429	\$3,799,416	\$0	0	822	565	1,387
Accident Only		\$417	\$84,248	\$0	0	0	0	0
Dental		\$1,220,981	\$469,235	\$0	76	2,400	1,117	3,517

AMERICAN PIONEER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
590935083	60763							
Dental		\$196,510	\$112,258	\$27,436	0	318	0	318
Disability Income		\$60,060	\$215,656	\$0	0	184	0	184
Long Term Care		\$8,612,355	\$13,579,326	\$0	0	2,488	0	2,488
Medicare Supplement		\$84,081,911	\$66,289,100	\$2,404,341	0	37,278	0	37,278

AMERICAN PUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
640349942	60801							
Accident Only		\$38,833	\$28,108	\$9,875	0	79	0	79
Dental		\$56,865	\$41,159	\$14,460	2	178	526	704
Disability Income		\$79,931	\$57,855	\$20,326	3	47	0	47
Hospital Indemnity		\$567,380	\$410,676	\$144,281	8	481	1,203	1,684
Limited Benefits		\$190,274	\$137,722	\$4,839	1	459	347	806
Medicare Supplement		\$1,477	\$1,070	\$0	1	1	0	1

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AMERICAN REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
420113630	60836							
Instate Individually Underwritten		\$348,883	\$138,346	\$0	0	61	20	81
Accident Only		\$800	\$1,299	\$0	0	3	0	3
Hospital Indemnity		\$34,834	\$19,029	\$0	0	59	5	64
Limited Benefits		\$7,834	\$663	\$0	0	192	44	236
Long Term Care		\$32,289	\$63,822	\$0	0	24	4	28
Medicare Supplement		\$1,697,584	\$1,272,822	\$0	0	770	23	793

AMERICAN STATES INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350145400	19704							
Instate Individually Underwritten		\$137,077	\$166,452	\$0	0	20	0	20
Disability Income		\$38,581	\$49,094	\$0	0	74	0	74

AMERICAN UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350145825	60895							
Accidental Death & Dismemberment		\$114,117	\$128,844	\$2,380	154	12,332	0	12,332
Disability Income		\$948,727	\$986,527	\$37,017	53	2,821	0	2,821
Excess/Stop Loss		\$4,233,154	\$2,300,564	\$1,619,578	24	6,188	0	6,188

AMERICAN ZURICH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
363141762	40142							
Disability Income		\$468,268	\$550,567	\$0	1	8	0	8

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AMERICOM LIFE & ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
760102023	94471							
Disability Income		\$72	\$0	\$72	0	0	0	0

AMERITAS LIFE INSURANCE CORP.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470098400	61301							
Dental		\$18,777,364	\$13,579,049	\$2,171,309	230	42,750	0	42,750
Disability Income		\$24,621	\$42,274	\$0	0	32	0	32
Vision		\$935,219	\$525,451	\$97,893	26	8,485	0	8,485

AMERUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
420175020	61689							
Disability Income		\$3,177	\$15,233	\$0	0	2	0	2

AMEX ASSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362760101	27928							
Accident Only		\$1,785	\$250	\$0	0	0	0	0
Accidental Death & Dismemberment		\$12,147,647	\$1,020,714	\$0	0	2,403,200	1,282,378	3,685,578
Hospital Indemnity		\$6,268	\$51,342	\$0	0	284	284	568
Travel		\$2,150,839	\$855,822	\$0	0	13,229	9,337	22,566

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ANTHEM LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
350980405	61069							
Accidental Death & Dismemberment		\$224	\$0	\$0	2	30	0	30
Disability Income		\$577	\$0	\$0	1	2	0	2

ARCH INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
430990710	11150							
Excess/Stop Loss		\$201,620	\$56,921	\$201,620	0	99	673	772

ASSURED LIFE ASSOCIATION

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
840356870	56499							
Limited Benefits		\$20	\$0	\$0	0	2	0	2

ASSURITY LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
381843471	71439							
Accident Only		\$102,267	\$3,894	\$89,384	0	340	0	340
Disability Income		\$2,136,411	\$2,402,629	\$586,366	0	3,630	0	3,630
Hospital Indemnity		\$407,983	\$118,754	\$275,272	0	758	0	758
Limited Benefits		\$2,895	\$429	\$2,249	0	12	0	12

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ATLANTA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
580146380	61093							
Hospital Indemnity		\$1,343	\$142	\$0	0	35	0	35
Limited Benefits		\$25,526	\$2,698	\$0	0	656	0	656

ATLANTIC DENTAL, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
650743731								
Dental		\$36,104,904	\$30,742,948	\$0	37	566,508	3,440	569,948

AUTO-OWNERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
381814333	61190							
Disability Income		\$504,782	\$107,835	\$0	0	581	0	581
Long Term Care		\$66,261	\$9,939	\$0	0	36	0	36
Medicare Supplement		\$53,271	\$56,756	\$0	0	44	0	44

AVIVA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
042235236	62898							
Hospital Indemnity		\$1,883	\$0	\$0	0	8	0	8

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

AVMED, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592742907	95263							
Instate Sole Proprietor		\$1,521,331	\$979,413	\$58,370	223	223	0	223
Instate 2-5 Member Groups		\$7,242,941	\$4,201,334	\$723,140	503	1,054	749	1,803
Instate 6-50 Member Groups		\$1,907,442	\$554,160	\$441,058	48	520	262	782
Instate 51+ Member Groups		\$541,466,305	\$457,928,994	\$14,283,987	306	82,837	90,525	173,362
Administrative Services Only (ASO)		\$845,710	\$1,250,868	\$25,292	3	1,501	1,794	3,295

AXA EQUITABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
135570651	62944							
Instate Individually Underwritten		\$5,044,733	\$5,944,211	\$0	0	1,046	618	1,664
Instate Conversion		\$260,924	\$96,555	\$0	0	24	6	30
Disability Income		\$5,768,559	\$5,944,211	\$0	0	4,547	0	4,547

BALBOA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
956027860	24813							
Accident Only		\$182	\$46	\$0	0	1	0	1

BALBOA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
952566317	68160							
Accident Only		\$757,293	\$63,636	\$0	0	2,077	0	2,077

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

BALTIMORE LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
520236900	61212							
Accident Only		\$223	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment		\$42,034	\$40,000	\$0	72	38,405	0	38,405
Dental		\$162	\$1,262	\$0	0	0	0	0
Disability Income		\$63,615	\$129,258	\$3,291	84	5,590	0	5,590
Hospital Indemnity		\$1,432	\$1,200	\$0	0	0	0	0
Limited Benefits		\$105,818	\$35,103	\$4,918	27	4,602	0	4,602
Sickness		\$259	\$0	\$0	0	0	0	0

BANKERS FIDELITY LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
580658963	61239							
Accident Only		\$6,367	\$122	\$0	0	22	2	24
Disability Income		\$2,085	\$9,271	\$0	0	5	0	5
Hospital Indemnity		\$8,348	\$12,609	\$0	0	11	1	12
Limited Benefits		\$64,498	\$21,106	\$0	0	469	207	676
Short Term Care		\$430	\$3	\$0	0	1	0	1
Medicare Supplement		\$1,102,496	\$608,637	\$7,879	0	334	4	338

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

BANKERS LIFE AND CASUALTY COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
360770740	61263							
Accident Only		\$52,889	\$5,987	\$3,476	0	416	0	416
Disability Income		\$449,083	\$90,515	\$32,989	0	760	0	760
Hospital Indemnity		\$238,450	\$320,023	\$11,389	0	512	28	540
Limited Benefits		\$207,725	\$163,927	\$8,152	0	820	352	1,172
Long Term Care		\$69,615,418	\$42,375,809	\$4,834,117	0	33,471	9,389	42,860
Short Term Care		\$197,726	\$132,142	\$0	0	263	17	280
Medicare Supplement		\$45,399,505	\$24,658,516	\$2,849,223	0	20,311	982	21,293
Prescription Drug		\$117,754	\$0	\$0	0	0	0	0

BANKERS LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
591460067	81043							
Accident Only		\$24,384	\$0	\$0	0	185	0	185
Short Term Care		(\$1,397,470)	\$1,640,853	(\$1,397,470)	0	0	0	0

BANKERS LIFE INSURANCE COMPANY OF NEW YORK

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
131970218	63932							
Accident Only		\$194	\$0	\$0	0	1	0	1
Disability Income		\$11,458	\$198,715	\$0	0	29	0	29

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

BANNER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
521236145	94250							
Disability Income		\$151	\$0	\$0	0	1	0	1
Hospital Indemnity		\$2,761	\$0	\$0	0	18	1	19

BCS INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
366033921	38245							
Accident Only		\$8,752,625	\$4,445,445	\$0	4	2,360,449	25,497	2,385,946
Blanket Accident/Sickness		\$1,160,224	\$908,290	\$1,160,224	104	1,742	237	1,979
Dental		\$204,599	\$24,886	\$0	88	937	215	1,152
Excess/Stop Loss		\$215,528	\$135,285	\$215,528	1	644	0	644
Vision		\$2,958	\$43	\$0	1	4	1	5

BCS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362149353	80985							
Instate Conversion		\$316	\$0	\$0	0	1	0	1
Disability Income		\$28,402	\$0	\$0	0	296	0	296

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
751277524	71714							
Disability Income		\$8,188,040	\$276,078	\$2,384,779	0	3,782	0	3,782
Long Term Care		\$120,862	\$0	\$109,262	0	34	0	34

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

BEST LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
956042390	90638							
Dental		\$159,871	\$117,167	\$0	32	171	140	311

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592015694	98167							
Instate Guarantee Issue		\$55,958,145	\$53,583,435	\$2,649,125	0	7,485	1,431	8,916
Instate Individually Underwritten		\$617,778,721	\$390,656,835	\$225,736,185	0	185,290	65,655	250,945
Instate Sole Proprietor		\$33,929,454	\$29,406,457	\$95,939	1,811	1,811	955	2,766
Instate 2-5 Member Groups		\$151,416,294	\$110,107,681	\$13,810,949	7,895	38,127	23,550	61,677
Instate 6-50 Member Groups		\$464,136,942	\$297,386,742	\$93,781,552	7,414	59,710	35,769	95,479
Instate 51+ Member Groups		\$2,378,331,941	\$2,104,642,980	\$476,964,894	1,438	211,248	84,471	295,719
Instate Conversion		\$22,207,806	\$27,759,687	\$375,921	0	2,804	485	3,289
Administrative Services Only (ASO)		\$372,688,355	\$365,171,196	\$0	110	213,907	116,709	330,616
Short Term Care		\$2,440,022	\$1,788,712	\$22,639	0	1,164	297	1,461
Medicare Supplement		\$341,958,542	\$284,793,472	\$22,026,390	0	198,508	1,322	199,830

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

BOSTON MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041106240	61476							
Accident Only		\$80,190	\$64,457	\$9,714	151	6,569	988	7,557
Dental		\$665,943	\$737,011	\$150,192	88	1,745	1,430	3,175
Disability Income		\$1,216,218	\$1,084,944	\$349,761	83	2,713	0	2,713
Excess/Stop Loss		\$749,805	\$331,351	\$616,234	4	2,130	171	2,301
Hospital Indemnity		\$485,448	\$38,856	\$0	28	178	0	178
Student		\$118,666	\$43,125	\$119,581	0	0	0	0

BROKERS NATIONAL LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630483783	74900							
Accidental Death & Dismemberment		\$855	\$0	\$0	0	36	0	36
Dental		\$1,595,324	\$991,964	\$663,432	0	3,251	0	3,251
Hospital Indemnity		\$15,336	\$0	\$15,336	0	40	0	40

BROTHERHOOD MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350198580	13528							
Blanket Accident/Sickness		\$1,454	\$3,845	\$0	0	0	0	0

BUSINESS MEN'S ASSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
440188050	61492							
Accident Only		\$37,185	\$0	\$0	76	3,084	0	3,084
Disability Income		\$547,624	\$11,634	\$0	29	1,599	0	1,599

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CANADA LIFE ASSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
380397420	80659							
Instate Conversion		\$100,495	\$14,877	\$0	0	42	0	42
Excess/Stop Loss		\$79,947	\$0	\$0	3	95	74	169

CAPITAL HEALTH PLAN, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591830622	95112							
Instate Sole Proprietor		\$3,875,590	\$3,534,893	\$98,430	471	471	472	943
Instate 2-5 Member Groups		\$12,631,082	\$11,189,458	\$476,884	960	2,194	1,942	4,136
Instate 6-50 Member Groups		\$43,952,069	\$34,767,744	\$457,509	773	7,609	5,754	13,363
Instate 51+ Member Groups		\$300,216,157	\$258,644,207	\$3,038,360	157	42,187	43,792	85,979
Instate Conversion		\$2,587,623	\$3,544,023	\$605,374	0	469	199	668

CAPITOL INDEMNITY CORPORATION

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390971527	10472							
Blanket Accident/Sickness		\$13,693	\$2,660	\$13,693	0	10,581	0	10,581

CATHOLIC KNIGHTS INSURANCE SOCIETY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390201015	56030							
Hospital Indemnity		\$85	\$0	\$0	0	1	0	1

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CELTIC INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060641618	80799							
Instate Conversion		\$2,906,634	\$2,594,145	\$225,731	0	119	27	146
Out-of-State Group Guarantee Issue		\$87,850	\$82,426	\$12,338	0	6	0	6
Out-of-State Group Individually Underwritten		\$24,355,028	\$14,932,755	\$1,336,331	8	5,642	2,104	7,746
Out-of-State Group Short Term Major Medical		\$349,555	\$210,131	\$349,555	0	120	34	154
Medicare Supplement		\$13,816,885	\$8,537,250	\$0	0	4,333	0	4,333

CENTRAL SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
750916066	61735							
Hospital Indemnity		\$373	\$0	\$0	0	3	0	3
Limited Benefits		\$2,732	\$0	\$0	0	5	0	5

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470123035	61751							
Accident Only		\$23	\$0	\$0	0	0	0	0
Disability Income		\$71,481	\$92,201	\$0	0	247	0	247
Hospital Indemnity		\$139,087	\$23,086	\$17,355	0	1,023	0	1,023
Limited Benefits		\$3,494,552	\$3,969,592	\$79,188	0	1	0	1
Long Term Care		\$121,810	\$216	\$0	0	60	0	60
Medicare Supplement		\$7,684,259	\$4,993,290	\$110,006	2	3,461	0	3,461

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CENTRAL STATES INDEMNITY COMPANY OF OMAHA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470591908	34274							
Disability Income		\$308,256	\$115,445	\$0	0	37,180	0	37,180

CENTRAL UNITED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
420884060	61883							
Instate Individually Underwritten		\$230,680	\$699,567	\$0	0	105	62	167
Accident Only		\$759	\$1,416	\$0	0	37	0	37
Disability Income		\$12,144	\$29,278	\$0	0	52	8	60
Hospital Indemnity		\$5,964	\$7,433	\$0	0	162	81	243
Limited Benefits		\$1,012,938	\$955,596	\$0	0	2,447	1,992	4,439
Medicare Supplement		\$52,479	\$70,652	\$0	0	47	6	53

CENTRE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041589940	80896							
Disability Income		\$1,342,682	\$2,351,508	\$0	0	1,369	0	1,369
Hospital Indemnity		\$14,141	\$361,336	\$0	0	80	12	92

CHASE INSURANCE LIFE AND ANNUITY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
046046830	63207							
Disability Income		\$2,578	\$0	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CHASE LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310501247	67164							
Disability Income		\$1,541	\$0	\$0	0	4	0	4

CHESAPEAKE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520676509	61832							
Hospital Indemnity		\$5,046,395	\$3,127,741	\$23,051	14	4,439	59	4,498

CIGNA DENTAL HEALTH OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591611217	52021							
Dental		\$46,745,562	\$25,251,552	\$765,768	244	127,191	137,254	264,445

CIGNA HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592089259	95136							
Instate 51+ Member Groups		\$244,000,298	\$216,426,799	\$53,585,677	897	82,229	290	82,519

CINCINNATI INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310542366	10677							
Accident Only		\$1,961	\$0	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CINCINNATI LIFE INSURANCE COMPANY (THE)

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
311213778	76236							
Instate Individually Underwritten		\$11,496	\$30,868	\$0	0	15	0	15
Accident Only		\$76	\$0	\$0	0	15	0	15
Disability Income		\$29,966	\$158,807	\$0	0	69	0	69
Hospital Indemnity		\$2,100	\$3,610	\$0	0	7	0	7
Limited Benefits		\$359	\$381	\$0	0	17	0	17
Long Term Care		\$117,620	\$20,565	\$0	0	59	0	59
Medicare Supplement		\$1,970	\$7,617	\$0	0	3	0	3

CITICORP LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
430979556	80322							
Hospital Indemnity		\$48,704	\$71,076	\$0	0	141	0	141

CITIZENS NATIONAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
750892859	82082							
Dental		\$1,851	\$1,144	\$1,851	0	2	4	6
Limited Benefits		\$8,045	\$210	\$8,045	0	45	13	58
Medicare Supplement		\$2,433	\$3,265	\$2,433	0	2	0	2

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CITIZENS SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
610648389	61921							
Accident Only		\$56	\$0	\$0	0	1	0	1
Hospital Indemnity		\$1,945	\$0	\$0	0	2	0	2
Limited Benefits		\$2,457	\$4,975	\$0	0	11	0	11

CITRUS HEALTH CARE, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
134247706	11836							
Instate Guarantee Issue		\$7,577	\$1,665	\$7,577	0	2	0	2
Instate Individually Underwritten		\$2,617,636	\$1,246,229	\$1,132,326	0	1,163	0	1,163

CLARENDON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520266645	20532							
Excess/Stop Loss		\$102,682	\$33,116	\$102,682	1	184	43	227
Short Term Care		\$1,547,135	\$1,923,857	\$120,013	0	108	47	155
Student		\$1,799,895	\$2,015,765	\$0	1	4,299	75	4,374

COLONIAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
720172600	73326							
Hospital Indemnity		\$19,293	\$3,301	\$19,318	0	12	0	12
Long Term Care		\$1,377,433	\$235,657	\$630,025	0	591	0	591
Short Term Care		\$234,662	\$40,147	\$123,488	0	282	0	282

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
570144607	62049							
Accident Only		\$15,653,596	\$5,147,500	\$6,052,282	0	69,054	0	69,054
Disability Income		\$22,692,835	\$10,022,561	\$8,029,469	42	50,354	0	50,354
Hospital Indemnity		\$3,217,104	\$1,119,348	\$2,080,001	0	11,224	0	11,224
Limited Benefits		\$11,625,620	\$6,343,709	\$4,129,540	1	37,130	0	37,130
Medicare Supplement		\$1,234	\$106	\$0	0	1	0	1
Sickness		\$900,442	\$453,335	\$25,536	0	4,425	0	4,425

COLONIAL PENN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231628836	62065							
Accident Only		\$28,791	\$28,070	\$0	0	218	0	218
Accidental Death & Dismemberment		\$5,768	\$225	\$0	0	43	0	43
Hospital Indemnity		\$3,188	\$329	\$0	0	7	0	7
Long Term Care		\$27,168	\$0	\$0	0	35	0	35
Short Term Care		\$978	\$44	\$0	0	3	0	3
Medicare Supplement		\$1,746,345	\$1,685,999	\$0	0	560	0	560

COLORADO BANKERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
840674027	84786							
Accident Only		\$149,979	\$30,645	\$19,609	0	777	0	777
Dental		\$37,127	\$15,923	\$12,177	0	75	0	75

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COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
750956156	77720							
Instate Individually Underwritten		\$4,057	\$12,019	\$0	0	4	0	4
Accident Only		\$743	\$0	\$0	0	6	0	6
Disability Income		\$4,069	\$2,678	\$0	0	27	0	27
Hospital Indemnity		\$13,006	\$17,413	\$0	0	47	0	47
Limited Benefits		\$14,989	\$4,690	\$0	0	195	0	195
Medicare Supplement		\$2,325	\$1,802	\$0	0	0	0	0

COLUMBIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
161321681	76023							
Accident Only		\$1,509	\$0	\$0	0	6	0	6
Dental		\$59,181	\$264,507	\$0	0	77	70	147
Vision		\$329,715	\$36,290	\$0	0	4,465	4,856	9,321

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
150274455	62103							
Disability Income		\$2,320	\$8,171	\$0	0	8	8	16
Hospital Indemnity		\$2,906	\$0	\$0	0	33	33	66
Vision		\$22,992	\$420,898	\$0	0	8,203	5,729	13,932

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COLUMBUS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
311191427	99937							
Disability Income		\$54,865	\$139,191	\$0	0	203	0	203

COMBINED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362136262	62146							
Accident Only		\$9,859,919	\$7,040,854	\$235,041	0	58,222	2,930	61,152
Disability Income		\$6,082,851	\$3,196,668	\$174,842	0	18,517	1	18,518
Excess/Stop Loss		\$4,544,538	\$4,957,052	\$856,511	16	8,515	4,349	12,864
Hospital Indemnity		\$321,841	\$154,754	\$39,791	0	1,428	24	1,452
Limited Benefits		\$1,024,327	\$1,999,647	\$4,460	2,693	7,757	311	8,068
Long Term Care		\$331,654	\$0	\$62,880	0	387	1	388
Medicare Supplement		\$2,356,249	\$1,882,173	\$107,595	0	1,096	52	1,148
Sickness		\$5,169	\$1,871	\$0	0	11	0	11
Student		\$85,142	\$78,296	\$85,142	1	1,716	0	1,716
Vision		\$4,705,189	\$2,408,917	\$561,172	17	57,677	54,618	112,295

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
141537177	78697							
Accident Only		\$295,901	\$453,836	\$683	0	4,718	0	4,718
Disability Income		\$91,961	\$79,239	\$1,074	0	119	0	119
Hospital Indemnity		\$181,717	\$370,366	\$708	0	976	0	976
Limited Benefits		\$23,007	\$996	\$449	0	174	0	174

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
150274810	81426							
Accident Only		\$60,064	\$10,143	\$0	0	6,493	0	6,493
Accidental Death & Dismemberment		\$30,468	\$0	\$0	0	316	0	316
Disability Income		\$34,495	\$44,470	\$0	0	984	0	984
Hospital Indemnity		\$29,583	\$21,714	\$0	0	244	0	244

COMPANION LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
570523959	77828							
Dental		\$55,637	\$31,168	\$0	14	75	0	75
Disability Income		\$30,795	\$41,794	\$0	11	90	0	90
Excess/Stop Loss		\$10,059,513	\$5,464,304	\$0	41	22,903	11,110	34,013
Hospital Indemnity		\$327,573	\$170,291	\$0	19	62	10	72

COMPBENEFITS COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
592531815	52015							
Dental		\$95,036,657	\$62,850,279	\$1,858,825	0	575,982	363,588	939,570
Vision		\$40,748,886	\$41,897,261	\$1,066,820	0	1,150,734	840,282	1,991,016

COMPBENEFITS INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
742552026	60984							
Dental		\$33,102,180	\$25,102,191	\$647,506	0	76,966	67,159	144,125

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
020268648	62251							
Disability Income		\$28,365	\$19,406	\$0	0	74	0	74

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060303370	62308							
Instate Sole Proprietor		\$652,304	\$472,772	\$0	74	74	109	183
Instate 6-50 Member Groups		\$1,008,257	\$787,152	\$0	55	268	132	400
Instate 51+ Member Groups		\$341,874,514	\$272,636,607	\$0	1,045	64,990	63,945	128,935
Accidental Death & Dismemberment		\$65,377	\$40,235	\$0	6	1,062	0	1,062
Dental		\$23,854,695	\$29,960,645	\$0	655	153,612	122,585	276,197
Disability Income		\$998,042	\$2,083,763	\$0	11	977	0	977
Excess/Stop Loss		\$19,917,369	\$0	\$0	3	320	409	729
Long Term Care		\$190,905	\$227,727	\$0	0	226	0	226

CONSECO HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
341083130	78174							
Accident Only		\$2,585,886	\$308,774	\$149,987	0	4,750	2,074	6,824
Hospital Indemnity		\$2,676,252	\$281,460	\$155,228	0	1,751	765	2,516
Limited Benefits		\$10,259,833	\$6,157,789	\$595,093	0	31,962	13,957	45,919
Long Term Care		\$85,364	\$10,170	\$4,951	0	30	0	30

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CONSECO INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
450103436	60682							
Accident Only		\$9,628	\$30,862	\$0	0	138	0	138
Disability Income		\$56,049	\$30,786	\$0	0	91	0	91
Hospital Indemnity		\$171,360	\$92,875	\$0	0	2,130	0	2,130
Limited Benefits		\$93,053	\$51,112	\$0	0	807	0	807

CONSECO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
042299444	65900							
Out-of-State Group Individually Underwritten		\$0	\$212,990	\$0	0	0	0	0
Accidental Death & Dismemberment		\$14	\$12	\$0	0	1	0	1
Disability Income		\$25,646	\$21,460	\$0	0	37	11	48
Hospital Indemnity		\$3,914	\$3,275	\$0	0	19	6	25
Limited Benefits		\$3,408	\$2,852	\$0	0	41	12	53
Long Term Care		\$48,557	\$40,631	\$0	0	46	14	60

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CONSECO SENIOR HEALTH INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
230704970	76325							
Instate Individually Underwritten		\$52,789	\$863,961	\$0	0	15	0	15
Accident Only		\$4,332	\$71	\$0	0	109	0	109
Disability Income		\$28,663	\$18,343	\$0	0	69	0	69
Hospital Indemnity		\$341,311	\$738,118	\$0	0	522	0	522
Limited Benefits		\$517,837	\$263,181	\$0	0	1,209	0	1,209
Long Term Care		\$37,518,805	\$65,471,516	\$0	0	22,400	0	22,400
Medicare Supplement		\$904,719	\$10,106	\$0	0	574	0	574

CONSTITUTION LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
361824600	62359							
Dental		\$19,669	\$4,153	\$10,820	0	69	0	69
Long Term Care		\$31,012	\$0	\$0	0	23	0	23
Medicare Supplement		\$11,738,818	\$7,658,856	\$184,681	0	6,328	0	6,328

CONTINENTAL AMERICAN INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
570514130	71730							
Accident Only		\$139,890	\$74,919	\$35,656	22	560	0	560
Accidental Death & Dismemberment		\$79,393	\$42,519	\$11,548	3	828	0	828
Disability Income		\$325,515	\$174,332	\$35,251	20	793	0	793
Hospital Indemnity		\$852,526	\$456,577	\$85,744	31	2,903	0	2,903
Limited Benefits		\$249,524	\$133,634	\$63,902	20	788	0	788

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CONTINENTAL ASSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
360947200	62413							
Instate 51+ Member Groups		\$15,048,323	\$5,575,049	\$0	254	40,273	11,586	51,859
Instate Conversion		\$0	\$337,639	\$0	0	27	2	29
Accident Only		\$11,610	\$230,211	\$0	0	0	0	0
Disability Income		\$820	\$339,899	\$0	0	0	0	0

CONTINENTAL CASUALTY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362114545	20443							
Accident Only		\$11,326,409	\$2,187,601	\$0	0	0	0	0
Dental		\$30,866	\$5,364	\$0	0	0	0	0
Disability Income		\$11,271,207	\$13,157,762	\$0	0	0	0	0
Hospital Indemnity		\$0	\$3,344	\$0	0	0	0	0
Long Term Care		(\$1,006,966)	\$20,259,988	\$0	263	9,185	0	9,185

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CONTINENTAL GENERAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470463747	71404							
Instate Guarantee Issue		\$243,544	\$448,093	\$0	0	23	9	32
Instate Individually Underwritten		\$5,173,639	\$4,501,609	\$2,250	0	884	407	1,291
Out-of-State Group Individually Underwritten		\$16,461,378	\$11,297,314	\$2,789,989	0	4,058	3,028	7,086
Accident Only		\$19,874	\$6,235	\$0	0	72	0	72
Dental		\$2,844	\$1,174	\$0	0	16	5	21
Disability Income		\$131,286	\$371,991	\$0	0	181	0	181
Hospital Indemnity		\$2,395	\$7,884	\$0	0	2	0	2
Limited Benefits		\$21,536	\$1,691	\$0	0	64	39	103
Long Term Care		\$1,159,355	\$910,351	\$0	0	477	241	718
Short Term Care		\$79	\$54	\$59	0	1	0	1
Medicare Supplement		\$16,002,214	\$12,925,245	\$15,053	0	5,978	0	5,978

CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
621181209	68500							
Hospital Indemnity		\$195,958	\$119,048	\$17,913	0	373	0	373
Limited Benefits		\$4,304	\$1,635	\$0	0	21	0	21
Long Term Care		\$54,261	\$37,644	\$0	0	57	0	57
Short Term Care		\$553	\$0	\$0	0	2	0	2
Medicare Supplement		\$19,492,641	\$13,934,749	\$1,116,326	0	11,169	0	11,169

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

COUNTRY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
370808781	62553							
Disability Income		\$33,592	\$0	\$808	0	49	0	49
Long Term Care		\$92,718	\$19,661	\$0	0	72	3	75
Medicare Supplement		\$738,417	\$628,919	\$13,857	0	385	3	388

CROATIAN FRATERNAL UNION OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
250426430	56634							
Sickness		\$88	\$300	\$0	0	8	0	8

CROWN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
380455060	80675							
Disability Income		\$268,765	\$1,081,454	\$0	0	214	0	214

CSA FRATERNAL LIFE

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
360971620	56138							
Disability Income		\$61	\$0	\$0	0	0	0	0
Limited Benefits		\$80	\$0	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

CUNA MUTUAL INSURANCE SOCIETY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390230590	62626							
Instate Individually Underwritten		\$5,255	\$44,480	\$0	0	2	0	2
Accident Only		\$4,147,029	\$2,260,479	\$874,303	56	255,381	51,471	306,852
Dental		\$20,311	\$10,646	\$0	0	43	0	43
Disability Income		\$293,129	\$134,033	\$24,639	50	1,032	0	1,032
Hospital Indemnity		\$207,877	\$29,637	\$0	0	1,910	246	2,156
Medicare Supplement		\$14,900	\$15,986	\$0	0	22	0	22

CUNA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
420388260	65749							
Disability Income		\$6,662	\$212,330	\$0	0	28	0	28
Long Term Care		\$1,311,770	\$140,728	\$522,631	0	1,124	0	1,124

DELAWARE AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
510104167	62634							
Hospital Indemnity		\$173,612	\$921,499	\$0	2	263	0	263

DELTA DENTAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
942761537	81396							
Dental		\$55,260,749	\$40,148,659	\$3,295,493	303	155,560	151,036	306,596

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DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
363645850	52053							
Dental		\$269,034	\$337,841	\$21,949	57	23,019	8,729	31,748

DENTAL CONCERN, INC., THE

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
521157181	54739							
Dental		\$1,109,816	\$628,113	\$185,614	259	4,058	2,257	6,315

EMC NATIONAL LIFE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
420868851	62928							
Disability Income		\$2,772	\$13,144	\$0	0	7	0	7
Hospital Indemnity		\$2,681	\$0	\$0	0	2	0	2
Limited Benefits		\$657,180	\$813,530	\$395,237	0	1,052	306	1,358
Medicare Supplement		\$4,274	\$9,158	\$0	0	1	0	1

EMPIRE FIRE AND MARINE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
476022701	21326							
Out-of-State Group Individually Underwritten		\$12,858,981	\$8,108,652	\$300,399	1	2,608	2,488	5,096
Short Term Care		\$556,558	\$165,909	\$336,536	0	163	60	223

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

EMPLOYERS REINSURANCE CORPORATION

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
480921045	39845							
Excess/Stop Loss		\$525,614	\$451,741	\$0	1	3,070	6,877	9,947

EPIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
391502108	64149							
Instate Conversion		\$672	\$1,522	\$0	0	0	0	0

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
341626521	77968							
Accident Only		\$104,636	\$3,229	\$33,006	0	169	71	240
Hospital Indemnity		\$475	\$0	\$475	0	1	2	3
Limited Benefits		\$975,746	\$123,626	\$195,583	0	1,651	1,590	3,241

FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
910550883	63053							
Disability Income		\$1,519	\$155	\$0	0	0	0	0

FARMERS AND TRADERS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
150304150	63193							
Disability Income		\$883	\$0	\$0	0	3	0	3
Hospital Indemnity		\$165	\$1,520	\$0	0	1	0	1

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FARMERS NEW WORLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
910335750	63177							
Accident Only		\$1,550	\$0	\$0	0	2	0	2

FEDERAL HOME LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350576390	67695							
Accident Only		\$1,352	\$0	\$0	0	10	0	10
Disability Income		\$31,234	\$71,921	\$0	0	70	0	70
Hospital Indemnity		\$1,446	\$0	\$0	0	16	0	16
Limited Benefits		\$5,103	\$0	\$0	0	45	0	45
Long Term Care		\$1,675	\$0	\$0	0	3	0	3
Medicare Supplement		\$84,578	\$108,876	\$0	0	47	0	47

FEDERAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
131963496	20281							
Accident Only		\$1,039,263	\$535,908	\$0	0	15,435	0	15,435

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
361063550	63223							
Accident Only		\$841	\$725	\$0	0	245	0	245
Disability Income		\$44,495	\$27,046	\$4,007	0	127	0	127
Hospital Indemnity		\$95	\$0	\$0	0	1	0	1

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

FEDERATED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
416022443	63258							
Disability Income		\$1,198,200	\$853,995	\$239,822	0	937	0	937

FIDELITY SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
430949844	71870							
Out-of-State Group Guarantee Issue		\$89,264	\$41,741	\$376	0	7	1	8
Out-of-State Group Individually Underwritten		\$8,009,129	\$4,165,579	\$1,687,469	1	1,627	1,359	2,986
Accident Only		\$8,895	\$268	\$150	0	119	48	167
Accidental Death & Dismemberment		\$431,493	\$29,190	\$91,603	0	6,479	4,167	10,646
Blanket Accident/Sickness		\$0	\$2,421	\$0	0	0	0	0
Dental		\$157,370	\$61,386	\$34,018	22	205	155	360
Disability Income		\$605,798	\$47,972	\$101,025	0	204	0	204
Excess/Stop Loss		\$3,218,187	\$2,069,706	\$224,850	50	1,419	0	1,419
Hospital Indemnity		\$536,235	\$87,819	\$8,146	0	6,100	706	6,806
Limited Benefits		\$513,943	\$160,165	\$5,427	0	4,428	3,436	7,864
Prescription Drug		\$66,903	\$43,292	\$21,008	32	297	100	397
Vision		\$5,835,389	\$3,672,829	\$469,966	225	61,113	47,087	108,200

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041867050	69140							
Instate Individually Underwritten		\$1,763	\$12,406	\$0	0	6	2	8
Instate Conversion		\$119,511	\$1,243,055	\$0	0	22	7	29
Disability Income		\$46,140	\$91,454	\$0	0	158	1	159

Date Collection Form: OIR-B2-1094

This information is compiled from data filed with the Office by each Accident and/or Health Coverage Provider. It has not been audited or independently verified.

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FIRST COLONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
540596414	63401							
Long Term Care		\$4,938	\$0	\$0	0	3	0	3

FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
382242132	90328							
Dental		\$1,022,448	\$827,407	\$504,471	1	4,328	3,864	8,192
Excess/Stop Loss		\$75,384	\$4,068	\$0	1	308	200	508

FIRST INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
131968606	63495							
Disability Income		\$886	\$3,735	\$0	0	5	0	5

FLORIDA COMBINED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592876465	76031							
Dental		\$36,296,754	\$20,729,631	\$0	2,088	115,786	0	115,786
Disability Income		\$12,870,050	\$8,601,238	\$0	312	47,864	0	47,864
Hospital Indemnity		\$497,390	\$142,216	\$0	40	3,275	0	3,275

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FLORIDA HEALTH CARE PLAN, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
593222484	95124							
Instate Sole Proprietor		\$1,216,776	\$1,332,621	\$61,875	218	218	48	266
Instate 2-5 Member Groups		\$7,624,597	\$7,596,813	\$537,954	764	1,571	656	2,227
Instate 6-50 Member Groups		\$11,526,767	\$9,439,057	\$341,012	281	2,385	998	3,383
Instate 51+ Member Groups		\$104,751,339	\$90,531,411	\$2,534,755	66	18,554	14,582	33,136
Instate Conversion		\$5,055,710	\$6,622,091	\$654,822	0	915	472	1,387

FLORIDA HEALTH SOLUTION, CORP.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
460502866								
Prepaid Health Clinic		\$7,785,001	\$4,989,573	\$7,785,001	145	3,494	8,070	11,564

FORT DEARBORN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
362598882	71129							
Dental		\$16,803	\$9,616	\$0	8	78	129	207
Disability Income		\$783,880	\$947,512	\$0	89	838	0	838

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
611096685	62324							
Instate Individually Underwritten		\$14,625	\$18,223	\$0	0	3	2	5
Out-of-State Group Individually Underwritten		\$10,906,742	\$6,594,399	\$2,748,600	2	1,781	1,593	3,374
Accident Only		\$1,247	\$0	\$0	0	10	0	10
Dental		\$19,610	\$0	\$0	0	12	9	21
Hospital Indemnity		\$217	\$0	\$0	0	1	0	1
Limited Benefits		\$548,992	\$159,056	\$14,919	0	2,240	295	2,535

GARDEN STATE LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
221700753	63657							
Accident Only		\$9,338	\$0	\$0	1	41	0	41

GENERAL AMERICAN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
430285930	63665							
Disability Income		\$1,089,778	\$7,336,373	\$0	0	770	0	770

GENESIS INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
061024360	38962							
Long Term Care		\$49,025	\$151,009	\$0	0	163	0	163

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GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
540283385	65536							
Accident Only		\$2,305	\$0	\$0	0	38	0	38
Disability Income		\$1,969	\$0	\$0	0	1	0	1
Hospital Indemnity		\$2,247	\$0	\$0	0	3	0	3
Limited Benefits		\$5,328	\$0	\$0	0	22	0	22
Long Term Care		\$45,552	\$32,038	\$0	0	42	0	42
Medicare Supplement		\$1,155,223	\$655,548	\$0	0	676	0	676

GENWORTH LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060893662	80926							
Accidental Death & Dismemberment		\$484,253	\$241,149	\$116,279	1,094	42,976	3,494	46,470
Dental		\$13,416,289	\$9,051,963	\$3,565,513	833	24,119	20,112	44,231
Disability Income		\$6,788,101	\$2,759,582	\$2,007,356	841	19,883	0	19,883
Excess/Stop Loss		\$5,279,096	\$6,125,637	\$1,918,909	36	4,029	3,140	7,169
Hospital Indemnity		\$972	\$4,213	\$0	0	0	0	0

GENWORTH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
916027719	70025							
Accident Only		\$8,437	\$229,113	\$0	0	67	0	67
Long Term Care		\$91,959,118	\$45,080,714	\$5,995,459	0	47,758	0	47,758

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GERBER LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
132611847	70939							
Instate Conversion		\$94,257	\$286,914	\$0	0	25	0	25
Accidental Death & Dismemberment		\$98,150	\$244,820	\$0	28	11,416	0	11,416
Blanket Accident/Sickness		\$20,014	\$147,229	\$0	1	40	0	40
Dental		\$377	\$1,313	\$0	1	1	0	1
Excess/Stop Loss		\$2,411,155	\$1,649,015	\$0	13	2,815	0	2,815
Hospital Indemnity		\$84,022	\$48,117	\$0	0	158	0	158
Limited Benefits		\$313	\$0	\$0	0	2	0	2
Long Term Care		\$12,187	\$52,714	\$0	0	9	0	9
Medicare Supplement		\$1,061,466	\$835,491	\$0	0	426	0	426

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630782739	91472							
Accident Only		\$139,362	\$1,630	\$75,928	0	1,430	47	1,477
Accidental Death & Dismemberment		\$1,714,102	\$42,315	\$342,287	0	10,333	0	10,333
Disability Income		\$1,266	\$0	\$0	0	3	1	4
Hospital Indemnity		\$163,363	\$572,826	\$0	0	196	37	233
Limited Benefits		\$44,775	\$20,045	\$0	0	626	298	924
Long Term Care		\$177	\$0	\$0	0	2	0	2
Medicare Supplement		\$158,821	\$303,671	\$0	0	109	0	109

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GOLDEN RULE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
376028756	62286							
Instate Individually Underwritten		\$1,562,581	\$911,610	\$0	0	141	49	190
Instate Conversion		\$40,600	\$96,168	\$12,549	0	18	1	19
Out-of-State Group Guarantee Issue		\$10,338,024	\$10,832,420	\$1,946,915	0	1,133	142	1,275
Out-of-State Group Individually Underwritten		\$131,195,971	\$57,086,268	\$29,314,699	1	39,634	32,044	71,678
Disability Income		\$1,481	\$0	\$0	0	3	0	3
Hospital Indemnity		\$1,404	\$0	\$0	0	8	2	10
Short Term Care		\$781,367	\$346,119	\$722,670	0	410	265	675
Medicare Supplement		\$4,077,558	\$4,096,774	\$302	0	1,896	0	1,896

GOVERNMENT EMPLOYEES INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
530075853	22063							
Accident Only		\$22,537	\$3,130	\$0	0	183	0	183

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
740651020	63967							
Champus/Tricare Supplement		\$181,466	\$94,598	\$0	0	295	604	899

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GREAT AMERICAN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
131935920	63312							
Accident Only		\$673	\$0	\$0	0	5	0	5
Disability Income		\$316	\$3,231	\$0	0	1	0	1
Hospital Indemnity		\$359	\$407	\$0	0	2	0	2
Long Term Care		\$907,326	\$215,378	\$208,287	4	654	0	654

GREAT SOUTHERN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
742058261	90212							
Instate Conversion		\$3,467	\$6,505	\$0	0	1	1	2
Disability Income		\$254,633	\$0	\$6,305	0	265	255	520
Limited Benefits		\$193	\$0	\$0	0	1	1	2

GREAT WEST LIFE ASSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
980000673	80705							
Out-of-State Group 51+ Member Groups		\$1,553,475	\$861,876	\$293,821	35	65	68	133

GREAT-WEST HEALTHCARE OF FLORIDA, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
593428587	95805							
Instate 51+ Member Groups		\$3,664,986	\$0	\$0	38	638	437	1,075

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GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
840467907	68322							
Instate Conversion		\$0	\$12,103	\$0	0	0	0	0
Out-of-State Group 51+ Member Groups		\$770,673	\$694,086	\$0	11	412	372	784
Accidental Death & Dismemberment		\$317,464	\$285,915	\$1,739	10	377	298	675
Dental		\$7,238	\$6,519	\$1,402	7	478	391	869
Disability Income		\$55,790	\$50,246	\$306	2	66	52	118
Excess/Stop Loss		\$36,389,810	\$32,761,405	\$201,630	1,152	43,153	33,906	77,059
Vision		\$15,598	\$14,048	\$85	1	19	15	34

GUARANTEE TRUST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
361174500	64211							
Instate Individually Underwritten		\$354,684	\$210,636	\$99,951	0	93	0	93
Out-of-State Group Individually Underwritten		\$143,834	\$68,351	\$0	22	24	18	42
Accident Only		\$1,136	\$0	\$14	0	54	0	54
Accidental Death & Dismemberment		\$54,350	\$332	\$52,611	0	42	0	42
Dental		\$25,794	\$10,457	\$24,968	2	15	23	38
Disability Income		\$9,556	\$7,111	\$0	0	125	0	125
Hospital Indemnity		\$32,333	\$6,673	\$3,225	0	104	0	104
Limited Benefits		\$91,198	\$10,514	\$9,568	0	578	0	578
Long Term Care		\$2,762,594	\$3,214,997	\$14,899	0	773	0	773
Short Term Care		\$1,299,345	\$530,229	\$1,257,772	0	529	633	1,162
Medicare Supplement		\$2,857,314	\$2,211,791	\$41,762	0	1,268	0	1,268
Student		\$943,718	\$1,013,432	\$820,511	0	1,939	0	1,939

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GUARANTY INCOME LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
720201480	64238							
Long Term Care		\$144,335	\$285	\$32,798	0	119	0	119

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
135123390	64246							
Instate Individually Underwritten		\$332,667	\$1,536,111	\$0	0	398	0	398
Instate 51+ Member Groups		\$886,230	\$712,115	\$135,721	4	1,006	112	1,118
Instate Conversion		\$427,218	\$821,177	\$103,387	0	81	53	134
Accidental Death & Dismemberment		\$773,274	\$130,035	\$266,571	1,046	42,698	2,135	44,833
Dental		\$79,871,249	\$53,401,150	\$17,400,810	3,552	163,947	204,934	368,881
Disability Income		\$26,107,260	\$19,305,016	\$2,621,688	1,305	35,428	0	35,428
Vision		\$1,202,426	\$1,403,555	\$206,048	136	12,725	15,906	28,631

HARLEYSVILLE LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
231580983	64327							
Disability Income		\$138	\$0	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

HARTFORD FIRE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060383750	19682							
Accident Only		\$0	\$59,568	\$0	0	0	0	0
Blanket Accident/Sickness		\$262,776	\$1,178	\$0	400	302,571	0	302,571
Disability Income		\$44	\$13,946	\$0	1	38	0	38
Excess/Stop Loss		\$0	\$199,370	\$0	0	0	0	0

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060838648	70815							
Accidental Death & Dismemberment		\$4,199,765	\$3,400,742	\$0	871	237,207	0	237,207
Blanket Accident/Sickness		\$1,123,834	\$885,583	\$0	937	106,908	0	106,908
Disability Income		\$61,893,149	\$51,209,766	\$0	1,152	237,404	0	237,404
Excess/Stop Loss		\$914,936	\$757,133	\$0	6	796	0	796
Hospital Indemnity		\$51,955	\$40,944	\$0	3	124	0	124
Medicare Supplement		\$2,273,521	\$1,791,539	\$0	24	4,325	0	4,325
Travel		\$2,155,570	\$1,698,592	\$0	359	512,637	0	512,637

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
391052598	71153							
Disability Income		\$11,246	\$13,615	\$0	0	119	0	119
Hospital Indemnity		\$5,799	\$7,022	\$0	0	62	0	62
Limited Benefits		\$54,384	\$65,846	\$0	0	578	0	578

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

HARTFORD LIFE GROUP INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
736095123	74268							
Accidental Death & Dismemberment		\$530,820	\$592,367	\$0	124	25,822	0	25,822
Disability Income		\$6,450,465	\$7,198,376	\$0	347	72,259	0	72,259

HARTFORD LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
060974148	88072							
Accidental Death & Dismemberment		\$1,140,903	\$973,097	\$0	32	12,103	0	12,103
Blanket Accident/Sickness		\$63,291	\$54,110	\$0	622	6,187	0	6,187
Disability Income		\$4,239,334	\$3,612,361	\$0	50	12,701	0	12,701
Hospital Indemnity		\$304,663	\$260,466	\$0	38	745	0	745
Limited Benefits		\$114,506	\$97,894	\$0	270	27,983	0	27,983
Long Term Care		\$207,214	\$177,154	\$0	20	2,026	0	2,026
Medicare Supplement		\$8,287,678	\$7,085,399	\$0	23	16,203	0	16,203

HCC LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
351817054	92711							
Excess/Stop Loss		\$10,910,836	\$11,525,713	\$2,105,497	58	16,111	19,978	36,089
Medicare Supplement		\$9,614	\$25,554	\$0	0	5	0	5

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
361236610	70670							
Out-of-State Group Individually Underwritten		\$1,895,618	\$3,064,617	\$0	737	434	303	737
Out-of-State Group 51+ Member Groups		\$32,214,578	\$27,531,693	\$0	992	4,624	4,624	9,248
Administrative Services Only (ASO)		\$285,742,693	\$240,348,436	\$0	462	63,479	60,982	124,461
Dental		\$554,685	\$46,131	\$0	0	1,030	1,030	2,060
Medicare Supplement		\$8,954,722	\$7,006,120	\$0	3,438	3,438	0	3,438

HEALTH FIRST HEALTH PLANS, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
593315064	95019							
Instate Sole Proprietor		\$2,834,671	\$2,325,987	\$111,066	353	353	300	653
Instate 2-5 Member Groups		\$47,495,610	\$40,386,719	\$4,306,657	1,526	9,918	6,393	16,311
Instate 51+ Member Groups		\$48,281,394	\$47,906,331	\$1,305,868	83	8,621	7,211	15,832
Instate Conversion		\$897,436	\$972,756	\$221,011	0	119	76	195
Administrative Services Only (ASO)		\$3,238,674	\$0	\$0	5	9,186	8,477	17,663

HEALTH NET LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
730654885	66141							
Out-of-State Group Conversion		\$60,979	\$230,866	\$0	0	8	0	8

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

HEALTH OPTIONS, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592403696	95089							
Instate Guarantee Issue		\$1,609,150	\$2,339,896	\$20,374	0	385	60	445
Instate Individually Underwritten		\$49,435,507	\$34,094,770	\$3,131,253	0	13,388	3,454	16,842
Instate Sole Proprietor		\$27,365,541	\$25,318,421	\$482,196	1,795	1,795	1,154	2,949
Instate 2-5 Member Groups		\$102,554,801	\$77,205,680	\$3,401,491	5,114	22,430	15,269	37,699
Instate 6-50 Member Groups		\$352,652,188	\$246,094,477	\$6,083,665	4,370	37,497	21,721	59,218
Instate 51+ Member Groups		\$881,855,625	\$676,619,590	\$7,849,154	732	163,367	127,124	290,491
Instate Conversion		\$19,541,629	\$31,511,167	\$2,817,368	0	4,601	1,229	5,830
Administrative Services Only (ASO)		\$10,173,622	\$8,474,768	\$0	34	52,158	36,331	88,489

HM LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
061041332	93440							
Accidental Death & Dismemberment		\$39,942	\$176,739	\$4,845	22	2,805	282	3,087
Disability Income		\$1,827,416	\$678,650	\$706,898	16	6,130	0	6,130
Excess/Stop Loss		\$7,730,452	\$3,376,660	\$3,616,018	18	37,313	3,732	41,045
Vision		\$116,405	\$77,469	\$0	2	1,266	127	1,393

HORACE MANN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
370726637	64513							
Accidental Death & Dismemberment		\$2,674	\$121	\$0	0	90	0	90
Disability Income		\$270,337	\$218,880	\$2,336	2	752	0	752
Hospital Indemnity		\$1,593	\$1,469	\$7	0	3	0	3
Limited Benefits		\$0	\$830	\$0	0	0	0	0

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HOUSEHOLD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
382341728	93777							
Accidental Death & Dismemberment		\$556	\$1	\$0	0	61	0	61

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
611041514	69671							
Instate Guarantee Issue		\$2,017,541	\$902,369	\$604,178	0	252	18	270
Instate Individually Underwritten		\$84,145,290	\$45,118,429	\$39,839,448	0	33,642	20,844	54,486
Instate Sole Proprietor		\$3,331,743	\$2,688,442	\$78,508	96	96	57	153
Instate 2-5 Member Groups		\$28,396,930	\$25,109,340	\$1,690,105	2,002	2,827	2,042	4,869
Instate 6-50 Member Groups		\$59,771,513	\$42,641,033	\$11,081,966	1,666	10,543	7,077	17,620
Instate 51+ Member Groups		\$219,690,566	\$183,967,845	\$32,933,311	373	39,003	30,682	69,685
Instate Conversion		\$2,418,574	\$2,611,503	\$570,770	0	269	70	339
Administrative Services Only (ASO)		\$17,936,398	\$3,307,418	\$0	17	41,406	91,866	133,272
Medicare Supplement		\$2,957,577	\$2,329,733	\$0	1,056	1,056	0	1,056

HUMANA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
391263473	73288							
Out-of-State Group Conversion		\$380,178	\$925,610	\$0	0	37	27	64
Administrative Services Only (ASO)		\$8,739	\$140,515	\$0	0	1	2	3
Accidental Death & Dismemberment		\$21,371	\$0	\$88,578	1,022	15,506	162	15,668
Dental		\$1,459	\$406	\$0	1	7	6	13
Disability Income		\$140,433	\$44,378	\$0	79	812	0	812
Excess/Stop Loss		\$813	\$0	\$0	0	1	2	3

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HUMANA MEDICAL PLAN, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
611103898	95270							
Instate Sole Proprietor		\$5,709,316	\$521,539	\$405,272	643	643	443	1,086
Instate 2-5 Member Groups		\$12,156,553	\$8,440,249	\$1,976,284	764	2,406	1,279	3,685
Instate 6-50 Member Groups		\$30,216,619	\$22,718,094	\$8,757,359	502	7,159	3,427	10,586
Instate 51+ Member Groups		\$486,455,148	\$408,202,844	\$30,109,155	332	88,006	53,758	141,764
Instate Conversion		\$2,898,401	\$5,095,824	\$280,526	0	380	171	551

HUMANADENTAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390714280	70580							
Administrative Services Only (ASO)		\$231,496	\$0	\$30,876	10	4,700	5,712	10,412
Dental		\$10,872,429	\$6,839,503	\$3,022,034	1,198	20,584	16,048	36,632

IDEALIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
061053475	97764							
Medicare Supplement		\$3,080,571	\$1,686,311	\$0	0	1,210	0	1,210

IDS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
410823832	65005							
Disability Income		\$8,072,705	\$2,678,447	\$1,120,966	0	7,734	0	7,734
Long Term Care		\$13,115,420	\$5,842,451	(\$441)	0	10,305	0	10,305

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ILLINOIS MUTUAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
370344290	64580							
Instate Individually Underwritten		\$1,064,466	\$1,621,288	\$0	0	123	52	175
Disability Income		\$4,629,302	\$4,339,734	\$509,454	0	7,601	0	7,601
Hospital Indemnity		\$16,618	\$70,517	\$0	0	50	10	60

INDEPENDENT ORDER OF FORESTERS

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
980000680	58068							
Disability Income		\$6,170	\$18,901	\$0	0	80	0	80

INDIANAPOLIS LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
350413330	64645							
Disability Income		\$736,531	\$670,626	\$0	0	1,062	0	1,062

INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
431014771	81779							
Disability Income		\$135	\$0	\$135	0	1	0	1

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ING LIFE INSURANCE AND ANNUITY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
710294708	86509							
Instate Individually Underwritten		\$2,960	\$28,289	\$0	0	2	0	2
Long Term Care		\$43,224	\$35,545	\$0	0	50	0	50
Medicare Supplement		\$885	\$29,410	\$0	0	9	0	9

ING USA ANNUITY AND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
410991508	80942							
Disability Income		\$15,457	\$63,749	\$0	0	40	0	40
Limited Benefits		\$2,849	\$1,209	\$0	0	871	0	871

INTERNATIONAL DENTAL PLANS, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592327793	52011							
Dental		\$126,382	\$58,717	\$0	0	527	643	1,170

INVESTORS CONSOLIDATED INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
561090947	85189							
Accidental Death & Dismemberment		\$1,080	\$51	\$0	0	249	0	249

INVESTORS HERITAGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
610574893	64904							
Medicare Supplement		\$3,628	\$16,220	\$0	0	3	0	3

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231632193	63487							
Accident Only		\$1,054	\$4,701	\$0	0	4	0	4
Disability Income		\$8,520	\$37,088	\$0	0	29	0	29
Medicare Supplement		\$2,406	\$10,447	\$0	0	6	0	6

JEFFERSON NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
750300900	64017							
Instate Individually Underwritten		\$2,817	\$975	\$0	0	15	0	15
Accident Only		\$68	\$24	\$0	0	2	0	2
Disability Income		\$66,938	\$10,476	\$0	0	51	0	51
Hospital Indemnity		\$1,726	\$597	\$0	0	10	0	10
Limited Benefits		\$1,200	\$415	\$0	0	19	0	19
Medicare Supplement		\$84,345	\$29,176	\$0	0	45	0	45

JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
620395665	70254							
Accidental Death & Dismemberment		\$2,929,945	\$763,795	\$608,356	1,578	248,924	0	248,924
Dental		\$13,620,754	\$8,133,115	\$3,722,079	240	24,893	0	24,893
Disability Income		\$56,562,673	\$47,317,746	\$13,541,806	1,937	260,480	0	260,480
Limited Benefits		\$5,806,219	\$5,043,941	\$0	160	1,112	0	1,112

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JEFFERSON PILOT LIFEAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
220832760	62057							
Instate Conversion		\$8,409	\$64,080	\$0	0	16	0	16
Dental		\$0	\$1,714	\$0	0	0	0	0
Disability Income		\$8,991	\$62,861	\$0	0	42	0	42

JEFFERSON-PILOT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
560359860	67865							
Instate Individually Underwritten		\$475	\$0	\$0	0	2	0	2
Instate Conversion		\$8,597	\$225,753	\$0	0	3	1	4
Accidental Death & Dismemberment		\$829	\$0	\$0	0	5	0	5
Disability Income		\$2,653,712	\$3,573,543	\$0	0	2,402	0	2,402
Hospital Indemnity		\$900	\$0	\$0	0	7	0	7
Limited Benefits		\$216	\$0	\$0	0	1	0	1

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JOHN ALDEN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
410999752	65080							
Instate 2-5 Member Groups		\$18,786	\$9,593	\$0	1	2	1	3
Instate Conversion		\$243,021	\$85,808	\$13,860	0	21	5	26
Out-of-State Group Guarantee Issue		\$329,329	\$275,391	\$98,354	0	29	0	29
Out-of-State Group Individually Underwritten		\$6,691,013	\$3,853,373	\$1,081,826	1	1,623	1,476	3,099
Accident Only		\$7,172	\$5,063	\$7,172	0	70	84	154
Accidental Death & Dismemberment		\$754	\$0	\$0	0	29	0	29
Dental		\$21,005	\$12,878	\$2,200	10	42	26	68
Disability Income		\$46,611	\$27,665	\$46,611	0	151	0	151
Hospital Indemnity		\$2,214	\$599	\$2,214	0	5	1	6
Limited Benefits		\$7,203	\$4,552	\$7,203	0	63	60	123
Long Term Care		\$683,166	\$166,378	\$0	0	427	0	427
Short Term Care		\$359,642	\$217,573	\$296,089	0	153	55	208
Medicare Supplement		\$693,760	\$608,993	\$0	0	325	0	325
Sickness		\$0	\$782	\$0	0	4	4	8

JOHN HANCOCK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041414660	65099							
Disability Income		\$1,204,224	\$0	\$0	0	757	0	757
Long Term Care		\$75,948,943	\$34,844,092	\$10,728,893	201	44,835	3,278	48,113

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JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
010233346	65838							
Disability Income		\$1,846	\$19,567	\$0	0	10	0	10

KANAWHA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
570380426	65110							
Instate Individually Underwritten		\$121,018	\$96,907	\$0	0	40	40	80
Accident Only		\$32,315	\$6,086	\$8,848	0	125	173	298
Dental		\$31,849	\$28,242	\$432	5	63	72	135
Disability Income		\$733,861	\$236,633	\$133,244	5	2,193	26	2,219
Hospital Indemnity		\$6,445	\$3,923	\$694	2	46	21	67
Limited Benefits		\$455,167	\$109,336	\$132,029	3	2,821	2,356	5,177
Long Term Care		\$16,246,936	\$6,832,302	\$257,101	0	8,955	0	8,955
Medicare Supplement		\$665,222	\$654,065	\$0	0	254	0	254

KANSAS CITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
440308260	65129							
Instate Individually Underwritten		\$7,656	\$9,791	\$0	0	3	1	4
Dental		\$466,931	\$273,666	\$0	20	626	450	1,076
Disability Income		\$229,593	\$407,399	\$0	20	621	0	621
Hospital Indemnity		\$6,132	\$12,546	\$0	0	25	0	25
Limited Benefits		\$117	\$4	\$0	0	3	1	4
Medicare Supplement		(\$1,340)	\$5,076	\$0	0	4	0	4
Vision		\$1,883	\$208	\$0	1	18	25	43

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LAFAYETTE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350457540	65242							
Accident Only		\$33,020	\$12,168	\$10,562	27	2,818	0	2,818
Disability Income		\$124,357	\$75,785	\$7,586	6	291	0	291

LAKEVIEW CENTER, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
590737872								
Prepaid Health Services		\$9,124,298	\$0	\$0	0	35,728	0	35,728

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
046076039	65315							
Disability Income		\$12,091,814	\$14,815,818	\$7,583	20	54,309	0	54,309

LIBERTY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
570249218	65323							
Accident Only		\$2,858,511	\$86,399	\$158,781	0	20,934	8,383	29,317
Disability Income		\$44,368	\$16,989	\$760	0	208	44	252
Hospital Indemnity		\$731	\$0	\$0	0	1	0	1
Limited Benefits		\$13,387	\$4,353	\$348	0	17	28	45

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LIBERTY MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041543470	23043							
Instate Conversion		\$15,067	\$0	\$0	0	0	0	0

LIBERTY NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630124600	65331							
Accident Only		\$271,518	\$34,995	\$0	0	19,719	0	19,719
Accidental Death & Dismemberment		\$562,888	\$393,032	\$0	0	6,687	0	6,687
Hospital Indemnity		\$1,200,880	\$656,746	\$0	0	9,090	0	9,090
Limited Benefits		\$15,143,783	\$4,805,512	\$0	0	27,539	5,345	32,884
Medicare Supplement		\$69,483	\$66,804	\$0	0	42	0	42

LIFE INSURANCE COMPANY OF ALABAMA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630321291	65412							
Accident Only		\$5,058	\$0	\$1,490	0	23	0	23
Accidental Death & Dismemberment		\$694	\$2,079	\$212	0	45	0	45
Disability Income		\$297	\$0	\$0	0	2	0	2
Hospital Indemnity		\$220	\$0	\$127	0	0	0	0
Limited Benefits		\$267,338	\$209,648	\$2,370	0	563	0	563
Sickness		\$408	\$0	\$0	0	2	0	2

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LIFE INSURANCE COMPANY OF GEORGIA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
580298930	65471							
Instate Individually Underwritten		\$5,128	\$13,899	\$0	0	1	0	1
Accident Only		\$50,739	\$12,888	\$0	0	4,814	7	4,821
Dental		\$61,344	\$69,807	\$0	0	178	0	178
Disability Income		\$35,590	\$127,805	\$0	0	656	21	677
Hospital Indemnity		\$126,701	\$69,008	\$0	0	1,915	0	1,915
Limited Benefits		\$515,281	\$984,130	\$0	0	2,810	1,138	3,948
Long Term Care		\$34,747	\$77,297	\$0	0	37	0	37
Short Term Care		\$611	\$0	\$0	0	1	0	1
Medicare Supplement		\$1,046,090	\$1,244,441	\$0	0	588	0	588
Champus/Tricare Supplement		\$96,908	\$134,165	\$0	0	149	136	285

LIFE INSURANCE COMPANY OF NORTH AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231503749	65498							
Accident Only		\$5,285,522	\$1,015,919	\$0	27	132,138	0	132,138
Disability Income		\$22,448,060	\$28,641,564	\$0	23	99,769	0	99,769
Hospital Indemnity		\$1,998,861	\$0	\$0	5	6,663	0	6,663
Limited Benefits		\$5,420,682	\$1,609,222	\$0	9	38,719	0	38,719

LIFE INSURANCE COMPANY OF THE SOUTHWEST

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
750953004	65528							
Limited Benefits		\$91	\$0	\$0	0	1	1	2

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LIFE INVESTORS INSURANCE COMPANY OF AMERICA

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
420191090	64130							
Instate Conversion		\$9,661	\$1,120	\$0	0	1	2	3
Out-of-State Group Individually Underwritten		\$2,512	\$0	\$0	0	0	0	0
Accident Only		\$22,201	\$5,506	\$0	0	150	165	315
Accidental Death & Dismemberment		\$859,807	\$250,178	\$0	0	4,558	2,265	6,823
Disability Income		\$447,517	\$287,025	\$5,324	21	1,058	2,086	3,144
Hospital Indemnity		\$153,626	\$82,246	\$0	0	453	188	641
Limited Benefits		\$492,664	\$1,627,329	\$0	0	2,745	2,843	5,588
Long Term Care		\$5,956,447	\$2,119,424	\$53,727	0	4,563	0	4,563
Medicare Supplement		\$11,616,860	\$7,904,455	\$479,762	0	4,937	0	4,937

LINCOLN BENEFIT LIFE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
470221457	65595							
Long Term Care		\$8,630,495	\$2,045,285	\$930,205	1	3,360	1,331	4,691

LINCOLN HERITAGE LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
042314290	65927							
Accidental Death & Dismemberment		\$4,924	\$0	\$0	0	33	0	33
Hospital Indemnity		\$571	\$1,670	\$0	0	3	0	3
Medicare Supplement		\$3,122,772	\$1,395,084	\$2,853,994	0	3,274	0	3,274

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LINCOLN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350472300	65676							
Disability Income		\$2,777,548	\$6,864,026	\$0	0	1,894	0	1,894
Hospital Indemnity		\$8,542	\$0	\$0	0	3	0	3
Long Term Care		\$338,616	\$254,692	\$0	0	205	0	205

LONDON LIFE REINSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
232044256	76694							
Excess/Stop Loss		\$45,013	\$5,094	\$0	0	0	0	0
Medicare Supplement		\$8,842	\$60,747	\$0	0	7	2	9

LOYAL AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630343428	65722							
Accident Only		\$670,821	\$439,841	\$0	0	76	44	120
Disability Income		\$53,946	\$56,969	\$0	0	182	0	182
Hospital Indemnity		\$16,061	\$2,285	\$0	0	163	103	266
Limited Benefits		\$609,031	\$642,978	\$0	0	4,309	4,037	8,346
Long Term Care		\$1,215,234	\$32,694	\$0	0	849	0	849

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MADISON NATIONAL LIFE INSURANCE COMPANY INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390990296	65781							
Disability Income		\$396,533	\$390,778	\$396,349	3	4,071	0	4,071
Excess/Stop Loss		\$320,385	\$842,086	\$320,385	2	201	0	201
Hospital Indemnity		\$2,297	\$9	\$0	0	2	0	2
Limited Benefits		\$1,019	\$0	\$0	0	9	0	9

MAGNA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
576037491	61018							
Accidental Death & Dismemberment		\$3,624	\$0	\$0	0	43	0	43

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
450252531	67083							
Disability Income		\$256	\$0	\$0	0	1	0	1
Long Term Care		\$237,276	\$1,298,634	\$0	0	292	12	304

MARKEL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
363101262	38970							
Accident Only		\$1,137,984	\$681,656	\$137,405	0	315,006	0	315,006
Blanket Accident/Sickness		\$1,942,570	\$1,040,096	\$185,112	0	32,586	22	32,608
Limited Benefits		\$207,362	\$102,168	\$168,191	0	434	30	464

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MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041590850	65935							
Disability Income		\$12,794,923	\$16,546,004	\$945,342	0	9,388	0	9,388
Long Term Care		\$4,149,889	\$376,020	\$1,014,365	0	1,276	0	1,276

MEDAMERICA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
340977231	69515							
Long Term Care		\$573,626	\$120,821	\$358,441	0	540	0	540

MEDICAL SAVINGS INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
351975418	74217							
Out-of-State Group Guarantee Issue		\$45,294	\$2,547	\$10,530	0	6	3	9
Out-of-State Group Individually Underwritten		\$20,214,933	\$11,347,052	\$2,311,624	4	4,432	5,614	10,046

MEDICO INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470122200	31119							
Accident Only		\$936	\$9	\$0	0	58	0	58
Disability Income		\$36,456	\$16,765	\$0	0	62	0	62
Hospital Indemnity		\$93,256	\$111,049	\$0	0	200	14	214
Limited Benefits		\$495,510	\$504,534	\$0	0	1,829	994	2,823
Long Term Care		\$3,392,429	\$2,015,366	\$0	0	2,679	0	2,679
Short Term Care		\$158,109	\$118,896	\$0	0	510	0	510
Medicare Supplement		\$37,299,713	\$29,535,986	\$19,915	0	19,277	0	19,277

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

MEDICO LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470520541	71471							
Disability Income		\$1,137	\$22	\$0	0	2	0	2
Hospital Indemnity		\$1,268	\$1,368	\$0	0	0	0	0
Limited Benefits		\$7,264	\$174	\$0	0	30	20	50
Long Term Care		\$371,501	\$150,672	\$0	0	253	0	253
Short Term Care		\$58	\$2	\$0	0	1	0	1
Medicare Supplement		\$450,403	\$330,802	\$97,968	0	172	0	172

MEGA LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
592213662	97055							
Instate Individually Underwritten		\$185,008	\$20,101	\$13,362	0	51	34	85
Instate 51+ Member Groups		\$12,212,287	\$14,764,798	\$0	21	14,302	0	14,302
Instate Conversion		\$0	\$250,000	\$0	0	0	0	0
Out-of-State Group Guarantee Issue		\$35,396	\$17	\$10,751	0	6	1	7
Out-of-State Group Individually Underwritten		\$50,133,959	\$21,705,543	\$9,387,763	24	12,144	9,044	21,188
Accident Only		\$1,685,152	\$687,109	\$69,573	62	82,836	51	82,887
Blanket Accident/Sickness		\$1,128,723	\$451,489	\$0	0	0	0	0
Disability Income		\$245,138	\$4,834	\$74,291	0	1,021	1	1,022
Excess/Stop Loss		\$0	\$4,988	\$0	0	0	0	0
Hospital Indemnity		\$267,506	\$69,351	\$120,277	0	738	515	1,253
Limited Benefits		\$12,867,330	\$7,251,225	\$193,959	72	35,677	8,271	43,948
Medicare Supplement		\$30,746	\$27,755	\$0	0	28	0	28
Prescription Drug		\$84,289	\$7,996	\$576	0	152	82	234
Vision		\$926,864	\$276,818	\$248,654	0	7,216	5,606	12,822

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

MEMBERS LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
391236386	86126							
Accidental Death & Dismemberment		\$528	\$0	\$0	0	13	15	28
Disability Income		\$164	\$984	\$0	0	3	0	3

MENNONITE MUTUAL AID ASSOCIATION

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
356059333	57991							
Instate Individually Underwritten		\$375,896	\$125,247	\$0	0	48	34	82
Medicare Supplement		\$590,947	\$464,834	\$0	0	238	91	329

MERIT LIFE INSURANCE CO.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
351005090	65951							
Accidental Death & Dismemberment		\$248,123	\$86,643	\$248,123	0	9,983	2,109	12,092

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

METROPOLITAN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
135581829	65978							
Out-of-State Group 6-50 Member Groups		\$169,805	\$573,722	\$0	1	18	0	18
Out-of-State Group 51+ Member Groups		\$0	\$67,374	\$0	0	0	0	0
Accident Only		\$7,399,496	\$8,955,911	\$1,084,597	1,261	443,885	0	443,885
Accidental Death & Dismemberment		\$5,168	\$0	\$0	2	123	0	123
Dental		\$105,540,188	\$84,047,043	\$12,643,206	1,352	479,639	719,459	1,199,098
Disability Income		\$55,986,490	\$72,980,453	\$2,706,105	891	404,479	0	404,479
Excess/Stop Loss		\$902,906	\$222,942	\$0	24	91	0	91
Hospital Indemnity		\$939,901	\$864,849	\$0	0	1,707	0	1,707
Long Term Care		\$23,363,965	\$13,497,116	\$14,380,740	9	28,010	0	28,010
Vision		(\$30)	\$0	(\$30)	0	0	0	0

MIDLAND NATIONAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
460164570	66044							
Accident Only		\$21,534	\$46,175	\$0	0	160	0	160

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
620724538	66087							
Instate Individually Underwritten		\$62,679	\$29,682	\$6,769	0	22	15	37
Out-of-State Group Guarantee Issue		\$77,103	\$72,006	\$10,741	0	15	1	16
Out-of-State Group Individually Underwritten		\$73,178,495	\$36,563,254	\$14,038,874	36	19,104	13,992	33,096
Accident Only		\$134,662	\$5,402	\$45,179	0	171	18	189
Dental		\$315,960	\$77,015	\$89,574	0	1,060	721	1,781
Disability Income		\$4,726	\$0	\$0	0	6	0	6
Hospital Indemnity		\$281,183	\$12,881	\$166,862	0	1,535	977	2,512
Limited Benefits		\$1,105,134	\$232,046	\$310,974	0	7,118	3,369	10,487
Student		\$79,197	\$296,984	\$0	2	495	0	495
Vision		\$346,476	\$83,261	\$10,960	0	5,203	4,088	9,291

MIDWESTERN UNITED LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
350838945	66109							
Medicare Supplement		\$1,398	\$389	\$0	0	1	0	1
Champus/Tricare Supplement		\$1,300	\$558	\$0	0	2	1	3

MINNESOTA LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
410417830	66168							
Accident Only		\$454,758	\$207,119	\$39,271	0	33,587	0	33,587
Accidental Death & Dismemberment		\$2,967,279	\$803,819	\$595,721	0	32,083	0	32,083
Disability Income		\$3,449,538	\$20,471,884	\$24,209	0	1,753	0	1,753

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

MONUMENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520419790	66281							
Accident Only		\$13,683,956	\$3,676,370	\$439,970	0	153,198	0	153,198
Dental		\$90,004	\$52,741	\$16,549	0	1,023	0	1,023
Disability Income		\$168,780	\$89,024	\$0	0	1,465	0	1,465
Excess/Stop Loss		\$812,765	\$746,602	\$0	0	0	0	0
Hospital Indemnity		\$646,884	\$216,537	\$16,205	0	3,105	0	3,105
Limited Benefits		\$2,085,671	\$1,005,906	\$8,432	0	7,892	0	7,892
Long Term Care		\$10,325,576	\$2,705,466	\$692,124	0	6,049	0	6,049
Medicare Supplement		\$6,631,564	\$5,149,794	\$63,531	0	3,103	0	3,103
Student		\$1,848,370	\$1,257,208	\$1,848,370	0	1,992	0	1,992

MONY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
131632487	66370							
Out-of-State Group Individually Underwritten		\$70,471	\$82,482	\$0	0	53	5	58
Disability Income		\$3,694,909	\$1,447,706	\$0	57	3,109	0	3,109
Hospital Indemnity		\$1,123	\$158	\$0	0	26	0	26

MTL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
361516780	66427							
Disability Income		\$89,600	\$42,711	\$0	0	71	0	71

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
131614399	88668							
Disability Income		\$125,430	\$317,191	\$0	0	463	0	463

MUTUAL OF OMAHA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470246511	71412							
Instate Individually Underwritten		\$594,276	\$2,830,968	\$0	0	680	130	810
Instate 51+ Member Groups		\$2,150	\$399,946	\$0	0	0	0	0
Instate Conversion		\$10,286	\$1,014	\$0	0	5	0	5
Out-of-State Group 51+ Member Groups		\$80,538	\$12,487	\$0	2	81	75	156
Administrative Services Only (ASO)		\$41,119	\$69	\$0	7	75	122	197
Accident Only		\$5,409,408	\$2,384,183	\$883,924	289	784,783	9,252	794,035
Accidental Death & Dismemberment		\$77,844	\$286,998	\$11,062	15	2,932	0	2,932
Blanket Accident/Sickness		\$0	\$52,091	\$0	0	0	0	0
Dental		\$10,280	\$9,019	\$0	0	59	14	73
Disability Income		\$3,252,581	\$3,302,772	\$241,221	8	10,825	8	10,833
Excess/Stop Loss		\$12,944	\$834	\$0	2	22	27	49
Hospital Indemnity		\$681,699	\$461,000	\$194,314	0	3,061	663	3,724
Limited Benefits		\$3,643,674	\$2,269,302	\$146,462	0	31,069	9,667	40,736
Long Term Care		\$10,481,459	\$5,762,611	\$313,846	5	6,515	1	6,516
Medicare Supplement		\$19,679,379	\$13,711,940	\$1,146,405	0	9,172	3	9,175
Travel		\$95,866	\$80,484	\$0	0	3,551	90	3,641
Vision		(\$199)	\$724	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

MUTUAL SAVINGS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630148960	66397							
Hospital Indemnity		\$17,955	\$11,832	\$0	0	2,660	0	2,660

MUTUAL SERVICE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
410203970	66419							
Dental		\$11,783	\$198,761	\$0	0	0	0	0

NALIC LIFE INSURANCE COMPANY (PUERTO RICO)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
660276881	72087							
Disability Income		\$1,232	\$0	\$0	1	2	0	2
Limited Benefits		\$2,075	\$0	\$0	0	9	0	9

NATIONAL BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231618791	61409							
Instate Individually Underwritten		\$39,996	\$83,199	\$0	0	74	37	111
Accident Only		\$421	\$0	\$0	0	5	0	5
Disability Income		\$1,466	\$7,549	\$0	0	6	0	6
Hospital Indemnity		\$60,093	\$53,910	\$0	0	342	0	342
Medicare Supplement		\$992	\$6,711	\$0	0	2	0	2

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

NATIONAL CASUALTY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
380865250	11991							
Accident Only		\$83,109	\$23,785	\$0	162	39,080	15	39,095
Disability Income		(\$1,939)	\$13,724	\$0	0	8	0	8
Hospital Indemnity		(\$2,409)	\$20,424	\$0	0	20	0	20
Limited Benefits		(\$891)	\$0	\$0	0	11	1	12

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390493780	66583							
Dental		\$95,961	\$53,286	\$95,961	9	228	0	228
Disability Income		\$42,460	\$22,199	\$0	0	80	0	80
Hospital Indemnity		\$328	\$0	\$0	0	1	0	1
Limited Benefits		\$45	\$0	\$0	0	1	0	1
Medicare Supplement		\$2,077	\$6,234	\$0	0	1	0	1
Vision		\$10,047	\$4,363	\$10,047	0	61	0	61

NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
030144090	66680							
Disability Income		\$3,201,901	\$7,063,908	\$43,582	0	1,368	0	1,368

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NATIONAL STATES INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
430825796	60593							
Accident Only		\$3,041	\$265	\$108	0	28	0	28
Dental		\$27,414	\$18,877	\$0	0	45	0	45
Hospital Indemnity		\$837,253	\$217,313	\$511,866	0	608	0	608
Limited Benefits		\$709,134	\$446,479	\$191,266	0	821	0	821
Long Term Care		\$16,407,010	\$17,037,210	\$1,104,305	0	6,594	0	6,594
Medicare Supplement		\$12,047,192	\$88,991,965	\$202,635	0	4,678	0	4,678
Champus/Tricare Supplement		\$648,175	\$504,499	\$0	0	555	0	555

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
751623431	87963							
Disability Income		\$69,307	\$5,020	\$12,644	0	207	6	213
Hospital Indemnity		\$103	\$0	\$0	0	4	0	4
Limited Benefits		\$784,889	\$61,881	\$163,760	0	1,665	1,483	3,148

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURG, PA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
250687550	19445							
Accident Only		\$10,883,191	\$7,376,287	\$1,294,364	0	477,353	0	477,353
Blanket Accident/Sickness		\$12,500	\$8,472	\$12,500	1	50	0	50
Limited Benefits		\$1,322,014	\$442,658	\$1,771	0	4,184	0	4,184

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

NATIONAL WESTERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
840467208	66850							
Limited Benefits		\$5,469	\$11,826	\$0	0	61	0	61

NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231619082	70750							
Accident Only		\$1,688	\$900	\$0	0	10	10	20

NATIONWIDE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
314156830	66869							
Instate 51+ Member Groups		\$149,921	\$153,689	\$0	1	55	4	59
Accident Only		\$10,556,305	\$7,128,007	\$1,344,111	0	89,132	16	89,148
Disability Income		\$13,498	\$44,941	\$0	0	34	0	34
Hospital Indemnity		\$2,530	\$0	\$0	0	14	4	18
Medicare Supplement		\$2,316,573	\$22,137	\$0	0	1,249	0	1,249

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
230990450	68225							
Accident Only		\$3,920	\$1,388	\$0	0	25	19	44
Disability Income		\$76	\$9,940	\$0	0	2	0	2
Hospital Indemnity		\$103,075	\$81,384	\$0	0	431	33	464
Limited Benefits		\$3,466	\$2,044	\$0	0	13	9	22

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
650996107	95123							
Instate Sole Proprietor		\$1,223,058	\$939,576	\$22,325	132	132	0	132
Instate 2-5 Member Groups		\$30,902,054	\$25,467,196	\$1,816,060	2,302	5,740	1,999	7,739
Instate 6-50 Member Groups		\$269,972,515	\$206,215,118	\$12,229,090	5,295	47,670	31,897	79,567
Instate 51+ Member Groups		\$119,426,323	\$101,215,647	\$3,213,956	193	23,856	16,987	40,843
Instate Conversion		\$6,819,129	\$18,344,202	\$0	0	1,316	159	1,475

NEW ENGLAND LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
042708937	91626							
Out-of-State Group 51+ Member Groups		\$28,249	\$483,870	\$1,773	1	2	4	6
Dental		\$721	\$3,937	\$0	0	0	0	0
Excess/Stop Loss		\$960,452	\$597,747	\$60,272	34	1,105	784	1,889
Long Term Care		\$237,326	\$2,022,793	\$0	0	273	0	273

NEW ERA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
742552025	78743							
Hospital Indemnity		\$7,433	\$96,034	\$0	0	18	0	18
Limited Benefits		\$35,540	\$24,325	\$0	0	68	0	68
Medicare Supplement		\$4,399,742	\$3,907,131	\$0	0	1,635	0	1,635
Prescription Drug		\$13,061	\$11,413	\$0	0	203	0	203

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

NEW YORK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
135582869	66915							
Instate Individually Underwritten		\$317,661	\$360,053	\$0	0	375	55	430
Out-of-State Group 51+ Member Groups		\$12,003,581	\$11,391,066	\$861,313	1	2,802	1,451	4,253
Accidental Death & Dismemberment		\$668,904	\$634,771	\$24,556	0	24,367	1,554	25,921
Disability Income		\$8,595,768	\$11,098,360	\$218,433	0	7,177	13	7,190
Hospital Indemnity		\$122,761	\$116,646	\$7,927	0	445	114	559
Long Term Care		\$5,586,113	\$1,735,977	\$639,195	2	3,850	0	3,850
Medicare Supplement		\$698,033	\$533,506	\$0	0	267	13	280
Vision		\$10,165	\$9,646	\$10,165	0	72	57	129

NIPPON LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
042509896	81264							
Out-of-State Group 2-5 Member Groups		\$50,395	\$15,147	\$0	3	3	3	6
Out-of-State Group 6-50 Member Groups		\$428,593	\$240,209	\$185,249	17	95	64	159
Out-of-State Group 51+ Member Groups		\$1,647,118	\$1,564,449	\$1,069,839	28	571	326	897
Administrative Services Only (ASO)		\$6,747	\$0	\$0	3	9	10	19
Accidental Death & Dismemberment		\$1,409	\$0	\$0	28	61	0	61
Dental		\$75,038	\$52,880	\$972	30	86	85	171
Disability Income		\$3,022	\$0	\$0	5	8	0	8
Excess/Stop Loss		\$6,747	\$0	\$0	3	9	10	19
Vision		\$1,719	\$176	\$0	4	8	9	17

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

NORTH AMERICAN CO FOR LIFE AND HEALTH INSURANCE

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362428931	66974							
Accident Only		\$11,136	\$380,079	\$0	0	133	0	133

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
560340860	67032							
Hospital Indemnity		\$458	\$456	\$0	0	2	0	2

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362258318	69000							
Long Term Care		\$4,618,758	\$198,973	\$978,309	0	2,632	0	2,632

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390509570	67091							
Disability Income		\$51,099,519	\$66,389,670	\$11,126,808	985	52,101	0	52,101

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OCcidental Life Insurance Company of N Carolina

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
560343440	67148							
Accident Only		\$17,789	\$4,374	\$0	0	57	0	57
Disability Income		\$10,471	\$5,723	\$0	0	36	0	36
Hospital Indemnity		\$1,445	\$2,369	\$0	0	8	0	8
Limited Benefits		\$83,242	\$54,515	\$0	0	289	372	661
Medicare Supplement		\$615	\$2,263	\$0	0	2	0	2

OHIO CASUALTY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310396250	24074							
Disability Income		\$592	\$10,646	\$0	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310962495	89206							
Disability Income		\$1,086,022	\$1,209,160	\$8,049	0	630	0	630

OHIO NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310397080	67172							
Instate Individually Underwritten		\$525	\$800	\$0	0	2	0	2
Disability Income		\$743,048	\$94,800	\$50,537	0	328	0	328

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

OHIO STATE LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
314271600	67180							
Instate Individually Underwritten		\$3,821	\$625	\$0	0	20	0	20

OLD AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
440376695	67199							
Accidental Death & Dismemberment		\$20,308	\$720	\$0	0	646	0	646
Disability Income		\$110	\$19	\$0	0	1	0	1
Hospital Indemnity		\$6,610	\$2,223	\$0	0	163	0	163
Limited Benefits		\$5,066	\$2,372	\$0	0	94	0	94
Long Term Care		\$530,390	\$3,654,575	\$0	0	380	0	380
Medicare Supplement		\$4,735	\$8,542	\$0	0	14	0	14

OLD REPUBLIC INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
250410420	24147							
Accident Only		\$6,502,875	\$3,302,394	\$6,502,875	0	31,975	0	31,975

OLD REPUBLIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
361577440	67261							
Accident Only		\$2,868	\$38,051	\$0	1	200	0	200

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

ONEBEACON AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
042475442	20621							
Blanket Accident/Sickness		\$7,141	\$31,053	\$0	1	204	0	204

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
314273120	56383							
Accident Only		\$11,326	\$297	\$580	0	289	41	330
Disability Income		\$51,019	\$13,491	\$0	0	311	0	311
Hospital Indemnity		\$5,632	\$396	\$44	0	30	12	42
Medicare Supplement		\$8,816,564	\$7,666,404	\$49,812	0	4,052	0	4,052

OXFORD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
860216483	76112							
Disability Income		\$148,920	\$297,819	\$148,920	0	688	1,032	1,720
Limited Benefits		\$2,188	\$0	\$2,188	0	0	0	0
Medicare Supplement		\$343,218	\$99,795	\$343,218	0	122	0	122

OZARK NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
430812448	67393							
Limited Benefits		\$2,819	\$745	\$0	0	55	0	55

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

PACIFIC LIFE & ANNUITY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
953769814	97268							
Instate Sole Proprietor		\$8,965	\$11,523	\$8,965	6	6	4	10
Instate 2-5 Member Groups		\$226,513	\$91,013	\$226,513	56	143	52	195
Instate 6-50 Member Groups		\$100,172	\$21,097	\$100,172	3	24	18	42
Instate 51+ Member Groups		\$3,097,004	\$1,879,350	\$956,343	12	417	293	710
Instate Conversion		\$18,490	\$75,560	\$0	0	2	3	5
Out-of-State Group Sole Proprietor		\$2,421,040	\$2,220,540	\$0	116	116	72	188
Out-of-State Group 2-5 Member Groups		\$22,609,380	\$17,277,306	\$0	797	1,822	1,125	2,947
Out-of-State Group 6-50 Member Groups		\$7,187,698	\$3,845,406	\$0	64	539	371	910
Out-of-State Group 51+ Member Groups		\$3,079,319	\$3,227,775	\$0	13	487	358	845
Accidental Death & Dismemberment		\$33,705	\$73,707	\$371	274	2,194	0	2,194
Dental		\$581,153	\$428,599	\$4,334	117	679	642	1,321
Disability Income		\$68,547	\$41,200	\$0	11	253	0	253
Prescription Drug		\$4,692,024	\$4,098,460	\$140,229	1,067	3,554	2,299	5,853

PACIFIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
951079000	67466							
Instate Conversion		\$0	\$24	\$0	0	0	0	0
Excess/Stop Loss		\$1,508,759	\$794,365	\$899,874	2	4,049	5,061	9,110
Excess/Stop Loss		\$1,508,759	\$794,365	\$899,874	2	4,049	5,061	9,110

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
351137395	70785							
Hospital Indemnity		\$320,203	\$276,375	\$320,203	207	788	715	1,503
Medicare Supplement		\$168,138	\$121,269	\$168,138	238	238	0	238

PAN-AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
720281240	67539							
Instate Individually Underwritten		\$6,476	\$2,935	\$0	0	8	0	8
Accidental Death & Dismemberment		\$46,771	\$45,868	\$4,608	38	1,779	0	1,779
Dental		\$140,313	\$45,868	\$12,917	38	1,779	0	1,779
Disability Income		\$948,329	\$825,943	\$7,886	38	2,194	0	2,194
Excess/Stop Loss		\$3,662,176	\$3,107,880	\$760,026	32	3,110	156	3,266
Hospital Indemnity		\$2,791,664	\$1,376,029	\$1,338,082	38	1,779	0	1,779
Limited Benefits		\$0	\$1,913	\$0	0	0	0	0

PAUL REVERE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041768571	67598							
Disability Income		\$25,186,333	\$61,531	\$17,423	231	18,739	0	18,739
Hospital Indemnity		\$11,880	\$26,105	\$680	0	68	0	68

PENN MUTUAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
230952300	67644							
Disability Income		\$1,645,471	\$6,959,076	\$0	0	856	0	856

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PENN TREATY NETWORK AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
232603386	63282							
Long Term Care		\$49,386,271	\$43,692,108	\$333,078	0	24,820	0	24,820
Medicare Supplement		\$292,835	\$292,436	\$0	0	180	0	180

PENNSYLVANIA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231305366	67660							
Accidental Death & Dismemberment		\$149,675	\$56,420	\$31,066	0	1,329	45	1,374
Dental		\$10,846	\$1,494	\$6,739	0	50	0	50
Disability Income		\$2,020,897	\$822,786	\$287,561	0	3,915	106	4,021
Hospital Indemnity		\$294,204	\$52,367	\$35,301	0	524	13	537
Limited Benefits		\$15,095	\$3,990	\$0	0	77	0	77
Long Term Care		\$30,862	\$0	\$0	0	33	0	33
Medicare Supplement		\$10,736	\$9,828	\$799	0	8	0	8

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PEOPLES BENEFIT LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
430378030	66605							
Accident Only		\$130,341	\$20,970	\$0	0	1,361	684	2,045
Accidental Death & Dismemberment		\$619,044	\$0	\$0	0	6,749	2,080	8,829
Excess/Stop Loss		\$213,964	\$86,397	\$0	1	140	182	322
Hospital Indemnity		\$647,973	\$434,262	\$0	0	4,176	2,080	6,256
Limited Benefits		\$27,187	\$20,727	\$0	0	581	55	636
Long Term Care		\$148,641	\$47,261	\$0	0	84	0	84
Medicare Supplement		\$3,358,454	\$2,998,722	\$0	0	1,753	58	1,811
Student		\$299,969	\$609,269	\$299,969	0	281	0	281

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
741952955	67784							
Instate Conversion		\$112,452	\$435,155	\$0	0	116	23	139
Accident Only		\$127,199	\$1,258	\$0	9	90	0	90
Disability Income		\$159,123	\$455,461	\$0	10	160	0	160
Hospital Indemnity		\$1,079,113	\$687,823	\$0	1	3,440	1,147	4,587
Limited Benefits		\$147,742	\$143,449	\$0	1	440	112	552
Medicare Supplement		\$41,613	\$67,594	\$0	0	34	11	45

PHOENIX LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060493340	67814							
Hospital Indemnity		\$318,277	\$0	\$0	0	0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470270450	80578							
Instate Guarantee Issue		\$47,819	\$113,327	\$0	0	8	1	9
Instate Individually Underwritten		\$478,223	\$994,685	\$0	0	108	19	127
Accident Only		\$937	\$0	\$0	0	18	3	21
Dental		\$941	\$83	\$0	0	3	2	5
Disability Income		\$8,910	\$22,969	\$0	0	20	0	20
Hospital Indemnity		\$5,147,006	\$2,891,590	\$1,462	0	13,036	3,162	16,198
Limited Benefits		\$185,644	\$690,146	\$0	0	1,002	217	1,219
Long Term Care		\$929,209	\$249,614	\$0	0	565	0	565
Short Term Care		\$1,175	\$0	\$0	0	2	0	2
Medicare Supplement		\$4,708,050	\$3,411,202	\$0	0	1,718	106	1,824

PREFERRED MEDICAL PLAN, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591419293	95271							
Instate Guarantee Issue		\$535,888	\$362,204	\$20,621	0	283	86	369
Instate Individually Underwritten		\$63,326,649	\$49,024,818	\$7,249,711	0	28,579	11,908	40,487
Prepaid Health Clinic		\$480	\$384	\$480	0	1	0	1

PRESIDENTIAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
132570714	68039							
Excess/Stop Loss		\$192	\$609	\$192	1	1	0	1

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PRIMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
041590590	65919							
Out-of-State Group Individually Underwritten		\$38,176	\$1,823	\$0	0	17	0	17
Disability Income		\$21,202	\$5,686	\$0	0	60	0	60
Hospital Indemnity		\$31,691	\$110,375	\$0	0	76	0	76
Long Term Care		\$44,889	\$81,561	\$0	0	46	0	46

PRINCIPAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
420127290	61271							
Instate 51+ Member Groups		\$6,306,464	\$5,089,286	\$272,269	20	1,004	789	1,793
Instate Conversion		\$2,526,092	\$3,672,351	\$0	0	259	153	412
Dental		\$29,179,201	\$18,838,610	\$3,119,698	2,760	54,314	47,732	102,046
Disability Income		\$24,882,037	\$10,892,976	\$3,678,764	1,301	72,159	0	72,159
Hospital Indemnity		\$2,375	\$11,959	\$0	0	40	18	58
Long Term Care		\$44,538	\$20,253	\$0	0	190	0	190
Medicare Supplement		\$20,569,741	\$15,327,589	\$0	0	7,706	667	8,373
Vision		\$605,468	\$276,022	\$103,668	107	4,707	4,471	9,178

PROFESSIONAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
590411385	68047							
Disability Income		\$5,933,108	\$2,354,230	\$549,101	0	12,794	8,956	21,750
Hospital Indemnity		\$1,931,154	\$868,347	\$659,369	0	6,399	4,479	10,878
Limited Benefits		\$413,090	\$353,627	\$28,553	0	4,123	2,886	7,009

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630761690	88536							
Disability Income		\$2,986	\$3,909	\$0	0	12	0	12

PROTECTIVE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
630169720	68136							
Dental		\$5,955	\$7,213	\$0	0	1	0	1
Disability Income		\$405,502	\$491,177	\$0	0	237	0	237
Hospital Indemnity		\$8,543	\$10,348	\$0	0	16	0	16
Limited Benefits		\$11,638,255	\$12,333,171	\$0	0	14,101	0	14,101
Medicare Supplement		\$32,910	\$39,863	\$0	0	27	0	27

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
231335885	67903							
Out-of-State Group Individually Underwritten		\$954,216	\$671,604	\$0	1	49	20	69
Medicare Supplement		\$275	\$134	\$275	0	1	0	1

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
620331200	68195							
Accident Only		\$1,325,050	\$114,029	\$612,879	0	4,068	0	4,068
Disability Income		\$51,787,369	\$120,376,990	\$2,859,534	0	95,735	0	95,735
Excess/Stop Loss		\$18,674	\$0	\$0	0	184	0	184
Hospital Indemnity		\$7,015	\$3,591	\$0	0	63	0	63
Limited Benefits		\$3,303,471	\$814,198	\$833,851	0	12,826	0	12,826
Long Term Care		\$2,229,006	\$118,845	\$730,988	0	2,397	0	2,397

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
221211670	68241							
Instate Individually Underwritten		\$1,498,464	\$2,813,368	\$0	0	1,414	275	1,689
Accident Only		\$5,798,737	\$703,151	\$0	144	198,477	0	198,477
Disability Income		\$26,380,339	\$38,841,498	\$0	337	80,992	0	80,992
Hospital Indemnity		\$8,492	\$4,150	\$0	0	130	6	136
Long Term Care		\$7,234,056	\$2,722,827	\$0	2,571	4,347	0	4,347
Medicare Supplement		\$13,371	\$38,740	\$0	0	12	0	12

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

PYRAMID LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
480557726	68284							
Instate Individually Underwritten		\$730,699	\$602,633	\$0	0	74	0	74
Dental		\$3,427	\$632	\$991	0	10	0	10
Disability Income		\$45	\$0	\$0	0	1	0	1
Hospital Indemnity		\$1,267	\$20,361	\$0	0	12	0	12
Limited Benefits		\$34,924	\$19,021	\$7,616	0	171	0	171
Long Term Care		\$342,516	\$324,008	\$0	0	170	0	170
Medicare Supplement		\$3,397,819	\$2,515,288	\$240,501	0	1,320	0	1,320

QBE INSURANCE CORPORATION

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
222311816	39217							
Accident Only		\$393,858	\$6,327	\$393,858	0	16,610	0	16,610
Excess/Stop Loss		\$1,470,582	\$1,599,764	\$1,470,582	19	4,179	4,932	9,111

REASSURE AMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
380779740	65765							
Instate Individually Underwritten		\$17,872	\$128,426	\$0	0	147	0	147
Accident Only		\$25,508	\$31,169	\$0	0	211	0	211
Disability Income		\$4,131,724	\$13,303,260	\$0	0	2,989	0	2,989
Hospital Indemnity		\$12,266	\$30,192	\$0	0	67	0	67
Limited Benefits		\$581,498	\$427,686	\$0	0	3,020	0	3,020
Long Term Care		\$21,122	\$0	\$0	0	7	0	7
Medicare Supplement		\$69,498	\$88,999	\$0	0	76	0	76

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

RELIABLE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
430476110	68357							
Accidental Death & Dismemberment		\$853	\$0	\$0	0	30	0	30
Hospital Indemnity		\$25	\$0	\$0	0	2	0	2
Limited Benefits		\$26	\$27	\$0	0	2	0	2

RELiance STANDARD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
360883760	68381							
Accident Only		\$1,990,946	\$518,872	\$1,983,490	62	44,620	0	44,620
Accidental Death & Dismemberment		\$1,623,418	\$3,356,446	\$192,529	144	120,662	0	120,662
Dental		\$3,155,180	\$2,934,088	\$859,752	87	5,722	0	5,722
Disability Income		\$14,703,897	\$13,907,922	\$3,869,290	702	76,322	0	76,322
Travel		\$188,222	\$0	\$189,579	46	11,337	0	11,337
Vision		\$186,935	\$97,360	\$2,076	26	1,751	0	1,751

RELIASTAR LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
410451140	67105							
Dental		\$263,251	\$7,518	\$0	5	169	389	558
Disability Income		\$2,420,588	\$1,798,697	\$727,569	75	4,414	0	4,414
Excess/Stop Loss		\$9,327,795	\$2,854,198	\$2,534,753	244	51,770	119,072	170,842
Limited Benefits		\$2,413	\$0	\$2,270	0	4	0	4
Vision		\$1,836,838	\$1,280,678	\$0	100	11,973	24,619	36,592

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
530242530	61360							
Disability Income		\$60,872	\$131,752	\$1,743	1	141	0	141
Excess/Stop Loss		\$517,763	\$0	\$47,768	17	5,904	13,579	19,483
Hospital Indemnity		\$261	\$14	\$0	0	4	0	4
Limited Benefits		\$412,025	\$305,309	\$741	0	928	2,134	3,062
Student		\$0	\$14,406	\$0	0	0	0	0
Vision		\$62,996	\$23,944	\$0	1	934	1,492	2,426

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
351536282	94587							
Dental		\$241,321	\$184,309	\$241,467	3	691	296	987

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
470397286	61700							
Hospital Indemnity		\$3,402	\$22	\$0	0	15	0	15

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

RESERVE NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
730661453	68462							
Instate Individually Underwritten		\$303,993	\$276,849	\$0	0	86	31	117
Out-of-State Group Individually Underwritten		\$9,098	\$4,654	\$0	0	8	0	8
Accident Only		\$13,318	\$1,922	\$0	0	89	36	125
Disability Income		\$492	\$0	\$0	0	2	0	2
Hospital Indemnity		\$30,701	\$25,864	\$0	0	41	7	48
Limited Benefits		\$4,802	\$0	\$0	0	66	17	83
Long Term Care		\$27,211	\$32,478	\$0	0	34	10	44
Medicare Supplement		\$1,117,905	\$1,042,754	\$0	0	461	38	499

S.U.S.A LIFE INSURANCE COMPANY, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
860788099	60183							
Accidental Death & Dismemberment		\$14,201	\$0	\$14,201	0	148	0	148

SAFEGUARD HEALTH PLANS, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
650073323	52009							
Dental		\$12,567,328	\$6,962,254	\$1,508,079	726	54,457	119,805	174,262

SAFEHEALTH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
330515751	79014							
Dental		\$4,054,319	\$3,141,922	\$616,256	259	4,646	9,757	14,403
Vision		\$19,956	\$14,286	\$3,033	3	39	81	120

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SEARS LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
363742955	69914							
Accident Only		\$491,643	\$221,022	\$430,328	0	9,622	6,819	16,441
Hospital Indemnity		\$4,577	\$0	\$0	0	19	5	24

SECURIAN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
411412669	93742							
Dental		\$12,834	\$7,614	\$12,834	11	75	67	142

SECURITY FINANCIAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
470293990	68764							
Accident Only		\$36	\$0	\$0	0	1	0	1
Hospital Indemnity		\$344,198	\$308,286	\$46,554	14	90	0	90

SECURITY INSURANCE COMPANY OF HARTFORD

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
060529570	24902							
Hospital Indemnity		(\$175)	\$16,012	\$0	0	15	0	15

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SECURITY LIFE OF DENVER INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
840499703	68713							
Instate Individually Underwritten		\$8,387	\$2,506	\$0	0	6	0	6
Accident Only		\$825	\$0	\$0	0	5	0	5
Disability Income		\$12,808	\$0	\$0	0	26	0	26
Hospital Indemnity		\$2,130	\$0	\$0	0	94	0	94
Limited Benefits		\$7,994	\$646	\$0	0	58	0	58

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
150442730	68772							
Accidental Death & Dismemberment		\$6,808	\$0	\$0	10	404	0	404
Disability Income		\$157,454	\$691,062	\$0	7	305	133	438
Hospital Indemnity		\$2,204	\$3,843	\$0	0	7	12	19
Student		\$100,371	\$9,243	\$0	0	9,405	0	9,405

SECURITY NATIONAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362610791	69485							
Accident Only		\$13,178	\$0	\$0	0	646	0	646

SENIOR AMERICAN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
233062257	76759							
Long Term Care		\$1,326,349	\$611,698	\$11,907	0	465	0	465

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SENTRY INSURANCE A MUTUAL COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390333950	24988							
Disability Income		\$169	\$0	\$0	0	3	0	3
Hospital Indemnity		\$309	\$0	\$0	0	6	0	6
Limited Benefits		\$7,287	\$0	\$0	0	781	0	781
Long Term Care		\$43,097	\$0	\$0	0	163	0	163

SENTRY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
396040276	68810							
Instate Conversion		\$117	\$0	\$0	0	1	0	1
Dental		\$56,556	\$24,753	\$0	0	203	167	370
Disability Income		\$63,632	\$31,583	\$0	0	801	0	801
Hospital Indemnity		\$14,419	\$0	\$0	0	7	0	7
Limited Benefits		\$197	\$0	\$0	0	1	0	1
Long Term Care		\$1,681	\$0	\$0	0	2	0	2

SHENANDOAH LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
540377280	68845							
Accidental Death & Dismemberment		\$121,074	\$0	\$16,224	243	10,385	0	10,385
Dental		\$5,365,377	\$3,464,425	\$922,211	518	9,785	8,643	18,428
Disability Income		\$998,563	\$357,248	\$253,898	114	3,504	0	3,504

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SIRIUS AMERICA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
132930697	35408							
Excess/Stop Loss		\$124,439	\$34,687	\$0	2	34	84	118

SONS OF NORWAY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
410547795	57142							
Disability Income		\$14,495	\$12,749	\$0	0	20	0	20
Hospital Indemnity		\$592	\$100	\$0	0	6	0	6
Limited Benefits		\$908	\$420	\$0	0	13	0	13

SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
571136359								
Prepaid Health Clinic		\$934,335	\$638,436	\$584,739	10	1,097	358	1,455

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
640283583	68896							
Disability Income		\$117,020	\$91,039	\$0	0	547	0	547
Hospital Indemnity		\$5,682	\$562	\$0	0	77	0	77
Limited Benefits		\$37,331	\$21,812	\$0	0	882	0	882
Long Term Care		\$327,457	\$67,239	\$0	0	819	0	819

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SOUTHERN SECURITY LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
591231733	73377							
Limited Benefits		\$11,792	\$0	\$11,792	0	35	0	35

SOUTHWESTERN LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
742088326	91391							
Disability Income		\$1,869,425	\$2,581,773	\$0	0	1,326	882	2,208

STANDARD INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
930242990	69019							
Accidental Death & Dismemberment		\$4,062,508	\$2,757,776	\$470,972	695	264,621	2,861	267,482
Dental		\$8,600,802	\$6,309,799	\$1,838,673	148	22,452	9,432	31,884
Disability Income		\$58,560,070	\$29,434,790	\$4,395,117	1,068	188,684	0	188,684

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STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
730994234	86355							
Instate Individually Underwritten		\$14,021	\$11,421	\$0	0	24	5	29
Accident Only		\$57,476	\$4,106	\$0	0	3,022	12	3,034
Accidental Death & Dismemberment		\$524	\$1,445	\$0	0	4	0	4
Dental		\$55,703	\$29,201	\$0	1	125	120	245
Disability Income		\$515	\$5,537	\$0	0	4	0	4
Hospital Indemnity		\$11,967	\$40,814	\$0	0	129	1	130
Limited Benefits		\$29,362	\$2,943	\$0	0	467	16	483
Long Term Care		\$72,656	\$38,115	\$0	0	68	3	71
Short Term Care		\$30,722	\$0	\$0	0	78	0	78
Medicare Supplement		\$10,268,973	\$7,653,777	\$288,736	0	4,420	0	4,420

STANDARD LIFE AND CASUALTY INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
570290111	71706							
Accident Only		\$54,438	\$3,571	\$53,998	0	500	0	500

STANDARD LIFE INSURANCE COMPANY OF INDIANA

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
350679520	69051							
Limited Benefits		\$25	\$375	\$0	0	1	0	1

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STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
135679267	69078							
Blanket Accident/Sickness		\$182,508	\$13,002	\$0	32	1,222	0	1,222
Disability Income		\$504,898	\$1,386,652	\$504,898	1,018	1,018	0	1,018
Excess/Stop Loss		\$2,935,890	\$2,184,729	\$0	9	13,574	0	13,574
Hospital Indemnity		\$40,516	\$1,386,652	\$0	0	60	0	60

STARMOUNT LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
720977315	68985							
Accident Only		\$32,894	\$0	\$0	0	496	0	496
Dental		\$14,827	\$0	\$0	2	68	0	68

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
314316080	25135							
Instate Individually Underwritten		\$683	\$3,484	\$0	0	2	1	3
Disability Income		\$329	\$333	\$0	0	1	0	1

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
370533100	25178							
Instate Guarantee Issue		\$30,570	\$0	\$0	0	7	6	13
Instate Individually Underwritten		\$13,313,100	\$10,565,555	\$13,103	0	2,728	788	3,516
Out-of-State Group 51+ Member Groups		\$44,262,715	\$32,308,018	\$0	2	5,449	5,378	10,827
Accidental Death & Dismemberment		\$277,340	\$233,696	\$0	2	3,428	3,406	6,834
Disability Income		\$7,341,027	\$3,380,339	\$368,330	0	18,615	0	18,615
Hospital Indemnity		\$11,468,709	\$4,138,199	\$1,780,642	0	103,180	14,611	117,791
Long Term Care		\$1,910,841	\$824,028	\$291,221	0	7,188	0	7,188
Medicare Supplement		\$17,989,523	\$13,042,696	\$836,002	0	7,583	90	7,673

STATE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
350684263	69116							
Instate Individually Underwritten		\$3,462	\$78,640	\$0	0	7	0	7
Disability Income		\$25,265	\$200,372	\$0	0	54	0	54
Long Term Care		\$975,939	\$6,837	\$119,686	0	327	0	327

STATE MUTUAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
581449898	69132							
Long Term Care		\$13,262	\$797	\$0	0	8	0	8
Medicare Supplement		\$11,398,340	\$7,582,131	\$0	0	5,859	0	5,859

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STERLING INVESTORS LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591838073	89184							
Disability Income		\$7,309	\$1,910	\$0	0	0	0	0
Medicare Supplement		\$1,546	\$0	\$0	0	0	0	0

STONEBRIDGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
030164230	65021							
Accidental Death & Dismemberment		\$20,225,597	\$5,045,817	\$2,488,280	0	189,443	220,350	409,793
Disability Income		\$805,479	\$0	\$241,059	0	11,551	3,676	15,227
Hospital Indemnity		\$435,887	\$167,597	\$0	0	2,697	355	3,052
Limited Benefits		\$3,658,652	\$871,113	\$302,105	0	28,637	26,792	55,429
Long Term Care		\$195,803	\$209,068	\$0	0	192	0	192

SUN LIFE ASSURANCE COMPANY OF CANADA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
381082080	80802							
Disability Income		\$6,459,633	\$6,051,335	\$1,152,334	287	54,497	0	54,497
Excess/Stop Loss		\$15,255,519	\$12,669,085	\$2,073,333	96	80,514	178,741	259,255

SUNAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520502540	69256							
Disability Income		\$13,723	\$59,331	\$0	0	46	0	46

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SURETY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
870198108	69310							
Disability Income		\$19,470	\$74,480	\$0	0	26	0	26

SYMETRA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
910742147	68608							
Instate Conversion		\$38,544	\$16,573	\$0	0	5	0	5
Accidental Death & Dismemberment		\$45,822	\$0	\$0	29	2,280	0	2,280
Disability Income		\$32,880	\$0	\$6,923	8	56	0	56
Excess/Stop Loss		\$40,039,491	\$22,787,322	\$3,608,817	65	64,929	145,441	210,370
Hospital Indemnity		\$1,270,388	\$249,891	\$924,766	33	1,490	3,338	4,828

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
131624203	69345							
Disability Income		\$8,955	\$81,713	\$0	0	0	0	0
Long Term Care		\$891,446	\$586,877	\$0	0	651	0	651

THE PUBLIC HEALTH TRUST OF DADE COUNTY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591713947	95126							
Instate 51+ Member Groups		\$40,795,275	\$34,161,718	\$0	6	7,140	4,701	11,841
Instate Conversion		\$268,851	\$189,595	\$0	0	21	21	42

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THRIVENT FINANCIAL FOR LUTHERANS

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
390123480	56014							
Instate Individually Underwritten		\$760,069	\$1,607,143	\$0	0	141	66	207
Accident Only		\$67	\$0	\$0	0	4	1	5
Disability Income		\$1,163,919	\$905,304	\$47,126	0	1,835	10	1,845
Hospital Indemnity		\$16,940	\$47	\$0	0	128	37	165
Long Term Care		\$5,504,106	\$1,250,540	\$0	0	3,511	650	4,161
Medicare Supplement		\$788,667	\$592,898	\$2,666	0	243	0	243

TIAA-CREF LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
133917848	60142							
Long Term Care		\$578,382	\$44,849	\$0	0	564	0	564

TIG PREMIER INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
940781581	25518							
Blanket Accident/Sickness		\$361,217	\$291,995	\$361,217	0	63	0	63
Excess/Stop Loss		\$30,265	\$10,045	\$30,265	0	72	0	72
Short Term Care		\$238,510	\$114,861	\$238,510	0	57	0	57
Student		\$0	\$25,171	\$0	0	0	0	0

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TIME INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390658730	69477							
Instate Individually Underwritten		\$1,425,202	\$2,253,117	\$57,194	0	88	68	156
Instate Conversion		\$33,065	\$88,579	\$0	0	4	2	6
Out-of-State Group Guarantee Issue		\$1,199,325	\$845,166	\$430,784	0	115	10	125
Out-of-State Group Individually Underwritten		\$63,474,545	\$34,628,072	\$13,639,086	1	17,585	16,504	34,089
Accident Only		\$23,165	\$12,008	\$23,165	0	132	77	209
Dental		\$9,660	\$7,469	\$9,507	0	21	10	31
Disability Income		\$9,325	\$4,989	\$9,325	0	28	0	28
Hospital Indemnity		\$23,907	\$15,581	\$21,059	0	72	26	98
Limited Benefits		\$16,586	\$10,959	\$16,586	0	61	37	98
Long Term Care		\$19,881,529	\$16,114,954	\$0	0	10,461	0	10,461
Short Term Care		\$4,713,790	\$3,038,063	\$3,827,040	0	2,282	582	2,864
Medicare Supplement		\$2,122	\$549	\$0	0	2	0	2
Sickness		\$16,992	\$10,814	\$16,992	0	32	12	44
Student		\$822,201	\$919,049	\$263,501	0	691	0	691

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TOTAL HEALTH CHOICE, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
330603319	95134							
Instate Guarantee Issue		\$939,151	\$821,555	\$36,620	0	130	36	166
Instate Individually Underwritten		\$19,960,045	\$17,745,593	\$925,118	0	4,201	1,637	5,838
Instate Sole Proprietor		\$248,310	\$65,724	\$3,194	24	24	22	46
Instate 2-5 Member Groups		\$959,343	\$98,587	\$54,433	68	151	74	225
Instate 6-50 Member Groups		\$1,812,422	\$985,866	\$133,898	108	302	118	420
Instate 51+ Member Groups		\$5,284,289	\$4,272,087	\$878,120	43	1,449	358	1,807
Instate Conversion		\$10,917,395	\$8,872,797	\$23,709	0	2,376	520	2,896

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
366071399	70688							
Accident Only		\$11,773	\$8,284	\$0	0	186	106	292
Accidental Death & Dismemberment		\$46,032	\$203,173	\$0	0	489	256	745
Disability Income		\$5,595	\$59,069	\$0	0	42	32	74
Excess/Stop Loss		\$1,782	\$841	\$0	0	2	0	2
Hospital Indemnity		\$229,329	\$50,813	\$0	0	530	322	852
Long Term Care		\$206,848	\$79,719	\$0	0	97	0	97
Medicare Supplement		\$1,171,555	\$852,425	\$0	0	618	2	620

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

TRANSAMERICA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
390989781	86231							
Instate Individually Underwritten		\$7,568	\$2,085	\$0	0	1	1	2
Out-of-State Group Sole Proprietor		\$3,399,423	\$2,927,190	\$0	651	651	298	949
Out-of-State Group 2-5 Member Groups		\$203,319	\$76,963	\$0	26	54	10	64
Accident Only		\$144,253	\$69,483	\$0	114	590	940	1,530
Dental		\$544,162	\$566,786	\$0	0	1,726	3,853	5,579
Disability Income		\$1,335,595	\$836,177	\$0	54	4,630	10,353	14,983
Excess/Stop Loss		\$3,240,628	\$1,508,314	\$0	16	14,464	18,803	33,267
Hospital Indemnity		\$26,286	\$0	\$0	0	162	366	528
Limited Benefits		\$570,572	\$178,425	\$0	40	1,882	4,012	5,894
Long Term Care		\$3,122,937	\$1,475,046	\$0	0	2,214	0	2,214
Prescription Drug		\$6,651	\$3,325	\$0	0	23	6	29
Travel		\$643	\$0	\$0	0	11	5	16

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
951060502	67121							
Instate Individually Underwritten		\$9,918	\$71,571	\$0	0	44	0	44
Accidental Death & Dismemberment		\$789	\$0	\$0	1	6	14	20
Disability Income		\$3,594	\$100,555	\$0	0	65	0	65
Long Term Care		\$10,096,018	\$7,161,843	\$15,948	0	5,370	0	5,370

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

TRANS-OCEANIC LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
660235829	69523							
Limited Benefits		\$10,768	\$0	\$0	0	220	0	220

TRAVELERS INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
060566090	87726							
Instate Conversion		\$75,357	\$1,957,504	\$0	0	59	0	59
Accident Only		\$15,097	\$7,225	\$0	0	234	0	234
Disability Income		\$955,091	\$1,029,919	\$0	0	672	0	672
Hospital Indemnity		\$166,168	\$193,466	\$0	0	240	0	240
Long Term Care		\$24,545,926	\$15,480,907	\$0	0	9,109	0	9,109

TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
430555650	56006							
Accident Only		\$10,440	\$6,363	\$0	0	385	0	385

TRUASSURE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
363757528	92525							
Dental		\$514	\$245	\$0	0	2	2	4

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

TRUSTMARK INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
360792925	61425							
Instate Guarantee Issue		\$10,740	\$6,295	\$0	0	1	0	1
Instate Individually Underwritten		\$2,592,876	\$2,331,756	\$0	0	392	158	550
Instate Sole Proprietor		\$111,367	\$7,365	\$0	6	6	2	8
Instate 6-50 Member Groups		\$124,433	\$74,417	\$0	1	17	15	32
Instate 51+ Member Groups		\$0	\$2,106	\$0	0	0	0	0
Instate Conversion		\$169,330	\$3,299	\$13,537	0	35	11	46
Out-of-State Group Individually Underwritten		\$478,204	\$45,290	\$0	0	42	13	55
Accident Only		\$3,282	\$539	\$0	0	90	1	91
Accidental Death & Dismemberment		\$7,368	\$0	\$88	2	18	0	18
Dental		\$136,156	\$67,375	\$20,060	6	178	109	287
Disability Income		\$2,215,132	\$4,306,017	\$7,900	3	2,222	0	2,222
Excess/Stop Loss		\$2,487,207	\$454,096	\$23,511	3	1,490	1,043	2,533
Hospital Indemnity		\$49,945	\$114,275	\$0	1	136	40	176
Limited Benefits		\$11,694,844	\$581,828	\$307,140	36	18,168	6,809	24,977
Long Term Care		\$1,346	\$0	\$0	1	1	0	1
Medicare Supplement		\$64,000	\$71,680	\$0	0	45	0	45

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

TRUSTMARK LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
363421358	62863							
Instate 51+ Member Groups		\$545,401	\$711,174	\$0	1	66	91	157
Out-of-State Group Individually Underwritten		\$2,302	\$190	\$0	0	0	0	0
Out-of-State Group Sole Proprietor		\$1	\$61,581	\$0	12	12	6	18
Out-of-State Group 2-5 Member Groups		\$16	\$1,018,782	\$0	47	161	100	261
Out-of-State Group 6-50 Member Groups		\$133	\$0	\$3	66	733	561	1,294
Out-of-State Group 51+ Member Groups		\$694,787	\$1,089,784	\$65,875	28	439	234	673
Accidental Death & Dismemberment		\$17,230	\$0	\$289	122	2,770	0	2,770
Dental		\$16,298	\$36,747	\$641	15	131	74	205
Disability Income		\$39,401	\$67,371	\$1,195	61	423	0	423
Excess/Stop Loss		\$196,328	\$57	\$10,334	31	534	238	772
Limited Benefits		\$126,256	\$59,905	\$0	1	51	56	107

U.S. SPECIALTY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
521504975	29599							
Accident Only		\$1,680,249	\$906,400	\$87,765	50	1,112	0	1,112

ULICO CASUALTY COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
132988846	37893							
Instate Sole Proprietor		\$0	\$260	\$0	0	0	0	0
Instate 2-5 Member Groups		\$0	\$318,664	\$0	0	0	0	0
Instate Conversion		\$491,899	\$1,056,556	\$0	0	43	14	57
Excess/Stop Loss		\$0	\$8,654	\$0	0	0	0	0

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

UNICARE LIFE & HEALTH INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
520913817	80314							
Instate Individually Underwritten		\$33,156	\$9,637	\$0	0	19	2	21
Out-of-State Group 2-5 Member Groups		\$30,644	\$32,075	\$2,548	5	7	3	10
Out-of-State Group 6-50 Member Groups		\$79,675	\$83,395	\$6,626	10	16	10	26
Out-of-State Group 51+ Member Groups		\$18,179,261	\$19,718,984	\$4,000,649	213	5,090	2,126	7,216
Administrative Services Only (ASO)		\$2,677,356	\$247,994	\$382,756	32	5,934	3,046	8,980
Accidental Death & Dismemberment		\$15,970	\$61,000	\$377	18	4,950	0	4,950
Dental		\$1,216,726	\$879,357	\$139,247	296	2,388	1,785	4,173
Disability Income		\$259,072	\$34,346	\$0	16	606	0	606
Excess/Stop Loss		\$455,493	\$139,513	\$0	16	628	535	1,163
Prescription Drug		\$2,844,024	\$3,813,663	\$707,712	215	2,060	1,806	3,866

UNIFIED LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
431917728	11121							
Dental		\$1,856	\$0	\$0	0	0	0	0

UNIMERICA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
521996029	91529							
Excess/Stop Loss		\$667,644	\$465,951	\$667,644	1	1,920	576	2,496

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

UNION BANKERS INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
750860066	69701							
Instate Individually Underwritten		\$57,186	\$226,487	\$0	0	18	0	18
Accidental Death & Dismemberment		\$23	\$0	\$0	0	1	0	1
Disability Income		\$7,335	\$4,440	\$0	0	33	0	33
Hospital Indemnity		\$23,280	\$4,864	\$0	0	78	0	78
Limited Benefits		\$2,099	\$0	\$0	0	71	0	71
Long Term Care		\$74,821	\$110,651	\$0	0	76	0	76
Medicare Supplement		\$1,839,456	\$1,548,802	\$0	0	764	0	764

UNION CENTRAL LIFE INSURANCE COMPANY (THE)

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310472910	80837							
Disability Income		\$2,004,741	\$3,612,253	\$158,135	9	1,352	0	1,352

UNION FIDELITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310252460	62596							
Accident Only		\$975,646	\$560,064	\$0	0	14,956	9,065	24,021
Accidental Death & Dismemberment		\$432,946	\$60,962	\$0	0	5,572	6,383	11,955
Dental		\$156	\$94	\$0	0	1	0	1
Disability Income		\$488	\$0	\$0	0	5	0	5
Hospital Indemnity		\$185,072	\$227,899	\$0	0	1,034	197	1,231
Limited Benefits		\$1,235,115	\$1,054,323	\$0	0	6,476	7,980	14,456
Medicare Supplement		\$729,496	\$517,276	\$0	0	386	0	386
Champus/Tricare Supplement		\$5,481	\$9,011	\$0	0	9	2	11

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UNION SECURITY INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
810170040	70408							
Out-of-State Group Individually Underwritten		\$112,213	\$141,370	\$0	0	28	8	36
Out-of-State Group Conversion		\$16,318	\$13,557	\$0	0	3	0	3
Accident Only		\$182	\$0	\$0	0	6	0	6
Dental		\$37,305,474	\$27,153,896	\$0	2,639	129,564	4	129,568
Disability Income		\$22,185,256	\$12,093,255	\$0	832	49,739	0	49,739
Hospital Indemnity		\$1,287	\$359	\$0	0	3	0	3
Limited Benefits		\$725	\$0	\$0	0	18	0	18
Long Term Care		\$11,431,843	\$1,733,085	\$0	0	7,129	0	7,129

UNION SECURITY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
581529581	98884							
Disability Income		\$394,101	\$76,875	\$394,101	9	0	0	0

UNITED AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
731128555	92916							
Instate Guarantee Issue		\$19,886,306	\$10,050,243	\$7,593,875	0	12,993	5,986	18,979
Instate Individually Underwritten		\$6,699,810	\$3,411,230	\$1,358,460	0	7,664	2,366	10,030
Disability Income		\$1,628	\$1,569	\$0	0	13	0	13
Hospital Indemnity		\$110,844	\$240,444	\$6,867	0	162	15	177
Limited Benefits		\$2,292,534	\$1,453,309	\$491,390	0	6,266	2,928	9,194
Long Term Care		\$1,304,206	\$1,073,047	\$139,152	0	818	0	818
Medicare Supplement		\$73,557,669	\$48,945,615	\$3,759,186	43	28,141	0	28,141

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UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
650243292	52020							
Dental		\$85,811	\$68,950	\$586	27	207	469	676

UNITED CONCORDIA INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
860307623	85766							
Dental		\$9,843,820	\$7,626,936	\$4,568,944	190	19,433	20,348	39,781

UNITED FAMILY LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
133036472	91693							
Accident Only		\$385	\$0	\$0	0	11	0	11
Disability Income		\$221	\$0	\$0	0	2	0	2
Hospital Indemnity		\$86	\$0	\$0	0	1	0	1
Limited Benefits		\$5,169	\$193,637	\$0	0	102	0	102
Travel		\$2,315	\$0	\$2,026	0	1,356	0	1,356

UNITED HEALTHCARE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
362739571	79413							
Instate Sole Proprietor		\$52,907,578	\$42,921,391	\$7,936,137	7,614	7,614	6,760	14,374
Instate 6-50 Member Groups		\$847,561,019	\$586,386,152	\$127,134,153	26,658	189,837	124,715	314,552
Instate 51+ Member Groups		\$726,220,920	\$599,984,577	\$0	6,649	110,411	92,173	202,584
Dental		\$22,813,107	\$15,682,472	\$0	3,535	29,076	73,896	102,972
Medicare Supplement		\$453,142,840	\$375,039,541	\$0	1	306,358	0	306,358

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UNITED HEALTHCARE OF FLORIDA, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
591293865	95264							
Instate 2-5 Member Groups		\$183,956,088	\$126,596,872	\$44,518,803	4,766	18,786	13,635	32,421
Instate 6-50 Member Groups		\$130,659,428	\$89,918,605	\$61,042,313	3,452	13,604	9,873	23,477
Instate 51+ Member Groups		\$882,140,409	\$725,549,525	\$98,389,226	1,147	141,570	90,601	232,171
Instate Conversion		\$18,778,287	\$21,729,301	\$0	0	2,718	0	2,718

UNITED INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
361896670	69930							
Accident Only		\$977,542	\$195,196	\$145,890	0	11,888	0	11,888
Disability Income		\$174,119	\$116,607	\$0	0	2,101	0	2,101
Hospital Indemnity		\$791,745	\$317,148	\$0	0	7,271	0	7,271
Limited Benefits		\$308,205	\$39,308	\$66,062	0	2,177	0	2,177

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UNITED OF OMAHA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470322111	69868							
Instate 51+ Member Groups		\$422,585	\$120,105	\$0	2	189	86	275
Instate Conversion		\$53,436	\$58,030	\$0	0	8	1	9
Out-of-State Group 6-50 Member Groups		\$0	\$82	\$0	0	0	0	0
Out-of-State Group 51+ Member Groups		\$171,947	\$94,109	\$0	14	139	222	361
Administrative Services Only (ASO)		\$367,580	\$1,350	\$5,379	43	6,406	1,033	7,439
Accident Only		\$23,681	\$9,294	\$0	5	5,608	0	5,608
Accidental Death & Dismemberment		\$178,630	\$17,355	\$40,126	185	12,609	1,371	13,980
Dental		\$119,945	\$63,444	\$0	9	276	478	754
Disability Income		\$2,369,391	\$2,450,326	\$269,310	155	11,439	0	11,439
Excess/Stop Loss		\$1,594,699	\$1,011,352	\$1,372,266	35	2,309	2,836	5,145
Limited Benefits		(\$5,111)	\$0	\$0	0	104	34	138
Vision		\$8,922	\$1,343	\$0	6	269	192	461

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
135459480	70106							
Accidental Death & Dismemberment		\$1,643,244	\$686,688	\$410,811	434	13,281	16,602	29,883
Dental		\$5,502,081	\$4,236,151	\$1,375,520	451	3,366	4,208	7,574
Disability Income		\$7,889,635	\$7,765,778	\$1,971,959	259	5,924	7,405	13,329
Excess/Stop Loss		\$10,180,387	\$13,094,656	\$2,545,097	7	3,465	4,332	7,797
Hospital Indemnity		\$163,755	\$154,198	\$31,966	2	207	235	442
Vision		\$2,780,662	\$85,887	\$695,166	26	113	141	254

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
580869673	63479							
Instate Individually Underwritten		\$358,128	\$454,551	\$0	0	205	46	251
Accident Only		\$539	\$387	\$0	0	13	0	13
Dental		\$3,442	\$288	\$0	0	3	0	3
Disability Income		\$290,742	\$454,912	\$0	0	808	4	812
Hospital Indemnity		\$11,952	\$42,338	\$0	0	64	0	64
Limited Benefits		\$190,234	\$248,194	\$14,277	0	1,194	0	1,194
Long Term Care		\$39,917	\$36,475	\$2,014	0	61	0	61
Medicare Supplement		\$1,437,917	\$1,284,775	\$19,789	0	693	0	693

UNITED WORLD LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
756010770	72850							
Accident Only		\$103	\$123	\$0	0	1	0	1
Medicare Supplement		\$2,586,926	\$1,501,903	\$6,187,171	0	3,268	0	3,268

UNIVERSAL HEALTH CARE, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
050528708	11574							
Instate Individually Underwritten		\$25,749	\$15,550	\$9,344	0	13	0	13

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

UNUM LIFE INSURANCE COMPANY OF AMERICA

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
010278678	62235							
Accidental Death & Dismemberment		\$4,821,952	\$4,231,770	\$315,926	1,122	246,018	0	246,018
Disability Income		\$131,042,538	\$202,336,482	\$15,818,108	2,767	427,423	0	427,423
Hospital Indemnity		\$13,856	\$170,885	\$0	0	0	0	0
Long Term Care		\$20,045,310	\$5,621,268	\$1,259,436	262	41,060	0	41,060

USAA LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
741472662	69663							
Accident Only		\$10,134	\$0	\$0	0	73	0	73
Disability Income		\$532,969	\$274,332	\$0	0	454	0	454
Hospital Indemnity		\$49,645	\$29,410	\$0	0	94	9	103
Medicare Supplement		\$14,802,752	\$9,844,363	\$1,012,160	0	7,185	0	7,185
Champus/Tricare Supplement		\$0	\$932	\$0	0	0	0	0

VALLEY FORGE LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
236200031	70211							
Long Term Care		\$447,256	\$5,999	\$0	0	195	0	195

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

VETERANS LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
362545774	81027							
Accident Only		\$91,757	\$1,131	\$0	0	1,073	1,086	2,159
Accidental Death & Dismemberment		\$403,824	\$188,179	\$0	0	3,430	1,676	5,106
Hospital Indemnity		\$102,155	\$66,073	\$0	0	734	465	1,199
Limited Benefits		\$1,155	\$0	\$0	0	11	2	13
Medicare Supplement		\$249	\$132	\$0	0	1	0	1

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
650453436	95266							
Instate Individually Underwritten		\$75,911,000	\$53,502,000	\$10,747,871	0	30,148	0	30,148
Instate Sole Proprietor		\$417,000	\$372,000	\$0	51	51	26	77
Instate 6-50 Member Groups		\$1,615,000	\$1,438,000	\$0	237	269	29	298
Instate 51+ Member Groups		\$30,548,000	\$25,864,000	\$0	13	3,908	4,586	8,494

VISTA HEALTHPLAN, INC.

<i>FEIN</i>	<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
650986441	95114							
Instate Sole Proprietor		\$9,867,000	\$7,673,000	\$94,000	1,666	1,666	913	2,579
Instate 6-50 Member Groups		\$110,136,000	\$85,996,000	\$11,263,000	5,040	21,045	9,567	30,612
Instate 51+ Member Groups		\$336,502,000	\$282,788,000	\$16,587,000	1,122	65,974	43,929	109,903
Instate Conversion		\$3,330,000	\$2,599,000	\$0	0	611	301	912

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

VISTA INSURANCE PLAN, INC.

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
650545388	60091							
Instate 51+ Member Groups		\$13,167,661	\$10,190,000	\$70,000	162	1,506	482	1,988

WASHINGTON NATIONAL INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
361933760	70319							
Instate Individually Underwritten		\$215,042	\$160,742	\$0	0	106	3	109
Instate 51+ Member Groups		\$11,785	\$3,466	\$0	1	12	3	15
Accident Only		\$603,946	\$219,500	\$0	2	18,259	1,290	19,549
Disability Income		\$44,734	\$27,442	\$0	3	281	2	283
Hospital Indemnity		\$207,226	\$149,409	\$0	3	1,346	111	1,457
Limited Benefits		\$74,725	\$49,703	\$0	2	632	232	864
Long Term Care		\$11,979,821	\$14,603,401	\$0	11	4,509	0	4,509
Medicare Supplement		\$10,243,224	\$7,145,140	\$0	0	4,999	0	4,999
Champus/Tricare Supplement		\$316,354	\$94,757	\$0	2	217	232	449

WEST COAST LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
940971150	70335							
Hospital Indemnity		\$155	\$410	\$0	0	2	0	2
Long Term Care		\$33,136	\$0	\$0	0	20	0	20

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
310487145	70483							
Accident Only		\$223,846	\$12,500	\$0	0	5,095	0	5,095
Limited Benefits		\$2,372,585	\$2,244,031	\$0	0	4,757	0	4,757

WESTWARD LIFE INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
860201136	78301							
Disability Income		\$32,490	\$7,459	\$0	0	81	0	81

WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
131976260	66230							
Disability Income		\$1,829	\$0	\$0	0	9	0	9
Hospital Indemnity		\$4,133	\$0	\$0	0	16	1	17

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470339250	57320							
Disability Income		\$52,677	\$0	\$0	0	212	0	212
Hospital Indemnity		\$100,269	\$0	\$0	0	353	0	353
Limited Benefits		\$162,611	\$0	\$0	0	799	0	799
Long Term Care		\$23,998	\$0	\$0	0	12	0	12

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Line of Business

WORLD CORP INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
560710065	79987							
Instate Individually Underwritten		\$40,474	\$56,026	\$0	0	6	0	6
Medicare Supplement		\$3,810	\$2,237	\$0	0	3	0	3

WORLD INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
470339860	70629							
Instate Individually Underwritten		\$2,286,482	\$2,055,743	\$0	0	315	218	533
Instate Short Term Major Medical		\$1,568	\$0	\$0	0	1	0	1
Accident Only		\$75	\$0	\$0	0	5	1	6
Dental		\$547	\$6,371	\$74	0	11	0	11
Disability Income		\$9,079	\$1,575	\$0	0	14	0	14
Hospital Indemnity		\$8,581	\$5,607	\$0	0	76	17	93
Limited Benefits		\$223	\$0	\$0	0	30	12	42
Long Term Care		\$0	\$31,035	\$0	0	1	0	1
Medicare Supplement		\$1,664,931	\$1,173,148	\$0	0	607	34	641

ZURICH AMERICAN INSURANCE COMPANY

FEIN	NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
364233459	16535							
Accident Only		\$3,126,287	\$1,695,968	\$0	78	18,263	35	18,298
Disability Income		\$844,553	\$1,413,619	\$0	0	0	0	0
Excess/Stop Loss		\$2,084,236	\$2,087,002	\$0	11	4,464	2,550	7,014

CY2005 Accident and Health Report of Gross Annual Premium and Enrollment Reported Average Days to Pay Claim by Major Medical Market

Major Medical - A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. In Florida this means insurance that is designed to cover expenses of serious illness, chronic care (excluding long-term care) and/or hospitalization. The term does NOT include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, prepaid products, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which do not duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance.

Hospital/Surgical/Medical Expense - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.

These definitions include the following subcategories:

- *Guarantee Issue (HIPAA, FS 627.6487(3))*
- *Individually Underwritten*
- *Self-Employed or Sole Proprietor (FS 627.6699)*
- *2 - 5 Member Groups (FS 627.6699)*
- *6 - 50 Member Groups (FS 627.6699)*
- *51+ Member Groups*

Short Term Major Medical - A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable.

Conversion - Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.

AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS (G)

A simple average ([the total number of days from the date of receipt to the date of payment for each claim received] divided by [the total of number of claims received]). The data provided should specific to covered Florida residents and only include claims where there is a date of payment between January 01 through December 31, inclusive, for the reporting calendar year.

Where claim is defined by Section 627.6131(2) and 641.3155(1), F.S.

Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S.

Where date of payment is defined by Section 627.6131(7) and 641.3155 (6), F.S.

AETNA HEALTH INC.

FEIN

NAIC Company Code

592411584

95088

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor	6
Instate 2-5 Member Groups	6
Instate 6-50 Member Groups	6
Instate 51+ Member Groups	7
Instate Conversion	7
Out-of-State Group 6-50 Member Groups	6
Out-of-State Group 51+ Member Groups	7

AETNA LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

066033492

60054

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

4

Instate 2-5 Member Groups

4

Instate 6-50 Member Groups

4

Instate 51+ Member Groups

4

Instate Conversion

4

Out-of-State Group 2-5 Member Groups

4

Out-of-State Group 6-50 Member Groups

4

Out-of-State Group 51+ Member Groups

4

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA*FEIN**NAIC Company Code*

411366075

90611

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group 51+ Member Groups

7

Out-of-State Group Conversion

7

ALLMERICA FINANCIAL LIFE INSURANCE AND ANNUITY CO.*FEIN**NAIC Company Code*

046145677

84824

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

16

ALTA HEALTH & LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

591031071

67369

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

10

Out-of-State Group 51+ Member Groups

10

AMERICAN FIDELITY ASSURANCE COMPANY*FEIN**NAIC Company Code*

730714500

60410

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group 2-5 Member Groups

3

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY*FEIN**NAIC Company Code*

620306330

66672

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

8

AMERICAN INSURANCE COMPANY OF TEXAS

<i>FEIN</i>	<i>NAIC Company Code</i>	
751302312	81949	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten		14
Instate 51+ Member Groups		14

AMERICAN INTERNATIONAL LIFE ASSURANCE CO. OF NY

<i>FEIN</i>	<i>NAIC Company Code</i>	
136101875	60607	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Out-of-State Group 51+ Member Groups		9

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
860207231	97179	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Out-of-State Group Guarantee Issue		20
Out-of-State Group Individually Underwritten		20
Out-of-State Group Conversion		20

AMERICAN NATIONAL INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
740484030	60739	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten		7
Instate 51+ Member Groups		7
Out-of-State Group Individually Underwritten		8

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

<i>FEIN</i>	<i>NAIC Company Code</i>	
751016594	71773	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten		8
Instate Conversion		7
Out-of-State Group Individually Underwritten		8

AMERICAN REPUBLIC INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
420113630	60836	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten		9

AMERICAN STATES INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
350145400	19704	<i>(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten		15

AVMED, INC.*FEIN**NAIC Company Code*

592742907

95263

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

13

Instate 2-5 Member Groups

13

Instate 6-50 Member Groups

13

Instate 51+ Member Groups

13

AXA EQUITABLE LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

135570651

62944

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

5

Instate Conversion

3

BCS LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

362149353

80985

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

27

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.*FEIN**NAIC Company Code*

592015694

98167

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

6

Instate Individually Underwritten

6

Instate Sole Proprietor

6

Instate 2-5 Member Groups

6

Instate 6-50 Member Groups

6

Instate 51+ Member Groups

6

Instate Conversion

6

CANADA LIFE ASSURANCE COMPANY*FEIN**NAIC Company Code*

380397420

80659

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

10

CAPITAL HEALTH PLAN, INC.*FEIN**NAIC Company Code*

591830622

95112

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

7

Instate 2-5 Member Groups

8

Instate 6-50 Member Groups

9

Instate 51+ Member Groups

9

Instate Conversion

6

CELTIC INSURANCE COMPANY*FEIN**NAIC Company Code*

060641618

80799

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

11

Out-of-State Group Guarantee Issue

8

Out-of-State Group Individually Underwritten

8

Out-of-State Group Short Term Major Medical

17

CENTRAL UNITED LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

420884060

61883

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

28

CIGNA HEALTHCARE OF FLORIDA, INC.*FEIN**NAIC Company Code*

592089259

95136

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

8

CINCINNATI LIFE INSURANCE COMPANY (THE)*FEIN**NAIC Company Code*

311213778

76236

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

7

CITRUS HEALTH CARE, INC.*FEIN**NAIC Company Code*

134247706

11836

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

21

Instate Individually Underwritten

22

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

750956156

77720

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

9

CONNECTICUT GENERAL LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

060303370

62308

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

11

Instate 6-50 Member Groups

11

Instate 51+ Member Groups

11

CONSECO LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

042299444

65900

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

11

CONSECO SENIOR HEALTH INSURANCE COMPANY*FEIN**NAIC Company Code*

230704970

76325

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

7

CONTINENTAL ASSURANCE COMPANY*FEIN**NAIC Company Code*

360947200

62413

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

17

Instate Conversion

10

CONTINENTAL GENERAL INSURANCE COMPANY*FEIN**NAIC Company Code*

470463747

71404

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

11

Instate Individually Underwritten

11

Out-of-State Group Individually Underwritten

11

CUNA MUTUAL INSURANCE SOCIETY*FEIN**NAIC Company Code*

390230590

62626

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

10

EMPIRE FIRE AND MARINE INSURANCE COMPANY

FEIN

NAIC Company Code

476022701

21326

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

21

EPIC LIFE INSURANCE COMPANY

FEIN

NAIC Company Code

391502108

64149

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

14

FIDELITY SECURITY LIFE INSURANCE COMPANY

FEIN

NAIC Company Code

430949844

71870

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Guarantee Issue

35

Out-of-State Group Individually Underwritten

26

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

FEIN

NAIC Company Code

041867050

69140

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

9

Instate Conversion

10

FLORIDA HEALTH CARE PLAN, INC.

FEIN

NAIC Company Code

593222484

95124

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

17

Instate 2-5 Member Groups

18

Instate 6-50 Member Groups

19

Instate 51+ Member Groups

18

Instate Conversion

18

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

FEIN

NAIC Company Code

611096685

62324

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

14

Out-of-State Group Individually Underwritten

14

GERBER LIFE INSURANCE COMPANY

FEIN

NAIC Company Code

132611847

70939

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

14

Date Collection Form: OIR-B2-1094

This information is compiled from data filed with the Office by each Accident and/or Health Coverage Provider. It has not been audited or independently verified.

GOLDEN RULE INSURANCE COMPANY

FEIN

NAIC Company Code

376028756

62286

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

8

Instate Conversion

13

Out-of-State Group Guarantee Issue

12

Out-of-State Group Individually Underwritten

14

GREAT SOUTHERN LIFE INSURANCE COMPANY

FEIN

NAIC Company Code

742058261

90212

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

42

GREAT WEST LIFE ASSURANCE COMPANY

FEIN

NAIC Company Code

980000673

80705

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group 51+ Member Groups

8

GREAT-WEST HEALTHCARE OF FLORIDA, INC.

FEIN

NAIC Company Code

593428587

95805

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

4

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

FEIN

NAIC Company Code

840467907

68322

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

12

Out-of-State Group 51+ Member Groups

12

GUARANTEE TRUST LIFE INSURANCE COMPANY

FEIN

NAIC Company Code

361174500

64211

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

1

Out-of-State Group Individually Underwritten

1

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

FEIN

NAIC Company Code

135123390

64246

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

3

Instate Conversion

10

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY*FEIN**NAIC Company Code*

361236610

70670

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

7

Out-of-State Group 51+ Member Groups

7

HEALTH FIRST HEALTH PLANS, INC.*FEIN**NAIC Company Code*

593315064

95019

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

9

Instate 2-5 Member Groups

9

Instate 51+ Member Groups

9

Instate Conversion

10

HEALTH NET LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

730654885

66141

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Conversion

14

HEALTH OPTIONS, INC.*FEIN**NAIC Company Code*

592403696

95089

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

10

Instate Individually Underwritten

10

Instate Sole Proprietor

10

Instate 2-5 Member Groups

10

Instate 6-50 Member Groups

10

Instate 51+ Member Groups

10

Instate Conversion

10

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.*FEIN**NAIC Company Code*

611041514

69671

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

14

Instate Individually Underwritten

13

Instate Sole Proprietor

13

Instate 2-5 Member Groups

12

Instate 6-50 Member Groups

12

Instate 51+ Member Groups

9

Instate Conversion

12

HUMANA INSURANCE COMPANY*FEIN**NAIC Company Code*

391263473

73288

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Conversion

20

HUMANA MEDICAL PLAN, INC.*FEIN**NAIC Company Code*

611103898

95270

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

12

Instate 2-5 Member Groups

10

Instate 6-50 Member Groups

10

Instate 51+ Member Groups

11

Instate Conversion

15

ILLINOIS MUTUAL LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

370344290

64580

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

10

ING LIFE INSURANCE AND ANNUITY COMPANY*FEIN**NAIC Company Code*

710294708

86509

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

35

JEFFERSON NATIONAL LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

750300900

64017

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

5

JEFFERSON PILOT LIFEAMERICA INSURANCE COMPANY*FEIN**NAIC Company Code*

220832760

62057

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

20

JEFFERSON-PILOT LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

560359860

67865

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

20

Instate Conversion

20

JOHN ALDEN LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

410999752

65080

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 2-5 Member Groups

9

Instate Conversion

10

Out-of-State Group Guarantee Issue

14

Out-of-State Group Individually Underwritten

14

KANAWHA INSURANCE COMPANY*FEIN**NAIC Company Code*

570380426

65110

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

14

KANSAS CITY LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

440308260

65129

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

2

LIBERTY MUTUAL INSURANCE COMPANY*FEIN**NAIC Company Code*

041543470

23043

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

8

LIFE INSURANCE COMPANY OF GEORGIA*FEIN**NAIC Company Code*

580298930

65471

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

3

LIFE INVESTORS INSURANCE COMPANY OF AMERICA*FEIN**NAIC Company Code*

420191090

64130

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

10

MEDICAL SAVINGS INSURANCE COMPANY*FEIN**NAIC Company Code*

351975418

74217

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Guarantee Issue

10

Out-of-State Group Individually Underwritten

10

MEGA LIFE & HEALTH INSURANCE COMPANY*FEIN**NAIC Company Code*

592213662

97055

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

14

Instate 51+ Member Groups

14

Out-of-State Group Guarantee Issue

14

Out-of-State Group Individually Underwritten

14

MENNONITE MUTUAL AID ASSOCIATION*FEIN**NAIC Company Code*

356059333

57991

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

10

METROPOLITAN LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

135581829

65978

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group 6-50 Member Groups

12

Out-of-State Group 51+ Member Groups

12

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN*FEIN**NAIC Company Code*

620724538

66087

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

14

Out-of-State Group Guarantee Issue

14

Out-of-State Group Individually Underwritten

14

MONY LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

131632487

66370

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

5

MUTUAL OF OMAHA INSURANCE COMPANY*FEIN**NAIC Company Code*

470246511

71412

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

25

Instate 51+ Member Groups

25

Instate Conversion

25

Out-of-State Group 51+ Member Groups

25

NATIONAL BENEFIT LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

231618791

61409

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

15

NATIONWIDE LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

314156830

66869

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

7

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.*FEIN**NAIC Company Code*

650996107

95123

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

30

Instate 2-5 Member Groups

30

Instate 6-50 Member Groups

30

Instate 51+ Member Groups

30

Instate Conversion

30

NEW ENGLAND LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

042708937

91626

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group 51+ Member Groups

9

NEW YORK LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

135582869

66915

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

25

Out-of-State Group 51+ Member Groups

15

NIPPON LIFE INSURANCE COMPANY OF AMERICA*FEIN**NAIC Company Code*

042509896

81264

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group 2-5 Member Groups

9

Out-of-State Group 6-50 Member Groups

14

Out-of-State Group 51+ Member Groups

16

OHIO NATIONAL LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

310397080

67172

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

0

OHIO STATE LIFE INSURANCE COMPANY (THE)*FEIN**NAIC Company Code*

314271600

67180

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

58

PACIFIC LIFE & ANNUITY COMPANY*FEIN**NAIC Company Code*

953769814

97268

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

8

Instate 2-5 Member Groups

7

Instate 6-50 Member Groups

6

Instate 51+ Member Groups

8

Instate Conversion

13

Out-of-State Group Sole Proprietor

8

Out-of-State Group 2-5 Member Groups

7

Out-of-State Group 6-50 Member Groups

7

Out-of-State Group 51+ Member Groups

5

PACIFIC LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

951079000

67466

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

0

PAN-AMERICAN LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

720281240

67539

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

30

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

741952955

67784

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

7

PHYSICIANS MUTUAL INSURANCE COMPANY*FEIN**NAIC Company Code*

470270450

80578

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

14

Instate Individually Underwritten

15

PREFERRED MEDICAL PLAN, INC.*FEIN**NAIC Company Code*

591419293

95271

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

20

Instate Individually Underwritten

20

PRIMERICA LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

041590590

65919

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

27

PRINCIPAL LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

420127290

61271

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

8

Instate Conversion

6

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY*FEIN**NAIC Company Code*

231335885

67903

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

6

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)*FEIN**NAIC Company Code*

221211670

68241

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

6

PYRAMID LIFE INSURANCE COMPANY (THE)*FEIN**NAIC Company Code*

480557726

68284

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

106

REASSURE AMERICA LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

380779740

65765

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

35

RESERVE NATIONAL INSURANCE COMPANY*FEIN**NAIC Company Code*

730661453

68462

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

3

Out-of-State Group Individually Underwritten

3

SECURITY LIFE OF DENVER INSURANCE COMPANY*FEIN**NAIC Company Code*

840499703

68713

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

7

SENTRY LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

396040276

68810

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

0

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY*FEIN**NAIC Company Code*

730994234

86355

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

8

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY*FEIN**NAIC Company Code*

314316080

25135

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

1

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY*FEIN**NAIC Company Code*

370533100

25178

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

7

Instate Individually Underwritten

7

Out-of-State Group 51+ Member Groups

16

STATE LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

350684263

69116

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

10

SYMETRA LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

910742147

68608

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Conversion

2

THE PUBLIC HEALTH TRUST OF DADE COUNTY*FEIN**NAIC Company Code*

591713947

95126

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

33

Instate Conversion

33

THRIVENT FINANCIAL FOR LUTHERANS*FEIN**NAIC Company Code*

390123480

56014

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

9

TIME INSURANCE COMPANY*FEIN**NAIC Company Code*

390658730

69477

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

13

Instate Conversion

9

Out-of-State Group Guarantee Issue

13

Out-of-State Group Individually Underwritten

13

TOTAL HEALTH CHOICE, INC.*FEIN**NAIC Company Code*

330603319

95134

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

20

Instate Individually Underwritten

20

Instate Sole Proprietor

23

Instate 2-5 Member Groups

18

Instate 6-50 Member Groups

20

Instate 51+ Member Groups

20

Instate Conversion

19

TRANSAMERICA LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

390989781

86231

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

1

Out-of-State Group Sole Proprietor

22

Out-of-State Group 2-5 Member Groups

22

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TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
951060502	67121	(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten		10

TRAVELERS INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
060566090	87726	(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion		6

TRUSTMARK INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
360792925	61425	(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue		11
Instate Individually Underwritten		16
Instate Sole Proprietor		10
Instate 6-50 Member Groups		45
Instate Conversion		1
Out-of-State Group Individually Underwritten		14

TRUSTMARK LIFE INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
363421358	62863	(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups		14
Out-of-State Group Sole Proprietor		26
Out-of-State Group 2-5 Member Groups		26
Out-of-State Group 6-50 Member Groups		21
Out-of-State Group 51+ Member Groups		13

ULICO CASUALTY COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
132988846	37893	(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion		10

UNICARE LIFE & HEALTH INSURANCE COMPANY

<i>FEIN</i>	<i>NAIC Company Code</i>	
520913817	80314	(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten		28
Out-of-State Group 2-5 Member Groups		28
Out-of-State Group 6-50 Member Groups		28
Out-of-State Group 51+ Member Groups		28

UNION BANKERS INSURANCE COMPANY*FEIN**NAIC Company Code*

750860066

69701

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

71

UNION SECURITY INSURANCE COMPANY*FEIN**NAIC Company Code*

810170040

70408

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Out-of-State Group Individually Underwritten

13

Out-of-State Group Conversion

13

UNITED AMERICAN INSURANCE COMPANY*FEIN**NAIC Company Code*

731128555

92916

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Guarantee Issue

10

Instate Individually Underwritten

10

UNITED HEALTHCARE INSURANCE COMPANY*FEIN**NAIC Company Code*

362739571

79413

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

14

Instate 6-50 Member Groups

14

Instate 51+ Member Groups

14

UNITED HEALTHCARE OF FLORIDA, INC.*FEIN**NAIC Company Code*

591293865

95264

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 2-5 Member Groups

2

Instate 6-50 Member Groups

2

Instate 51+ Member Groups

2

Instate Conversion

2

UNITED OF OMAHA LIFE INSURANCE COMPANY*FEIN**NAIC Company Code*

470322111

69868

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

25

Instate Conversion

25

Out-of-State Group 51+ Member Groups

25

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

FEIN

NAIC Company Code

580869673

63479

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

5

UNIVERSAL HEALTH CARE, INC.

FEIN

NAIC Company Code

050528708

11574

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

32

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

FEIN

NAIC Company Code

650453436

95266

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

25

Instate Sole Proprietor

25

Instate 6-50 Member Groups

25

Instate 51+ Member Groups

25

VISTA HEALTHPLAN, INC.

FEIN

NAIC Company Code

650986441

95114

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Sole Proprietor

25

Instate 6-50 Member Groups

25

Instate 51+ Member Groups

25

Instate Conversion

25

VISTA INSURANCE PLAN, INC.

FEIN

NAIC Company Code

650545388

60091

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate 51+ Member Groups

25

WASHINGTON NATIONAL INSURANCE COMPANY

FEIN

NAIC Company Code

361933760

70319

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

8

Instate 51+ Member Groups

8

WORLD CORP INSURANCE COMPANY

FEIN

NAIC Company Code

560710065

79987

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

10

WORLD INSURANCE COMPANY

FEIN

NAIC Company Code

470339860

70629

(G) AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS

Instate Individually Underwritten

14