

CY2006
Gross Annual Premium and Enrollment
Accident and Health Markets



Florida Office of Insurance Regulation
Market Research Unit

July, 2007

*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.*

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Major Medical Lines of Business

	<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>
Instate Guarantee Issue (HIPAA)	\$113,512,136	\$97,305,537	\$23,593,911		41,493	26,198	67,691
Instate Individually Underwritten	\$971,267,393	\$627,135,429	\$179,643,452		318,586	160,964	479,550
Instate Self-Employed or Sole Proprietor	\$168,488,242	\$144,585,527	\$14,596,074	18,830	18,830	13,500	32,330
Instate 2 - 5 Member Groups	\$720,398,361	\$537,063,636	\$75,356,826	43,065	122,891	77,362	200,253
Instate 6 - 50 Member Groups	\$2,998,464,292	\$2,173,105,057	\$397,324,807	72,733	550,501	341,825	892,326
Instate 51+ Member Groups	\$7,746,351,263	\$6,413,829,718	\$678,619,577	15,614	1,392,247	923,665	2,315,912
Instate Short Term Major Medical	\$22,400,371	\$15,869,225	\$0	2,265	7,525	3,261	10,786
Instate Conversion	\$179,510,321	\$228,803,697	\$26,450,998		32,604	13,109	45,713
Out-of-State Guarantee Issue (HIPAA)	\$13,030,832	\$12,729,030	\$1,953,858		1,334	174	1,508
Out-of-State Individually Underwritten	\$522,084,284	\$284,148,623	\$101,383,923	22,192	138,022	103,237	241,259
Out-of-State Self-Employed or Sole Proprietor	\$422,618	\$835,396	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$7,673,643	\$6,004,849	\$1,070,454	366	503	372	875
Out-of-State 6 - 50 Member Groups	\$18,994,958	\$14,302,274	\$1,476,556	674	2,650	1,794	4,444
Out-of-State 51+ Member Groups	\$764,197,745	\$618,170,780	\$69,479,977	5,794	124,684	96,940	221,624
Out-of-State Short Term Major Medical	\$6,490,157	\$3,103,496	\$5,622,923	5	6,152	1,143	7,295
Out-of-State Conversion	\$639,209	\$1,297,958	\$0		36	23	59

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Other Accident and Health Lines of Business

	<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>
Accident Only	\$217,775,534	\$117,463,918	\$61,792,206	5,362	3,594,098	1,440,963	5,035,061
Accidental Death & Dismemberment	\$94,853,878	\$42,824,903	\$15,991,053	382,449	5,377,251	1,308,400	6,685,651
Blanket Accident/Sickness	\$23,709,056	\$9,966,435	\$5,383,092	2,048	807,633	13,838	821,471
Dental	\$884,548,884	\$604,750,658	\$80,409,448	36,998	2,905,038	2,861,182	5,766,220
Disability Income	\$1,014,645,944	\$1,106,406,012	\$120,128,373	24,450	2,898,166	666,835	3,565,001
Excess/Stop Loss	\$259,977,947	\$199,115,462	\$45,642,760	2,597	833,509	591,382	1,424,891
Hospital Indemnity	\$86,663,380	\$37,649,542	\$21,831,184	1,407	298,567	122,035	420,602
Limited Benefit	\$228,124,689	\$131,679,160	\$35,573,980	3,795	744,714	435,613	1,180,327
Long Term Care	\$624,822,019	\$436,957,256	\$48,859,644	5,440	372,932	92,868	465,800
Short Term Care	\$28,148,768	\$53,891,942	\$103,699	927	30,060	17	30,077
Medicare Supplement	\$1,317,038,674	\$1,040,577,352	\$41,020,359	4,222	757,680	2,396	760,076
Champus/Tricare Supplement	\$1,138,102	\$980,933	\$0	2	1,088	912	2,000
Prescription Drug	\$16,684,194	\$12,947,381	\$12,110,296	266	15,383	2,180	17,563
Sickness	\$11,340,518	\$7,761,557	\$353,293	2	24,220	90	24,310
Student	\$18,907,707	\$10,162,595	\$3,657,274	43	21,901	10,968	32,869
Travel	\$5,383,462	\$2,352,842	\$2,918,701	272	48,735	11,283	60,018
Vision	\$88,650,768	\$67,956,892	\$13,487,482	13,144	2,381,076	9,167,604	11,548,680

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

AETNA HEALTH INC.

NAIC Company Code 95088

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$22,396,191	\$10,526,112	23,709	5
Instate Self-Employed or Sole Proprietor	\$21,572,795	\$16,675,770	4,151	6
Instate 2 - 5 Member Groups	\$240,896,210	\$186,212,770	56,809	6
Instate 6 - 50 Member Groups	\$456,624,160	\$352,970,476	125,547	6
Instate 51+ Member Groups	\$659,675,664	\$543,572,747	198,544	5
Instate Conversion	\$21,306,035	\$37,352,575	2,795	5
Out-of-State 6 - 50 Member Groups	\$15,424,879	\$11,923,431	3,680	5
Out-of-State 51+ Member Groups	\$582,500,933	\$482,036,209	174,244	6

AETNA LIFE INSURANCE COMPANY

NAIC Company Code 60054

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$1,329,837	\$1,236,709	1,079	3
Instate Self-Employed or Sole Proprietor	\$2,068,249	\$1,629,602	230	3
Instate 2 - 5 Member Groups	\$23,703,704	\$21,381,168	4,871	3
Instate 6 - 50 Member Groups	\$20,570,863	\$15,589,681	4,833	3
Instate 51+ Member Groups	\$86,570,142	\$77,425,499	27,549	4
Instate Conversion	\$3,873,461	\$5,452,068	707	3
Out-of-State Individually Underwritten	\$194	(\$95,775)	17	3
Out-of-State 2 - 5 Member Groups	\$4,499,036	\$3,624,133	822	3
Out-of-State 6 - 50 Member Groups	\$2,307,943	\$1,721,870	718	3
Out-of-State 51+ Member Groups	\$74,978,565	\$62,126,721	11,953	4

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code 90611

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State 51+ Member Groups	\$4,249	\$1,973	3	6
Out-of-State Conversion	\$14,647	\$73,884	10	6

ALTA HEALTH & LIFE INSURANCE COMPANY

NAIC Company Code 67369

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$7,488,880	\$5,913,248	17,179	19
Out-of-State 51+ Member Groups	\$872	\$688	2	19

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

AMERICAN FIDELITY ASSURANCE COMPANY

NAIC Company Code 60410

	<i>DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>DIRECT LOSSES INCURRED</i>	<i>COVERED LIVES</i>	<i>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Out-of-State 2 - 5 Member Groups	\$1,377	\$555	1	0

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

NAIC Company Code 66672

	<i>DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>DIRECT LOSSES INCURRED</i>	<i>COVERED LIVES</i>	<i>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten	\$391,243	\$868,939	2,257	11

AMERICAN INCOME LIFE INSURANCE COMPANY

NAIC Company Code 60577

	<i>DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>DIRECT LOSSES INCURRED</i>	<i>COVERED LIVES</i>	<i>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten	\$8,771	\$685	35	5

AMERICAN INSURANCE COMPANY OF TEXAS

NAIC Company Code 81949

	<i>DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>DIRECT LOSSES INCURRED</i>	<i>COVERED LIVES</i>	<i>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Instate Individually Underwritten	\$38,978	\$3,820	9	0

AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

NAIC Company Code 81418

	<i>DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>DIRECT LOSSES INCURRED</i>	<i>COVERED LIVES</i>	<i>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Out-of-State 51+ Member Groups	\$61,023	\$1,276	252	10

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code 97179

	<i>DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>DIRECT LOSSES INCURRED</i>	<i>COVERED LIVES</i>	<i>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</i>
Out-of-State Guarantee Issue (HIPAA)	\$69,002	\$242,923	3	20
Out-of-State Individually Underwritten	\$50,608,426	\$27,707,900	14,551	20
Out-of-State Conversion	\$102,053	\$126,214	13	20

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AMERICAN NATIONAL INSURANCE COMPANY

NAIC Company Code 60739

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$234,734	\$804,170	93	10
Instate 51+ Member Groups	\$34,021	\$15,117	0	8
Out-of-State Individually Underwritten	\$183,571	\$202,437	20	10

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code 71773

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$2,061,454	\$2,892,632	806	9
Out-of-State Individually Underwritten	\$4,130,014	\$2,308,027	893	9

AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code 60836

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$274,688	\$82,500	120	12
Out-of-State Guarantee Issue (HIPAA)	\$85,675	\$27,870	20	12

AMERICAN STATES INSURANCE COMPANY

NAIC Company Code 19704

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$88,721	\$257,632	27	30

AVALON HEALTHCARE, INC.

NAIC Company Code 12316

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$7,032	\$0	6	29
Instate Individually Underwritten	\$370,842	\$70,258	489	22
Instate 2 - 5 Member Groups	\$71,655	\$72,448	33	19
Instate 6 - 50 Member Groups	\$210,377	\$50,873	139	21

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AVMED, INC.

NAIC Company Code 95263

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$3,433,483	\$3,697,904	564	15
Instate 2 - 5 Member Groups	\$5,640,947	\$4,846,369	1,860	15
Instate 6 - 50 Member Groups	\$4,723,956	\$3,401,152	2,420	15
Instate 51+ Member Groups	\$616,695,587	\$523,487,614	177,448	15

AXA EQUITABLE LIFE INSURANCE COMPANY

NAIC Company Code 62944

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$3,783,779	\$5,778,591	1,484	5
Instate Conversion	\$67,047	\$90,055	27	0

BCS LIFE INSURANCE COMPANY

NAIC Company Code 80985

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$316	\$0	0	0

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

NAIC Company Code 98167

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$73,414,014	\$72,488,959	33,082	6
Instate Individually Underwritten	\$607,775,684	\$382,793,861	273,877	6
Instate Self-Employed or Sole Proprietor	\$20,573,725	\$19,403,415	2,553	6
Instate 2 - 5 Member Groups	\$153,705,505	\$115,283,666	48,431	6
Instate 6 - 50 Member Groups	\$639,794,879	\$440,511,852	225,451	6
Instate 51+ Member Groups	\$1,573,882,743	\$1,320,159,936	573,488	6
Instate Short Term Major Medical	\$18,909,231	\$14,700,324	8,521	6
Instate Conversion	\$39,509,800	\$42,954,727	17,804	6

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

NAIC Company Code 80659

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$96,892	\$61,973	82	19

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

CAPITAL HEALTH PLAN, INC.

NAIC Company Code 95112

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$4,223,896	\$4,270,323	965	9
Instate 2 - 5 Member Groups	\$13,881,842	\$12,526,372	4,437	10
Instate 6 - 50 Member Groups	\$41,034,370	\$35,467,776	12,557	12
Instate 51+ Member Groups	\$308,061,842	\$283,690,412	88,297	12
Instate Conversion	\$2,943,385	\$3,902,006	684	13

CELTIC INSURANCE COMPANY

NAIC Company Code 80799

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$1,760,640	\$1,099,447	138	32
Out-of-State Guarantee Issue (HIPAA)	\$129,255	\$38,344	8	20
Out-of-State Individually Underwritten	\$24,948,131	\$13,675,311	8,196	20
Out-of-State Short Term Major Medical	\$181,802	\$2,172	134	41

CENTRAL RESERVE LIFE INSURANCE COMPANY

NAIC Company Code 61727

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$3,593	\$251	1	11
Out-of-State Individually Underwritten	\$8,637	\$2,577	12	11

CENTRAL UNITED LIFE INSURANCE COMPANY

NAIC Company Code 61883

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$83,089	\$128,071	134	30

CENTRE LIFE INSURANCE COMPANY

NAIC Company Code 80896

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$14,192	\$256,196	86	18

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

CHESAPEAKE LIFE INSURANCE COMPANY

NAIC Company Code 61832

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$2,493,481	\$1,856,377	0	0
Out-of-State 2 - 5 Member Groups	\$54,844	\$2,106	8	14

CIGNA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95136

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$254,145,462	\$228,741,741	69,365	5

CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code 76236

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$12,004	\$23,301	17	7

CITRUS HEALTH CARE, INC.

NAIC Company Code 11836

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$2,712,903	\$2,108,627	1,113	30

COMBINED INSURANCE COMPANY OF AMERICA

NAIC Company Code 62146

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$420,176	\$110,719	0	30

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code 84824

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$12,248	\$57,205	42	7

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC Company Code 62308

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$383,086	\$330,230	179	11
Instate 6 - 50 Member Groups	\$1,517,886	\$1,308,459	360	11
Instate 51+ Member Groups	\$369,347,357	\$318,193,410	143,661	11

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CONSECO LIFE INSURANCE COMPANY

NAIC Company Code 65900

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$2,986	\$2,508	32	11

CONSECO SENIOR HEALTH INSURANCE COMPANY

NAIC Company Code 76325

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$46,491	\$48,036	12	9

CONTINENTAL ASSURANCE COMPANY

NAIC Company Code 62413

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$793,703	\$0	6,622	15
Out-of-State 51+ Member Groups	\$1,584,843	\$0	4,071	14

CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Company Code 71404

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$207,913	\$212,341	24	11
Instate Individually Underwritten	\$4,578,574	\$4,023,436	1,020	11
Out-of-State Individually Underwritten	\$17,875,270	\$11,947,097	5,854	11

CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

NAIC Company Code 68500

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$19,332	\$9,013	10	17

CUNA MUTUAL INSURANCE SOCIETY

NAIC Company Code 62626

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$3,273	\$6,942	4	0

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DELAWARE AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 62634

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$1,780	\$0	3	0
Out-of-State 51+ Member Groups	\$238,264	\$399,114	0	0

FAIRMONT PREMIER INSURANCE COMPANY

NAIC Company Code 25518

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Short Term Major Medical	\$259,460	\$29,555	3,124	5

FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code 71870

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$8,937	\$0	1	0
Out-of-State Guarantee Issue (HIPAA)	\$101,645	\$19,881	4	29
Out-of-State Individually Underwritten	\$5,130,362	\$4,134,708	2,307	24

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code 69140

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$2,602	\$4,221	8	4
Instate Conversion	\$106,404	\$1,262,261	34	14

FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code 95124

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$1,157,886	\$1,178,209	230	19
Instate 2 - 5 Member Groups	\$8,371,457	\$8,973,778	2,189	19
Instate 6 - 50 Member Groups	\$12,628,988	\$10,659,654	3,281	18
Instate 51+ Member Groups	\$108,447,718	\$94,396,912	29,382	18
Instate Conversion	\$5,633,640	\$6,586,543	1,259	19

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FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code 62324

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$54,016	\$154,743	14	14
Out-of-State Individually Underwritten	\$9,227,016	\$4,883,439	4,095	14

GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 63665

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$38,718	\$69,501	14	6

GENWORTH LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code 80926

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$14,847	\$54,288	2	5

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code 91472

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$133,187	\$270,346	179	6

GOLDEN RULE INSURANCE COMPANY

NAIC Company Code 62286

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$1,415,055	\$949,113	166	15
Instate Conversion	\$51,981	\$39,796	24	10
Out-of-State Guarantee Issue (HIPAA)	\$11,276,292	\$11,508,186	1,368	16
Out-of-State Individually Underwritten	\$187,872,192	\$87,494,822	100,068	19
Out-of-State Short Term Major Medical	\$1,105,658	\$315,082	1,476	40

GREAT SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code 90212

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$5,778	\$9,827	2	42

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GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code 80705

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State 51+ Member Groups	\$707,010	\$80,925	245	0

GREAT-WEST HEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95805

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$56,108	\$0	0	0
Out-of-State 51+ Member Groups	\$1,082,179	\$0	4	0

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code 68322

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State 51+ Member Groups	\$1,226,314	\$1,259,794	1,317	0

GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code 64211

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$387,715	\$205,773	139	5
Out-of-State Individually Underwritten	\$1,869,571	\$564,835	3,979	16
Out-of-State Short Term Major Medical	\$953,184	\$572,079	335	16

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code 64246

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$14,113	\$10,173	2	4
Instate Individually Underwritten	\$349,058	\$1,045,169	0	0
Instate 6 - 50 Member Groups	\$36	\$3,797	0	4
Instate 51+ Member Groups	\$179,724	\$297,467	0	4

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

NAIC Company Code 70670

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Individually Underwritten	\$1,801,689	\$3,927,920	900	7
Out-of-State 51+ Member Groups	\$40,987,419	\$35,098,567	11,605	7

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HEALTH FIRST HEALTH PLANS, INC.

NAIC Company Code 95019

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$3,070,693	\$2,765,108	694	8
Instate 2 - 5 Member Groups	\$16,560,355	\$14,192,315	5,398	8
Instate 6 - 50 Member Groups	\$34,333,174	\$29,937,443	10,288	8
Instate 51+ Member Groups	\$54,547,282	\$47,412,229	16,456	8
Instate Conversion	\$874,756	\$770,904	164	8

HEALTH NET LIFE INSURANCE COMPANY

NAIC Company Code 66141

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Conversion	\$106,086	\$404,188	7	0

HEALTH OPTIONS, INC.

NAIC Company Code 95089

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$4,551,338	\$4,214,390	1,066	10
Instate Self-Employed or Sole Proprietor	\$15,783,421	\$13,355,908	1,958	10
Instate 2 - 5 Member Groups	\$64,038,884	\$49,949,536	12,667	10
Instate 6 - 50 Member Groups	\$224,632,712	\$169,430,169	40,709	10
Instate 51+ Member Groups	\$662,154,616	\$529,119,210	188,542	10
Instate Conversion	\$60,467,428	\$67,522,491	14,154	10

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code 69671

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$2,170,995	\$2,297,086	249	14
Instate Individually Underwritten	\$97,939,997	\$48,542,559	55,700	17
Instate Self-Employed or Sole Proprietor	\$12,233,403	\$10,393,151	1,735	15
Instate 2 - 5 Member Groups	\$36,835,864	\$28,158,138	9,907	14
Instate 6 - 50 Member Groups	\$51,264,466	\$42,905,064	14,471	11
Instate 51+ Member Groups	\$231,007,852	\$193,833,677	57,407	9
Instate Conversion	\$2,404,873	\$3,012,597	310	14

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HUMANA INSURANCE COMPANY

NAIC Company Code 73288

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Individually Underwritten	\$425,708	\$288,231	171	17
Out-of-State Conversion	\$276,019	\$208,329	8	26

HUMANA MEDICAL PLAN, INC.

NAIC Company Code 95270

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$5,367,430	\$4,689,763	1,064	12
Instate 2 - 5 Member Groups	\$15,610,860	\$12,838,920	6,025	10
Instate 6 - 50 Member Groups	\$47,863,532	\$38,060,266	17,819	9
Instate 51+ Member Groups	\$456,587,182	\$392,323,886	126,122	12
Instate Conversion	\$2,750,126	\$3,462,219	460	13

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code 64580

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$948,597	\$873,813	138	10

ING LIFE INSURANCE AND ANNUITY COMPANY

NAIC Company Code 86509

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$2,974	\$24,032	2	9

JACKSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 65056

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$5,365	\$14,918	2	3

JEFFERSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 64017

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$2,653	\$5,431	15	5

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JEFFERSON-PILOT LIFE INSURANCE COMPANY

NAIC Company Code 67865

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$352	\$0	1	4
Instate Conversion	\$13,610	(\$170,007)	4	4

JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code 65080

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$88,264	\$11,005	9	11
Instate Conversion	\$204,474	\$324,753	21	18
Out-of-State Guarantee Issue (HIPAA)	\$214,965	\$222,693	17	11
Out-of-State Individually Underwritten	\$6,426,995	\$4,546,205	2,617	11
Out-of-State 2 - 5 Member Groups	\$24,032	\$11,954	4	9
Out-of-State Short Term Major Medical	\$257,014	\$199,700	163	27

KANAWHA INSURANCE COMPANY

NAIC Company Code 65110

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$12,881	\$29,551	13	10

KANSAS CITY LIFE INSURANCE COMPANY

NAIC Company Code 65129

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$6,813	(\$254)	2	2

LIBERTY MUTUAL INSURANCE COMPANY

NAIC Company Code 23043

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$325	\$2,832	0	0
Instate Conversion	\$10,874	\$35,490	4	0

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

NAIC Company Code 64130

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$9,661	\$8,063	2	10

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LIFESECURE INSURANCE COMPANY

NAIC Company Code 77720

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$5,206	\$729	3	10

LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

NAIC Company Code 62057

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$7,358	\$57,855	8	4

LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 65676

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$250	\$0	4	0

LUMBERMENS MUTUAL CASUALTY COMPANY

NAIC Company Code 22977

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Guarantee Issue (HIPAA)	\$2,394	\$8,538	1	0

MEDICAL SAVINGS INSURANCE COMPANY

NAIC Company Code 74217

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Guarantee Issue (HIPAA)	\$53,415	\$89,980	8	5
Out-of-State Individually Underwritten	\$17,847,066	\$14,264,084	7,464	5

MEGA LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code 97055

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$234,432	\$177,204	176	26
Out-of-State Individually Underwritten	\$50,737,471	\$25,148,674	22,763	26

MENNONITE MUTUAL AID ASSOCIATION

NAIC Company Code 57991

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$375,400	\$71,293	66	10

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METLIFE INSURANCE COMPANY OF CONNECTICUT

NAIC Company Code 87726

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Individually Underwritten	\$131,792	(\$647,623)	0	6
Out-of-State 51+ Member Groups	\$50,995	\$175,729	0	6

METROPOLITAN LIFE INSURANCE COMPANY

NAIC Company Code 65978

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$546,736	\$605,711	1,466	6
Instate Conversion	\$177,204	\$371,321	154	6

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

NAIC Company Code 66087

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$70,046	\$34,024	31	14
Out-of-State Individually Underwritten	\$73,583,042	\$37,923,437	36,657	14

MONY LIFE INSURANCE COMPANY

NAIC Company Code 66370

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$73,821	\$61,814	61	5

MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code 71412

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$240,805	(\$92,497)	57	19
Instate 51+ Member Groups	\$201,755	\$775,079	0	11
Instate Conversion	\$7,697	(\$4,271)	5	0
Out-of-State 51+ Member Groups	\$27,864,168	\$9,048,048	8,097	0

NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code 61409

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$41,450	\$178,216	110	15

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NATIONAL CASUALTY COMPANY

NAIC Company Code 11991

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$132	\$11,978	5	7

NATIONAL HEALTH INSURANCE COMPANY

NAIC Company Code 82538

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$185,663	\$78,944	54	34
Out-of-State Individually Underwritten	\$1,317,242	\$803,993	164	27
Out-of-State Conversion	\$56,140	\$269,800	18	21

NATIONWIDE LIFE INSURANCE COMPANY

NAIC Company Code 66869

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$101,614	\$101,979	40	12

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code 95123

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$4,977,170	\$4,016,921	335	0
Instate 2 - 5 Member Groups	\$50,103,507	\$13,516,987	14,010	0
Instate 6 - 50 Member Groups	\$185,973,870	\$141,977,029	59,488	0
Instate 51+ Member Groups	\$169,648,986	\$130,770,067	34,115	0
Instate Conversion	\$2,804,901	\$12,629,798	1,063	0

NEW ENGLAND LIFE INSURANCE COMPANY

NAIC Company Code 91626

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State 2 - 5 Member Groups	\$548	\$115,214	24	13

NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code 78743

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$819,441	\$1,036,955	362	47

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NEW YORK LIFE INSURANCE COMPANY

NAIC Company Code 66915

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$264,692	\$57,911	325	25
Out-of-State 51+ Member Groups	\$9,730,158	\$10,729,824	3,964	17

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code 81264

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$977,105	\$1,053,443	0	20
Out-of-State 2 - 5 Member Groups	\$120,677	\$54,255	16	15
Out-of-State 6 - 50 Member Groups	\$291,932	\$106,824	46	13
Out-of-State 51+ Member Groups	\$889,373	\$621,061	158	12

OHIO NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 67172

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$555	\$800	2	0

OHIO STATE LIFE INSURANCE COMPANY (THE)

NAIC Company Code 67180

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$4,818	\$25,334	38	58

PACIFIC LIFE & ANNUITY COMPANY

NAIC Company Code 97268

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$453,696	\$568,663	20	7
Instate 2 - 5 Member Groups	\$2,832,711	\$2,615,486	302	6
Instate 6 - 50 Member Groups	\$862,262	\$394,920	123	6
Instate 51+ Member Groups	\$1,126,157	\$830,490	0	7
Out-of-State Self-Employed or Sole Proprietor	\$422,618	\$835,396	0	8
Out-of-State 2 - 5 Member Groups	\$2,973,129	\$2,196,632	0	8
Out-of-State 6 - 50 Member Groups	\$970,204	\$550,149	0	8
Out-of-State 51+ Member Groups	\$169,453	\$434,869	0	8

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PAN-AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 67539

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$6,228	\$4,652	9	30

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 67784

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Conversion	\$78,909	\$195,749	0	7

PHOENIX LIFE INSURANCE COMPANY

NAIC Company Code 67814

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$302,511	\$678,994	0	7

PHYSICIANS MUTUAL INSURANCE COMPANY

NAIC Company Code 80578

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$25,094	\$8,331	6	21
Instate Individually Underwritten	\$405,327	\$386,423	115	11

PREFERRED MEDICAL PLAN, INC.

NAIC Company Code 95271

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$534,112	\$612,196	370	18
Instate Individually Underwritten	\$70,214,885	\$58,177,900	38,442	18

PRIMERICA LIFE INSURANCE COMPANY

NAIC Company Code 65919

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Individually Underwritten	\$34,002	(\$20,754)	15	25

PRINCIPAL LIFE INSURANCE COMPANY

NAIC Company Code 61271

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$6,452,347	\$5,531,912	1,451	7
Instate Conversion	\$2,254,511	\$3,482,059	355	7

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PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code 67903

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Individually Underwritten	\$577,053	\$100,990	46	11

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

NAIC Company Code 68241

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$1,541,396	\$1,703,131	1,460	8

PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code 68284

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$769,814	\$509,434	62	30

REASSURE AMERICA LIFE INSURANCE COMPANY

NAIC Company Code 65765

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$14,599	\$37	131	36

RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code 68462

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$278,149	\$290,174	98	5
Out-of-State Individually Underwritten	\$7,840	\$11,387	6	3

SECURITY LIFE OF DENVER INSURANCE COMPANY

NAIC Company Code 68713

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$8,561	\$52	187	7

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code 68772

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$1,494	\$1,368	12	10

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SENTRY LIFE INSURANCE COMPANY

NAIC Company Code 68810

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$51	\$0	1	0

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code 86355

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$13,273	\$37,312	22	12

STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

NAIC Company Code 69078

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Short Term Major Medical	\$3,491,140	\$1,168,901	2,265	0

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code 25135

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$683	\$658	3	1

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code 25178

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$29,055	\$7,575	8	0
Instate Individually Underwritten	\$12,028,320	\$9,297,515	2,661	11
Instate Conversion	\$109,683	(\$689)	23	8
Out-of-State 51+ Member Groups	\$20,943,464	\$14,871,376	4,655	3

STATE LIFE INSURANCE COMPANY

NAIC Company Code 69116

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$4,437	\$29,795	7	0

SYMETRA LIFE INSURANCE COMPANY

NAIC Company Code 68608

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$32,439	\$10,463	6	1

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THE PUBLIC HEALTH TRUST OF DADE COUNTY

NAIC Company Code 95126

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$37,140,577	\$31,440,407	9,985	54
Instate Conversion	\$291,308	\$411,150	34	54

THRIVENT FINANCIAL FOR LUTHERANS

NAIC Company Code 56014

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$717,630	\$761,003	153	10

TIME INSURANCE COMPANY

NAIC Company Code 69477

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$635,253	\$391,248	118	13
Instate Conversion	\$29,107	\$2,494	4	9
Out-of-State Guarantee Issue (HIPAA)	\$1,098,189	\$570,615	79	13
Out-of-State Individually Underwritten	\$66,140,052	\$44,737,031	30,398	13
Out-of-State Short Term Major Medical	\$3,733,039	\$1,984,908	2,063	27

TOTAL HEALTH CHOICE, INC.

NAIC Company Code 95134

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$805,162	\$131,269	157	17
Instate Individually Underwritten	\$17,285,542	\$17,064,982	4,317	18
Instate Self-Employed or Sole Proprietor	\$178,320	\$105,015	47	19
Instate 2 - 5 Member Groups	\$1,039,460	\$945,137	219	16
Instate 6 - 50 Member Groups	\$1,013,025	\$393,808	236	17
Instate 51+ Member Groups	\$4,366,825	\$2,625,382	1,471	23
Instate Conversion	\$10,187,080	\$4,988,225	2,249	17

TRANSAMERICA LIFE INSURANCE COMPANY

NAIC Company Code 86231

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 2 - 5 Member Groups	\$2,666,863	\$2,054,393	1,011	26

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TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

NAIC Company Code 67121

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$8,814	\$65,695	39	10

TRUSTMARK INSURANCE COMPANY

NAIC Company Code 61425

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$12,913	\$3,610	1	8
Instate Individually Underwritten	\$2,213,521	\$2,130,716	438	17
Instate Self-Employed or Sole Proprietor	\$58,169	\$4,254	3	12
Instate 6 - 50 Member Groups	\$120,529	\$47,220	30	6
Instate Conversion	\$165,721	\$4,377	35	11
Out-of-State Individually Underwritten	\$316,552	\$5,318	36	8

TRUSTMARK LIFE INSURANCE COMPANY

NAIC Company Code 62863

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$3	\$0	38	0
Instate 2 - 5 Member Groups	\$15	\$0	191	0
Instate 6 - 50 Member Groups	\$87	\$0	1,119	0
Instate 51+ Member Groups	\$1,118,847	\$1,380,913	1,364	37
Out-of-State 51+ Member Groups	\$397,377	\$506,702	331	16

ULLICO CASUALTY COMPANY

NAIC Company Code 37893

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Conversion	\$427,236	\$1,257,446	39	8

UNICARE LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code 80314

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$45,025	\$28,142	25	28
Instate 51+ Member Groups	\$21,117,194	\$15,496,921	8,475	28

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UNION BANKERS INSURANCE COMPANY

NAIC Company Code 69701

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$64,307	\$59,532	31	30

UNION LABOR LIFE INSURANCE COMPANY

NAIC Company Code 69744

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$68,483	(\$755)	0	69
Instate Conversion	\$66,933	\$186,210	49	10
Out-of-State 51+ Member Groups	\$617,225	\$371,220	330	138

UNION SECURITY INSURANCE COMPANY

NAIC Company Code 70408

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Out-of-State Individually Underwritten	\$89,896	\$23,633	30	12
Out-of-State Conversion	\$5,355	\$19,794	3	0

UNITED AMERICAN INSURANCE COMPANY

NAIC Company Code 92916

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$26,920,862	\$12,917,894	30,092	19
Instate Individually Underwritten	\$30,690,985	\$14,975,944	33,818	19

UNITED HEALTHCARE INSURANCE COMPANY

NAIC Company Code 79413

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$59,826,513	\$49,669,987	15,585	12
Instate 6 - 50 Member Groups	\$1,040,535,039	\$719,926,161	338,333	12
Instate 51+ Member Groups	\$857,474,445	\$630,209,971	201,031	12

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UNITED HEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95264

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$478,761	\$336,712	67	0
Instate 2 - 5 Member Groups	\$46,974,748	\$33,040,829	22,556	0
Instate 6 - 50 Member Groups	\$169,666,313	\$119,310,205	15,152	0
Instate 51+ Member Groups	\$863,800,499	\$720,793,211	220,349	0
Instate Conversion	\$16,209,490	\$25,616,354	1,992	0

UNITED OF OMAHA LIFE INSURANCE COMPANY

NAIC Company Code 69868

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$388,996	(\$37,472)	171	12
Out-of-State 51+ Member Groups	\$163,861	\$406,684	393	10

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

NAIC Company Code 63479

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$230,961	\$657,605	221	15

UNIVERSAL HEALTH CARE, INC.

NAIC Company Code 11574

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$21,465	\$8,341	8	52

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

NAIC Company Code 95266

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Guarantee Issue (HIPAA)	\$3,216,796	\$2,589,120	1,106	25
Instate Individually Underwritten	\$82,498,672	\$53,562,569	32,617	25
Instate Self-Employed or Sole Proprietor	\$464,820	\$293,129	42	25
Instate 2 - 5 Member Groups	\$273,107	\$121,972	44	25
Instate 6 - 50 Member Groups	\$68,383	\$25,344	15	25
Instate 51+ Member Groups	\$27,981,670	\$22,467,745	8,264	25
Instate Conversion	\$756,962	\$932,349	194	25

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VISTA HEALTHPLAN, INC.

NAIC Company Code 95114

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Self-Employed or Sole Proprietor	\$12,182,723	\$11,201,463	1,870	25
Instate 2 - 5 Member Groups	\$37,190,667	\$30,333,352	9,293	25
Instate 6 - 50 Member Groups	\$65,025,385	\$50,733,708	19,955	25
Instate 51+ Member Groups	\$353,641,422	\$282,588,570	107,717	25
Instate Conversion	\$3,791,631	\$4,836,407	766	25

VISTA INSURANCE PLAN, INC.

NAIC Company Code 60091

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate 51+ Member Groups	\$8,573,197	\$7,362,373	1,414	25
Instate Conversion	\$80,887	\$172,802	22	25

WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code 70319

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$159,215	\$98,783	90	9

WORLD INSURANCE COMPANY

NAIC Company Code 70629

	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	COVERED LIVES	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Instate Individually Underwritten	\$1,788,418	\$1,501,905	406	12
Out-of-State Individually Underwritten	\$794,500	\$210,719	0	0

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5 STAR LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77879							
Champus/Tricare Supplement	\$27,323	\$96,728	\$0	0	0	0	0

AAA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71854							
Accident Only	\$8,395,377	\$2,515,539	\$798,496	0	59,266	51,582	110,848
Hospital Indemnity	\$9,125	(\$109,639)	\$1,758	0	19	0	19

ACACIA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60038							
Disability Income	\$373	\$0	\$0	0	4	0	4

ACE AMERICAN INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
22667							
Accidental Death & Dismemberment	\$826,315	\$117,663	\$347,052	330,380	0	0	0
Blanket Accident/Sickness	\$718,534	\$13,074	\$105,892	1	42,539	0	42,539
Disability Income	\$431,121	\$0	\$159,515	13	0	0	0
Excess/Stop Loss	\$1,616,702	\$1,176,628	\$0	1	184,683	0	184,683

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ADVANTICA EYECARE, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$685,756	\$319,905	\$180,969	84	7,943	10,326	18,269

AETNA HEALTH INC.

NAIC Company Code

95088	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Instate Individually Underwritten	\$22,396,191	\$10,526,112	\$22,396,191		16,298	7,411	23,709
Instate Self-Employed or Sole Proprietor	\$21,572,795	\$16,675,770	\$1,388,834	2,791	2,791	1,360	4,151
Instate 2 - 5 Member Groups	\$240,896,210	\$186,212,770	\$15,508,642	13,384	34,759	22,050	56,809
Instate 6 - 50 Member Groups	\$456,624,160	\$352,970,476	\$29,396,978	5,802	77,367	48,180	125,547
Instate 51+ Member Groups	\$659,675,664	\$543,572,747	\$70,138,364	850	115,457	83,087	198,544
Instate Conversion	\$21,306,035	\$37,352,575	\$4,900,388		1,950	845	2,795
Out-of-State 6 - 50 Member Groups	\$15,424,879	\$11,923,431	\$944,785	449	2,219	1,461	3,680
Out-of-State 51+ Member Groups	\$582,500,933	\$482,036,209	\$48,740,219	695	96,684	77,560	174,244

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AETNA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60054							
Instate Individually Underwritten	\$1,329,837	\$1,236,709	\$1,329,837		781	298	1,079
Instate Self-Employed or Sole Proprietor	\$2,068,249	\$1,629,602	\$60,502	154	154	76	230
Instate 2 - 5 Member Groups	\$23,703,704	\$21,381,168	\$3,786,967	1,220	2,773	2,098	4,871
Instate 6 - 50 Member Groups	\$20,570,863	\$15,589,681	\$2,556,161	235	2,840	1,993	4,833
Instate 51+ Member Groups	\$86,570,142	\$77,425,499	\$9,396,765	1,013	16,045	11,504	27,549
Instate Conversion	\$3,873,461	\$5,452,068	\$540,916		573	134	707
Out-of-State Individually Underwritten	\$194	(\$95,775)	\$0	1	12	5	17
Out-of-State 2 - 5 Member Groups	\$4,499,036	\$3,624,133	\$1,015,610	350	473	349	822
Out-of-State 6 - 50 Member Groups	\$2,307,943	\$1,721,870	\$531,771	209	412	306	718
Out-of-State 51+ Member Groups	\$74,978,565	\$62,126,721	\$19,922,666	1,085	8,902	3,051	11,953
Accidental Death & Dismemberment	\$3,751,553	\$1,358,261	\$164,395	1,633	220,574	1,923	222,497
Dental	\$90,312,447	\$56,308,532	\$7,521,245	4,733	178,763	181,391	360,154
Disability Income	\$25,628,066	\$23,944,175	\$1,105,371	190	56,281	0	56,281
Excess/Stop Loss	\$11,126,966	\$4,496,265	\$3,657,656	473	53,374	54,696	108,070
Hospital Indemnity	\$174,446	\$49,942	\$0	0	104	96	200
Long Term Care	\$4,957,513	\$3,957,176	\$171,136	11	6,054	0	6,054
Medicare Supplement	\$3,904	(\$356)	\$0	0	4	0	4
Student	\$4,640,223	\$2,739,171	\$0	1	2,937	44	2,981

AF&L INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
35963							
Hospital Indemnity	\$533,572	\$160,486	\$0	0	320	0	320
Long Term Care	\$11,813,313	\$8,541,791	\$0	0	4,567	0	4,567

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AIG CENTENNIAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
34789							
Accident Only	\$1,836	\$632	\$0	0	11	0	11
Hospital Indemnity	\$1,099	\$350	\$0	0	1	0	1

AIG LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66842							
Accident Only	\$1,441,164	\$2,344,136	\$0	20	13,221	0	13,221
Accidental Death & Dismemberment	\$56,572	\$0	\$0	23	109	0	109
Dental	\$201,495	\$180,198	\$0	54	672	0	672
Disability Income	\$280,977	\$359,030	\$0	192	3,345	0	3,345
Excess/Stop Loss	\$3,365,479	\$2,900,449	\$0	17	4,370	0	4,370
Hospital Indemnity	\$21,906	\$66,520	\$0	1	87	0	87
Limited Benefit	\$30,241	\$2,813	\$0	1	244	0	244
Long Term Care	\$1,135,830	\$765,497	\$0	0	537	0	537
Vision	\$199,646	\$0	\$0	650	5,396	0	5,396

AIG PREMIER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20796							
Accidental Death & Dismemberment	\$1,503	\$169	\$0	0	12	11	23
Disability Income	\$2,342	(\$887)	\$0	0	170	0	170
Hospital Indemnity	\$27,222	\$3,827	\$0	0	25	14	39
Long Term Care	\$609	\$38	\$0	0	1	1	2
Medicare Supplement	\$89,716	\$40,645	\$0	0	20	5	25

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ALFA LIFE INSURANCE CORPORATION

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
79049							
Hospital Indemnity	\$79	\$0	\$0	0	0	0	0

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90611							
Out-of-State 51+ Member Groups	\$4,249	\$1,973	\$0	1	1	2	3
Out-of-State Conversion	\$14,647	\$73,884	\$0		3	7	10
Accidental Death & Dismemberment	\$1,161	\$0	\$0	1	20	20	40
Disability Income	\$49	(\$1,269)	\$0	0	2	2	4
Hospital Indemnity	\$61,071	\$107,032	\$0	6	376	376	752
Limited Benefit	\$257	\$0	\$0	1	3	3	6
Long Term Care	\$9,066,731	\$1,185,696	\$1,036,853	3	3,518	740	4,258
Medicare Supplement	\$31,744	\$50,254	\$0	8	23	32	55

ALLSTATE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60186							
Accident Only	\$6,473,969	\$2,055,929	\$0	0	69,019	0	69,019
Hospital Indemnity	\$447,082	\$156,160	\$0	0	1,673	0	1,673
Long Term Care	\$344,657	\$213,269	\$0	0	216	0	216

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

ALTA HEALTH & LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67369							
Instate 51+ Member Groups	\$7,488,880	\$5,913,248	\$0	1	8,581	8,598	17,179
Out-of-State 51+ Member Groups	\$872	\$688	\$0	1	2	0	2
Accidental Death & Dismemberment	\$49,735	\$39,271	\$0	0	0	0	0
Dental	\$398,255	\$314,463	\$0	0	0	0	0
Disability Income	\$2,099,126	\$1,657,477	\$0	0	0	0	0
Excess/Stop Loss	\$1,185,803	\$939,485	\$0	37	939	465	1,404
Vision	\$201	\$158	\$0	0	0	0	0

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
10111							
Accidental Death & Dismemberment	\$343,985	\$25,755	\$0	1	2,867	0	2,867
Disability Income	\$280,234	\$20,981	\$0	1	2,335	0	2,335

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60275							
Accidental Death & Dismemberment	\$1,435,566	\$240,764	\$0	10	37,136	5,017	42,153
Disability Income	\$110,355	\$81,665	\$0	3	9,042	388	9,430

AMERICAN CAPITOL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60291							
Medicare Supplement	\$20,585	\$27,461	\$0	0	16	0	16

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20427							
Disability Income	\$1,599	\$40,649	\$0	0	0	0	0

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60380							
Accident Only	\$59,831,408	\$29,040,751	\$23,226,466	0	201,668	205,836	407,504
Dental	\$7,353,080	\$2,098,761	\$3,131,925	0	15,366	10,776	26,142
Disability Income	\$46,600,345	\$14,347,046	\$17,731,003	0	101,494	0	101,494
Hospital Indemnity	\$27,683,625	\$11,414,425	\$11,813,527	0	72,310	65,416	137,726
Limited Benefit	\$85,102,455	\$46,665,318	\$22,004,219	0	287,352	266,090	553,442
Long Term Care	\$2,902,612	\$882,673	\$229,324	0	2,272	243	2,515
Medicare Supplement	\$6,745,491	\$5,335,987	\$0	0	3,121	0	3,121
Vision	\$854,746	\$174,787	\$628,019	0	4,432	3,258	7,690

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

AMERICAN FIDELITY ASSURANCE COMPANY

<i>NAIC Company Code</i>								
60410	<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Out-of-State 2 - 5 Member Groups	\$1,377	\$555	\$0	1	1	0	1	
Accident Only	\$499,119	\$347,822	\$446,696	4	20	2	22	
Dental	\$20,140	\$390	\$0	2	550	124	674	
Disability Income	\$5,771,375	\$2,704,795	\$1,561,790	97	14,912	54	14,966	
Excess/Stop Loss	\$1,027,667	(\$171,948)	\$0	3	8,635	5,411	14,046	
Hospital Indemnity	\$1,235,601	\$329,884	\$500,918	14	4,038	12	4,050	
Limited Benefit	\$1,461,441	\$1,210,545	\$206,931	0	3,274	196	3,470	
Long Term Care	\$227,255	\$376,621	\$21,294	0	74	0	74	
Medicare Supplement	\$635	(\$330)	\$0	0	0	0	0	

AMERICAN GENERAL ASSURANCE COMPANY

<i>NAIC Company Code</i>								
68373	<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Blanket Accident/Sickness	\$2,852,097	\$1,190,196	\$713,024	6	9,034	11,292	20,326	
Excess/Stop Loss	\$1,507,372	\$887,783	\$14,331	0	33	41	74	
Hospital Indemnity	\$147,608	\$46,656	\$36,902	3	39	49	88	
Long Term Care	\$1,031,524	\$427,360	\$257,881	14	10,416	13,020	23,436	

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66672							
Instate Individually Underwritten	\$391,243	\$868,939	\$0		1,549	708	2,257
Accident Only	\$1,079,000	\$650,286	\$727,195	0	32,336	9,468	41,804
Disability Income	\$160,409	\$156,384	\$38,012	0	4,278	367	4,645
Limited Benefit	\$6,291,118	\$4,568,989	\$939,867	0	18,160	6,716	24,876
Medicare Supplement	\$1,164,920	\$1,281,918	\$0	0	624	40	664

AMERICAN GENERAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60488							
Disability Income	\$1,213,061	\$613,421	\$0	0	1,753	0	1,753
Limited Benefit	\$962,133	\$41,876	\$0	0	5,586	0	5,586
Long Term Care	\$14,995	\$612	\$0	0	7	0	7

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60518							
Accident Only	\$9,695	\$1,166	\$0	0	0	0	0
Disability Income	\$90	\$7,480	\$0	0	0	0	0
Limited Benefit	\$26	(\$24)	\$0	0	0	0	0
Long Term Care	\$18,741	(\$28,891)	\$0	0	0	0	0

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

AMERICAN HERITAGE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60534							
Accident Only	\$16,863,199	\$6,206,565	\$5,646,697	8	38,154	38,118	76,272
Dental	\$110,969	\$112,493	\$46,801	51	1,079	387	1,466
Disability Income	\$7,339,782	\$3,707,132	\$2,308,939	80	16,582	0	16,582
Hospital Indemnity	\$7,860,704	\$3,023,007	\$2,995,365	0	15,040	15,040	30,080
Limited Benefit	\$19,498,555	\$10,706,654	\$4,857,280	26	44,642	44,390	89,032
Long Term Care	\$2,188,644	\$5,277,387	\$0	0	1,003	0	1,003

AMERICAN HOME ASSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
19380							
Accident Only	\$236,057	(\$11,025)	\$1,000	1	37,035	111	37,146

AMERICAN INCOME LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60577							
Instate Individually Underwritten	\$8,771	\$685	\$0		29	6	35
Accident Only	\$2,163,917	\$1,220,550	\$365,602	0	23,450	11,438	34,888
Accidental Death & Dismemberment	\$86,373	\$34,081	\$6,879	452	503,498	0	503,498
Blanket Accident/Sickness	\$61,603	\$20,293	\$61,603	1	176	0	176
Disability Income	\$6,519	\$0	\$497	0	32	0	32
Hospital Indemnity	\$521,383	\$240,576	\$495,681	0	4,478	0	4,478
Limited Benefit	\$296,766	\$114,945	\$0	0	3,591	0	3,591
Medicare Supplement	\$173,456	\$303,454	\$0	0	114	0	114

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

AMERICAN INSURANCE COMPANY OF TEXAS

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81949							
Instate Individually Underwritten	\$38,978	\$3,820	\$0		9	0	9
Disability Income	\$4,883	\$22,567	\$0	0	13	0	13
Limited Benefit	\$1,092	(\$44)	\$0	0	24	0	24
Medicare Supplement	\$2,837	\$0	\$0	0	1	0	1

AMERICAN INTERNATIONAL LIFE ASSURANCE CO. OF NY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60607							
Accident Only	\$1,583	\$491,732	\$0	0	11	0	11
Hospital Indemnity	\$3,055	\$4,025	\$0	0	21	0	21
Long Term Care	\$45,096	\$6,542	\$0	0	0	0	0

AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81418							
Out-of-State 51+ Member Groups	\$61,023	\$1,276	\$47,479	1	127	125	252

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97179							
Out-of-State Guarantee Issue (HIPAA)	\$69,002	\$242,923	\$0		3	0	3
Out-of-State Individually Underwritten	\$50,608,426	\$27,707,900	\$2,497,039	8,644	8,644	5,907	14,551
Out-of-State Conversion	\$102,053	\$126,214	\$0		11	2	13
Dental	\$4,574,138	\$2,779,094	\$35,133	897	6,306	4,827	11,133
Disability Income	\$40,548	\$2,319	\$0	22	85	0	85
Excess/Stop Loss	\$1,686,503	\$2,165,655	\$0	13	518	539	1,057

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67989							
Disability Income	\$241	\$0	\$0	0	1	0	1
Limited Benefit	\$11	\$0	\$0	0	2	0	2

AMERICAN NATIONAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60739							
Instate Individually Underwritten	\$234,734	\$804,170	\$0		67	26	93
Instate 51+ Member Groups	\$34,021	\$15,117	\$0	0	0	0	0
Out-of-State Individually Underwritten	\$183,571	\$202,437	\$0	3	14	6	20
Accident Only	\$13,306	(\$9,274)	\$0	0	385	25	410
Disability Income	\$40,292	(\$378,574)	\$0	0	0	0	0
Limited Benefit	\$80,798	\$46,483	\$0	0	266	146	412
Medicare Supplement	\$4,603	\$12,116	\$0	0	8	0	8

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AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71773							
Instate Individually Underwritten	\$2,061,454	\$2,892,632	\$0		476	330	806
Out-of-State Individually Underwritten	\$4,130,014	\$2,308,027	\$0	12	544	349	893
Dental	\$112,091	\$18,013	\$0	1	3	1	4

AMERICAN PIONEER LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60763							
Dental	\$193,305	\$91,580	\$14,616	1	350	0	350
Disability Income	\$51,729	\$456,578	\$0	0	188	0	188
Long Term Care	\$7,858,132	\$14,983,347	\$0	1	2,246	0	2,246
Medicare Supplement	\$74,550,592	\$56,405,248	\$1,075,704	0	30,932	0	30,932

AMERICAN PUBLIC LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60801							
Accident Only	\$33,796	\$20,223	\$9,788	0	68	0	68
Dental	\$47,258	\$28,278	\$14,333	2	147	433	580
Disability Income	\$65,978	\$39,480	\$20,148	3	14	0	14
Hospital Indemnity	\$528,436	\$316,205	\$143,014	8	20	1,110	1,130
Limited Benefit	\$162,073	\$96,981	\$4,797	1	387	293	680
Medicare Supplement	\$1,527	\$913	\$0	1	1	0	1

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AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60836							
Instate Individually Underwritten	\$274,688	\$82,500	\$0		88	32	120
Out-of-State Guarantee Issue (HIPAA)	\$85,675	\$27,870	\$0		16	4	20
Accident Only	\$703	(\$353)	\$0	0	20	2	22
Limited Benefit	\$31,277	\$39,172	\$0	0	67	5	72
Long Term Care	\$8,066	(\$2,351)	\$0	0	125	51	176
Short Term Care	\$29,446	(\$17,929)	\$0	0	16	3	19
Medicare Supplement	\$1,698,884	\$1,136,635	\$0	0	0	0	0

AMERICAN STATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19704							
Instate Individually Underwritten	\$88,721	\$257,632	\$0		20	7	27
Disability Income	\$30,516	(\$35,314)	\$0	0	65	1	66

AMERICAN UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60895							
Accidental Death & Dismemberment	\$102,130	\$37,524	\$775	137	11,515	0	11,515
Disability Income	\$892,694	\$1,078,266	\$32,739	46	2,369	0	2,369
Excess/Stop Loss	\$4,614,965	\$3,838,559	\$1,601,572	19	4,809	0	4,809

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AMERICAN ZURICH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
40142							
Disability Income	\$2,687	\$1,302	\$0	8	0	0	0

AMERITAS LIFE INSURANCE CORP.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61301							
Dental	\$20,380,946	\$14,786,085	\$2,684,989	676	45,713	0	45,713
Disability Income	\$28,665	(\$11,769)	\$0	0	30	0	30
Vision	\$1,456,552	\$652,019	\$410,100	50	16,190	0	16,190

AMERUS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61689							
Disability Income	\$3,776	(\$7,518)	\$0	0	2	0	2

AMEX ASSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
27928							
Accident Only	\$2,643,779	\$1,504,832	\$2,643,779	0	12,987	5,512	18,499
Accidental Death & Dismemberment	\$9,260,848	\$706,768	\$9,260,848	0	2,837,091	1,038,401	3,875,492
Hospital Indemnity	\$19,526	\$1,001	\$19,526	0	932	187	1,119
Long Term Care	\$160	\$6,208	\$160	0	1	1	2
Travel	\$2,740,871	\$878,672	\$2,740,871	0	14,831	11,208	26,039

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ANTHEM LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61069							
Accidental Death & Dismemberment	\$358	\$0	\$0	2	32	0	32
Disability Income	\$100	(\$73)	\$0	1	2	0	2

ARCH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11150							
Excess/Stop Loss	\$58,801	(\$7,761)	\$0	0	0	0	0

ASSURITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71439							
Accident Only	\$85,071	\$8,510	\$36,920	0	210	0	210
Disability Income	\$2,445,624	\$1,874,854	\$544,163	0	3,729	0	3,729
Hospital Indemnity	\$350,833	\$145,493	\$172,432	0	504	0	504
Limited Benefit	\$3,544	\$227	\$1,425	0	11	0	11

ATLANTA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61093							
Hospital Indemnity	\$1,249	\$255	\$0	0	33	0	33
Limited Benefit	\$23,731	\$4,839	\$0	0	618	0	618

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AUTO-OWNERS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61190							
Disability Income	\$508,807	\$239,703	\$0	0	572	0	572
Long Term Care	\$83,128	\$12,469	\$0	0	0	0	0
Medicare Supplement	\$53,301	\$58,301	\$0	0	54	0	54

AVALON HEALTHCARE, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
12316							
Instate Guarantee Issue (HIPAA)	\$7,032	\$0	\$7,032		4	2	6
Instate Individually Underwritten	\$370,842	\$70,258	\$370,842		332	157	489
Instate 2 - 5 Member Groups	\$71,655	\$72,448	\$71,655	7	24	9	33
Instate 6 - 50 Member Groups	\$210,377	\$50,873	\$210,377	6	91	48	139

AVIVA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62898							
Disability Income	\$1,854	\$0	\$0	0	8	0	8
Limited Benefit	\$10	\$0	\$0	0	1	0	1

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AVMED, INC.

NAIC Company Code

95263

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Instate Self-Employed or Sole Proprietor	\$3,433,483	\$3,697,904	\$113,522	348	348	216	564
Instate 2 - 5 Member Groups	\$5,640,947	\$4,846,369	\$979,347	437	1,160	700	1,860
Instate 6 - 50 Member Groups	\$4,723,956	\$3,401,152	\$2,435,083	133	1,655	765	2,420
Instate 51+ Member Groups	\$616,695,587	\$523,487,614	\$21,969,358	227	86,664	90,784	177,448

AXA EQUITABLE LIFE INSURANCE COMPANY

NAIC Company Code

62944

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Instate Individually Underwritten	\$3,783,779	\$5,778,591	\$0		944	540	1,484
Instate Conversion	\$67,047	\$90,055	\$0		22	5	27
Excess/Stop Loss	\$4,786,616	\$20,581,363	\$0	0	4,274	0	4,274

BALTIMORE LIFE INSURANCE COMPANY

NAIC Company Code

61212

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$232	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$40,212	\$0	\$0	1	30	0	30
Disability Income	\$54,623	\$90,810	\$0	0	0	0	0
Hospital Indemnity	\$1,708	\$870	\$0	0	0	0	0
Limited Benefit	\$91,185	\$14,689	\$4,150	15	292	156	448
Sickness	\$234	\$0	\$0	0	0	0	0

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BANKERS FIDELITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61239							
Accident Only	\$5,531	\$2,068	\$0	0	20	2	22
Disability Income	\$35,530	\$12,831	\$30,028	0	43	0	43
Hospital Indemnity	\$7,871	\$7,855	\$0	0	11	0	11
Limited Benefit	\$55,888	\$11,482	\$0	0	413	103	516
Short Term Care	\$431	\$0	\$0	0	1	0	1
Medicare Supplement	\$829,180	\$574,178	\$0	0	243	0	243

BANKERS LIFE AND CASUALTY COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61263							
Accident Only	\$46,126	\$328	\$1,397	0	369	0	369
Disability Income	\$471,630	\$80,482	\$44,427	0	786	0	786
Hospital Indemnity	\$175,876	\$153,940	\$13,866	0	406	25	431
Limited Benefit	\$181,426	\$14,954	\$5,159	0	758	324	1,082
Long Term Care	\$70,941,345	\$48,685,203	\$2,843,303	0	33,429	9,241	42,670
Short Term Care	\$166,559	\$49,928	\$0	0	240	14	254
Medicare Supplement	\$46,625,989	\$24,655,734	\$4,324,546	1	21,285	902	22,187

BANKERS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81043							
Accident Only	\$20,005	\$0	\$0	0	154	0	154

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BANKERS LIFE INSURANCE COMPANY OF NEW YORK

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63932							
Disability Income	\$11,121	\$7,931	\$0	0	31	0	31

BANNER LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
94250							
Disability Income	\$82	\$166	\$0	0	1	0	1
Hospital Indemnity	\$1,878	\$3,804	\$0	0	13	0	13

BCS INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
38245							
Accident Only	\$8,904,064	\$5,564,255	\$8,018,594	4	36,972	60,850	97,822
Blanket Accident/Sickness	\$1,206,986	\$855,563	\$1,206,986	121	1,627	247	1,874
Dental	\$201,326	\$21,553	\$0	96	773	192	965
Excess/Stop Loss	\$180,579	\$136,364	\$180,579	4	497	0	497
Vision	\$9,578	\$92	\$0	14	85	22	107

BCS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80985							
Instate Conversion	\$316	\$0	\$0		0	0	0
Disability Income	\$34,321	\$4,215	\$0	0	0	0	0

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BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71714							
Disability Income	\$10,429,549	\$1,271,799	\$2,551,371	0	4,977	0	4,977
Long Term Care	\$362,805	\$0	\$313,587	0	104	0	104

BEST LIFE AND HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90638							
Dental	\$157,038	\$110,809	\$26,367	39	219	169	388

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
98167							
Instate Guarantee Issue (HIPAA)	\$73,414,014	\$72,488,959	\$11,893,070		20,422	12,660	33,082
Instate Individually Underwritten	\$607,775,684	\$382,793,861	\$100,890,764		169,069	104,808	273,877
Instate Self-Employed or Sole Proprietor	\$20,573,725	\$19,403,415	\$1,069,419	1,661	1,661	892	2,553
Instate 2 - 5 Member Groups	\$153,705,505	\$115,283,666	\$29,500,013	8,765	29,994	18,437	48,431
Instate 6 - 50 Member Groups	\$639,794,879	\$440,511,852	\$131,107,092	19,203	141,834	83,617	225,451
Instate 51+ Member Groups	\$1,573,882,743	\$1,320,159,936	\$199,923,199	3,555	344,111	229,377	573,488
Instate Short Term Major Medical	\$18,909,231	\$14,700,324	\$0	0	5,260	3,261	8,521
Instate Conversion	\$39,509,800	\$42,954,727	\$10,430,587		10,991	6,813	17,804
Excess/Stop Loss	\$4,119,226	\$4,712,346	\$0	0	0	0	0
Long Term Care	\$10,478,626	\$3,774,214	\$0	0	0	0	0
Medicare Supplement	\$339,419,827	\$288,684,635	\$17,989,251	0	190,106	0	190,106

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BOSTON MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61476							
Accidental Death & Dismemberment	\$85,185	\$74,495	\$11,694	210	5,963	921	6,884
Dental	\$737,791	\$615,496	\$77,297	97	1,133	907	2,040
Disability Income	\$1,271,581	\$1,152,790	\$50,250	105	2,976	0	2,976
Excess/Stop Loss	\$838,123	\$169,868	\$109,605	2	2,123	164	2,287
Hospital Indemnity	\$655,013	\$59,118	\$0	31	64	0	64

BROKERS NATIONAL LIFE ASSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
74900							
Accidental Death & Dismemberment	\$1,610	\$0	\$1,356	0	24	98	122
Dental	\$1,927,902	\$1,192,042	\$166,079	0	3,514	144	3,658
Hospital Indemnity	\$19,590	\$0	\$2,412	0	17	46	63

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80659							
Instate Conversion	\$96,892	\$61,973	\$0		40	42	82
Excess/Stop Loss	\$240,709	\$273,526	\$198,459	1	3,408	3,578	6,986

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CAPITAL HEALTH PLAN, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95112							
Instate Self-Employed or Sole Proprietor	\$4,223,896	\$4,270,323	\$113,271	467	467	498	965
Instate 2 - 5 Member Groups	\$13,881,842	\$12,526,372	\$933,095	998	2,380	2,057	4,437
Instate 6 - 50 Member Groups	\$41,034,370	\$35,467,776	\$1,095,404	729	7,295	5,262	12,557
Instate 51+ Member Groups	\$308,061,842	\$283,690,412	\$2,247,276	151	42,574	45,723	88,297
Instate Conversion	\$2,943,385	\$3,902,006	\$398,937		474	210	684

CAPITOL INDEMNITY CORPORATION

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
10472							
Accident Only	\$81,875	\$15,440	\$81,875	0	328	0	328

CATHOLIC KNIGHTS INSURANCE SOCIETY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56030							
Hospital Indemnity	\$82	\$7,017	\$0	0	1	0	1

CELTIC INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80799							
Instate Conversion	\$1,760,640	\$1,099,447	\$143,492		117	21	138
Out-of-State Guarantee Issue (HIPAA)	\$129,255	\$38,344	\$0		8	0	8
Out-of-State Individually Underwritten	\$24,948,131	\$13,675,311	\$951,308	9	6,627	1,569	8,196
Out-of-State Short Term Major Medical	\$181,802	\$2,172	\$181,802	1	105	29	134
Medicare Supplement	\$11,364,447	\$6,817,169	\$0	3,909	3,909	0	3,909

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CENTRAL RESERVE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61727							
Instate Individually Underwritten	\$3,593	\$251	\$0		1	0	1
Out-of-State Individually Underwritten	\$8,637	\$2,577	\$0	0	6	6	12
Limited Benefit	\$2,469	(\$109)	\$0	0	30	0	30

CENTRAL SECURITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61735							
Accidental Death & Dismemberment	\$27	\$0	\$0	0	1	0	1
Hospital Indemnity	\$248	\$1,665	\$0	0	2	0	2
Limited Benefit	\$2,475	\$5,573	\$0	0	4	0	4

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61751							
Disability Income	\$29,719	(\$258,438)	\$0	5	0	0	0
Hospital Indemnity	\$90,360	\$11,336	\$178	26	8	0	8
Limited Benefit	\$1,985,296	\$1,619,776	\$8,500	164	65	0	65
Long Term Care	\$87,924	\$577	\$0	58	0	0	0
Medicare Supplement	\$6,827,290	\$4,524,307	\$0	2	2,993	0	2,993

CENTRAL STATES INDEMNITY COMPANY OF OMAHA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
34274							
Disability Income	\$239,208	\$32,772	\$0	0	3,181	17	3,198

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CENTRAL UNITED LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61883							
Instate Individually Underwritten	\$83,089	\$128,071	\$0		86	48	134
Accident Only	\$753	\$2,248	\$0	0	34	1	35
Disability Income	\$11,903	\$43,163	\$0	0	47	7	54
Hospital Indemnity	\$6,378	\$17,647	\$0	0	81	16	97
Limited Benefit	\$1,108,017	\$1,676,931	\$0	0	2,270	1,868	4,138
Medicare Supplement	\$50,980	\$147,674	\$0	0	38	6	44

CENTRE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80896							
Instate Individually Underwritten	\$14,192	\$256,196	\$0		74	12	86
Disability Income	\$1,276,267	(\$642,213)	\$0	0	1,288	0	1,288

CHESAPEAKE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61832							
Instate 51+ Member Groups	\$2,493,481	\$1,856,377	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$54,844	\$2,106	\$54,844	2	2	6	8
Accident Only	\$44,957	\$72,579	\$4,051	1	272	0	272
Limited Benefit	\$29,187	\$5,271	\$0	5	1	0	1

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CIGNA DENTAL HEALTH OF FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
52021							
Dental	\$46,308,146	\$26,328,892	\$1,264,161	211	123,742	133,609	257,351

CIGNA HEALTHCARE OF FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95136							
Instate 51+ Member Groups	\$254,145,462	\$228,741,741	\$44,554,164	785	69,167	198	69,365

CINCINNATI INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
10677							
Accident Only	\$5,911	\$0	\$0	0	0	0	0

CINCINNATI LIFE INSURANCE COMPANY (THE)

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76236							
Instate Individually Underwritten	\$12,004	\$23,301	\$0		17	0	17
Accident Only	\$79	\$0	\$0	0	15	0	15
Disability Income	\$32,466	\$121,100	\$0	0	63	0	63
Hospital Indemnity	\$157	\$0	\$0	0	5	0	5
Limited Benefit	\$217	\$174	\$0	0	16	0	16
Long Term Care	\$138,857	(\$42,217)	\$0	0	66	0	66
Medicare Supplement	\$2,853	\$10,716	\$0	0	5	0	5

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CITIZENS SECURITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61921							
Accidental Death & Dismemberment	\$49	\$0	\$0	0	1	0	1
Hospital Indemnity	\$2,370	\$0	\$0	0	2	0	2
Limited Benefit	\$2,371	\$0	\$0	0	11	0	11

CITRUS HEALTH CARE, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11836							
Instate Individually Underwritten	\$2,712,903	\$2,108,627	\$328,974		870	243	1,113

CLARENDON NATIONAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20532							
Excess/Stop Loss	\$76,538	\$50,007	\$0	0	0	0	0
Short Term Care	\$116,169	\$532,842	\$0	0	0	0	0

COLONIAL AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
73326							
Hospital Indemnity	\$34,555	\$7,751	\$29,283	0	19	0	19
Long Term Care	\$1,607,358	\$360,559	\$582,273	0	647	0	647
Short Term Care	\$276,725	\$62,075	\$103,699	0	310	0	310

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COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62049							
Accident Only	\$16,547,542	\$6,085,598	\$4,358,902	0	68,988	0	68,988
Disability Income	\$24,447,534	\$9,959,976	\$6,439,893	4	52,357	0	52,357
Hospital Indemnity	\$3,651,098	\$1,222,929	\$961,761	0	0	0	0
Limited Benefit	\$13,035,635	\$6,175,957	\$3,433,806	2	39,579	0	39,579
Long Term Care	\$87	\$0	\$0	0	0	0	0
Medicare Supplement	\$679	\$3,786	\$179	0	1	0	1
Sickness	\$722,812	\$409,079	\$190,401	0	4,149	0	4,149

COLONIAL PENN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62065							
Accident Only	\$21,294	\$19,794	\$0	0	150	9	159
Accidental Death & Dismemberment	\$4,278	\$468	\$0	0	12	17	29
Hospital Indemnity	\$2,136	\$257	\$0	0	2	3	5
Limited Benefit	\$298	\$101	\$0	0	1	0	1
Long Term Care	\$20,559	\$19,017	\$0	0	29	0	29
Short Term Care	\$1,108	\$177	\$0	0	3	0	3
Medicare Supplement	\$1,515,121	\$1,340,525	\$0	0	486	0	486

COLORADO BANKERS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
84786							
Accident Only	\$129,186	\$22,295	\$20,333	0	717	0	717
Dental	\$40,076	\$11,315	\$40,076	0	116	0	116

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COLUMBIAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76023							
Accident Only	\$1,435	\$0	\$0	0	7	0	7
Dental	\$57,842	\$37,259	\$0	0	69	42	111
Vision	\$75,722	\$182,816	\$0	0	1,844	1,960	3,804

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62103							
Disability Income	\$1,812	\$10,527	\$0	0	2	0	2
Hospital Indemnity	\$2,833	\$1,483	\$0	0	17	0	17

COLUMBUS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
99937							
Disability Income	\$42,829	\$102,795	\$0	199	0	0	0

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COMBINED INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62146							
Instate Individually Underwritten	\$420,176	\$110,719	\$0		0	0	0
Accident Only	\$8,100,985	\$9,292,380	\$290,617	0	56,963	2,427	59,390
Disability Income	\$5,638,380	\$3,931,487	\$179,723	0	24,470	1	24,471
Excess/Stop Loss	\$2,903,173	\$2,062,721	\$0	9	4,646	1,787	6,433
Hospital Indemnity	\$762,481	\$233,266	\$82,962	0	2,419	5	2,424
Limited Benefit	\$1,038,365	\$730,611	\$7,264	0	7,064	3,498	10,562
Long Term Care	\$384,550	\$0	\$74,807	0	454	1	455
Medicare Supplement	\$2,218,039	\$1,897,846	\$90,942	0	973	52	1,025
Sickness	\$3,800	(\$659)	\$0	0	17	4	21
Vision	\$6,328,975	\$1,684,103	\$0	15	108,452	63,694	172,146

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78697							
Accident Only	\$330,321	\$125,756	\$690	0	4,837	0	4,837
Disability Income	\$95,365	\$138,586	\$1,079	0	381	0	381
Hospital Indemnity	\$204,914	\$274,986	\$711	0	1,037	0	1,037
Limited Benefit	\$25,141	\$73,119	\$489	0	71	71	142

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81426							
Accident Only	\$30,345	\$6,241	\$23,087	32	3,967	0	3,967
Accidental Death & Dismemberment	\$26,884	\$0	\$0	0	269	0	269
Disability Income	\$31,415	\$31,070	\$0	0	858	0	858
Hospital Indemnity	\$25,454	\$13,100	\$0	0	216	0	216

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
84824							
Instate Guarantee Issue (HIPAA)	\$12,248	\$57,205	\$0		36	6	42
Disability Income	\$882,806	\$2,324,830	\$0	0	691	0	691

COMPANION LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77828							
Dental	\$58,148	\$36,249	\$4,207	18	156	129	285
Disability Income	\$32,644	\$95,427	\$1,813	8	92	0	92
Excess/Stop Loss	\$10,904,300	\$6,962,745	\$2,255,797	41	53,945	63,349	117,294
Hospital Indemnity	\$404,898	\$213,784	\$112,462	371	1,644	94	1,738

COMPBENEFITS COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
52015							
Dental	\$93,373,430	\$64,145,359	\$2,041,734	913	579,807	352,860	932,667
Vision	\$46,541,990	\$45,635,800	\$2,704,858	178	1,211,373	890,454	2,101,827

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COMPBENEFITS INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60984							
Dental	\$36,821,287	\$26,968,633	\$15,016,105	444	80,996	70,395	151,391

CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62251							
Disability Income	\$20,687	\$41,970	\$0	64	0	0	0

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62308							
Instate Self-Employed or Sole Proprietor	\$383,086	\$330,230	\$0	56	56	123	179
Instate 6 - 50 Member Groups	\$1,517,886	\$1,308,459	\$0	130	248	112	360
Instate 51+ Member Groups	\$369,347,357	\$318,193,410	\$0	626	72,356	71,305	143,661
Accidental Death & Dismemberment	\$11,530	\$13,850	\$0	15	265	0	265
Dental	\$27,432,971	\$35,162,791	\$0	277	167,532	145,025	312,557
Disability Income	\$863,219	\$3,412,271	\$0	25	973	0	973
Excess/Stop Loss	\$26,866,227	\$0	\$0	61	61	65	126
Long Term Care	\$149,336	\$95,568	\$0	0	215	0	215
Vision	\$256	\$0	\$0	0	0	0	0

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CONSECO HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
78174							
Accident Only	\$2,681,878	\$460,015	\$186,218	1	4,836	2,220	7,056
Hospital Indemnity	\$2,678,508	\$428,721	\$185,984	1	1,710	785	2,495
Limited Benefit	\$10,523,397	\$5,604,480	\$730,701	1	32,327	14,842	47,169
Long Term Care	\$85,014	\$30,753	\$0	0	29	0	29

CONSECO INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60682							
Accident Only	\$153,253	\$199,799	\$0	1	1,559	0	1,559
Disability Income	\$25,194	\$28,606	\$0	0	80	0	80
Hospital Indemnity	\$45,735	\$69,122	\$0	1	456	0	456
Limited Benefit	\$33,153	\$37,644	\$0	0	767	0	767

CONSECO LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65900							
Instate Individually Underwritten	\$2,986	\$2,508	\$0		14	18	32
Accidental Death & Dismemberment	\$18	\$15	\$0	0	1	0	1
Disability Income	\$40,437	\$33,956	\$0	0	3	0	3
Hospital Indemnity	\$229	\$192	\$0	0	3	3	6
Limited Benefit	\$3,773	\$3,168	\$0	0	30	0	30
Long Term Care	\$46,334	\$38,907	\$0	0	37	0	37

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CONSECO SENIOR HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76325							
Instate Guarantee Issue (HIPAA)	\$46,491	\$48,036	\$0		12	0	12
Disability Income	\$27,770	\$14,932	\$0	0	65	0	65
Hospital Indemnity	\$262,984	\$624,849	\$0	0	441	0	441
Limited Benefit	\$439,207	\$236,743	\$0	0	1,148	0	1,148
Long Term Care	\$34,159,373	\$64,350,488	\$0	0	23,478	0	23,478
Medicare Supplement	\$710,490	\$811,463	\$0	0	422	0	422

CONSTITUTION LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62359							
Dental	\$30,922	\$6,459	\$8,243	0	104	0	104
Long Term Care	\$45,696	\$0	\$0	0	10	0	10
Medicare Supplement	\$11,189,358	\$7,094,212	\$723,495	0	5,250	0	5,250

CONTINENTAL AMERICAN INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71730							
Accident Only	\$106,773	\$54,089	\$16,729	25	307	0	307
Accidental Death & Dismemberment	\$95,102	\$48,177	\$19,876	5	631	0	631
Disability Income	\$409,883	\$207,639	\$222,801	21	1,552	0	1,552
Hospital Indemnity	\$431,018	\$218,346	\$12,786	30	412	0	412
Limited Benefit	\$229,361	\$116,189	\$32,136	21	510	0	510

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CONTINENTAL ASSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62413							
Instate 51+ Member Groups	\$793,703	\$0	\$0	62	4,713	1,909	6,622
Out-of-State 51+ Member Groups	\$1,584,843	\$0	\$0	93	2,883	1,188	4,071

CONTINENTAL CASUALTY COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20443							
Accident Only	\$5,281,769	(\$1,788,734)	\$0	0	375,930	0	375,930
Disability Income	\$2,248,508	(\$684,889)	\$0	0	0	0	0
Short Term Care	\$1,559,262	\$18,865,838	\$0	274	28,979	0	28,979

CONTINENTAL GENERAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71404							
Instate Guarantee Issue (HIPAA)	\$207,913	\$212,341	\$0		19	5	24
Instate Individually Underwritten	\$4,578,574	\$4,023,436	\$4,962		706	314	1,020
Out-of-State Individually Underwritten	\$17,875,270	\$11,947,097	\$3,984,854	0	3,299	2,555	5,854
Accident Only	\$16,924	\$3,638	\$0	0	62	0	62
Dental	\$1,439	\$4,140	\$0	0	13	2	15
Disability Income	\$120,365	(\$24,621)	\$0	0	166	0	166
Hospital Indemnity	\$772	\$0	\$0	0	1	0	1
Limited Benefit	\$20,731	\$3,142	\$0	0	62	39	101
Long Term Care	\$1,185,748	\$447,163	\$0	0	465	246	711
Short Term Care	\$248	\$0	\$0	0	0	0	0
Medicare Supplement	\$14,587,519	\$11,225,843	\$5,734	0	5,275	0	5,275

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CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68500							
Instate Individually Underwritten	\$19,332	\$9,013	\$0		10	0	10
Hospital Indemnity	\$153,987	\$76,072	\$0	0	363	0	363
Limited Benefit	\$3,842	\$0	\$0	0	18	0	18
Long Term Care	\$57,932	\$42,848	\$0	0	60	0	60
Short Term Care	\$583	\$0	\$0	0	2	0	2
Medicare Supplement	\$19,302,754	\$15,644,880	\$363,539	0	0	0	0

COUNTRY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62553							
Disability Income	\$37,280	\$10,139	\$0	0	50	0	50
Long Term Care	\$97,243	\$0	\$8,004	0	74	3	77
Medicare Supplement	\$717,617	\$577,232	\$10,115	0	361	2	363

CROATIAN FRATERNAL UNION OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56634							
Sickness	\$86	\$0	\$0	0	7	0	7

CROWN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80675							
Disability Income	\$265,164	\$623,715	\$0	0	206	0	206

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CUNA MUTUAL INSURANCE SOCIETY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62626							
Instate Individually Underwritten	\$3,273	\$6,942	\$0		2	2	4
Accident Only	\$4,844,643	\$1,806,696	\$806,295	55	261,908	55,110	317,018
Dental	\$18,697	\$10,941	\$0	0	39	0	39
Disability Income	\$280,604	\$195,572	\$3,174	49	966	0	966
Hospital Indemnity	\$196,125	\$20,668	\$0	0	1,751	668	2,419
Medicare Supplement	\$15,581	\$33,969	\$0	0	22	0	22

CUNA MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65749							
Disability Income	\$6,143	\$19,175	\$0	0	28	0	28
Long Term Care	\$1,995,119	\$41,756	\$709,953	0	1,685	0	1,685

DELAWARE AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62634							
Instate 51+ Member Groups	\$1,780	\$0	\$0	1	3	0	3
Out-of-State 51+ Member Groups	\$238,264	\$399,114	\$0	0	0	0	0

DELOS INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
35408							
Excess/Stop Loss	\$97,222	(\$10,918)	\$97,222	1	19	0	19

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DELTA DENTAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81396							
Dental	\$76,344,255	\$60,879,506	\$0	337	207,074	214,671	421,745

DENTAL CONCERN, INC., THE

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
54739							
Dental	\$807,220	\$637,532	\$69,433	225	2,920	243	3,163

EMC NATIONAL LIFE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62928							
Disability Income	\$5,135	\$13,345	\$0	0	11	0	11
Hospital Indemnity	\$542	\$0	\$0	0	0	0	0
Limited Benefit	\$990,913	\$688,130	\$214,361	0	1	0	1
Medicare Supplement	\$6,390	\$32,036	\$0	0	1,251	357	1,608

EMPLOYERS REINSURANCE CORPORATION

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
39845							
Excess/Stop Loss	\$490,789	\$637,428	\$0	1	3,129	3,880	7,009

EXECUTIVE RISK INDEMNITY INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
35181							
Excess/Stop Loss	\$1,277,013	\$880,103	\$0	2	50,328	0	50,328

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FAIRMONT PREMIER INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
25518							
Out-of-State Short Term Major Medical	\$259,460	\$29,555	\$259,460	1	3,124	0	3,124
Blanket Accident/Sickness	\$111,462	\$140,463	\$111,462	1	1,354	0	1,354
Excess/Stop Loss	\$764,342	\$539,873	\$764,342	1	9,203	0	9,203
Student	\$315,875	\$11,717	\$315,875	1	3,803	0	3,803

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77968							
Accident Only	\$129,985	\$23,566	\$57,393	0	196	81	277
Hospital Indemnity	\$235	\$0	\$235	0	0	0	0
Limited Benefit	\$1,044,806	\$190,116	\$206,755	0	1,781	1,743	3,524

FARMERS AND TRADERS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63193							
Disability Income	\$1,002	\$0	\$0	0	2	0	2
Hospital Indemnity	\$179	\$743	\$0	0	1	0	1

FARMERS NEW WORLD LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63177							
Accidental Death & Dismemberment	\$1,482	\$0	\$0	0	0	0	0
Disability Income	\$45	\$0	\$0	0	0	0	0

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FEDERAL HOME LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67695							
Accident Only	\$2,005	\$181	\$0	0	12	0	12
Disability Income	\$43,756	\$137,202	\$0	0	63	0	63
Hospital Indemnity	\$2,059	\$0	\$0	0	16	0	16
Limited Benefit	\$5,040	\$0	\$0	0	41	0	41
Long Term Care	\$1,874	\$0	\$0	0	2	0	2
Medicare Supplement	\$33,003	\$89,645	\$0	0	44	0	44

FEDERAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20281							
Accident Only	\$1,768,163	\$1,232,532	\$231,000	127	24,533	0	24,533

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63223							
Accident Only	\$691	\$0	\$0	0	216	0	216
Disability Income	\$42,213	\$9,408	\$204	0	111	0	111
Hospital Indemnity	\$90	\$0	\$0	0	1	0	1

FEDERATED LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63258							
Disability Income	\$1,328,096	\$509,371	\$224,228	0	1,077	0	1,077

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FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71870							
Instate Conversion	\$8,937	\$0	\$0		1	0	1
Out-of-State Guarantee Issue (HIPAA)	\$101,645	\$19,881	\$6,078		4	0	4
Out-of-State Individually Underwritten	\$5,130,362	\$4,134,708	\$1,670,840	1	1,274	1,033	2,307
Accident Only	\$11,701	\$8,590	\$1,735	0	126	51	177
Dental	\$104,108	\$45,078	\$1,626	14	71	50	121
Disability Income	\$733,762	\$286,135	\$74,419	0	194	0	194
Excess/Stop Loss	\$2,699,717	\$3,145,796	\$1,237,579	29	666	103	769
Hospital Indemnity	\$479,218	\$72,037	\$4,445	7	6,379	644	7,023
Limited Benefit	\$498,770	\$101,582	\$6,544	5	4,556	3,658	8,214
Prescription Drug	\$86,919	\$55,638	\$38,878	33	455	250	705
Vision	\$7,896,507	\$5,305,648	\$1,338,648	165	74,184	62,671	136,855

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69140							
Instate Guarantee Issue (HIPAA)	\$2,602	\$4,221	\$0		7	1	8
Instate Conversion	\$106,404	\$1,262,261	\$0		23	11	34
Disability Income	\$42,407	\$292,027	\$0	0	147	0	147
Hospital Indemnity	\$867	\$1,407	\$0	0	3	0	3

FIRST COLONY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63401							
Long Term Care	\$5,473	\$0	\$0	0	0	0	0

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FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90328							
Dental	\$1,293,449	\$827,407	\$673,652	1	4,217	3,713	7,930
Excess/Stop Loss	\$66,615	\$4,068	\$0	1	275	179	454

FIRST INVESTORS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63495							
Disability Income	\$1,146	\$3,179	\$0	0	4	0	4
Hospital Indemnity	\$213	\$0	\$0	0	2	0	2

FLORIDA COMBINED LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76031							
Dental	\$41,721,147	\$24,788,603	\$0	2,526	147,974	0	147,974
Disability Income	\$13,949,476	\$7,874,348	\$0	284	45,617	0	45,617
Hospital Indemnity	\$369,943	\$84,185	\$0	38	3,349	0	3,349

FLORIDA HEALTH CARE PLAN, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95124							
Instate Self-Employed or Sole Proprietor	\$1,157,886	\$1,178,209	\$53,158	194	194	36	230
Instate 2 - 5 Member Groups	\$8,371,457	\$8,973,778	\$566,118	740	1,541	648	2,189
Instate 6 - 50 Member Groups	\$12,628,988	\$10,659,654	\$520,539	280	2,341	940	3,281
Instate 51+ Member Groups	\$108,447,718	\$94,396,912	\$286,062	53	16,704	12,678	29,382
Instate Conversion	\$5,633,640	\$6,586,543	\$680,622		849	410	1,259

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FORT DEARBORN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71129							
Dental	\$28,776	\$10,493	\$0	6	23	49	72
Disability Income	\$705,825	\$541,304	\$0	96	2,714	0	2,714

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62324							
Instate Individually Underwritten	\$54,016	\$154,743	\$0		10	4	14
Out-of-State Individually Underwritten	\$9,227,016	\$4,883,439	\$2,532,877	2	2,212	1,883	4,095
Accident Only	\$1,307	\$0	\$179	0	9	0	9
Dental	\$16,121	\$0	\$4,001	0	20	18	38
Hospital Indemnity	\$215	\$0	\$0	0	1	0	1
Limited Benefit	\$484,604	\$91,406	\$5,275	0	2,069	276	2,345

GARDEN STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63657							
Accidental Death & Dismemberment	\$6,649	\$0	\$0	1	29	0	29

GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63665							
Instate Individually Underwritten	\$38,718	\$69,501	\$0		14	0	14
Disability Income	\$958,197	\$4,671,446	\$0	0	719	0	719
Hospital Indemnity	\$30,637	\$54,608	\$0	0	11	0	11

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GENESIS INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
38962							
Long Term Care	\$321,970	\$1,042,646	\$0	0	142	0	142

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65536							
Accident Only	\$2,757	\$0	\$0	0	50	0	50
Hospital Indemnity	\$9,311	\$3,065	\$0	0	5	0	5
Limited Benefit	\$3,751	\$0	\$0	0	26	0	26
Long Term Care	\$71,744	\$23,854	\$0	0	45	0	45
Medicare Supplement	\$2,488,851	\$1,515,517	\$0	0	1,366	0	1,366

GENWORTH LIFE AND HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80926							
Instate Conversion	\$14,847	\$54,288	\$14,075		2	0	2
Accidental Death & Dismemberment	\$426,641	\$386,113	\$81,667	1,069	38,002	2,740	40,742
Dental	\$13,143,781	\$9,205,650	\$2,719,231	846	24,599	20,248	44,847
Disability Income	\$7,388,503	\$4,481,701	\$1,970,851	905	19,883	0	19,883
Excess/Stop Loss	\$3,598,239	\$5,078,892	\$846,706	29	2,265	1,966	4,231

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GENWORTH LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70025							
Accidental Death & Dismemberment	\$12,555	\$0	\$0	0	0	0	0
Long Term Care	\$98,180,303	\$47,620,087	\$7,362,341	0	48,795	0	48,795
Medicare Supplement	\$1,522	\$0	\$0	0	0	0	0

GERBER LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70939							
Accidental Death & Dismemberment	\$51,578	\$0	\$0	23	3,164	6,328	9,492
Blanket Accident/Sickness	\$4,447	\$13,489	\$0	1	1	0	1
Dental	\$503	\$215	\$0	0	0	0	0
Excess/Stop Loss	\$3,374,834	\$2,925,035	\$0	11	1,896	3,791	5,687
Hospital Indemnity	\$102,202	\$126,609	\$0	0	0	0	0
Limited Benefit	\$142,538	\$137,697	\$0	0	25	0	25
Long Term Care	\$669	\$0	\$0	0	5	0	5
Medicare Supplement	\$889,985	\$462,256	\$0	0	356	0	356

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GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
91472							
Instate Individually Underwritten	\$133,187	\$270,346	\$0		146	33	179
Accident Only	\$27,289	\$95,545	\$179	0	267	44	311
Accidental Death & Dismemberment	\$2,195,495	\$443,451	\$391,105	0	12,427	0	12,427
Disability Income	\$630	\$3,744	\$0	0	0	0	0
Hospital Indemnity	\$2,847	\$142	\$0	0	17	1	18
Limited Benefit	\$38,081	\$2,503	\$0	0	551	258	809
Long Term Care	\$176	\$0	\$0	0	1	0	1
Medicare Supplement	\$135,952	\$122,546	\$0	0	90	1	91

GOLDEN RULE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62286							
Instate Individually Underwritten	\$1,415,055	\$949,113	\$0		127	39	166
Instate Conversion	\$51,981	\$39,796	\$16,231		22	2	24
Out-of-State Guarantee Issue (HIPAA)	\$11,276,292	\$11,508,186	\$1,811,019		1,208	160	1,368
Out-of-State Individually Underwritten	\$187,872,192	\$87,494,822	\$47,379,725	1	55,446	44,622	100,068
Out-of-State Short Term Major Medical	\$1,105,658	\$315,082	\$1,028,703	1	957	519	1,476
Disability Income	\$1,454	\$0	\$0	0	3	0	3
Hospital Indemnity	\$1,353	\$0	\$0	0	7	2	9
Medicare Supplement	\$3,793,826	\$3,965,259	\$881	0	1,665	0	1,665

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GOVERNMENT EMPLOYEES INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
22063							
Accident Only	\$20,565	\$10,959	\$0	0	171	0	171

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63967							
Champus/Tricare Supplement	\$164,123	\$143,731	\$0	0	284	582	866

GREAT AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63312							
Accident Only	\$676	\$0	\$0	0	5	0	5
Disability Income	\$318	\$4,238	\$0	0	1	0	1
Hospital Indemnity	\$277	\$50	\$0	0	2	0	2
Long Term Care	\$1,490,736	\$179,760	\$353,881	7	952	0	952

GREAT SOUTHERN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90212							
Instate Conversion	\$5,778	\$9,827	\$0		1	1	2
Disability Income	\$246,862	\$510,000	\$20,079	0	256	247	503
Limited Benefit	\$228	\$0	\$0	0	3	3	6

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GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80705							
Out-of-State 51+ Member Groups	\$707,010	\$80,925	\$0	3	90	155	245

GREAT-WEST HEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95805							
Instate 51+ Member Groups	\$56,108	\$0	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$1,082,179	\$0	\$0	1	3	1	4

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68322							
Out-of-State 51+ Member Groups	\$1,226,314	\$1,259,794	\$0	23	785	532	1,317
Accidental Death & Dismemberment	\$277,603	\$285,182	\$18,152	0	0	0	0
Dental	\$148,676	\$152,735	\$5,396	0	0	0	0
Disability Income	\$46,462	\$47,731	\$5	0	0	0	0
Excess/Stop Loss	\$47,333,299	\$41,619,845	\$4,992,926	1,142	59,898	49,635	109,533
Vision	\$17,764	\$18,249	\$1,343	0	0	0	0

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GUARANTEE TRUST LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64211							
Instate Individually Underwritten	\$387,715	\$205,773	\$20,187		139	0	139
Out-of-State Individually Underwritten	\$1,869,571	\$564,835	\$1,716,869	17	2,030	1,949	3,979
Out-of-State Short Term Major Medical	\$953,184	\$572,079	\$953,184	0	156	179	335
Accident Only	\$985	\$0	\$5	0	44	0	44
Accidental Death & Dismemberment	\$80,646	\$50,197	\$45,224	4	23,430	0	23,430
Dental	\$8,857	\$5,300	\$0	0	0	0	0
Disability Income	\$161,163	\$0	\$0	36	1,528	0	1,528
Hospital Indemnity	\$27,028	\$4,324	\$2,081	0	101	0	101
Limited Benefit	\$83,736	\$26,847	\$425	0	493	0	493
Long Term Care	\$2,329,323	\$2,997,058	\$5	0	660	0	660
Medicare Supplement	\$2,475,193	\$2,118,628	\$5,815	0	1,009	0	1,009

GUARANTY INCOME LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64238							
Long Term Care	\$168,493	\$1,740	\$33,355	0	117	0	117

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GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64246							
Instate Guarantee Issue (HIPAA)	\$14,113	\$10,173	\$0		1	1	2
Instate Individually Underwritten	\$349,058	\$1,045,169	\$0		0	0	0
Instate 6 - 50 Member Groups	\$36	\$3,797	\$0	0	0	0	0
Instate 51+ Member Groups	\$179,724	\$297,467	\$0	0	0	0	0
Accidental Death & Dismemberment	\$900,782	\$388,363	\$257,297	1,312	56,194	2,585	58,779
Dental	\$95,586,638	\$61,958,806	\$17,776,366	4,180	205,219	256,524	461,743
Disability Income	\$26,059,754	\$23,197,364	\$2,198,627	1,461	40,623	0	40,623
Excess/Stop Loss	\$1,301,654	\$377,514	\$0	2	781	852	1,633
Vision	\$927,214	\$459,181	\$262,234	212	9,367	11,709	21,076

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64327							
Disability Income	\$142	\$0	\$0	0	0	0	0

HARTFORD FIRE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19682							
Blanket Accident/Sickness	\$118,389	(\$12,500)	\$0	180	136,318	0	136,318
Disability Income	\$20	\$38,427	\$0	1	17	0	17

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70815							
Accidental Death & Dismemberment	\$27,744,140	\$13,090,416	\$0	1,062	266,433	0	266,433
Blanket Accident/Sickness	\$1,383,895	\$587,398	\$0	1,677	147,213	0	147,213
Disability Income	\$99,984,651	\$75,924,376	\$0	1,572	399,739	0	399,739
Excess/Stop Loss	\$605,432	\$460,100	\$0	0	0	0	0
Hospital Indemnity	\$195,771	\$83,095	\$0	8	1,540	0	1,540
Medicare Supplement	\$4,053,484	\$1,720,513	\$0	56	17,607	0	17,607
Travel	\$2,101,143	\$891,837	\$0	200	17,557	0	17,557

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71153							
Disability Income	\$11,980	\$15,280	\$0	0	57	0	57
Hospital Indemnity	\$4,344	\$5,540	\$0	0	25	0	25
Limited Benefit	\$48,267	\$61,560	\$0	0	608	0	608

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HARTFORD LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
88072							
Accidental Death & Dismemberment	\$2,369,798	\$3,232,609	\$0	63	17,034	0	17,034
Blanket Accident/Sickness	\$110,427	\$151,410	\$0	30	2,634	0	2,634
Disability Income	\$1,215,547	\$1,551,202	\$0	99	3,546	0	3,546
Hospital Indemnity	\$327,456	\$448,984	\$0	80	661	0	661
Long Term Care	\$192,935	\$264,539	\$0	19	1,919	0	1,919
Medicare Supplement	\$4,110,644	\$5,636,226	\$0	151	22,851	0	22,851
Travel	\$239,719	\$328,685	\$0	29	2,546	0	2,546

HCC LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
92711							
Excess/Stop Loss	\$8,937,243	\$8,714,607	\$3,081,805	52	14,370	32,189	46,559
Medicare Supplement	\$7,166	\$126,432	\$0	2	2	0	2

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70670							
Out-of-State Individually Underwritten	\$1,801,689	\$3,927,920	\$0	0	662	238	900
Out-of-State 51+ Member Groups	\$40,987,419	\$35,098,567	\$0	1,191	6,046	5,559	11,605
Dental	\$797,071	\$54,222	\$0	0	1,253	1,152	2,405
Medicare Supplement	\$9,362,318	\$7,390,298	\$0	0	3,511	0	3,511

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HEALTH FIRST HEALTH PLANS, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95019							
Instate Self-Employed or Sole Proprietor	\$3,070,693	\$2,765,108	\$121,005	371	371	323	694
Instate 2 - 5 Member Groups	\$16,560,355	\$14,192,315	\$1,428,338	1,062	3,207	2,191	5,398
Instate 6 - 50 Member Groups	\$34,333,174	\$29,937,443	\$2,351,750	518	6,377	3,911	10,288
Instate 51+ Member Groups	\$54,547,282	\$47,412,229	\$5,450,042	99	8,745	7,711	16,456
Instate Conversion	\$874,756	\$770,904	\$124,255		101	63	164

HEALTH NET LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66141							
Out-of-State Conversion	\$106,086	\$404,188	\$0		7	0	7

HEALTH OPTIONS, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95089							
Instate Guarantee Issue (HIPAA)	\$4,551,338	\$4,214,390	\$195,708		787	279	1,066
Instate Self-Employed or Sole Proprietor	\$15,783,421	\$13,355,908	\$94,701	1,215	1,215	743	1,958
Instate 2 - 5 Member Groups	\$64,038,884	\$49,949,536	\$768,467	2,614	7,496	5,171	12,667
Instate 6 - 50 Member Groups	\$224,632,712	\$169,430,169	\$2,695,593	4,293	25,378	15,331	40,709
Instate 51+ Member Groups	\$662,154,616	\$529,119,210	\$11,256,628	573	110,487	78,055	188,542
Instate Conversion	\$60,467,428	\$67,522,491	\$6,772,352		10,449	3,705	14,154

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HM LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
93440							
Disability Income	\$6,988,069	\$906,940	\$6,699,012	4	15,452	0	15,452
Excess/Stop Loss	\$8,323,345	\$6,370,095	\$3,942,806	26	41,421	4,143	45,564
Vision	\$325,349	\$263,429	\$214,869	3	3,862	386	4,248

HORACE MANN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64513							
Accidental Death & Dismemberment	\$2,769	\$14	\$0	0	81	0	81
Disability Income	\$255,577	\$258,554	\$7,434	2	692	0	692
Hospital Indemnity	\$422	(\$10)	\$0	0	0	0	0
Medicare Supplement	\$1,120	\$1,377	\$0	0	2	0	2

HOUSEHOLD LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
93777							
Accidental Death & Dismemberment	\$540	\$0	\$0	0	56	0	56

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HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69671							
Instate Guarantee Issue (HIPAA)	\$2,170,995	\$2,297,086	\$500,417		235	14	249
Instate Individually Underwritten	\$97,939,997	\$48,542,559	\$33,420,689		34,575	21,125	55,700
Instate Self-Employed or Sole Proprietor	\$12,233,403	\$10,393,151	\$131,506	941	941	794	1,735
Instate 2 - 5 Member Groups	\$36,835,864	\$28,158,138	\$4,155,225	1,945	5,882	4,025	9,907
Instate 6 - 50 Member Groups	\$51,264,466	\$42,905,064	\$17,279,816	1,017	9,055	5,416	14,471
Instate 51+ Member Groups	\$231,007,852	\$193,833,677	\$38,373,158	317	35,099	22,308	57,407
Instate Conversion	\$2,404,873	\$3,012,597	\$312,542		232	78	310
Dental	\$807,220	\$637,532	\$69,433	225	2,920	243	3,163
Excess/Stop Loss	\$3,341,175	\$2,428,573	\$0	17	36,631	44,139	80,770
Medicare Supplement	\$997,709	\$702,778	\$0	0	0	0	0

HUMANA INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
73288							
Out-of-State Individually Underwritten	\$425,708	\$288,231	\$0	0	124	47	171
Out-of-State Conversion	\$276,019	\$208,329	\$0		4	4	8
Accidental Death & Dismemberment	\$132,046	\$125,000	\$0	322	7,744	1,643	9,387
Dental	\$1,828	\$120	\$0	225	2,920	243	3,163
Disability Income	\$233,737	\$21,296	\$55,284	106	992	0	992
Excess/Stop Loss	\$221	\$0	\$0	0	0	0	0

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HUMANA MEDICAL PLAN, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95270							
Instate Self-Employed or Sole Proprietor	\$5,367,430	\$4,689,763	\$464,305	603	603	461	1,064
Instate 2 - 5 Member Groups	\$15,610,860	\$12,838,920	\$6,514,092	1,256	4,012	2,013	6,025
Instate 6 - 50 Member Groups	\$47,863,532	\$38,060,266	\$21,796,258	842	12,201	5,618	17,819
Instate 51+ Member Groups	\$456,587,182	\$392,323,886	\$26,717,437	244	114,881	11,241	126,122
Instate Conversion	\$2,750,126	\$3,462,219	\$338,615		316	144	460

HUMANADENTAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70580							
Dental	\$14,723,048	\$10,221,983	\$3,907,063	1,329	23,473	22,646	46,119

IDEALIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97764							
Medicare Supplement	\$2,264,014	\$1,762,961	\$0	0	772	0	772

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64580							
Instate Individually Underwritten	\$948,597	\$873,813	\$0		100	38	138
Disability Income	\$4,749,210	\$2,346,038	\$529,560	0	7,490	0	7,490
Hospital Indemnity	\$13,287	(\$12,617)	\$0	0	43	7	50

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INDEPENDENT ORDER OF FORESTERS

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
58068							
Disability Income	\$5,228	\$21,087	\$0	0	63	0	63

INDIANAPOLIS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64645							
Disability Income	\$759,453	\$426,384	\$0	0	283	0	283

INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81779							
Accident Only	\$34	\$0	\$0	0	1	0	1

ING LIFE INSURANCE AND ANNUITY COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
86509							
Instate Individually Underwritten	\$2,974	\$24,032	\$0		2	0	2
Long Term Care	\$41,702	(\$66,830)	\$0	0	45	0	45
Short Term Care	\$16,107	\$0	\$0	0	8	0	8

ING USA ANNUITY AND LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80942							
Disability Income	\$644	\$5,113	\$0	0	4	0	4
Limited Benefit	\$2,609	\$261	\$0	0	753	0	753

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INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
19429							
Accident Only	\$24,827	\$477,483	\$0	0	99	0	99

INVESTORS HERITAGE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64904							
Medicare Supplement	\$1,586	\$3,639	\$0	0	1	0	1

INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63487							
Accident Only	\$602	\$1,342	\$0	0	4	4	8
Disability Income	\$4,794	\$13,085	\$0	0	28	28	56
Medicare Supplement	\$141	\$1,350	\$0	0	2	2	4

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JACKSON NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65056							
Instate Individually Underwritten	\$5,365	\$14,918	\$0		1	1	2
Accident Only	\$42,058	\$2,609	\$0	0	4,077	5	4,082
Dental	\$62,368	\$50,005	\$0	0	167	1	168
Disability Income	\$35,188	\$28,631	\$0	0	1,795	0	1,795
Hospital Indemnity	\$109,275	\$25,146	\$0	0	562	18	580
Limited Benefit	\$573,797	\$603,271	\$0	0	2,565	983	3,548
Long Term Care	\$28,287	\$48,252	\$0	0	33	0	33
Medicare Supplement	\$949,464	\$756,526	\$0	0	508	0	508
Champus/Tricare Supplement	\$89,564	\$92,632	\$0	0	124	128	252

JEFFERSON NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64017							
Instate Individually Underwritten	\$2,653	\$5,431	\$0		15	0	15
Accident Only	\$38	\$79	\$0	0	1	0	1
Disability Income	\$62,829	\$131,285	\$0	0	49	0	49
Hospital Indemnity	\$1,512	\$3,097	\$0	0	9	0	9
Limited Benefit	\$1,026	\$2,100	\$0	0	18	0	18
Medicare Supplement	\$64,832	\$132,768	\$0	0	27	0	27

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JEFFERSON PILOT FINANCIAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70254							
Accidental Death & Dismemberment	\$3,544,691	\$2,086,111	\$738,743	1,587	279,421	0	279,421
Dental	\$13,347,946	\$9,402,768	\$2,496,451	251	22,997	0	22,997
Disability Income	\$69,150,694	\$45,392,236	\$13,248,056	2,174	305,578	0	305,578

JEFFERSON-PILOT LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67865							
Instate Individually Underwritten	\$352	\$0	\$0		1	0	1
Instate Conversion	\$13,610	(\$170,007)	\$0		3	1	4
Accidental Death & Dismemberment	\$123	\$0	\$0	0	1	0	1
Disability Income	\$2,453,630	\$3,333,943	\$0	0	2,211	0	2,211
Hospital Indemnity	\$332	\$0	\$0	0	2	0	2
Limited Benefit	\$54	\$0	\$0	0	1	0	1

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JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65080							
Instate Individually Underwritten	\$88,264	\$11,005	\$4,586		7	2	9
Instate Conversion	\$204,474	\$324,753	\$0		18	3	21
Out-of-State Guarantee Issue (HIPAA)	\$214,965	\$222,693	\$4,249		13	4	17
Out-of-State Individually Underwritten	\$6,426,995	\$4,546,205	\$840,703	3	1,504	1,113	2,617
Out-of-State 2 - 5 Member Groups	\$24,032	\$11,954	\$0	1	3	1	4
Out-of-State Short Term Major Medical	\$257,014	\$199,700	\$198,821	1	128	35	163
Accident Only	\$28,740	\$18,674	\$14,982	0	169	192	361
Accidental Death & Dismemberment	\$812	\$0	\$0	0	18	0	18
Dental	\$26,583	\$18,337	\$6,190	12	50	34	84
Disability Income	\$145,118	\$82,244	\$74,307	0	427	0	427
Hospital Indemnity	\$3,112	\$2,054	\$1,275	0	104	60	164
Limited Benefit	\$29,167	\$19,226	\$5,708	0	92	89	181
Long Term Care	\$672,645	\$596,036	\$0	0	424	0	424
Medicare Supplement	\$643,453	\$554,005	\$0	0	278	0	278
Sickness	\$4,441	\$2,931	\$1,573	0	11	5	16

JOHN HANCOCK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65099							
Disability Income	\$1,041,392	\$3,067,049	\$0	0	715	0	715
Long Term Care	\$78,997,332	\$28,535,098	\$13,991,348	212	47,983	3,466	51,449

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

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65838							
Disability Income	\$2,142	\$14,503	\$0	0	9	0	9

KANAWHA INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65110							
Instate Individually Underwritten	\$12,881	\$29,551	\$0		6	7	13
Accident Only	\$11,408	\$0	\$0	0	75	0	75
Accidental Death & Dismemberment	\$36,933	\$42	\$0	6	287	596	883
Dental	\$25,149	\$26,296	\$0	0	52	55	107
Disability Income	\$680,020	\$233,803	\$0	11	2,287	27	2,314
Excess/Stop Loss	\$418,373	\$0	\$0	0	0	0	0
Hospital Indemnity	\$7,360	\$1,521	\$0	1	58	35	93
Limited Benefit	\$500,603	\$411,875	\$0	15	3,086	2,606	5,692
Long Term Care	\$15,974,897	\$7,193,055	\$0	0	9,712	0	9,712
Medicare Supplement	\$579,055	\$452,359	\$0	0	216	3	219

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

KANSAS CITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65129							
Instate Individually Underwritten	\$6,813	(\$254)	\$0		2	0	2
Dental	\$725,310	\$277,262	\$0	16	492	380	872
Disability Income	\$237,362	\$443,675	\$0	20	551	0	551
Hospital Indemnity	\$5,551	(\$288)	\$0	0	23	0	23
Limited Benefit	\$117	(\$10)	\$0	0	3	1	4
Medicare Supplement	\$2,398	\$7,453	\$0	0	3	0	3
Vision	\$2,324	\$154	\$0	1	21	22	43

LAFAYETTE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65242							
Accidental Death & Dismemberment	\$37,875	\$14,556	\$7,080	39	4,322	0	4,322
Disability Income	\$370,360	\$60,657	\$287,199	14	2,041	0	2,041

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65315							
Disability Income	\$13,926,262	\$14,675,199	\$0	19	57,528	0	57,528

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LIBERTY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61492							
Accident Only	\$2,337,537	(\$15,898)	\$141,286	0	15,856	6,413	22,269
Disability Income	\$241,871	\$39,291	\$1,492	0	181	36	217
Hospital Indemnity	\$527	\$97	\$0	0	20	4	24
Limited Benefit	\$13,781	\$31,360	\$0	0	129	143	272

LIBERTY MUTUAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
23043							
Instate Individually Underwritten	\$325	\$2,832	\$0		0	0	0
Instate Conversion	\$10,874	\$35,490	\$0		4	0	4

LIBERTY NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65331							
Accident Only	\$298,923	\$317,248	\$0	0	20,585	0	20,585
Accidental Death & Dismemberment	\$579,926	\$283,883	\$0	0	6,309	0	6,309
Dental	\$179,203	\$20,520	\$0	0	2,332	0	2,332
Hospital Indemnity	\$1,081,922	\$546,525	\$0	0	6,754	0	6,754
Limited Benefit	\$14,289,097	\$4,378,991	\$0	0	26,165	4,445	30,610
Medicare Supplement	\$58,947	\$59,585	\$0	0	36	0	36

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LIFE INSURANCE COMPANY OF ALABAMA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65412							
Accident Only	\$6,843	\$0	\$2,064	0	25	18	43
Accidental Death & Dismemberment	\$766	\$0	\$224	0	23	8	31
Disability Income	\$337	\$0	\$0	0	2	0	2
Hospital Indemnity	\$310	\$0	\$113	0	17	0	17
Limited Benefit	\$271,716	\$89,187	\$1,626	0	519	451	970
Sickness	\$305	\$0	\$0	0	2	0	2

LIFE INSURANCE COMPANY OF NORTH AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65498							
Accident Only	\$6,351,074	\$7,343,755	\$0	23	158,777	0	158,777
Disability Income	\$26,461,588	\$39,833,362	\$0	26	117,607	0	117,607
Hospital Indemnity	\$2,211,981	\$2,060,498	\$0	4	7,373	0	7,373
Limited Benefit	\$6,759,094	\$9,034,199	\$0	10	48,279	0	48,279

LIFE INSURANCE COMPANY OF THE SOUTHWEST

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65528							
Limited Benefit	\$191	\$0	\$0	0	2	2	4

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LIFE INVESTORS INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64130							
Instate Individually Underwritten	\$9,661	\$8,063	\$0		2	0	2
Accident Only	\$13,525	\$456	\$0	0	98	63	161
Accidental Death & Dismemberment	\$593,690	\$170,750	\$27,721	1	4,279	2,111	6,390
Disability Income	\$571,977	\$166,199	\$8,394	17	858	1,648	2,506
Hospital Indemnity	\$251,804	\$141,661	\$825	0	524	97	621
Limited Benefit	\$477,705	\$1,018,705	\$0	0	2,368	2,497	4,865
Long Term Care	\$5,888,844	\$1,908,141	\$0	0	4,432	0	4,432
Medicare Supplement	\$11,450,424	\$8,483,539	\$645,333	0	4,834	0	4,834

LIFESECURE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77720							
Instate Individually Underwritten	\$5,206	\$729	\$0		3	0	3
Accident Only	\$510	\$0	\$0	0	5	0	5
Disability Income	\$3,807	\$5,075	\$0	0	26	0	26
Hospital Indemnity	\$12,153	\$2,560	\$0	0	44	0	44
Limited Benefit	\$13,943	\$8,834	\$0	0	182	0	182

LINCOLN BENEFIT LIFE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65595							
Long Term Care	\$8,947,727	\$4,057,460	\$435,185	0	2,995	0	2,995

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LINCOLN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65927							
Accidental Death & Dismemberment	\$264	\$0	\$66	0	2	0	2
Hospital Indemnity	\$535	\$750	\$0	0	2	0	2
Medicare Supplement	\$7,148,414	\$4,426,258	\$1,754,832	0	4,776	0	4,776

LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62057							
Instate Conversion	\$7,358	\$57,855	\$0		8	0	8
Disability Income	\$8,856	\$77,612	\$0	0	34	0	34

LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65676							
Instate Individually Underwritten	\$250	\$0	\$0		2	2	4
Disability Income	\$2,662,892	\$10,866,432	\$0	0	1,297	0	1,297
Hospital Indemnity	\$574	\$0	\$0	1	1	1	2
Long Term Care	\$302,755	\$345,136	\$0	0	199	199	398

LONDON LIFE REINSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76694							
Medicare Supplement	\$6,115	(\$79,190)	\$0	0	3	0	3

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LOYAL AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65722							
Accident Only	\$57,282	\$123,665	\$20,554	0	129	42	171
Disability Income	\$41,370	\$35,212	\$13,615	0	183	0	183
Hospital Indemnity	\$13,632	\$700	\$0	0	152	96	248
Limited Benefit	\$541,607	\$567,716	\$8,210	0	3,906	3,664	7,570
Long Term Care	\$1,386,309	\$77,060	\$32,276	0	822	0	822

LUMBERMENS MUTUAL CASUALTY COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
22977							
Out-of-State Guarantee Issue (HIPAA)	\$2,394	\$8,538	\$0		1	0	1

MADISON NATIONAL LIFE INSURANCE COMPANY INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65781							
Dental	\$545,084	\$259,707	\$545,084	92	1,087	0	1,087
Disability Income	\$444,170	\$353,078	\$444,170	3	3,198	0	3,198
Excess/Stop Loss	\$2,512,135	\$1,951,048	\$2,512,135	6	3,260	0	3,260
Hospital Indemnity	\$2,507	\$0	\$0	2	7	0	7
Limited Benefit	\$1,232	\$15,548	\$0	11	7	0	7

MAGNA INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61018							
Accidental Death & Dismemberment	\$3,604	\$0	\$0	0	43	0	43

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MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67083							
Limited Benefit	\$263	\$68	\$0	0	1	0	1
Long Term Care	\$240,456	\$120,042	\$0	0	448	15	463

MARKEL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38970							
Accident Only	\$1,162,594	\$1,219,740	\$174,647	0	441,861	0	441,861
Blanket Accident/Sickness	\$21,666	\$688	\$845	1	41,553	0	41,553
Sickness	\$1,901,422	\$680,009	\$153,243	0	3,195	48	3,243

MARQUETTE NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71072							
Medicare Supplement	\$520	\$85	\$0	0	1	0	1
Prescription Drug	\$6,394,332	\$4,826,395	\$6,394,332	0	4,379	0	4,379

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65935							
Disability Income	\$12,268,465	\$15,620,919	\$866,111	0	8,561	0	8,561
Long Term Care	\$5,152,406	\$440,213	\$444,585	0	1,172	556	1,728

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MEDAMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69515							
Long Term Care	\$1,197,551	\$207,317	\$317,604	0	896	0	896

MEDICAL SAVINGS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
74217							
Out-of-State Guarantee Issue (HIPAA)	\$53,415	\$89,980	\$9,684		6	2	8
Out-of-State Individually Underwritten	\$17,847,066	\$14,264,084	\$975,544	4	3,272	4,192	7,464

MEDICO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
31119							
Accident Only	\$827	(\$14)	\$0	0	50	0	50
Disability Income	\$33,901	\$18,953	\$0	0	57	0	57
Hospital Indemnity	\$77,807	\$74,725	\$0	0	165	13	178
Limited Benefit	\$448,230	\$347,091	\$0	0	1,683	904	2,587
Long Term Care	\$3,172,452	\$2,904,214	\$0	0	2,517	0	2,517
Short Term Care	\$126,839	(\$2,339)	\$0	0	428	0	428
Medicare Supplement	\$32,427,417	\$25,180,654	\$0	0	15,775	0	15,775

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MEDICO LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71471							
Disability Income	\$1,137	\$37	\$0	0	2	0	2
Limited Benefit	\$7,027	\$17	\$0	0	29	20	49
Long Term Care	\$349,658	\$54,668	\$0	0	241	0	241
Short Term Care	\$58	\$2	\$0	0	1	0	1
Medicare Supplement	\$659,703	\$682,649	\$178,794	0	244	0	244

MEGA LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97055							
Instate Individually Underwritten	\$234,432	\$177,204	\$0		92	84	176
Out-of-State Individually Underwritten	\$50,737,471	\$25,148,674	\$10,789,294	13,464	13,465	9,298	22,763
Accident Only	\$1,727,407	\$993,072	\$0	0	82	0	82
Dental	\$666,181	\$222,079	\$176,484	2,087	2,087	1,423	3,510
Disability Income	\$323,830	\$3,757	\$107,202	1,194	1,199	0	1,199
Hospital Indemnity	\$147,563	\$17,392	\$0	12	21	6	27
Limited Benefit	\$13,592,961	\$7,386,413	\$289,293	3,452	33,605	9,174	42,779
Medicare Supplement	\$23,202	\$41,322	\$0	0	19	0	19
Student	\$7,758,387	\$4,419,687	\$0	0	0	0	0
Vision	\$324,717	\$0	\$106,972	6,073	6,073	4,759	10,832

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MEMBERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86126							
Accident Only	\$375	\$0	\$0	0	0	0	0
Disability Income	\$225	(\$3,683)	\$0	0	3	0	3

MENNONITE MUTUAL AID ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57991							
Instate Individually Underwritten	\$375,400	\$71,293	\$0		40	26	66
Medicare Supplement	\$569,860	\$495,733	\$0	0	227	84	311

MERIT LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65951							
Blanket Accident/Sickness	\$344,771	\$64,436	\$344,771	0	10,981	2,299	13,280

METLIFE INSURANCE COMPANY OF CONNECTICUT

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87726							
Out-of-State Individually Underwritten	\$131,792	(\$647,623)	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$50,995	\$175,729	\$0	0	0	0	0
Excess/Stop Loss	\$968,978	\$6,920,236	\$0	1	949	0	949
Short Term Care	\$25,827,104	\$34,401,348	\$0	653	0	0	0

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METROPOLITAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65978							
Instate Individually Underwritten	\$546,736	\$605,711	\$0		1,159	307	1,466
Instate Conversion	\$177,204	\$371,321	\$0		126	28	154
Accident Only	\$7,656,968	\$14,145,105	\$0	1,230	432,247	950,943	1,383,190
Accidental Death & Dismemberment	\$3,688	\$0	\$0	24	91	200	291
Dental	\$129,502,242	\$92,054,810	\$0	1,405	523,070	1,150,754	1,673,824
Disability Income	\$71,101,947	\$79,941,780	\$0	920	288,276	634,207	922,483
Excess/Stop Loss	\$659,785	\$56,143	\$0	1	62	136	198
Hospital Indemnity	\$2,332	\$62	\$0	0	27	59	86
Long Term Care	\$32,630,466	\$10,791,427	\$0	7	29,285	64,427	93,712

MIDLAND NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66044							
Accident Only	\$79	\$0	\$0	1	1	0	1
Disability Income	\$17,376	\$75,479	\$0	0	0	0	0

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66087							
Instate Individually Underwritten	\$70,046	\$34,024	\$0		18	13	31
Out-of-State Individually Underwritten	\$73,583,042	\$37,923,437	\$16,727,526	23	21,324	15,333	36,657
Accident Only	\$130,178	\$3,317	\$39,805	0	161	18	179
Dental	\$380,794	\$86,079	\$137,212	0	1,269	832	2,101
Disability Income	\$3,830	\$3,317	\$0	0	5	0	5
Limited Benefit	\$1,257,967	\$203,587	\$358,998	0	7,604	3,726	11,330
Student	\$564,478	\$92,379	\$0	0	0	0	0
Vision	\$376,430	\$0	\$174,017	0	7,660	6,058	13,718

MIDWESTERN UNITED LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66109							
Champus/Tricare Supplement	\$1,589	\$433	\$0	0	2	0	2

MINNESOTA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66168							
Accidental Death & Dismemberment	\$3,912,316	\$1,146,573	\$502,312	33	67,721	0	67,721
Disability Income	\$3,272,524	\$10,684,077	\$201	2	265	0	265
Long Term Care	\$2,607	\$0	\$2,607	0	0	0	0

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MONARCH LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66265							
Disability Income	\$2,412,774	\$13,298,692	\$0	0	2,205	0	2,205

MONUMENTAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66281							
Accident Only	\$14,209,798	\$2,954,548	\$306,488	0	145,951	0	145,951
Dental	\$13,090	\$16,606	\$240	0	149	0	149
Disability Income	\$125,538	(\$19,084)	\$0	0	1,107	0	1,107
Hospital Indemnity	\$621,241	\$217,736	\$3,703	0	2,814	0	2,814
Limited Benefit	\$1,837,517	\$531,594	\$10,867	1	9,026	0	9,026
Long Term Care	\$6,381,147	\$1,280,144	\$0	0	4,437	0	4,437
Medicare Supplement	\$6,099,131	\$3,853,852	\$65,055	0	2,706	0	2,706
Student	\$2,748,268	\$1,545,476	\$2,748,268	1	2,835	0	2,835

MONY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66370							
Instate Individually Underwritten	\$73,821	\$61,814	\$0		57	4	61
Disability Income	\$3,541,578	\$4,848,020	\$0	0	2,924	0	2,924
Hospital Indemnity	\$1,962	\$270	\$0	0	20	0	20

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MTL INSURANCE COMPANY

NAIC Company Code

66427

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$56,219	\$599,392	\$0	0	65	0	65

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

NAIC Company Code

88668

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$108,273	\$355,408	\$1,500	28	457	0	457

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MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71412							
Instate Individually Underwritten	\$240,805	(\$92,497)	\$0		47	10	57
Instate 51+ Member Groups	\$201,755	\$775,079	\$0	0	0	0	0
Instate Conversion	\$7,697	(\$4,271)	\$0		5	0	5
Out-of-State 51+ Member Groups	\$27,864,168	\$9,048,048	\$0	4	3,494	4,603	8,097
Accident Only	\$4,494,976	\$4,925,866	\$905,819	236	541,803	9,979	551,782
Accidental Death & Dismemberment	\$92,149	\$43,160	\$18,154	17	26,864	0	26,864
Dental	\$20,405	\$12,796	\$0	0	51	12	63
Disability Income	\$3,318,336	\$3,084,524	\$242,640	8	10,613	7	10,620
Excess/Stop Loss	\$13,958	(\$1,403)	\$0	2	19	23	42
Hospital Indemnity	\$896,420	(\$177,905)	\$166,805	0	3,431	726	4,157
Limited Benefit	\$3,348,767	\$2,029,414	\$104,304	0	27,950	8,532	36,482
Long Term Care	\$10,451,518	\$5,046,680	\$338,555	5	6,239	1	6,240
Medicare Supplement	\$19,850,970	\$13,802,614	\$1,397,859	0	8,521	3	8,524
Champus/Tricare Supplement	\$6,719	\$7,232	\$0	0	8	1	9
Travel	\$89,358	\$253,648	\$0	0	3,203	75	3,278

MUTUAL SAVINGS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66397							
Hospital Indemnity	\$18,192	\$20,885	\$0	0	0	0	0

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NALIC LIFE INSURANCE COMPANY (PUERTO RICO)

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
72087							
Disability Income	\$582	\$0	\$0	1	1	0	1
Limited Benefit	\$2,625	\$0	\$0	0	7	0	7

NATIONAL BENEFIT LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61409							
Instate Individually Underwritten	\$41,450	\$178,216	\$0		73	37	110
Accident Only	\$403	\$0	\$0	0	5	0	5
Disability Income	\$1,082	\$13,865	\$0	0	4	0	4
Hospital Indemnity	\$59,934	\$58,520	\$0	0	354	0	354
Medicare Supplement	\$653	\$17	\$0	0	1	0	1

NATIONAL CASUALTY COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11991							
Instate Individually Underwritten	\$132	\$11,978	\$0		5	0	5
Accident Only	\$116,843	\$12,520	\$0	145	37,089	11	37,100
Limited Benefit	\$5,328	\$0	\$0	0	10	0	10

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NATIONAL GUARDIAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66583							
Dental	\$58,158	\$42,765	\$58,158	8	83	0	83
Disability Income	\$38,109	\$47,040	\$0	0	79	0	79
Hospital Indemnity	\$309	\$0	\$0	0	1	0	1
Limited Benefit	\$45	\$0	\$0	0	1	0	1
Medicare Supplement	\$2,141	\$3,142	\$0	0	1	0	1
Vision	\$2,339,723	\$1,209,405	\$2,339,723	50	21,530	0	21,530

NATIONAL HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
82538							
Instate Individually Underwritten	\$185,663	\$78,944	\$0		37	17	54
Out-of-State Individually Underwritten	\$1,317,242	\$803,993	\$0	2	118	46	164
Out-of-State Conversion	\$56,140	\$269,800	\$0		8	10	18
Accident Only	\$1,108	\$3	\$0	1	3	1	4
Dental	\$9,482	\$5,547	\$0	1	0	0	0
Limited Benefit	\$8,406	\$27	\$0	1	24	9	33
Medicare Supplement	\$1,231	\$350	\$0	0	2	0	2

NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66680							
Disability Income	\$3,098,965	\$8,021,397	\$40,898	0	1,273	0	1,273

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NATIONAL STATES INSURANCE COMPANY

<i>NAIC Company Code</i>								
60593	<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Accident Only	\$2,683	\$735	\$0	0	24	0	24	
Dental	\$25,166	\$15,957	\$0	0	41	0	41	
Hospital Indemnity	\$881,037	\$236,766	\$445,103	0	655	0	655	
Limited Benefit	\$651,747	\$319,405	\$173,764	0	739	0	739	
Long Term Care	\$14,723,700	\$940,371	\$14,500,328	0	5,857	0	5,857	
Medicare Supplement	\$11,457,309	\$7,720,024	\$165,556	0	4,101	0	4,101	
Champus/Tricare Supplement	\$574,210	\$445,800	\$0	0	475	0	475	

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

<i>NAIC Company Code</i>								
87963	<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Disability Income	\$79,157	\$10,452	\$22,457	0	0	0	0	
Hospital Indemnity	\$103	\$0	\$0	0	0	0	0	
Limited Benefit	\$885,607	\$71,746	\$147,325	0	0	0	0	

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURG, PA

<i>NAIC Company Code</i>								
19445	<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Accident Only	\$636,288	\$265,545	\$98,618	1	147,026	0	147,026	
Blanket Accident/Sickness	\$16,617,314	\$6,934,983	\$2,838,509	1	413,039	0	413,039	
Limited Benefit	\$872,742	\$364,226	\$6,144	0	6,048	0	6,048	
Student	\$1,727,168	\$720,807	\$215,266	1	628	8	636	
Vision	\$203	\$85	\$203	0	3	0	3	

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NATIONAL WESTERN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66850							
Limited Benefit	\$5,100	\$11,800	\$0	0	0	0	0

NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70750							
Accidental Death & Dismemberment	\$1,421	\$420	\$0	0	10	10	20

NATIONWIDE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66869							
Instate 51+ Member Groups	\$101,614	\$101,979	\$0	37	37	3	40
Accident Only	\$3,011,314	\$817,876	\$0	431	97,985	0	97,985
Disability Income	\$8,227	\$0	\$0	4	10	0	10
Sickness	\$8,683,117	\$6,654,295	\$0	2	16,795	0	16,795

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68225							
Accidental Death & Dismemberment	\$2,949	\$1,044	\$0	0	20	14	34
Disability Income	\$76	\$2,400	\$0	0	2	0	2
Hospital Indemnity	\$92,660	\$184,832	\$0	0	390	32	422
Limited Benefit	\$2,725	\$1,607	\$0	0	11	7	18

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NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95123							
Instate Self-Employed or Sole Proprietor	\$4,977,170	\$4,016,921	\$99,543	335	335	0	335
Instate 2 - 5 Member Groups	\$50,103,507	\$13,516,987	\$3,137,548	4,189	9,880	4,130	14,010
Instate 6 - 50 Member Groups	\$185,973,870	\$141,977,029	\$11,028,250	5,162	36,294	23,194	59,488
Instate 51+ Member Groups	\$169,648,986	\$130,770,067	\$5,386,355	858	19,930	14,185	34,115
Instate Conversion	\$2,804,901	\$12,629,798	\$0		1,063	0	1,063

NEW ENGLAND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91626							
Out-of-State 2 - 5 Member Groups	\$548	\$115,214	\$0	7	17	7	24
Excess/Stop Loss	\$206,034	(\$763,792)	\$0	0	0	0	0
Hospital Indemnity	\$775,405	\$147,558	\$0	29	1,146	783	1,929

NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78743							
Instate Individually Underwritten	\$819,441	\$1,036,955	\$0		179	183	362
Hospital Indemnity	\$7,147	\$98,540	\$0	0	15	12	27
Limited Benefit	\$31,264	\$37,779	\$0	0	229	82	311
Medicare Supplement	\$4,064,223	\$3,703,410	\$0	0	1,459	136	1,595

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

NEW YORK LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66915							
Instate Individually Underwritten	\$264,692	\$57,911	\$0		276	49	325
Out-of-State 51+ Member Groups	\$9,730,158	\$10,729,824	\$734,821	2,631	2,631	1,333	3,964
Accidental Death & Dismemberment	\$612,705	\$269,213	\$31,203	21,985	21,985	1,429	23,414
Disability Income	\$8,271,083	\$10,052,713	\$180,344	4,267	6,965	11	6,976
Hospital Indemnity	\$112,015	\$65,926	\$7,434	328	372	99	471
Long Term Care	\$6,697,292	\$3,287,095	\$863,564	2	4,218	0	4,218
Medicare Supplement	\$571,464	\$355,319	\$0	0	221	11	232
Vision	\$663,281	\$500,758	\$50,091	5,153	5,153	5,320	10,473

NIPPON LIFE INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81264							
Instate 51+ Member Groups	\$977,105	\$1,053,443	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$120,677	\$54,255	\$0	5	7	9	16
Out-of-State 6 - 50 Member Groups	\$291,932	\$106,824	\$0	16	19	27	46
Out-of-State 51+ Member Groups	\$889,373	\$621,061	\$0	19	103	55	158
Accidental Death & Dismemberment	\$1,063		\$0	21	32	45	77
Dental	\$82,499	\$46,748	\$0	19	50	51	101
Disability Income	\$2,400		\$0	5	7	9	16
Excess/Stop Loss	\$6,387		\$0	4	9	13	22
Vision	\$1,572	\$1,449	\$0	7	8	17	25

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NORTH AMERICAN CO FOR LIFE AND HEALTH INSURANCE

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66974							
Accident Only	\$1,167	(\$8,904)	\$0	1	1	0	1
Disability Income	\$4,549	\$172,565	\$0	0	0	0	0

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67032							
Hospital Indemnity	\$427	(\$157)	\$0	0	6	0	6

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69000							
Long Term Care	\$5,953,085	\$148,256	\$1,142,951	0	3,258	0	3,258

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67091							
Disability Income	\$54,538,569	\$57,818,632	\$11,815,096	1,025	52,661	0	52,661

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OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67148							
Accident Only	\$11,293	\$10,859	\$0	0	39	0	39
Disability Income	\$9,373	\$14,207	\$0	0	32	0	32
Hospital Indemnity	\$1,127	\$5,881	\$0	0	6	0	6
Limited Benefit	\$77,750	\$139,655	\$0	0	273	339	612
Medicare Supplement	\$603	\$1,298	\$0	0	2	0	2

OHIO CASUALTY INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24074							
Disability Income	\$713	(\$2,265)	\$0	0	0	0	0

OHIO NATIONAL LIFE ASSURANCE CORPORATION

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
89206							
Disability Income	\$990,194	\$1,250,636	\$4,115	0	611	0	611

OHIO NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67172							
Instate Individually Underwritten	\$555	\$800	\$0		2	0	2
Disability Income	\$765,866	\$83,362	\$36,858	0	335	0	335

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OHIO STATE LIFE INSURANCE COMPANY (THE)

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67180							
Instate Conversion	\$4,818	\$25,334	\$0		19	19	38

OLD AMERICAN INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67199							
Accident Only	\$18,839	(\$1,283)	\$0	0	577	0	577
Disability Income	\$69	(\$3)	\$0	0	1	0	1
Hospital Indemnity	\$6,512	\$4,677	\$0	0	142	0	142
Limited Benefit	\$4,272	\$939	\$0	0	80	0	80
Long Term Care	\$475,252	\$3,166,212	\$0	0	332	0	332
Medicare Supplement	\$2,594	\$12,766	\$0	0	8	0	8

OLD REPUBLIC INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24147							
Accident Only	\$5,867,607	\$2,645,108	\$5,867,607	0	23,465	0	23,465

OLD REPUBLIC LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67261							
Accident Only	\$1,969	(\$751)	\$0	1	1	0	1

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ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA (THE)

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56383							
Accident Only	\$9,132	\$240	\$24	0	233	33	266
Disability Income	\$46,333	\$65,498	\$0	0	280	0	280
Hospital Indemnity	\$5,920	\$382	\$0	0	25	10	35
Medicare Supplement	\$7,558,419	\$6,351,056	\$0	0	3,514	0	3,514

OXFORD LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76112							
Disability Income	\$164,075	\$189,567	\$0	0	686	0	686
Limited Benefit	\$2,188	\$0	\$0	0	0	0	0
Medicare Supplement	\$299,092	\$198,691	\$0	0	116	0	116

OZARK NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67393							
Limited Benefit	\$2,742	\$100	\$0	0	51	0	51

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PACIFIC LIFE & ANNUITY COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97268							
Instate Self-Employed or Sole Proprietor	\$453,696	\$568,663	\$0	10	10	10	20
Instate 2 - 5 Member Groups	\$2,832,711	\$2,615,486	\$0	84	182	120	302
Instate 6 - 50 Member Groups	\$862,262	\$394,920	\$0	9	73	50	123
Instate 51+ Member Groups	\$1,126,157	\$830,490	\$0	0	0	0	0
Out-of-State Self-Employed or Sole Proprietor	\$422,618	\$835,396	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$2,973,129	\$2,196,632	\$0	0	0	0	0
Out-of-State 6 - 50 Member Groups	\$970,204	\$550,149	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$169,453	\$434,869	\$0	0	0	0	0
Accidental Death & Dismemberment	\$9,226	\$22,298	\$0	0	0	0	0
Dental	\$132,182	\$95,737	\$0	0	0	0	0
Disability Income	\$28,789	\$47,860	\$0	0	0	0	0
Prescription Drug	\$1,380,737	\$1,007,103	\$0	0	0	0	0

PACIFIC LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67466							
Excess/Stop Loss	\$175,743	\$361,260	\$0	0	0	0	0

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70785							
Medicare Supplement	\$578,155	\$258,401	\$324,986	1	249	0	249

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PAN-AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67539							
Instate Individually Underwritten	\$6,228	\$4,652	\$0		9	0	9
Accidental Death & Dismemberment	\$1,952	\$0	\$141	0	0	0	0
Dental	\$46,497	\$11,698	(\$3,677)	5	464	128	592
Disability Income	\$955,224	\$830,492	\$56,731	3	597	0	597
Excess/Stop Loss	\$3,656,291	\$2,029,964	\$178,160	31	2,157	774	2,931
Hospital Indemnity	\$1,663,050	\$639,805	\$497,244	17	1,114	392	1,506
Limited Benefit	\$6,430	\$134	(\$559)	5	22	0	22
Vision	\$19,970	\$6,157	(\$830)	2	384	134	518

PAUL REVERE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67598							
Accident Only	\$701	\$0	\$0	0	2	0	2
Accidental Death & Dismemberment	\$19,427	\$0	\$263	30	1,036	0	1,036
Disability Income	\$24,078,485	\$61,985,765	\$20,035	171	15,790	0	15,790
Hospital Indemnity	\$9,898	\$26,197	\$0	0	61	0	61
Limited Benefit	\$1,893	\$0	\$0	0	4	0	4

PENN MUTUAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67644							
Disability Income	\$1,662,086	\$5,117,299	\$0	0	834	0	834

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PENN TREATY NETWORK AMERICA INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63282							
Long Term Care	\$44,475,492	\$48,575,778	\$0	0	22,504	0	22,504
Medicare Supplement	\$254,126	\$237,220	\$0	0	152	0	152

PENNSYLVANIA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67660							
Accidental Death & Dismemberment	\$126,440	\$36,634	\$4,525	0	785	45	830
Dental	\$17,436	\$4,302	\$8,669	0	84	0	84
Disability Income	\$1,776,885	\$1,562,355	\$17,416	0	6,581	178	6,759
Hospital Indemnity	\$258,906	\$59,526	\$10,575	0	1,415	36	1,451
Limited Benefit	\$14,111	\$8,829	\$0	0	90	0	90
Long Term Care	\$37,458	\$0	\$0	0	32	0	32
Medicare Supplement	\$14,966	\$4,605	\$1,159	0	14	0	14
Prescription Drug	\$4,964,127	\$3,233,730	\$4,964,127	0	8,379	0	8,379

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PEOPLES BENEFIT LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66605							
Accident Only	\$92,556	\$12,572	\$0	0	1,143	227	1,370
Accidental Death & Dismemberment	\$644,015	\$172,222	\$91,663	0	9,896	1,379	11,275
Disability Income	\$816	\$0	\$0	0	5	1	6
Excess/Stop Loss	\$219,665	\$105,273	\$0	1	123	160	283
Hospital Indemnity	\$621,090	\$407,738	\$30	0	3,676	627	4,303
Limited Benefit	\$24,471	\$16,954	\$0	0	515	103	618
Long Term Care	\$143,258	(\$11,928)	\$0	0	71	0	71
Medicare Supplement	\$2,923,549	\$2,673,072	\$0	0	1,475	0	1,475
Student	\$366,052	\$308,870	\$259,862	1	232	0	232

PERICO LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
85561							
Accidental Death & Dismemberment	\$11,058	\$0	\$0	0	101	25	126
Excess/Stop Loss	\$349,693	\$241,449	\$349,693	8	324	402	726
Hospital Indemnity	\$7,204	\$152	\$0	0	34	11	45

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PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67784							
Out-of-State Conversion	\$78,909	\$195,749	\$0		0	0	0
Accident Only	\$70,219	\$0	\$0	6	50	0	50
Disability Income	\$43,118	\$275,807	\$0	10	43	0	43
Hospital Indemnity	\$1,135,561	\$615,817	\$0	1	3,620	1,207	4,827
Limited Benefit	\$871,375	\$706,981	\$0	0	2,595	661	3,256
Medicare Supplement	\$83,418	\$2,134	\$0	0	32	10	42

PHOENIX LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67814							
Instate Individually Underwritten	\$302,511	\$678,994	\$0		0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80578							
Instate Guarantee Issue (HIPAA)	\$25,094	\$8,331	\$0		5	1	6
Instate Individually Underwritten	\$405,327	\$386,423	\$345		83	32	115
Accident Only	\$618	\$60	\$0	0	12	2	14
Dental	\$13,122	\$1,249	\$12,700	0	194	48	242
Disability Income	\$7,701	\$2,746	\$0	0	18	0	18
Hospital Indemnity	\$4,626,532	\$2,501,382	\$352,643	0	11,518	2,806	14,324
Limited Benefit	\$173,191	\$107,732	\$0	0	923	211	1,134
Long Term Care	\$1,080,588	\$859,815	\$123,937	0	656	0	656
Short Term Care	\$1,478	\$0	\$0	0	1	0	1
Medicare Supplement	\$4,139,766	\$2,721,080	\$1,826	0	1,418	86	1,504

PREFERRED MEDICAL PLAN, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95271							
Instate Guarantee Issue (HIPAA)	\$534,112	\$612,196	\$979		290	80	370
Instate Individually Underwritten	\$70,214,885	\$58,177,900	\$6,662,113		27,725	10,717	38,442

PRESIDENTIAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68039							
Excess/Stop Loss	\$192	\$0	\$0	1	1	0	1

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PRIMERICA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65919							
Out-of-State Individually Underwritten	\$34,002	(\$20,754)	\$0	1	15	0	15
Disability Income	\$18,904	\$14,907	\$0	0	58	0	58
Hospital Indemnity	\$31,813	\$34,985	\$0	0	69	0	69
Long Term Care	\$38,519	\$169,864	\$0	0	45	0	45

PRINCIPAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61271							
Instate 51+ Member Groups	\$6,452,347	\$5,531,912	\$263,638	17	762	689	1,451
Instate Conversion	\$2,254,511	\$3,482,059	\$0		224	131	355
Dental	\$32,765,135	\$21,093,202	\$3,537,725	2,892	59,902	51,630	111,532
Disability Income	\$25,742,523	\$12,431,048	\$4,694,042	1,447	70,074	0	70,074
Hospital Indemnity	\$1,808	\$2,347	\$0	0	34	15	49
Long Term Care	\$42,209	\$6,043	\$0	0	187	0	187
Medicare Supplement	\$18,070,322	\$14,138,509	\$0	0	6,940	593	7,533
Vision	\$643,236	\$250,054	\$43,694	103	5,324	4,779	10,103

PROFESSIONAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68047							
Disability Income	\$6,953,336	\$2,772,874	\$981,979	0	12,405	8,684	21,089
Hospital Indemnity	\$2,263,226	\$1,156,977	\$787,327	0	8,865	6,206	15,071
Limited Benefit	\$484,122	\$287,189	\$128,353	0	4,140	2,898	7,038

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PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
88536							
Disability Income	\$2,812	\$4,133	\$0	0	12	0	12

PROTECTIVE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68136							
Disability Income	\$388,493	\$87,303	\$0	0	224	0	224
Hospital Indemnity	\$1,498	\$0	\$0	0	24	0	24
Limited Benefit	\$10,068,349	\$9,950,661	\$0	0	12,419	0	12,419
Medicare Supplement	\$27,290	\$37,125	\$0	0	22	0	22

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67903							
Out-of-State Individually Underwritten	\$577,053	\$100,990	\$0	0	29	17	46

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PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68195							
Accident Only	\$2,666,766	\$215,333	\$469,289	0	13,283	0	13,283
Accidental Death & Dismemberment	\$435,627	\$0	\$0	0	0	0	0
Disability Income	\$51,676,882	\$132,390,812	\$8,036,807	1	37,920	0	37,920
Excess/Stop Loss	\$14,010	\$0	\$0	0	0	0	0
Hospital Indemnity	\$3,879	\$0	\$0	2	57	0	57
Limited Benefit	\$3,767,116	\$975,650	\$662,925	0	14,316	0	14,316
Long Term Care	\$2,993,103	\$96,724	\$514,680	0	2,775	0	2,775

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68241							
Instate Guarantee Issue (HIPAA)	\$1,541,396	\$1,703,131	\$0		1,223	237	1,460
Accident Only	\$5,799,628	\$4,010,218	\$0	18	29,955	0	29,955
Disability Income	\$27,098,746	\$34,955,738	\$0	340	103,406	0	103,406
Hospital Indemnity	\$7,295	\$1,373	\$0	0	114	5	119
Long Term Care	\$6,842,246	\$16,501,272	\$0	2,770	4,836	0	4,836
Medicare Supplement	\$8,656	\$10,392	\$0	10	0	0	0

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PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68284							
Instate Individually Underwritten	\$769,814	\$509,434	\$0	0	62	0	62
Dental	\$9,189	\$3,095	\$6,496	0	52	0	52
Disability Income	\$46	\$0	\$0	0	1	0	1
Hospital Indemnity	\$1,028	\$19,800	\$0	0	11	0	11
Limited Benefit	\$58,824	\$70,811	\$14,693	0	207	0	207
Long Term Care	\$343,763	\$509,434	\$0	0	164	0	164
Medicare Supplement	\$3,170,962	\$2,208,448	\$60,704	0	1,123	0	1,123

QBE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
39217							
Accident Only	\$744,988	\$29,690	\$744,988	1	292	0	292
Excess/Stop Loss	\$2,787,463	\$3,667,604	\$2,787,463	16	2,852	2,653	5,505

REASSURE AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65765							
Instate Individually Underwritten	\$14,599	\$37	\$0	0	131	0	131
Accident Only	\$23,296	(\$12,903)	\$0	0	188	0	188
Disability Income	\$3,816,594	\$15,106,571	\$0	0	2,767	0	2,767
Hospital Indemnity	\$11,385	\$1,350	\$0	0	64	0	64
Limited Benefit	\$542,630	\$585,982	\$0	0	2,808	0	2,808

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RELIABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68357							
Accidental Death & Dismemberment	\$397	\$0	\$0	0	15	0	15
Hospital Indemnity	\$23	\$0	\$0	0	2	0	2
Limited Benefit	\$251	\$0	\$0	0	2	0	2

RELIANCE STANDARD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68381							
Accident Only	\$2,012,973	\$990,284	\$2,005,577	63	38,587	0	38,587
Accidental Death & Dismemberment	\$1,248,135	\$2,649,241	\$336,932	140	126,023	0	126,023
Dental	\$3,310,701	\$3,253,484	\$1,457,019	170	9,414	0	9,414
Disability Income	\$18,044,612	\$17,899,706	\$4,540,376	835	84,427	0	84,427
Travel	\$212,371	\$0	\$177,830	43	10,598	0	10,598
Vision	\$213,511	\$15,100	\$47,542	31	2,111	0	2,111

RELIASTAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67105							
Accident Only	\$38,223	\$0	\$36,643	0	224	291	515
Dental	\$131,060	\$18,214	\$19,212	3	51	66	117
Disability Income	\$3,532,865	\$4,310,977	\$2,081,643	110	13,436	0	13,436
Excess/Stop Loss	\$11,019,778	\$6,862,063	\$4,936,169	271	50,509	65,661	116,170
Limited Benefit	\$56,425	\$0	\$49,174	0	379	50	429
Vision	\$113,824	\$58,797	\$0	0	0	0	0

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RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61360							
Disability Income	\$66,631	\$64,139	\$239	1	111	27	138
Excess/Stop Loss	\$1,112,223	\$0	\$88,692	24	5,408	7,030	12,438
Hospital Indemnity	\$339	(\$164)	\$0	0	4	0	4
Limited Benefit	\$355,370	\$362,363	\$703	0	775	1,007	1,782
Vision	\$1,457	\$4,028	\$0	0	0	0	0

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
94587							
Dental	\$390,723	\$282,036	\$149,402	90	1,251	1,017	2,268

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61700							
Hospital Indemnity	\$2,513	\$1,806	\$0	15	15	15	30

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RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68462							
Instate Individually Underwritten	\$278,149	\$290,174	\$0		69	29	98
Out-of-State Individually Underwritten	\$7,840	\$11,387	\$0	1	6	0	6
Accident Only	\$11,379	\$462	\$0	0	74	26	100
Disability Income	\$492	\$0	\$0	0	2	0	2
Hospital Indemnity	\$27,838	\$24,457	\$0	0	30	7	37
Limited Benefit	\$4,410	\$773	\$0	0	58	15	73
Medicare Supplement	\$1,039,420	\$870,296	\$0	0	420	6	426

RIVERSOURCE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65005							
Disability Income	\$8,488,328	\$3,644,982	\$1,080,266	0	8,132	0	8,132
Long Term Care	\$12,981,827	\$4,564,764	\$0	0	10,008	0	10,008

S.USA LIFE INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60183							
Accidental Death & Dismemberment	\$20,443	\$0	\$9,133	0	240	0	240

SAFEGUARD HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52009							
Dental	\$9,448,142	\$6,150,597	\$339,495	1,602	126,720	53,484	180,204

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SAFEHEALTH LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
79014							
Dental	\$4,634,618	\$2,745,278	\$641,362	401	8,052	6,074	14,126
Vision	\$45,800	\$17,906	\$3,196	40	617	395	1,012

SAGICOR LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60445							
Disability Income	\$869	\$0	\$0	0	0	0	0
Hospital Indemnity	\$515	\$0	\$0	0	0	0	0
Long Term Care	\$2,353	\$0	\$0	0	5	0	5

SEARS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69914							
Accident Only	\$1,066,533	\$486,364	\$884,340	2	15,865	11,077	26,942
Hospital Indemnity	\$4,837	\$0	\$0	1	15	7	22

SECURIAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
93742							
Dental	\$130,948	\$75,262	\$84,630	33	388	304	692

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

SECURITY INSURANCE COMPANY OF HARTFORD

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24902							
Hospital Indemnity	\$419	\$12,390	\$0	0	3	1	4

SECURITY LIFE INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68721							
Dental	\$412,857	\$202,471	\$0	0	430	0	430
Limited Benefit	\$1,566	\$97,999	\$0	0	7	0	7
Vision	\$268,190	\$123,410	\$0	4	1,884	0	1,884

SECURITY LIFE OF DENVER INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68713							
Instate Individually Underwritten	\$8,561	\$52	\$0		187	0	187
Accident Only	\$861	\$0	\$0	0	58	0	58
Disability Income	\$7,173	\$0	\$0	0	20	0	20
Hospital Indemnity	\$235	\$0	\$0	0	1	0	1
Limited Benefit	\$9,397	\$3,403	\$0	0	47	0	47

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SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68772							
Instate Individually Underwritten	\$1,494	\$1,368	\$0		4	8	12
Accidental Death & Dismemberment	\$8,156	\$0	\$1,277	10	540	540	1,080
Disability Income	\$153,081	\$540,945	\$0	6	273	273	546
Hospital Indemnity	\$403	\$0	\$0	0	3	4	7
Student	\$110,238	\$144,347	\$0	37	10,916	10,916	21,832

SECURITY NATIONAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69485							
Accident Only	\$5,819	\$79	\$0	0	486	0	486

SENIOR AMERICAN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76759							
Long Term Care	\$1,157,073	\$605,449	\$0	0	429	0	429

SENTRY INSURANCE A MUTUAL COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24988							
Disability Income	\$561	\$0	\$0	0	3	0	3
Hospital Indemnity	\$404	\$0	\$0	0	5	0	5
Limited Benefit	\$7,384	\$0	\$0	0	701	0	701
Long Term Care	\$41,384	\$54,537	\$0	0	161	0	161

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SENTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68810							
Instate Conversion	\$51	\$0	\$0		1	0	1
Accident Only	\$798,066	\$52,245	\$798,066	98	39,925	0	39,925
Dental	\$105,403	\$30,455	\$0	23	146	167	313
Disability Income	\$122,317	\$31,734	\$0	22	700	0	700
Hospital Indemnity	\$63	\$0	\$0	0	1	0	1
Limited Benefit	\$1,423	\$0	\$0	0	1	0	1
Long Term Care	\$1,621	\$0	\$0	8	1	0	1

SETTLERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97241							
Limited Benefit	\$1,211	\$15,669	\$0	0	2	0	2

SHENANDOAH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68845							
Accidental Death & Dismemberment	\$124,528	\$40,000	\$23,566	228	13,490	0	13,490
Dental	\$5,121,994	\$3,296,817	\$919,670	546	9,685	8,704	18,389
Disability Income	\$1,457,234	\$341,385	\$359,022	128	3,961	0	3,961
Medicare Supplement	\$125,750	\$80,944	\$125,750	0	384	0	384

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SONS OF NORWAY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57142							
Disability Income	\$12,585	\$12,749	\$0	0	18	0	18
Hospital Indemnity	\$218	\$125	\$0	0	4	0	4
Limited Benefit	\$782	\$120	\$0	0	13	0	13

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68896							
Disability Income	\$105,102	\$62,417	\$0	0	502	0	502
Hospital Indemnity	\$5,282	\$3,858	\$0	0	71	22	93
Limited Benefit	\$35,388	\$19,104	\$0	0	829	788	1,617
Long Term Care	\$338,503	\$106,624	\$0	0	807	0	807

SOUTHERN SECURITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
73377							
Limited Benefit	\$10,974	\$0	\$0	0	33	0	33

STANDARD INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69019							
Accidental Death & Dismemberment	\$4,404,567	\$3,745,981	\$172,113	712	290,544	3,160	293,704
Dental	\$11,890,802	\$813,609	\$1,093,833	164	25,197	10,835	36,032
Disability Income	\$59,393,353	\$37,916,646	\$5,440,018	1,098	211,917	0	211,917

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STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
86355							
Instate Individually Underwritten	\$13,273	\$37,312	\$0		19	3	22
Accident Only	\$4,251	(\$53,011)	\$0	0	2,909	12	2,921
Dental	\$92,058	\$74,774	\$0	1	215	206	421
Disability Income	\$533	\$1,604	\$0	0	5	0	5
Hospital Indemnity	\$5,527	\$44,973	\$0	0	114	1	115
Limited Benefit	\$26,459	\$23,717	\$0	0	407	13	420
Long Term Care	\$65,821	\$80,180	\$0	0	52	3	55
Short Term Care	\$26,651	\$0	\$0	0	71	0	71
Medicare Supplement	\$9,901,505	\$7,426,906	\$243,203	0	4,081	0	4,081

STANDARD LIFE AND CASUALTY INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71706							
Accident Only	\$49,006	\$13,974	\$0	19	600	0	600

STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69078							
Instate Short Term Major Medical	\$3,491,140	\$1,168,901	\$0	2,265	2,265	0	2,265
Blanket Accident/Sickness	\$156,226	\$782	\$0	28	1,164	0	1,164
Excess/Stop Loss	\$2,366,417	\$1,896,979	\$0	11	8,640	0	8,640
Hospital Indemnity	\$32,259	\$48,335	\$0	325	325	0	325

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STARMOUNT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68985							
Accident Only	\$31,176	\$0	\$30,526	0	452	171	623
Dental	\$2,352	\$263	\$2,218	1	5	1	6
Vision	\$6,302	\$677	\$6,302	1	24	11	35

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25135							
Instate Individually Underwritten	\$683	\$658	\$0		2	1	3
Disability Income	\$329	\$135	\$0	0	1	0	1

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25178							
Instate Guarantee Issue (HIPAA)	\$29,055	\$7,575	\$0		5	3	8
Instate Individually Underwritten	\$12,028,320	\$9,297,515	\$0		2,104	557	2,661
Instate Conversion	\$109,683	(\$689)	\$0		19	4	23
Out-of-State 51+ Member Groups	\$20,943,464	\$14,871,376	\$0	1	2,452	2,203	4,655
Accidental Death & Dismemberment	\$293,846	\$330,856	\$0	1	3,527	3,656	7,183
Disability Income	\$7,791,103	\$3,901,826	\$596,264	0	19,496	0	19,496
Hospital Indemnity	\$12,627,029	\$5,183,803	\$1,560,726	0	102,376	14,358	116,734
Long Term Care	\$1,880,123	\$2,637,305	\$351,236	0	7,224	0	7,224
Medicare Supplement	\$17,685,316	\$12,421,847	\$839,282	0	7,281	65	7,346

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STATE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69116							
Instate Individually Underwritten	\$4,437	\$29,795	\$0	0	7	0	7
Disability Income	\$22,133	\$195,280	\$0	0	53	0	53
Long Term Care	\$991,438	\$117,731	\$50,906	0	312	0	312

STATE MUTUAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69132							
Long Term Care	\$16,340	\$0	\$0	0	7	0	7
Medicare Supplement	\$9,542,350	\$6,771,421	\$0	0	4,629	0	4,629

STERLING INVESTORS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
89184							
Medicare Supplement	\$18,057	\$38,219	\$18,057	0	5	0	5

STERLING LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77399							
Medicare Supplement	\$335,545	\$236,606	\$292,589	0	204	0	204

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STONEBRIDGE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65021							
Accidental Death & Dismemberment	\$18,991,809	\$5,328,286	\$2,105,705	0	175,775	206,203	381,978
Disability Income	\$755,242	\$0	\$149,126	0	10,684	3,465	14,149
Hospital Indemnity	\$396,899	\$127,048	\$0	0	2,686	310	2,996
Limited Benefit	\$3,313,243	\$3,758,021	\$193,422	0	25,659	23,762	49,421
Long Term Care	\$348,126	\$266,779	\$0	0	245	0	245

SUN LIFE ASSURANCE COMPANY OF CANADA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80802							
Disability Income	\$10,976,407	\$6,932,987	\$5,523,707	427	76,388	0	76,388
Excess/Stop Loss	\$16,885,305	\$13,864,002	\$5,060,299	43	49,830	56,717	106,547

SUNAMERICA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69256							
Disability Income	\$10,963	\$61,501	\$0	0	40	0	40
Hospital Indemnity	\$2,074	\$0	\$0	0	0	0	0

SURETY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69310							
Disability Income	\$16,992	\$59,985	\$0	0	25	0	25

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SYMETRA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68608							
Instate Conversion	\$32,439	\$10,463	\$0		6	0	6
Accidental Death & Dismemberment	\$34,674	\$0	\$0	26	2,265	0	2,265
Disability Income	\$39,045	\$0	\$122	16	383	0	383
Excess/Stop Loss	\$37,482,646	\$18,205,735	\$1,953,193	91	125,961	156,192	282,153
Hospital Indemnity	\$1,561,242	\$996,880	\$116,851	36	1,470	1,823	3,293

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69345							
Disability Income	\$4,010	\$108,061	\$0	0	0	0	0
Long Term Care	\$802,792	\$616,865	\$0	0	631	0	631

THE PUBLIC HEALTH TRUST OF DADE COUNTY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95126							
Instate 51+ Member Groups	\$37,140,577	\$31,440,407	\$0	5	4,177	5,808	9,985
Instate Conversion	\$291,308	\$411,150	\$0		17	17	34

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THRIVENT FINANCIAL FOR LUTHERANS

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56014							
Instate Individually Underwritten	\$717,630	\$761,003	\$0		113	40	153
Accident Only	\$44	\$0	\$0	0	3	0	3
Disability Income	\$1,259,307	\$791,669	\$35,800	0	1,818	10	1,828
Hospital Indemnity	\$15,766	\$3,926	\$0	0	119	31	150
Long Term Care	\$5,484,421	\$2,142,051	\$0	0	3,422	624	4,046
Medicare Supplement	\$721,770	\$530,456	\$498	0	0	0	0

TIAA-CREF LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60142							
Long Term Care	\$682,413	\$188,891	\$0	0	559	0	559

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

TIME INSURANCE COMPANY

NAIC Company Code

69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Instate Individually Underwritten	\$635,253	\$391,248	\$39,348		70	48	118
Instate Conversion	\$29,107	\$2,494	\$0		3	1	4
Out-of-State Guarantee Issue (HIPAA)	\$1,098,189	\$570,615	\$122,828		75	4	79
Out-of-State Individually Underwritten	\$66,140,052	\$44,737,031	\$10,954,106	2	17,344	13,054	30,398
Out-of-State Short Term Major Medical	\$3,733,039	\$1,984,908	\$3,000,953	1	1,682	381	2,063
Accident Only	\$35,504	\$23,324	\$12,061	0	146	101	247
Dental	\$31,868	\$20,314	\$26,677	0	91	72	163
Disability Income	\$39,039	\$23,421	\$30,489	0	85	0	85
Hospital Indemnity	\$37,443	\$23,989	\$14,727	0	104	60	164
Limited Benefit	\$23,045	\$15,207	\$5,567	0	61	37	98
Long Term Care	\$19,674,506	\$33,510,079	\$0	0	0	0	0
Medicare Supplement	\$12,230	\$9,850	\$0	0	5	0	5
Sickness	\$24,301	\$15,902	\$8,076	0	44	33	77
Student	\$677,018	\$180,141	\$118,003	1	550	0	550

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

TOTAL HEALTH CHOICE, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95134							
Instate Guarantee Issue (HIPAA)	\$805,162	\$131,269	\$13,275		125	32	157
Instate Individually Underwritten	\$17,285,542	\$17,064,982	\$542,829		3,032	1,285	4,317
Instate Self-Employed or Sole Proprietor	\$178,320	\$105,015	\$829	26	26	21	47
Instate 2 - 5 Member Groups	\$1,039,460	\$945,137	\$65,954	27	166	53	219
Instate 6 - 50 Member Groups	\$1,013,025	\$393,808	\$101,062	124	149	87	236
Instate 51+ Member Groups	\$4,366,825	\$2,625,382	\$377,362	51	1,164	307	1,471
Instate Conversion	\$10,187,080	\$4,988,225	\$5,331		1,856	393	2,249

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70688							
Accident Only	\$11,579	\$3,858	\$0	0	178	30	208
Accidental Death & Dismemberment	\$45,135	\$0	\$0	0	474	245	719
Disability Income	\$4,789	\$4,320	\$0	0	36	34	70
Hospital Indemnity	\$87,662	\$17,065	\$0	0	485	98	583
Long Term Care	\$9,000	\$0	\$0	0	5	0	5
Medicare Supplement	\$1,345,059	\$1,001,524	\$0	0	565	0	565

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TRANSAMERICA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
86231							
Instate 2 - 5 Member Groups	\$2,666,863	\$2,054,393	\$0	428	428	583	1,011
Accident Only	\$111,815	\$8,281	\$0	6	681	1,157	1,838
Dental	\$20,152	\$10,101	\$0	18	18	30	48
Disability Income	\$1,725,970	\$478,934	\$0	54	4,179	9,350	13,529
Excess/Stop Loss	\$4,553,936	\$4,800,766	\$0	18	14,033	18,243	32,276
Hospital Indemnity	\$18,259	\$2,345	\$0	1	143	323	466
Limited Benefit	\$537,504	\$89,804	\$0	23	1,933	4,201	6,134
Long Term Care	\$3,094,289	\$2,330,090	\$0	2,037	290	12	302
Prescription Drug	\$3,904	\$0	\$0	20	20	24	44
Vision	\$30,123	\$9,535	\$0	10	109	237	346

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67121							
Instate Individually Underwritten	\$8,814	\$65,695	\$0		39	0	39
Accidental Death & Dismemberment	\$3,479	\$1,250	\$0	1	27	61	88
Disability Income	\$5,833	\$96,818	\$0	0	41	0	41
Hospital Indemnity	\$508	\$0	\$0	0	4	0	4
Long Term Care	\$9,598,876	\$9,292,277	\$0	0	5,130	18	5,148

TRANS-OCEANIC LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69523							
Limited Benefit	\$8,515	\$0	\$0	0	220	0	220

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56006							
Accident Only	\$3,081	\$1,293	\$0	0	0	0	0

TRUASSURE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
92525							
Dental	\$555	\$0	\$0	0	6	0	6

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

TRUSTMARK INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61425							
Instate Guarantee Issue (HIPAA)	\$12,913	\$3,610	\$0		1	0	1
Instate Individually Underwritten	\$2,213,521	\$2,130,716	\$0		308	130	438
Instate Self-Employed or Sole Proprietor	\$58,169	\$4,254	\$0	3	3	0	3
Instate 6 - 50 Member Groups	\$120,529	\$47,220	\$0	1	18	12	30
Instate Conversion	\$165,721	\$4,377	\$23,026		28	7	35
Out-of-State Individually Underwritten	\$316,552	\$5,318	\$0	1	29	7	36
Accident Only	\$3,596	\$0	\$0	0	84	1	85
Accidental Death & Dismemberment	\$457	\$0	\$0	1	16	0	16
Dental	\$49,201	\$2,161	\$0	5	117	70	187
Disability Income	\$2,269,622	\$4,435,217	\$7,762	7	2,055	0	2,055
Excess/Stop Loss	\$161,886	(\$22,505)	\$0	2	107	75	182
Hospital Indemnity	\$49,014	\$153,168	\$0	1	118	36	154
Limited Benefit	\$8,873,809	\$847,201	\$289,422	33	16,839	6,313	23,152
Long Term Care	\$5,561	\$0	\$0	1	5	0	5
Medicare Supplement	\$56,682	\$69,130	\$0	0	43	0	43

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

TRUSTMARK LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>								
62863	<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Instate Self-Employed or Sole Proprietor	\$3	\$0	\$1	19	19	19	38	
Instate 2 - 5 Member Groups	\$15	\$0	\$1	34	109	82	191	
Instate 6 - 50 Member Groups	\$87	\$0	\$8	41	624	495	1,119	
Instate 51+ Member Groups	\$1,118,847	\$1,380,913	\$865,016	20	832	532	1,364	
Out-of-State 51+ Member Groups	\$397,377	\$506,702	\$34,792	31	198	133	331	
Accidental Death & Dismemberment	\$28,024	\$0	\$92	115	2,653	0	2,653	
Dental	\$8,265	\$20,697	\$1,267	15	54	51	105	
Disability Income	\$70,198	\$65,186	\$181	53	401	0	401	
Excess/Stop Loss	\$102,275	(\$2,541)	\$27	19	281	138	419	

U.S. SPECIALTY INSURANCE COMPANY

<i>NAIC Company Code</i>							
29599	<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Accident Only	\$1,228,195	\$922,986	\$235,876	22	731	0	731

ULLICO CASUALTY COMPANY

<i>NAIC Company Code</i>							
37893	<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Instate Conversion	\$427,236	\$1,257,446	\$0		29	10	39

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

UNICARE LIFE & HEALTH INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80314							
Instate Individually Underwritten	\$45,025	\$28,142	\$0		19	6	25
Instate 51+ Member Groups	\$21,117,194	\$15,496,921	\$2,159,188	207	6,144	2,331	8,475
Accidental Death & Dismemberment	\$9,182	\$0	\$0	16	438	0	438
Dental	\$864,543	\$579,798	\$19,998	122	1,614	1,224	2,838
Disability Income	\$124,022	\$72,129	\$864	16	438	0	438
Excess/Stop Loss	\$242,174	\$901,690	\$3,850	11	239	268	507
Medicare Supplement	\$240,669	\$165,382	\$32,565	0	135	0	135
Prescription Drug	\$3,854,175	\$3,824,515	\$712,959	213	2,150	1,906	4,056

UNIFIED LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11121							
Dental	\$13,051	\$11,723	\$13,051	10	199	0	199
Disability Income	\$72	\$0	\$0	0	1	0	1

UNIMERICA INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
91529							
Excess/Stop Loss	\$783,187	\$651,724	\$0	2	1,445	1,879	3,324

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UNION BANKERS INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69701							
Instate Individually Underwritten	\$64,307	\$59,532	\$0		31	0	31
Accidental Death & Dismemberment	\$24	\$0	\$0	0	2	0	2
Disability Income	\$7,590	\$6,223	\$0	0	39	0	39
Hospital Indemnity	\$19,400	\$3,905	\$0	0	82	0	82
Limited Benefit	\$2,266	\$668	\$0	0	110	0	110
Long Term Care	\$79,332	\$82,657	\$0	0	93	0	93
Medicare Supplement	\$1,658,261	\$1,453,498	\$0	0	736	0	736

UNION CENTRAL LIFE INSURANCE COMPANY (THE)

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80837							
Disability Income	\$2,082,320	\$3,109,943	\$191,365	0	1,358	0	1,358

UNION FIDELITY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62596							
Accident Only	\$827,750	\$515,456	\$0	0	11,705	7,008	18,713
Accidental Death & Dismemberment	\$413,386	\$5,431	\$0	0	4,948	5,688	10,636
Dental	\$266	\$200	\$0	0	1	0	1
Disability Income	\$1,291	\$0	\$0	0	1	0	1
Hospital Indemnity	\$214,757	\$126,717	\$0	0	892	175	1,067
Limited Benefit	\$1,085,972	\$1,409,332	\$0	0	5,734	7,176	12,910
Medicare Supplement	\$573,923	\$535,775	\$0	0	299	0	299
Champus/Tricare Supplement	\$4,182	\$9,914	\$0	0	7	2	9

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UNION LABOR LIFE INSURANCE COMPANY

NAIC Company Code

69744

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Instate 51+ Member Groups	\$68,483	(\$755)	\$0	0	0	0	0
Instate Conversion	\$66,933	\$186,210	\$0		49	0	49
Out-of-State 51+ Member Groups	\$617,225	\$371,220	\$0	5	132	198	330
Accident Only	\$3,115	\$0	\$0	0	30	17	47
Accidental Death & Dismemberment	\$118,838	\$12,433	\$317	7	8,810	375	9,185
Disability Income	\$34,753	\$17,132	\$0	3	59	0	59
Hospital Indemnity	\$63,317	\$31,235	\$0	0	211	59	270
Limited Benefit	\$13,103	\$3,709	\$0	0	209	291	500
Long Term Care	\$550,048	\$1,032,534	\$0	1	213	0	213
Medicare Supplement	\$10,003,387	\$8,681,547	\$0	18	4,021	0	4,021

UNION SECURITY INSURANCE COMPANY

NAIC Company Code

70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Out-of-State Individually Underwritten	\$89,896	\$23,633	\$0	1	22	8	30
Out-of-State Conversion	\$5,355	\$19,794	\$0		3	0	3
Accidental Death & Dismemberment	\$195	\$0	\$0	1	3	0	3
Dental	\$36,645,104	\$19,458,972	\$0	2,394	112,568	4	112,572
Disability Income	\$14,441,900	\$12,147,501	\$0	923	49,331	0	49,331
Long Term Care	\$11,273,830	\$2,430,888	\$0	0	0	0	0

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UNITED AMERICAN INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
92916							
Instate Guarantee Issue (HIPAA)	\$26,920,862	\$12,917,894	\$10,874,533		17,215	12,877	30,092
Instate Individually Underwritten	\$30,690,985	\$14,975,944	\$245,468		22,866	10,952	33,818
Disability Income	\$1,102	\$0	\$0	0	0	0	0
Hospital Indemnity	\$68,674	\$99,095	\$3,187	0	133	12	145
Limited Benefit	\$1,848,201	\$922,959	\$318,001	0	7,036	3,166	10,202
Long Term Care	\$425,394	\$898,877	\$0	0	407	0	407
Medicare Supplement	\$57,256,524	\$41,860,741	\$2,752,105	62	26,845	0	26,845

UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
52020							
Dental	\$16,282	\$11,666	\$2,218	15	47	98	145

UNITED CONCORDIA INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
85766							
Dental	\$21,572,758	\$17,282,055	\$5,697,923	231	45,855	46,094	91,949

UNITED FAMILY LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
91693							
Accidental Death & Dismemberment	\$352	\$0	\$0	0	10	0	10
Hospital Indemnity	\$86	\$0	\$0	0	1	0	1
Limited Benefit	\$4,963	\$547	\$0	0	94	0	94

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UNITED HEALTHCARE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
79413							
Instate Self-Employed or Sole Proprietor	\$59,826,513	\$49,669,987	\$8,973,977	8,289	8,289	7,296	15,585
Instate 6 - 50 Member Groups	\$1,040,535,039	\$719,926,161	\$156,080,256	30,636	204,196	134,137	338,333
Instate 51+ Member Groups	\$857,474,445	\$630,209,971	\$128,621,167	4,812	112,824	88,207	201,031
Dental	\$30,047,792	\$22,100,451	\$4,507,169	5,569	115,086	101,945	217,031
Medicare Supplement	\$469,193,192	\$380,843,503	\$0	1	313,917	0	313,917

UNITED HEALTHCARE OF FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95264							
Instate Self-Employed or Sole Proprietor	\$478,761	\$336,712	\$5,991	67	67	0	67
Instate 2 - 5 Member Groups	\$46,974,748	\$33,040,829	\$934,669	3,646	12,545	10,011	22,556
Instate 6 - 50 Member Groups	\$169,666,313	\$119,310,205	\$2,089,136	2,487	8,447	6,705	15,152
Instate 51+ Member Groups	\$863,800,499	\$720,793,211	\$68,232,776	639	131,509	88,840	220,349
Instate Conversion	\$16,209,490	\$25,616,354	\$0		1,992	0	1,992

UNITED INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69930							
Accident Only	\$931,327	\$134,211	\$138,348	0	11,157	8,926	20,083
Disability Income	\$166,013	\$67,087	\$0	0	1,900	0	1,900
Hospital Indemnity	\$724,289	\$223,730	\$0	0	6,329	5,063	11,392
Limited Benefit	\$359,784	\$98,352	\$98,495	0	2,405	1,924	4,329

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

UNITED LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69973							
Disability Income	\$619	\$0	\$0	0	0	0	0

UNITED OF OMAHA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69868							
Instate 51+ Member Groups	\$388,996	(\$37,472)	\$0	1	161	10	171
Out-of-State 51+ Member Groups	\$163,861	\$406,684	\$0	9	151	242	393
Accident Only	\$29,149	\$2,244	\$0	5	3,266	0	3,266
Accidental Death & Dismemberment	\$266,262	\$143,183	\$59,313	251	19,554	2,218	21,772
Dental	\$15,502	(\$11,401)	\$0	5	131	204	335
Disability Income	\$3,279,659	\$4,023,933	\$1,043,652	231	19,583	0	19,583
Excess/Stop Loss	\$1,561,493	\$2,618,605	\$2,390	29	1,810	2,224	4,034
Hospital Indemnity	\$67,824	\$27,576	\$0	0	4	0	4
Limited Benefit	\$7,898	\$1,000	\$0	0	106	0	106
Vision	\$9,471	\$984	\$0	6	291	215	506

UNITED STATES FIRE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
21113							
Excess/Stop Loss	\$394,669	\$223,862	\$394,669	1	37	0	37

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

<i>NAIC Company Code</i>								
70106	<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Accidental Death & Dismemberment	\$1,983,287	\$1,476,148	\$495,822	403	16,049	20,061	36,110	
Dental	\$4,532,242	\$3,758,089	\$1,133,060	366	3,177	3,971	7,148	
Disability Income	\$6,960,458	\$7,678,563	\$1,691,476	307	6,876	7,752	14,628	
Excess/Stop Loss	\$9,395,808	\$8,756,392	\$2,348,952	8	6,258	7,822	14,080	
Hospital Indemnity	\$1,137,652	\$528,535	\$274,327	3	1,224	1,513	2,737	
Vision	\$2,992,221	\$100,988	\$748,055	18	598	747	1,345	

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

<i>NAIC Company Code</i>								
63479	<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Instate Individually Underwritten	\$230,961	\$657,605	\$0		182	39	221	
Accident Only	\$386	\$176	\$0	0	10	0	10	
Dental	\$2,587	\$0	\$0	0	2	0	2	
Disability Income	\$193,322	\$621,794	\$0	0	745	3	748	
Hospital Indemnity	\$8,138	\$37,819	\$0	0	58	4	62	
Limited Benefit	\$201,778	\$165,392	\$37,461	0	1,213	454	1,667	
Long Term Care	\$36,527	\$73,544	\$243	0	63	0	63	
Medicare Supplement	\$2,239,368	\$2,607,205	\$8,782	0	1,325	0	1,325	

UNITED WORLD LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>								
72850	<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>	
Hospital Indemnity	\$129	\$0	\$0	0	1	0	1	
Medicare Supplement	\$8,090,337	\$5,216,939	\$6,278,487	0	5,764	0	5,764	

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

UNIVERSAL HEALTH CARE, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11574							
Instate Individually Underwritten	\$21,465	\$8,341	\$0		8	0	8

UNUM LIFE INSURANCE COMPANY OF AMERICA

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62235							
Accidental Death & Dismemberment	\$4,584,078	\$2,922,582	\$389,384	1,281	240,824	0	240,824
Disability Income	\$133,594,654	\$205,133,563	\$11,347,897	2,717	397,047	0	397,047
Long Term Care	\$20,619,564	\$5,760,409	\$1,751,482	273	36,053	0	36,053

USAA LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69663							
Accident Only	\$10,919	\$72,735	\$0	1	77	0	77
Disability Income	\$489,023	\$536,363	\$0	0	427	0	427
Hospital Indemnity	\$46,725	\$45,620	\$0	0	86	9	95
Medicare Supplement	\$15,323,501	\$10,458,769	\$1,242,736	0	7,079	0	7,079

VALLEY FORGE LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70211							
Long Term Care	\$2,083,991	\$2,259,901	\$0	0	1,408	0	1,408

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

VETERANS LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81027							
Accident Only	\$78,371	\$5,416	\$0	0	969	194	1,163
Accidental Death & Dismemberment	\$331,933	\$38,865	\$11,048	0	3,133	627	3,760
Hospital Indemnity	\$92,106	\$55,767	\$0	0	660	132	792
Limited Benefit	\$1,174	\$800	\$0	0	11	2	13
Medicare Supplement	\$254	\$546	\$0	0	1	0	1

VISION SERVICE PLAN INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
32395							
Vision	\$15,278,157	\$10,961,218	\$4,227,477	274	886,158	8,100,430	8,986,588

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95266							
Instate Guarantee Issue (HIPAA)	\$3,216,796	\$2,589,120	\$108,897		1,106	0	1,106
Instate Individually Underwritten	\$82,498,672	\$53,562,569	\$13,383,714		32,617	0	32,617
Instate Self-Employed or Sole Proprietor	\$464,820	\$293,129	\$0	25	25	17	42
Instate 2 - 5 Member Groups	\$273,107	\$121,972	\$0	20	33	11	44
Instate 6 - 50 Member Groups	\$68,383	\$25,344	\$0	2	6	9	15
Instate 51+ Member Groups	\$27,981,670	\$22,467,745	\$6,572,232	5	3,967	4,297	8,264
Instate Conversion	\$756,962	\$932,349	\$204,175		194	0	194

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

VISTA HEALTHPLAN, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95114							
Instate Self-Employed or Sole Proprietor	\$12,182,723	\$11,201,463	\$1,905,510	1,255	1,255	615	1,870
Instate 2 - 5 Member Groups	\$37,190,667	\$30,333,352	\$7,006,695	2,209	6,320	2,973	9,293
Instate 6 - 50 Member Groups	\$65,025,385	\$50,733,708	\$16,581,044	1,083	14,012	5,943	19,955
Instate 51+ Member Groups	\$353,641,422	\$282,588,570	\$35,189,923	287	64,630	43,087	107,717
Instate Conversion	\$3,791,631	\$4,836,407	\$1,531,133		766	0	766

VISTA INSURANCE PLAN, INC.

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60091							
Instate 51+ Member Groups	\$8,573,197	\$7,362,373	\$639,467	118	523	891	1,414
Instate Conversion	\$80,887	\$172,802	\$14,321		11	11	22

WASHINGTON NATIONAL INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70319							
Instate Individually Underwritten	\$159,215	\$98,783	\$0		89	1	90
Accident Only	\$502,494	\$339,148	\$0	1	15,846	1,112	16,958
Disability Income	\$26,957	\$16,848	\$0	2	114	1	115
Hospital Indemnity	\$159,673	\$99,808	\$0	3	1,169	1	1,170
Limited Benefit	\$55,208	\$34,963	\$0	2	539	178	717
Long Term Care	\$10,560,496	\$23,537,811	\$0	11	4,098	0	4,098
Medicare Supplement	\$7,369,907	\$5,461,101	\$0	0	4,101	0	4,101
Champus/Tricare Supplement	\$270,392	\$184,463	\$0	2	188	199	387

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

WEST COAST LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70335							
Disability Income	\$65	(\$350)	\$0	0	1	0	1
Limited Benefit	\$131	(\$604)	\$0	0	1	0	1
Long Term Care	\$20,215	\$0	\$0	0	13	0	13

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70483							
Accident Only	\$206,543	\$150,000	\$0	0	4,720	0	4,720
Limited Benefit	\$2,462,073	\$2,342,497	\$0	0	4,609	0	4,609

WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66230							
Blanket Accident/Sickness	\$1,239	\$6,160	\$0	0	0	0	0
Disability Income	\$1,009	\$5,016	\$0	0	7	0	7
Hospital Indemnity	\$2,244	\$11,156	\$0	0	14	0	14

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY/OMAHA WOODMEN

<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 or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57320							
Disability Income	\$50,541	\$0	\$0	0	92	0	92
Hospital Indemnity	\$103,852	\$0	\$0	0	334	0	334
Limited Benefit	\$183,534	\$0	\$0	0	1,348	0	1,348
Long Term Care	\$26,823	\$0	\$0	0	19	0	19

CY2006 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56499							
Limited Benefit	\$24	\$0	\$0	0	2	0	2

WORLD INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70629							
Instate Individually Underwritten	\$1,788,418	\$1,501,905	\$2,603		231	175	406
Out-of-State Individually Underwritten	\$794,500	\$210,719	\$363,238	0	0	0	0
Hospital Indemnity	\$6,994	\$9,570	\$0	0	68	16	84
Limited Benefit	\$204	\$0	\$0	0	27	11	38

ZURICH AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16535							
Accident Only	\$3,044,374	\$3,582,549	\$862,680	2,771	0	0	0
Accidental Death & Dismemberment	\$886,253	\$1,185,135	\$357,936	18,787	0	0	0
Disability Income	\$29,662	\$889,997	\$0	82	0	0	0
Excess/Stop Loss	\$2,610,554	\$1,445,842	\$2,045,683	1	11,998	0	11,998

***CY2006 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

1	ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
2	ACE LIFE INSURANCE COMPANY	60348
3	ADVANTA LIFE INSURANCE COMPANY	80055
4	AEGIS SECURITY INSURANCE COMPANY	33898
5	AGL LIFE ASSURANCE COMPANY	60232
6	AIG ANNUITY INSURANCE COMPANY	70432
7	AIG CASUALTY COMPANY	19402
8	AIG SUNAMERICA LIFE ASSURANCE COMPANY	60941
9	ALL SAVERS INSURANCE COMPANY	82406
10	ALLEGIANCE LIFE INSURANCE COMPANY	62790
11	ALLSTATE INSURANCE COMPANY	19232
12	AMEDEX INSURANCE COMPANY	81647
13	AMERICAN ALTERNATIVE INSURANCE CORPORATION	19720
14	AMERICAN AUTOMOBILE INSURANCE COMPANY	21849
15	AMERICAN COMMERCE INSURANCE COMPANY	19941
16	AMERICAN CREDITORS LIFE INSURANCE COMPANY	94439
17	AMERICAN EMPLOYERS' INSURANCE COMPANY	20613
18	AMERICAN FAMILY HOME INSURANCE COMPANY	23450
19	AMERICAN FIDELITY LIFE INSURANCE COMPANY	60429
20	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
21	AMERICAN HARDWARE MUTUAL INSURANCE COMPANY	13331
22	AMERICAN INSURANCE COMPANY (THE)	21857
23	AMERICAN MATURITY LIFE INSURANCE COMPANY	81213
24	AMERICAN MODERN HOME INSURANCE COMPANY	23469
25	AMERICAN NETWORK INSURANCE COMPANY	81078
26	AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY	91785
27	AMERICAN PIONEER HEALTH PLANS, INC.	12562
28	AMERICAN PROGRESSIVE LIFE AND HEALTH INS CO OF NY	80624
29	AMERICAN RELIABLE INSURANCE COMPANY	19615
30	AMERICAN REPUBLIC CORP INSURANCE COMPANY	67679
31	AMERICAN SECURITY INSURANCE COMPANY	42978
32	AMERICAN SENTINEL INSURANCE COMPANY	17965
33	AMERICAN SKANDIA LIFE ASSURANCE CORPORATION	86630
34	AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
35	AMERICAN SOUTHERN INSURANCE COMPANY	10235
36	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
37	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY	61999

***CY2006 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

38	AMERICOM LIFE & ANNUITY INSURANCE COMPANY	94471
39	AMERIGROUP FLORIDA, INC.	95093
40	AMERIPRISE INSURANCE COMPANY	12504
41	ANTHEM INSURANCE COMPANIES, INC	28207
42	ASSOCIATED INDEMNITY CORPORATION	21865
43	ATHENA ASSURANCE COMPANY	41769
44	ATLANTIC COAST LIFE INSURANCE COMPANY	61115
45	AURORA NATIONAL LIFE ASSURANCE COMPANY	61182
46	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT	19062
47	AVEMCO INSURANCE COMPANY	10367
48	AXIS REINSURANCE COMPANY	20370
49	BALBOA INSURANCE COMPANY	24813
50	BALBOA LIFE INSURANCE COMPANY	68160
51	BANKERS INSURANCE COMPANY	33162
52	BANKERS STANDARD INSURANCE COMPANY	18279
53	BAPTIST LIFE ASSOCIATION	57223
54	BEAZLEY INSURANCE COMPANY, INC.	37540
55	BEST MERIDIAN INSURANCE COMPANY	63886
56	BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
57	C.P.A. INSURANCE COMPANY	30082
58	CANADA LIFE INSURANCE COMPANY OF AMERICA	81060
59	CARDIF LIFE INSURANCE COMPANY	71455
60	CAREPLUS HEALTH PLANS, INC.	95092
61	CAROLINA CASUALTY INSURANCE COMPANY	10510
62	CATHOLIC ASSOCIATION OF FORESTERS	58130
63	CENTRAL BENEFITS NATIONAL LIFE INSURANCE COMPANY	63541
64	CENTRE INSURANCE COMPANY	34649
65	CHARTER NATIONAL LIFE INSURANCE COMPANY	61808
66	CHASE INSURANCE LIFE AND ANNUITY COMPANY	63207
67	CHASE INSURANCE LIFE COMPANY	70661
68	CHASE LIFE & ANNUITY COMPANY	67164
69	CHEROKEE INSURANCE COMPANY	10642
70	CHUBB NATIONAL INSURANCE COMPANY	10052
71	CHURCH LIFE INSURANCE CORPORATION	61875
72	CINCINNATI INDEMNITY COMPANY	23280
73	CITIZENS NATIONAL LIFE INSURANCE COMPANY	82082
74	CLARENDON SELECT INSURANCE COMPANY	22560

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	<i>NAIC Company Code</i>
75 COMMERCIAL GUARANTY CASUALTY INSURANCE COMPANY	21296
76 CONGRESS LIFE INSURANCE COMPANY	73504
77 CONTINENTAL INSURANCE COMPANY	35289
78 CORPORATE HEALTH INSURANCE COMPANY	72052
79 COTTON STATES LIFE INSURANCE COMPANY	62537
80 CSA FRATERNAL LIFE	56138
81 CSI LIFE INSURANCE COMPANY	82880
82 CUMIS INSURANCE SOCIETY, INC.	10847
83 DAILY UNDERWRITERS OF AMERICA	35483
84 DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.	52053
85 DIRECT GENERAL INSURANCE COMPANY	42781
86 DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY	36463
87 DIXIE NATIONAL LIFE INSURANCE COMPANY	66214
88 EASTERN LIFE AND HEALTH INSURANCE COMPANY	62804
89 EMPHESYS INSURANCE COMPANY	88595
90 EMPLOYEES LIFE COMPANY (MUTUAL)	84174
91 EMPLOYERS FIRE INSURANCE COMPANY	20648
92 EMPLOYERS INSURANCE COMPANY OF WAUSAU	21458
93 EMPLOYERS REASSURANCE CORPORATION	68276
94 EVEREST REINSURANCE COMPANY	26921
95 FAIRMONT SPECIALTY INSURANCE COMPANY	24384
96 FAMILY LIFE INSURANCE COMPANY	63053
97 FEDERATED MUTUAL INSURANCE COMPANY	13935
98 FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC.	25879
99 FIDELITY LIFE ASSOCIATION	63290
100 FIREMAN'S FUND INSURANCE COMPANY	21873
101 FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
102 FIRST LIBERTY INSURANCE CORPORATION (THE)	33588
103 FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	67652
104 FIRST PROFESSIONALS INSURANCE COMPANY, INC	33383
105 FREEDOM HEALTH, INC.	10119
106 GENERAL FIDELITY LIFE INSURANCE COMPANY	93521
107 GERMANTOWN INSURANCE COMPANY	11282
108 GRANITE STATE INSURANCE COMPANY	23809
109 GREAT AMERICAN INSURANCE COMPANY	16691
110 GREAT ATLANTIC LIFE INSURANCE COMPANY	64025
111 GUARANTEE INSURANCE COMPANY	11398

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NAIC Company Code

112	GUIDEONE MUTUAL INSURANCE COMPANY	15032
113	HARLEYSVILLE-ATLANTIC INSURANCE COMPANY	13382
114	HARTFORD ACCIDENT AND INDEMNITY COMPANY	22357
115	HARTFORD CASUALTY INSURANCE COMPANY	29424
116	HARTFORD UNDERWRITERS INSURANCE COMPANY	30104
117	HCC INSURANCE COMPANY	36781
118	HCSC INSURANCE SERVICES COMPANY	78611
119	HEALTHEASE OF FLORIDA, INC.	52631
120	HEALTHSUN HEALTH PLANS, INC.	10122
121	HEALTHY PALM BEACHES, INC.	95827
122	HOLY FAMILY SOCIETY USA	57770
123	HORACE MANN INSURANCE COMPANY	22578
124	IDS PROPERTY CASUALTY INSURANCE COMPANY	29068
125	IMERICA LIFE AND HEALTH INSURANCE COMPANY	63533
126	INDEPENDENCE LIFE AND ANNUITY COMPANY	64602
127	INSURANCE COMPANY OF NORTH AMERICA	22713
128	INSURANCE COMPANY OF THE WEST	27847
129	INTERNATIONAL HEALTH INSURANCE DANMARK A/S	11830
130	INVESTORS INSURANCE CORPORATION	64939
131	JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY	90204
132	KNIGHTS OF COLUMBUS	58033
133	LEON MEDICAL CENTERS HEALTH PLANS, INC.	11532
134	LIBERTY BANKERS LIFE INSURANCE COMPANY	68543
135	LIFE OF THE SOUTH INSURANCE COMPANY	97691
136	LM INSURANCE CORPORATION	33600
137	LYNDON SOUTHERN INSURANCE COMPANY	10051
138	MANHATTAN LIFE INSURANCE COMPANY	65870
139	MANULIFE INSURANCE COMPANY	93610
140	MARKEL AMERICAN INSURANCE COMPANY	28932
141	MARYLAND CASUALTY COMPANY	19356
142	MAYFLOWER NATIONAL LIFE INSURANCE COMPANY	87750
143	MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
144	MEDICA HEALTH PLANS OF FLORIDA, INC.	12756
145	MEDICA HEALTHCARE PLANS, INC.	12155
146	METCARE HEALTH PLANS, INC.	10126
147	METLIFE INSURANCE COMPANY OF CONNECTICUT	39357
148	METLIFE INVESTORS INSURANCE COMPANY	93513

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NAIC Company Code

149	METLIFE INVESTORS USA INSURANCE COMPANY	61050
150	MML BAY STATE LIFE INSURANCE COMPANY	70416
151	MOLINA HEALTHCARE INSURANCE COMPANY	69647
152	MUTUAL OF DETROIT INSURANCE COMPANY	62669
153	MUTUAL SERVICE LIFE INSURANCE COMPANY	66419
154	NATIONAL FARMERS UNION LIFE INSURANCE COMPANY	66540
155	NATIONAL FINANCIAL INSURANCE COMPANY	90956
156	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
157	NATIONAL FOUNDATION LIFE INSURANCE COMPANY	98205
158	NATIONAL INDEMNITY COMPANY	20087
159	NATIONAL SECURITY INSURANCE COMPANY	66788
160	NATIONAL SPECIALTY INSURANCE COMPANY	22608
161	NATIONAL SURETY CORPORATION	21881
162	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
163	NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY	92657
164	NATIONWIDE MUTUAL INSURANCE COMPANY	23787
165	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	69698
166	NEW HAMPSHIRE INSURANCE COMPANY	23841
167	NORTH AMERICAN SPECIALTY INSURANCE COMPANY	29874
168	NORTH RIVER INSURANCE COMPANY	21105
169	NORTH STAR REINSURANCE CORPORATION	22047
170	NORTHERN ASSURANCE COMPANY OF AMERICA	38369
171	NORTHERN INSURANCE COMPANY OF NEW YORK	19372
172	NYLIFE INSURANCE COMPANY OF ARIZONA	81353
173	OM FINANCIAL LIFE INSURANCE COMPANY	63274
174	ONEBEACON AMERICA INSURANCE COMPANY	20621
175	ONENATION INSURANCE COMPANY	85286
176	OPTIMUM HEALTHCARE, INC.	12259
177	PACIFIC INDEMNITY COMPANY	20346
178	PARIS RE AMERICA INSURANCE COMPANY	11835
179	PARK AVENUE LIFE INSURANCE COMPANY	60003
180	PARTNERCARE HEALTH PLAN, INC	12330
181	PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY	67601
182	PENINSULAR LIFE INSURANCE COMPANY	67636
183	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.	12262
184	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO	14990
185	PHILADELPHIA-UNITED LIFE INSURANCE COMPANY	67792

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NAIC Company Code

186	PHL VARIABLE INSURANCE COMPANY	93548
187	PHOENIX LIFE AND ANNUITY COMPANY	93734
188	PHYSICIANS UNITED PLAN, INC.	10775
189	PIONEER AMERICAN INSURANCE COMPANY	67873
190	POLICE AND FIREMENS INSURANCE ASSOCIATION	58009
191	PREFERRED CARE PARTNERS, INC.	11176
192	PROTECTIVE INSURANCE COMPANY	12416
193	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	93629
194	QBE REINSURANCE CORPORATION	10219
195	QCC INSURANCE COMPANY	93688
196	QUALITY HEALTH PLANS, INC.	11519
197	R.V.I. NATIONAL INSURANCE COMPANY	23132
198	REGENT INSURANCE COMPANY	24449
199	RELIANCE LIFE INSURANCE COMPANY	72613
200	REPUBLIC AMERICAN LIFE INSURANCE COMPANY	81132
201	RESOURCE LIFE INSURANCE COMPANY	61506
202	RLI INSURANCE COMPANY	13056
203	ROYAL INDEMNITY COMPANY	24678
204	ROYAL NEIGHBORS OF AMERICA	57657
205	SCOR LIFE INSURANCE COMPANY	68446
206	SCOR LIFE U.S. RE INSURANCE COMPANY	64688
207	SEABRIGHT INSURANCE COMPANY	15563
208	SECURITY BENEFIT LIFE INSURANCE COMPANY	68675
209	SECURITY FINANCIAL LIFE INSURANCE COMPANY	68764
210	SENTRY CASUALTY COMPANY	28460
211	SENTRY SELECT INSURANCE COMPANY	21180
212	SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
213	SOUTHERN PIONEER LIFE INSURANCE COMPANY	74365
214	SOUTHLAND NATIONAL INSURANCE CORPORATION	79057
215	ST. PAUL FIRE & MARINE INSURANCE COMPANY	24767
216	ST. PAUL MERCURY INSURANCE COMPANY	24791
217	STANDARD FIRE INSURANCE COMPANY	19070
218	STANDARD LIFE INSURANCE COMPANY OF INDIANA	69051
219	STAR INSURANCE COMPANY	18023
220	STARNET INSURANCE COMPANY	40045
221	SUMMIT HEALTH PLAN, INC.	10771
222	SUNSET LIFE INSURANCE COMPANY OF AMERICA	69272

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NAIC Company Code

223	SWISS RE LIFE & HEALTH AMERICA INC.	82627
224	TRANSCONTINENTAL INSURANCE COMPANY	20486
225	TRANSPORTATION INSURANCE COMPANY	20494
226	TRAVELERS CASUALTY AND SURETY COMPANY	19038
227	TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170
228	TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
229	TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
230	TRAVELERS INDEMNITY COMPANY	25658
231	TRAVELERS INDEMNITY COMPANY OF CONNECTICUT	25682
232	U.S. FINANCIAL LIFE INSURANCE COMPANY	84530
233	UBS LIFE INSURANCE COMPANY USA	67423
234	ULLICO LIFE INSURANCE COMPANY	86371
235	UNION NATIONAL LIFE INSURANCE COMPANY	69779
236	UNITED BENEFIT LIFE INSURANCE COMPANY	65269
237	UNITED FIDELITY LIFE INSURANCE COMPANY	87645
238	UNITED HOME LIFE INSURANCE COMPANY	69922
239	UNITED INVESTORS LIFE INSURANCE COMPANY	94099
240	UNITED NATIONAL SPECIALTY INSURANCE COMPANY	41335
241	UNITED STATES FIDELITY AND GUARANTY COMPANY	25887
242	UNITY FINANCIAL LIFE INSURANCE COMPANY	63819
243	UNITY MUTUAL LIFE INSURANCE COMPANY	70114
244	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	12577
245	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY	70173
246	USABLE LIFE	94358
247	VALIANT INSURANCE COMPANY	26611
248	VALLEY FORGE INSURANCE COMPANY	20508
249	VIGILANT INSURANCE COMPANY	20397
250	VIRGINIA SURETY COMPANY, INC.	40827
251	WAUSAU UNDERWRITERS INSURANCE COMPANY	26042
252	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	83445
253	WELLCARE OF FLORIDA, INC.	95081
254	WELLCARE PRESCRIPTION INSURANCE, INC.	10155
255	WESCO INSURANCE COMPANY	25011
256	WESTCHESTER FIRE INSURANCE COMPANY	21121
257	WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO	91413
258	WESTWARD LIFE INSURANCE COMPANY	78301
259	WILTON REASSURANCE LIFE COMPANY OF NEW YORK	60704

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NAIC Company Code

260	WORKMEN'S BENEFIT FUND OF THE USA	57290
261	WORLD CORP INSURANCE COMPANY	79987
262	ZALE LIFE INSURANCE COMPANY	71323
263	ZENITH INSURANCE COMPANY	13269

Florida Office of Insurance Regulation
Accident and Health Premium and Enrollment Annual Data Filing Requirements

If you have any questions during your submission process, please contact

Data Collection and Statistical Reporting Unit

Via email: AnnualA&HReporting_1094-1386@fldfs.com

Required Filers and General Reporting Definitions

Section 627.9175, F.S., reads, in part, "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."

This includes the following Florida Certification of Authority Categories:

- (1) FRATERNAL BENEFIT SOCIETY
- (2) PROPERTY AND CASUALTY INSURER
- (3) HEALTH MAINTENANCE ORGANIZATION (HMO)
- (4) PRE-PAID LIMITED HEALTH SERVICE ORGANIZATION
- (5) LIFE AND HEALTH INSURER

having one or more of the following Florida Lines of Business active during the calendar reporting year:

- a. FRATERNAL HEALTH
- b. ACCIDENT AND HEALTH
- c. DENTAL SERVICE PLAN CORPORATION (PREPAID DENTAL)
- d. AMBULANCE SERVICE
- e. OPTOMETRIC SERVICES
- f. PHARMACEUTICAL SERVICES
- g. HEALTH MAINTENANCE ORGANIZATIONS
- h. PREPAID LIMITED HEALTH SERVICE ORGANIZATION
- i. MENTAL HEALTH SERVICES
- j. SUBSTANCE ABUSE SERVICES
- k. CHIROPRACTIC SERVICES
- l. PODIATRIC CARE SERVICES
- m. MISC. - PLHSO

The electronic filing via the Industry Portal (<https://iportal.fldfs.com>) of this information is required pursuant to Rules 690-137.004 and 690-154.112(3), Florida Administrative Code.

Specific instructions on the use of the Industry Portal's Data Reporting module are available upon request from AnnualA&HReporting_1094-1386@fldfs.com

"NO DATA FILING" is to be used if the reporting entity had

- **no** direct Florida premiums (written or earned) during the calendar reporting year
AND
- **no** direct Florida losses incurred during the calendar reporting year
AND
- **no** enrolled Florida resident groups or primary insureds as of December 31st of the calendar reporting year.

"DATA FILING" is to be used by all other reporting entities. The data template contained in this category includes:

- (1) *Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents, OIR-B2-1094*
- (2) *Individual Health Coverage Policy Forms Issued/Renewed in Florida, OIR-B2-1386*

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:

Row Definitions:

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>	
<p>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.</p>	
<p>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 (E), (F) and (H) to report fees earned associated with this service.</p>	
<p>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.</p>	<p>H02G H02I</p>
<p>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.</p>	<p>H03G H03I</p>
<p>Blanket Accident/Sickness - A health insurance contract that covers all of a class of persons not individually identified in the contract.</p>	<p>H04</p>
<p>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.</p>	<p>H10G H10I</p>

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
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)- (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. (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. (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.	H07G H07I H08G H08I H09G H09I
Long Term Care - Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.	LTC02G LTC02I LTC03G LTC03I LTC04G LTC04I LTC05G LTC05I LTC05.1G LTC05.1I LTC05.2G LTC05.2I LTC06
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.	H13G H13I

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<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>
<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.</p>	<p>H20G H20I</p>
<p>Other - NOT to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business.</p>	<p>H21</p>

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.

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

Column Definitions:

<p>TOTAL DIRECT PREMIUMS EARNED</p>	<p>Requested data is your company’s direct premium earned from January 01 through December 31, inclusive, for the calendar reporting year. Provide only earned premium specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>DIRECT LOSSES INCURRED</p>	<p>Requested data is your company’s direct losses incurred from January 01 through December 31, inclusive, for the calendar reporting year. Provide only losses specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED</p>	<p>This is an auto-calculation field. It divides [DIRECT LOSSES INCURRED] by [TOTAL DIRECT PREMIUMS EARNED].</p>
<p>WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?</p>	<p>This cell is used to indicate whether or not your company is conducting active insurance transaction in the associated coverage in each row.</p> <p>Section 624.10, FS, defines an insurance transaction as:</p> <ul style="list-style-type: none"> • Solicitation or inducement. • Preliminary negotiations. • Effectuation of a contract of insurance. • Transaction of matters subsequent to effectuation of a contract of insurance and arising out of it. <p>Responding “YES” means active transactions did occur during the calendar reporting year.</p> <p>Responding “NO” means no active transaction occurred during the calendar reporting year.</p>
<p>DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</p>	<p>Requested data is your company’s direct premium earned for new business only from January 01 through December 31, inclusive, for the calendar reporting year. Provide earned premium specific to covered Florida residents.</p> <p>The data contained in this cell should be included in the total reported for “TOTAL DIRECT PREMIUMS EARNED (E).”</p> <p>This cell should contain a whole number or zero.</p> <p>If the coverage associated with this cell was actively transacted during the calendar reporting year, this cell should be entered as a whole number or zero. Otherwise, please enter zero.</p>
<p>PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS</p>	<p>This is an auto-calculation field. It divides [DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY] by [TOTAL DIRECT PREMIUMS EARNED]. Then multiplies the result by 100 to convert it to a percentage.</p>
<p>EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY</p>	<p>For all group categories, provide the number of employers who covered Florida resident employees, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>

PRIMARY ENROLLEES AT END OF REPORTING CY	<p>Provide the total number of resident individual policyholders or resident group employee/member certificateholders, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>
COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY	<p>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 calendar reporting year</p> <p>This cell should contain a positive, whole number or zero.</p>
COVERED LIVES AT END OF REPORTING CY	<p>This is an auto-calculation field. It adds [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY]</p>
AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	<p>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]). 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 calendar reporting year.</p> <p style="padding-left: 40px;">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</p> <p>This cell should contain a positive, whole number or zero.</p>

Additional Filing Requirements for All Insurers Marketing Guaranteed Issue Health Insurance to Eligible Individuals as defined by Section 627.6487(3), F.S.

Please note that "insurer" means any entity that provides health insurance in this state. This includes an insurance company with a valid certificate in accordance with chapter 624, a health maintenance organization with a valid certificate of authority in accordance with part I or part III of chapter 641, a prepaid health clinic authorized to transact business in this state pursuant to part II of chapter 641, multiple employer welfare arrangements authorized to transact business in this state pursuant to ss. 624.436- 624.45, or a fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.

Florida law defines "individual health insurance" as health insurance offered to an individual. This definition includes certificates of coverage offered to individuals in Florida as part of a group policy issued to an association outside this state. "Health insurance" means any hospital or medical expense incurred policy, health maintenance organization subscriber contract pursuant to chapter 627 or chapter 641, or any other health care plan or arrangement that pays for or furnishes medical or health care services, whether by insurance or otherwise. The term does not include short term, accident, dental-only, vision-only, fixed indemnity, limited benefit, or credit insurance, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self insurance.

The companies defined above are required to complete and submit the reporting form OIR-B2-1386, *Individual Health Coverage Policy Forms Issued/Renewed in Florida* portion of the data template. Associated additional documentation to be submitted includes the following information:

1. Listing of plan name, corresponding form number(s) and a brief description of benefits for each individual major medical and/or hospital, surgical, medical expense policy issued and/or enforce with the company.
2. The two ACTIVELY TRANSACTED individual major medical and/or hospital, medical and surgical expense policy forms which generate the largest and next to largest direct premium earned volume for the company. If either of these forms is made available with co-payment options, riders, endorsements, etc., the company is to specify the most popular option combination based on direct premiums earned volume. Please note: the top two forms identified may consist of any combination of basic policy form and/or policy form combination based on direct premium earned volume.

3. For the two policy forms identified above:
 - a. The date this Office approved each form, if applicable, is to be provided.
 - b. The Office's file log number under which each form was approved, if applicable, is to be provided.
 - c. A description of the benefits provided is to be included.
 - d. A copy of each form (and any options, riders, endorsements, etc.) is to be uploaded.
 - e. All marketing materials provided to eligible individuals (HIPAA-eligible) are to be uploaded.
 - f. An explanation of how these eligible individuals are to be informed of the availability of the company's applicable individual coverages is to be uploaded.

Data Submission Validation Process

Computerized Validations:

There are two stages of data validation performed on your data template before it can be received by the Office.

The first of these are built into the data template itself. As you navigate the template, you will be given various "Validation Assistance" alerts. For example, if a type of coverage is defined as GROUP coverage, you will receive an alert as you begin to enter data in the [EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY] cell that reads: "If the number of Employers/Groups reported is zero, then the number of Primary Enrollees and the number of Covered Enrollee Dependents must also be zero." If you enter zero in the cell, the data template will not allow you to enter anything but zero in the [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY] cells.

The second stage of computerized validations is performed at the time you submit your data template. These validations are performed "behind the scenes" by the Office's computer system. These checks notify you by email if you have missed a required cell or made a similar type of data entry error on the data template. At the time your email notification is sent, your data template is returned to your Industry Portal workbench area so that corrections can be made. If you feel you need assistance with the corrections, please contact the Office via email at:

AnnualA&HReporting_1094-1386@fldfs.com

Reviewer Validations:

Once your data submission reaches the Office, a staff member rechecks your data for reasonability. This can include comparing your submitted data to other sources and previous data submission received from your company.

If the reviewer has a question or needs clarification, he/she will contact you by email or phone. This clarification letter will reference the "file log number" assigned to your data submission by the Office. This tracking number will be used on all communication from the Office about your data.

Once the reviewer is satisfied with your data submission, you will receive a final disposition letter by email which closes your data submission filing. Final disposition you will see in these letters include:

1. **FILING NOT REQUIRED:** This means your company is not required to report this data. No further action will be needed on your part.
2. **SUBMISSION ERROR:** This means your submission does not meet the filings standards for this specific reporting requirement. Depending on the type of error your submission contained, you may or may not need to resubmit your data under another Office tracking number.
3. **EXEMPT:** This final disposition means your submission of "NO DATA" meets the reporting requirement for this reporting period. No further action will be needed on your part for the reporting period covered by your data submission. Please note: Receiving an exemption letter does not preclude the necessity of filing additional data or no data filings in the future. In most cases, your company will need to continue to file each reporting period.
4. **WITHDRAWN:** This means your company requested your submission under the assigned file log number be closed by the Office. In most cases, this is done so that you can "start from scratch" and re-file your data under a new file log number.
5. **ACCEPTED:** A final disposition letter of acceptance means that the reviewer has completed his/her reasonability checks and feels your data submission is valid. No further action is required at this time.
6. **REFERRED:** This type of letter means that based on the data submitted and any additional information provided, your data submission will be referred to the Office's Market Investigation Unit for additional follow up.

Line	Section B: To be completed by all carriers	TOTAL DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED	RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED AUTO-CALCULATION	WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?	DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS AUTO-CALCULATION	EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY	PRIMARY ENROLLEES AT END OF REPORTING CY	COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY	COVERED LIVES AT END OF REPORTING CY AUTO-CALCULATION	AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS
Major Medical and/or Hospital/Surgical/Medical Expense												
1	Guarantee Issue (HIPAA, FS 627.6487(3))											
2	Individually Underwritten											
3	Self-Employed or Sole Proprietor (FS 627.6699)											
4	2 - 5 Member Groups (FS 627.6699)											
5	6 - 50 Member Groups (FS 627.6699)											
6	51+ Member Groups (FS 627.652)											
7	Short Term Major Medical											
8	Conversion											
Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S												
9	Guarantee Issue (HIPAA, FS 627.6487(3))											
10	Individually Underwritten											
11	Self-Employed or Sole Proprietor (FS 627.6699)											
12	2 - 5 Member Groups (FS 627.6699)											
13	6 - 50 Member Groups (FS 627.6699)											
14	51+ Member Groups (FS 627.652)											
15	Short Term Major Medical											
16	Conversion											
OTHER ACCIDENT and HEALTH COVERAGES												
17	Other Prepaid Health Services not listed below: (Includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services)											
18	Discount Medical Plan											
19	Administrative Services Only (ASO) (Please report fees in Columns E and H)											
20	Accident Only											
21	Accidental Death & Dismemberment											
22	Blanket Accident/Sickness											
23	Dental											
24	Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term)											
25	Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan)											
26	Hospital Indemnity											
27	Limited Benefit (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)											
28	Long Term Care (includes long term care, nursing home, and home care contracts that provide reimbursement)											
29	Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care)											
30	Medicare Supplement											
31	Champus/Tricare Supplement											
32	Prescription Drug											
33	Sickness											
34	Student											
35	Travel											
36	Vision											
37	Other - NOT to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business.											
RECONCILIATION												
38	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees as reported to the Office in Annual Financial Statement											
39	Auto Calculation of the Total of lines 1-37, column (E) above (If different from line 38, address this issue by uploading an explanatory letter addressed to the Office via the "Supplementary Information" function in "Filing Component List" section of the IPortal.)	\$0										