

CY2007  
Gross Annual Premium and Enrollment  
Accident and Health Markets



Florida Office of Insurance Regulation  
Market Research Unit

July 2008

*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.*

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Major Medical Lines of Business

|                                               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|-----------------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|----------------------------|----------------------------|-------------------------------|--------------------------|
| Guarantee Issue                               | \$114,398,611                                                          | \$83,496,853                          | \$31,283,750                                                    |                            | 26,948                     | 12,786                        | 39,734                   |
| Individually Underwritten                     | \$1,092,940,124                                                        | \$746,262,433                         | \$231,788,454                                                   |                            | 343,342                    | 165,721                       | 509,063                  |
| Self-Employed or Sole Proprietor              | \$182,123,409                                                          | \$161,024,408                         | \$18,711,147                                                    | 18,738                     | 18,738                     | 14,231                        | 32,969                   |
| 2 - 5 Member Groups                           | \$776,621,738                                                          | \$592,002,459                         | \$85,096,893                                                    | 45,082                     | 116,656                    | 69,138                        | 185,794                  |
| 6 - 50 Member Groups                          | \$3,200,181,096                                                        | \$2,398,251,128                       | \$460,247,842                                                   | 84,626                     | 640,554                    | 397,183                       | 1,037,737                |
| 51+ Member Groups                             | \$7,898,894,769                                                        | \$6,320,450,243                       | \$444,984,808                                                   | 104,128                    | 1,175,950                  | 848,005                       | 2,023,955                |
| Short Term Major Medical                      | \$25,283,175                                                           | \$18,673,961                          | \$20,309,336                                                    | 1,952                      | 7,308                      | 3,119                         | 10,427                   |
| Conversion                                    | \$186,495,932                                                          | \$224,499,172                         | \$23,666,457                                                    |                            | 32,213                     | 13,334                        | 45,547                   |
| Out-of-State Guarantee Issue                  | \$13,576,389                                                           | \$14,820,581                          | \$2,045,228                                                     |                            | 1,329                      | 179                           | 1,508                    |
| Out-of-State Individually Underwritten        | \$533,838,570                                                          | \$304,473,098                         | \$93,233,294                                                    | 309                        | 128,670                    | 95,750                        | 224,419                  |
| Out-of-State Self-Employed or Sole Proprietor | \$2,499,364                                                            | \$1,939,702                           | \$279,674                                                       | 133                        | 133                        | 148                           | 281                      |
| Out-of-State 2 - 5 Member Groups              | \$2,293,227                                                            | \$1,870,963                           | \$398,685                                                       | 372                        | 287                        | 278                           | 565                      |
| Out-of-State 6 - 50 Member Groups             | \$15,503,104                                                           | \$12,598,588                          | \$1,796,168                                                     | 873                        | 2,530                      | 1,753                         | 4,283                    |
| Out-of-State 51+ Member Groups                | \$753,833,723                                                          | \$630,736,386                         | \$65,874,499                                                    | 3,583                      | 135,845                    | 103,233                       | 239,078                  |
| Out-of-State Short Term Major Medical         | \$5,643,455                                                            | \$2,628,047                           | \$4,625,343                                                     | 4                          | 3,377                      | 1,022                         | 4,399                    |
| Out-of-State Conversion                       | \$39,789                                                               | \$222,010                             | \$0                                                             |                            | 14                         | 7                             | 21                       |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Other Accident and Health Lines of Business

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------|---------------------|------------------------|-------------------|
| Accident Only                    | \$247,056,913                                                 | \$116,442,569                 | \$66,993,861                                           | 82,980              | 2,954,076           | 1,543,421              | 4,497,497         |
| Accidental Death & Dismemberment | \$106,060,215                                                 | \$44,644,654                  | \$16,751,452                                           | 65,269              | 4,489,584           | 1,162,163              | 5,651,747         |
| Blanket Accident/Sickness        | \$5,252,276                                                   | \$3,845,092                   | \$2,314,284                                            | 3,005               | 183,247             | 482                    | 183,729           |
| Dental                           | \$924,806,373                                                 | \$654,455,677                 | \$69,925,899                                           | 46,357              | 3,237,178           | 2,983,894              | 6,221,072         |
| Disability Income                | \$1,068,492,033                                               | \$1,016,088,765               | \$133,209,854                                          | 369,483             | 2,974,499           | 799,605                | 3,774,104         |
| Excess/Stop Loss                 | \$283,960,433                                                 | \$206,754,697                 | \$41,590,543                                           | 677,346             | 560,646             | 497,329                | 1,057,975         |
| Hospital Indemnity               | \$89,675,510                                                  | \$45,761,662                  | \$40,714,610                                           | 607                 | 339,446             | 160,119                | 499,565           |
| Limited Benefit                  | \$223,918,017                                                 | \$121,922,376                 | \$39,470,500                                           | 1,654               | 892,166             | 407,443                | 1,299,609         |
| Long Term Care                   | \$655,900,224                                                 | \$543,922,018                 | \$41,497,045                                           | 3,779               | 416,785             | 79,756                 | 496,541           |
| Short Term Care                  | \$1,015,603                                                   | \$307,412                     | \$99,855                                               | 0                   | 644                 | 11                     | 655               |
| Medicare Supplement              | \$1,356,928,387                                               | \$1,060,540,544               | \$53,539,127                                           | 163                 | 726,976             | 1,813                  | 728,789           |
| Champus/Tricare Supplement       | \$1,048,249                                                   | \$883,763                     | \$0                                                    | 2                   | 995                 | 623                    | 1,618             |
| Prescription Drug                | \$23,810,527                                                  | \$19,198,898                  | \$11,787,851                                           | 62                  | 17,261              | 355                    | 17,616            |
| Sickness                         | \$3,107,734                                                   | \$2,185,516                   | \$492,144                                              | 7                   | 5,535               | 42                     | 5,577             |
| Student                          | \$19,949,845                                                  | \$10,525,799                  | \$6,763,065                                            | 42                  | 21,468              | 143                    | 21,611            |
| Travel                           | \$9,782,192                                                   | \$3,176,338                   | \$5,930,140                                            | 420                 | 591,283             | 11,971                 | 603,254           |
| Vision                           | \$121,688,251                                                 | \$84,650,061                  | \$8,274,779                                            | 4,763               | 2,296,954           | 1,746,721              | 4,043,675         |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## AEGIS SECURITY INSURANCE COMPANY

NAIC Company Code 33898

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$152,675                                                 | \$62,841               | 598           | 10                                               |

## AETNA HEALTH INC.

NAIC Company Code 95088

|                                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten         | \$66,032,838                                              | \$36,474,156           | 37,315        | 4                                                |
| Self-Employed or Sole Proprietor  | \$22,358,029                                              | \$16,857,954           | 3,078         | 4                                                |
| 2 - 5 Member Groups               | \$254,486,983                                             | \$191,883,185          | 53,832        | 4                                                |
| 6 - 50 Member Groups              | \$369,320,868                                             | \$278,467,934          | 95,264        | 4                                                |
| 51+ Member Groups                 | \$672,644,428                                             | \$564,796,084          | 211,231       | 6                                                |
| Conversion                        | \$18,244,571                                              | \$28,285,862           | 2,260         | 4                                                |
| Out-of-State 6 - 50 Member Groups | \$11,423,223                                              | \$8,613,110            | 3,047         | 4                                                |
| Out-of-State 51+ Member Groups    | \$572,993,402                                             | \$481,314,457          | 179,287       | 6                                                |

## AETNA LIFE INSURANCE COMPANY

NAIC Company Code 60054

|                                               | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten                     | \$3,871,180                                               | \$2,611,622            | 1,795         | 18                                               |
| Self-Employed or Sole Proprietor              | \$6,407,488                                               | \$6,656,120            | 830           | 18                                               |
| 2 - 5 Member Groups                           | \$18,813,801                                              | \$17,766,822           | 3,736         | 18                                               |
| 6 - 50 Member Groups                          | \$15,883,365                                              | \$10,513,966           | 3,037         | 18                                               |
| 51+ Member Groups                             | \$89,554,550                                              | \$81,002,395           | 26,882        | 18                                               |
| Conversion                                    | \$2,877,691                                               | \$4,321,878            | 610           | 18                                               |
| Out-of-State Individually Underwritten        | \$15,374                                                  | \$22,617               | 16            | 17                                               |
| Out-of-State Self-Employed or Sole Proprietor | \$1,691,167                                               | \$142,817              | 281           | 17                                               |
| Out-of-State 2 - 5 Member Groups              | \$2,124,841                                               | \$1,664,870            | 550           | 17                                               |
| Out-of-State 6 - 50 Member Groups             | \$3,848,779                                               | \$3,757,469            | 1,190         | 17                                               |
| Out-of-State 51+ Member Groups                | \$93,342,832                                              | \$77,044,017           | 37,229        | 17                                               |

## ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code 90611

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State 51+ Member Groups | \$2,744                                                   | \$112                  | 3             | 0                                                |
| Out-of-State Conversion        | \$8,280                                                   | \$5,410                | 10            | 0                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## ALTA HEALTH & LIFE INSURANCE COMPANY

NAIC Company Code 67369

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$6,539,767                                               | \$4,952,698            | 16,184        | 12                                               |

## AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

NAIC Company Code 66672

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$325,886                                                 | \$555,236              | 1,997         | 9                                                |

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code 60534

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | (\$1,852,579)                                             | \$868,556              | 0             | 0                                                |

## AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code 97179

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Guarantee Issue           | \$54,508                                                  | \$369,348              | 3             | 19                                               |
| Out-of-State Individually Underwritten | \$36,882,423                                              | \$18,087,601           | 10,563        | 19                                               |
| Out-of-State Conversion                | \$17,327                                                  | \$166,422              | 2             | 19                                               |

## AMERICAN NATIONAL INSURANCE COMPANY

NAIC Company Code 60739

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$191,242                                                 | \$968,636              | 129           | 15                                               |
| Out-of-State Individually Underwritten | \$159,513                                                 | \$154,613              | 19            | 7                                                |

## AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code 71773

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$1,670,552                                               | \$2,251,205            | 421           | 8                                                |
| Out-of-State Individually Underwritten | \$2,770,449                                               | \$2,174,212            | 442           | 6                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code 60836

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$254,580                                                 | \$118,151              | 93            | 14                                               |
| Out-of-State Individually Underwritten | \$103,505                                                 | \$47,722               | 47            | 11                                               |

## AMERICAN STATES INSURANCE COMPANY

NAIC Company Code 19704

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$148,865                                                 | \$417,138              | 63            | 30                                               |

## AVAHEALTH, INC.

NAIC Company Code 12316

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue           | \$35,110                                                  | \$12,005               | 4             | 17                                               |
| Individually Underwritten | \$2,970,399                                               | \$1,058,975            | 2,225         | 18                                               |
| 2 - 5 Member Groups       | \$161,018                                                 | \$155,833              | 28            | 19                                               |
| 6 - 50 Member Groups      | \$400,341                                                 | \$371,711              | 97            | 19                                               |
| 51+ Member Groups         | \$21,154                                                  | \$23,647               | 5             | 37                                               |

## AVMED, INC.

NAIC Company Code 95263

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$3,035,578                                               | \$2,127,389            | 543           | 12                                               |
| 2 - 5 Member Groups              | \$7,767,815                                               | \$4,874,941            | 2,535         | 12                                               |
| 6 - 50 Member Groups             | \$12,151,793                                              | \$7,244,511            | 4,634         | 12                                               |
| 51+ Member Groups                | \$692,140,665                                             | \$574,577,597          | 181,577       | 12                                               |

## AXA EQUITABLE LIFE INSURANCE COMPANY

NAIC Company Code 62944

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$3,979,195                                               | \$5,486,489            | 1,285         | 5                                                |
| Conversion                | \$31,890                                                  | \$58,387               | 25            | 5                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## BANNER LIFE INSURANCE COMPANY

NAIC Company Code 94250

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$1,568                                                   | \$1,640                | 0             | 0                                                |

## BCS LIFE INSURANCE COMPANY

NAIC Company Code 80985

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

## BEST LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code 90638

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$322,978                                                 | \$48,608               | 1,344         | 7                                                |

## BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

NAIC Company Code 98167

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                  | \$79,041,810                                              | \$76,037,608           | 33,423        | 3                                                |
| Individually Underwritten        | \$655,196,410                                             | \$425,623,849          | 277,048       | 3                                                |
| Self-Employed or Sole Proprietor | \$17,283,423                                              | \$18,565,357           | 2,474         | 3                                                |
| 2 - 5 Member Groups              | \$215,986,984                                             | \$179,503,098          | 64,443        | 3                                                |
| 6 - 50 Member Groups             | \$993,329,192                                             | \$801,035,373          | 310,454       | 3                                                |
| 51+ Member Groups                | \$1,924,245,202                                           | \$1,616,030,918        | 565,085       | 3                                                |
| Short Term Major Medical         | \$20,029,091                                              | \$16,112,309           | 8,469         | 3                                                |
| Conversion                       | \$55,418,609                                              | \$66,223,461           | 23,433        | 3                                                |

## CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

NAIC Company Code 80659

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$78,684                                                  | \$10,950               | 86            | 12                                               |

## CY2007 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$3,850,990                                               | \$3,209,772            | 867           | 8                                                |
| 2 - 5 Member Groups              | \$14,445,547                                              | \$13,701,208           | 4,256         | 9                                                |
| 6 - 50 Member Groups             | \$40,997,965                                              | \$38,552,239           | 12,116        | 10                                               |
| 51+ Member Groups                | \$331,901,400                                             | \$304,995,470          | 86,633        | 10                                               |
| Conversion                       | \$3,187,890                                               | \$3,904,781            | 508           | 11                                               |

### CELTIC INSURANCE COMPANY

NAIC Company Code 80799

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion                             | \$1,158,258                                               | \$1,471,833            | 132           | 18                                               |
| Out-of-State Guarantee Issue           | \$20,498                                                  | \$11,818               | 1             | 12                                               |
| Out-of-State Individually Underwritten | \$17,520,686                                              | \$14,002,196           | 4,094         | 15                                               |
| Out-of-State Short Term Major Medical  | \$188,194                                                 | \$52,523               | 171           | 25                                               |

### CENTRAL UNITED LIFE INSURANCE COMPANY

NAIC Company Code 61883

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$183,338                                                 | \$311,813              | 112           | 30                                               |

### CENTRE LIFE INSURANCE COMPANY

NAIC Company Code 80896

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$12,924                                                  | \$162,018              | 77            | 20                                               |

### CHESAPEAKE LIFE INSURANCE COMPANY

NAIC Company Code 61832

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten        | \$13,043                                                  | \$36,383               | 10            | 18                                               |
| Out-of-State 2 - 5 Member Groups | \$28,794                                                  | \$87,218               | 0             | 18                                               |

### CIGNA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95136

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$165,327,329                                             | \$151,264,177          | 27,193        | 5                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code 76236

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$11,977                                                  | \$12,924               | 17            | 7                                                |

## CITRUS HEALTH CARE, INC.

NAIC Company Code 11836

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$1,992,890                                               | \$1,692,930            | 710           | 30                                               |

## COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code 84824

|                 | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue | \$12,320                                                  | \$44,906               | 45            | 4                                                |

## COMPANION LIFE INSURANCE COMPANY

NAIC Company Code 77828

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$190,519                                                 | \$156,869              | 0             | 19                                               |

## CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC Company Code 62308

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$222,106                                                 | \$179,065              | 55            | 0                                                |
| 6 - 50 Member Groups             | \$984,385                                                 | \$793,626              | 204           | 0                                                |
| 51+ Member Groups                | \$447,439,278                                             | \$360,397,541          | 139,249       | 0                                                |

## CONSECO LIFE INSURANCE COMPANY

NAIC Company Code 65900

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$2,785                                                   | \$1,558                | 32            | 9                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Company Code 71404

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                        | \$167,261                                                 | \$96,642               | 20            | 12                                               |
| Individually Underwritten              | \$3,779,205                                               | \$2,825,754            | 766           | 12                                               |
| Out-of-State Individually Underwritten | \$11,288,921                                              | \$9,147,118            | 3,465         | 12                                               |

## CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

NAIC Company Code 68500

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$12,181                                                  | \$3,300                | 7             | 18                                               |

## CUNA MUTUAL INSURANCE SOCIETY

NAIC Company Code 62626

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$3,276                                                   | \$10,690               | 2             | 22                                               |

## DELAWARE AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 62634

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups              | \$1,276                                                   | \$40,059               | 3             | 0                                                |
| Out-of-State 51+ Member Groups | \$310,259                                                 | \$462,807              | 437           | 0                                                |

## FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code 71870

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion                             | \$7,625                                                   | \$0                    | 0             | 0                                                |
| Out-of-State Guarantee Issue           | \$102,153                                                 | \$11,470               | 4             | 10                                               |
| Out-of-State Individually Underwritten | \$2,639,818                                               | \$3,140,601            | 954           | 30                                               |

## FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code 69140

|                 | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue | \$3,196                                                   | \$15,444               | 5             | 7                                                |
| Conversion      | \$111,733                                                 | \$1,422,375            | 27            | 5                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code 95124

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$1,096,537                                               | \$1,123,834            | 150           | 20                                               |
| 2 - 5 Member Groups              | \$8,827,385                                               | \$8,720,624            | 1,951         | 19                                               |
| 6 - 50 Member Groups             | \$12,787,918                                              | \$10,003,613           | 2,756         | 19                                               |
| 51+ Member Groups                | \$113,650,770                                             | \$97,183,757           | 29,100        | 19                                               |
| Conversion                       | \$5,494,091                                               | \$6,229,012            | 1,056         | 19                                               |

## FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code 62324

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$20,808                                                  | \$239,952              | 7             | 16                                               |
| Out-of-State Individually Underwritten | \$12,477,974                                              | \$6,341,672            | 6,784         | 16                                               |

## GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 63665

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$11,021                                                  | \$7,084                | 19            | 7                                                |

## GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code 91472

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$118,303                                                 | \$158,865              | 157           | 18                                               |

## GOLDEN RULE INSURANCE COMPANY

NAIC Company Code 62286

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$1,329,852                                               | \$1,255,482            | 145           | 11                                               |
| Conversion                             | \$54,890                                                  | \$16,180               | 20            | 24                                               |
| Out-of-State Guarantee Issue           | \$12,177,491                                              | \$13,094,370           | 1,416         | 13                                               |
| Out-of-State Individually Underwritten | \$233,730,213                                             | \$123,136,753          | 113,974       | 17                                               |
| Out-of-State Short Term Major Medical  | \$1,517,511                                               | \$740,928              | 1,588         | 33                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## GREAT SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code 90212

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$3,467                                                   | \$2,500                | 1             | 51                                               |

## GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code 80705

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$1,499,266                                               | \$40,426               | 432           | 0                                                |

## GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code 68322

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State 51+ Member Groups | \$1,366,156                                               | \$1,235,213            | 818           | 12                                               |

## GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code 64211

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$400,697                                                 | \$119,401              | 252           | 5                                                |
| Out-of-State Individually Underwritten | \$8,276,185                                               | \$12,366,224           | 2,196         | 19                                               |
| Out-of-State Short Term Major Medical  | \$316,571                                                 | \$299,944              | 204           | 16                                               |

## GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code 64246

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue           | \$12,353                                                  | \$10,227               | 0             | 4                                                |
| Individually Underwritten | \$268,664                                                 | \$661,946              | 682           | 90                                               |
| 2 - 5 Member Groups       | \$148,522                                                 | \$142,134              | 4             | 4                                                |
| Conversion                | \$291,485                                                 | \$974,767              | 107           | 5                                                |

## HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

NAIC Company Code 70670

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$1,951,552                                               | \$3,271,492            | 919           | 0                                                |
| Out-of-State 51+ Member Groups         | \$44,342,106                                              | \$40,157,013           | 12,154        | 0                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## HEALTH FIRST HEALTH PLANS, INC.

NAIC Company Code 95019

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$2,971,524                                               | \$2,360,809            | 643           | 9                                                |
| 2 - 5 Member Groups              | \$18,406,201                                              | \$15,859,129           | 5,131         | 9                                                |
| 6 - 50 Member Groups             | \$36,092,134                                              | \$29,860,047           | 9,323         | 9                                                |
| 51+ Member Groups                | \$57,784,654                                              | \$54,450,656           | 15,379        | 9                                                |
| Conversion                       | \$960,336                                                 | \$929,479              | 187           | 8                                                |

## HEALTH OPTIONS, INC.

NAIC Company Code 95089

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                  | \$3,224,773                                               | \$2,015,346            | 607           | 10                                               |
| Self-Employed or Sole Proprietor | \$10,476,475                                              | \$8,979,731            | 1,089         | 10                                               |
| 2 - 5 Member Groups              | \$44,667,911                                              | \$34,715,678           | 7,963         | 10                                               |
| 6 - 50 Member Groups             | \$127,992,335                                             | \$91,767,729           | 21,452        | 10                                               |
| 51+ Member Groups                | \$511,078,664                                             | \$395,549,406          | 142,208       | 10                                               |
| Conversion                       | \$55,059,899                                              | \$55,527,098           | 10,366        | 10                                               |

## HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code 69671

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                  | \$2,138,876                                               | \$1,736,985            | 242           | 23                                               |
| Individually Underwritten        | \$73,490,136                                              | \$57,373,196           | 61,497        | 12                                               |
| Self-Employed or Sole Proprietor | \$10,648,240                                              | \$9,152,807            | 1,175         | 15                                               |
| 2 - 5 Member Groups              | \$32,484,581                                              | \$27,343,250           | 5,615         | 13                                               |
| 6 - 50 Member Groups             | \$38,394,093                                              | \$30,246,829           | 6,221         | 12                                               |
| 51+ Member Groups                | \$241,152,911                                             | \$212,721,731          | 48,832        | 9                                                |
| Conversion                       | \$2,448,270                                               | \$3,064,090            | 320           | 10                                               |

## HUMANA INSURANCE COMPANY

NAIC Company Code 73288

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups                      | \$7,543,786                                               | \$6,339,473            | 1,610         | 9                                                |
| Out-of-State Individually Underwritten | \$496,817                                                 | \$316,473              | 221           | 23                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## HUMANA MEDICAL PLAN, INC.

NAIC Company Code 95270

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$6,250,722                                               | \$6,597,762            | 1,102         | 8                                                |
| 2 - 5 Member Groups              | \$29,062,282                                              | \$24,285,141           | 9,353         | 7                                                |
| 6 - 50 Member Groups             | \$69,247,524                                              | \$59,352,104           | 23,779        | 7                                                |
| 51+ Member Groups                | \$445,333,056                                             | \$389,506,817          | 125,483       | 6                                                |
| Conversion                       | \$2,585,727                                               | \$2,936,857            | 347           | 16                                               |

## ILLINOIS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code 64580

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$875,718                                                 | \$648,042              | 115           | 10                                               |

## ING LIFE INSURANCE AND ANNUITY COMPANY

NAIC Company Code 86509

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$2,974                                                   | \$6,521                | 2             | 8                                                |

## JACKSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 65056

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$2,992                                                   | \$13,631               | 1             | 3                                                |

## JEFFERSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 64017

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$2,790                                                   | \$5,593                | 14            | 5                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code 65080

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$84,575                                                  | \$5,611                | 7             | 9                                                |
| Conversion                             | \$169,318                                                 | \$64,237               | 18            | 17                                               |
| Out-of-State Guarantee Issue           | \$171,649                                                 | \$17,919               | 14            | 9                                                |
| Out-of-State Individually Underwritten | \$6,209,630                                               | \$3,884,889            | 2,159         | 9                                                |
| Out-of-State 2 - 5 Member Groups       | \$28,560                                                  | \$57,274               | 3             | 14                                               |
| Out-of-State Short Term Major Medical  | \$350,920                                                 | \$147,377              | 213           | 21                                               |

## KANAWHA INSURANCE COMPANY

NAIC Company Code 65110

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$253                                                     | \$39,464               | 0             | 0                                                |

## KANSAS CITY LIFE INSURANCE COMPANY

NAIC Company Code 65129

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$2,919                                                   | \$9,591                | 2             | 0                                                |

## LIBERTY MUTUAL INSURANCE COMPANY

NAIC Company Code 23043

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$257                                                     | (\$5,977)              | 1             | 0                                                |
| Conversion                | \$10,046                                                  | \$25,091               | 4             | 0                                                |

## LIFE INVESTORS INSURANCE COMPANY OF AMERICA

NAIC Company Code 64130

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$10,225                                                  | \$7,086                | 2             | 0                                                |

## LIFESecure INSURANCE COMPANY

NAIC Company Code 77720

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$6,030                                                   | \$146                  | 3             | 20                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

NAIC Company Code 62057

|                         | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Conversion | \$6,954                                                   | \$26,055               | 6             | 0                                                |

## LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 65676

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$250                                                     | \$0                    | 2             | 0                                                |
| Conversion                | \$11,225                                                  | \$29,454               | 4             | 0                                                |

## MD MEDICARE CHOICE, INC.

NAIC Company Code 12330

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$31,948,842                                              | \$24,310,530           | 4,592         | 30                                               |

## MEDICA HEALTH PLANS OF FLORIDA, INC.

NAIC Company Code 12756

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$132,506                                                 | \$113,856              | 136           | 21                                               |
| 2 - 5 Member Groups       | \$170,689                                                 | \$74,635               | 60            | 19                                               |
| 6 - 50 Member Groups      | \$466,168                                                 | \$238,401              | 175           | 15                                               |

## MEDICAL SAVINGS INSURANCE COMPANY

NAIC Company Code 74217

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Guarantee Issue           | \$47,112                                                  | \$13,678               | 4             | 5                                                |
| Out-of-State Individually Underwritten | \$14,768,599                                              | \$10,045,586           | 3,925         | 5                                                |

## MEGA LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code 97055

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$768,839                                                 | \$1,147,074            | 222           | 18                                               |
| Out-of-State Guarantee Issue           | \$54,213                                                  | \$11,691               | 7             | 18                                               |
| Out-of-State Individually Underwritten | \$56,230,518                                              | \$30,044,213           | 26,389        | 18                                               |
| Out-of-State 2 - 5 Member Groups       | \$46,482                                                  | \$6,896                | 4             | 18                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## MENNONITE MUTUAL AID ASSOCIATION

NAIC Company Code 57991

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$325,275                                                 | \$82,693               | 59            | 18                                               |

## METLIFE INSURANCE COMPANY OF CONNECTICUT

NAIC Company Code 87726

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$58,112                                                  | \$67,621               | 39            | 7                                                |
| 2 - 5 Member Groups       | \$31,181                                                  | \$420,835              | 46            | 7                                                |

## METROPOLITAN LIFE INSURANCE COMPANY

NAIC Company Code 65978

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$668,290                                                 | \$1,062,317            | 1,767         | 15                                               |

## MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

NAIC Company Code 66087

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$69,541                                                  | \$3,501                | 22            | 15                                               |
| Out-of-State Guarantee Issue           | \$57,579                                                  | \$41,516               | 12            | 15                                               |
| Out-of-State Individually Underwritten | \$55,858,422                                              | \$22,795,918           | 18,721        | 15                                               |

## MONY LIFE INSURANCE COMPANY

NAIC Company Code 66370

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$65,754                                                  | \$106,975              | 60            | 5                                                |

## MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code 71412

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten      | \$220,783                                                 | (\$139,248)            | 647           | 9                                                |
| Conversion                     | \$6,814                                                   | \$3,236                | 2             | 9                                                |
| Out-of-State 51+ Member Groups | \$10,854,124                                              | \$2,832,056            | 144           | 25                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code 61409

|                 | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue | \$35,181                                                  | \$88,773               | 90            | 15                                               |

## NATIONAL CASUALTY COMPANY

NAIC Company Code 11991

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$6,922                                                   | \$68,125               | 3             | 0                                                |

## NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code 95123

|                      | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 2 - 5 Member Groups  | \$64,248,482                                              | \$19,257,906           | 13,128        | 0                                                |
| 6 - 50 Member Groups | \$200,334,220                                             | \$155,936,734          | 50,738        | 0                                                |
| 51+ Member Groups    | \$149,260,689                                             | \$113,843,843          | 49,018        | 0                                                |
| Conversion           | \$8,456,820                                               | \$13,871,606           | 966           | 0                                                |

## NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code 78743

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$594,323                                                 | \$379,785              | 0             | 16                                               |

## NEW YORK LIFE INSURANCE COMPANY

NAIC Company Code 66915

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten      | \$177,956                                                 | \$276,338              | 61            | 12                                               |
| Out-of-State 51+ Member Groups | \$9,517,582                                               | \$10,827,227           | 3,581         | 10                                               |

## NIPPON LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code 81264

|                                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State 2 - 5 Member Groups  | \$64,550                                                  | \$54,705               | 8             | 10                                               |
| Out-of-State 6 - 50 Member Groups | \$231,102                                                 | \$228,009              | 46            | 13                                               |
| Out-of-State 51+ Member Groups    | \$1,133,122                                               | \$789,196              | 131           | 11                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## OHIO NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code 67172

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$420                                                     | (\$800)                | 1             | 0                                                |

## OHIO STATE LIFE INSURANCE COMPANY (THE)

NAIC Company Code 67180

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$4,186                                                   | \$14,634               | 19            | 76                                               |

## PACIFIC LIFE & ANNUITY COMPANY

NAIC Company Code 97268

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$164,434                                                 | \$193,598              | 0             | 15                                               |
| 2 - 5 Member Groups              | \$589,149                                                 | \$350,772              | 0             | 15                                               |
| 6 - 50 Member Groups             | \$163,187                                                 | \$63,719               | 0             | 15                                               |

## PAN-AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 67539

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$5,973                                                   | \$28,316               | 9             | 30                                               |

## PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code 67784

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$88,716                                                  | \$33,976               | 111           | 7                                                |

## PHOENIX LIFE INSURANCE COMPANY

NAIC Company Code 67814

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$279,484                                                 | \$372,643              | 0             | 6                                                |

## PHYSICIANS MUTUAL INSURANCE COMPANY

NAIC Company Code 80578

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue           | \$23,982                                                  | \$717                  | 5             | 11                                               |
| Individually Underwritten | \$318,802                                                 | \$326,717              | 85            | 19                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## PHYSICIANS UNITED PLAN, INC.

NAIC Company Code 10775

|                 | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue | \$25,425,461                                              | \$0                    | 3,205         | 21                                               |

## PREFERRED MEDICAL PLAN, INC.

NAIC Company Code 95271

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue           | \$493,451                                                 | \$274,665              | 168           | 20                                               |
| Individually Underwritten | \$73,459,307                                              | \$58,835,087           | 37,914        | 20                                               |
| 51+ Member Groups         | \$478,083                                                 | \$196,979              | 849           | 20                                               |

## PRIMERICA LIFE INSURANCE COMPANY

NAIC Company Code 65919

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$27,121                                                  | (\$3,721)              | 13            | 9                                                |

## PRINCIPAL LIFE INSURANCE COMPANY

NAIC Company Code 61271

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$3,850,464                                               | \$3,040,202            | 625           | 5                                                |
| Conversion        | \$1,966,785                                               | \$4,005,963            | 327           | 4                                                |

## PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code 67903

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$344,874                                                 | \$76,967               | 36            | 12                                               |

## PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

NAIC Company Code 68241

|                 | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue | \$1,256,206                                               | \$1,255,636            | 1,424         | 10                                               |

## PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code 68284

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$683,490                                                 | \$590,804              | 50            | 30                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## REASSURE AMERICA LIFE INSURANCE COMPANY

NAIC Company Code 70211

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$12,610                                                  | \$41,696               | 0             | 0                                                |

## RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code 68462

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$249,613                                                 | \$102,251              | 78            | 5                                                |
| Out-of-State Individually Underwritten | \$7,237                                                   | \$1,937                | 6             | 3                                                |

## SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code 68772

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$1,002                                                   | \$0                    | 3             | 10                                               |

## SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

NAIC Company Code 76325

|                 | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue | \$24,755                                                  | \$12,707               | 8             | 9                                                |

## SENTRY LIFE INSURANCE COMPANY

NAIC Company Code 68810

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$49                                                      | \$0                    | 1             | 0                                                |

## STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code 86355

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$11,632                                                  | \$17,543               | 18            | 19                                               |

## STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

NAIC Company Code 69078

|                          | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Short Term Major Medical | \$4,973,178                                               | \$2,555,303            | 1,952         | 1                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code 25135

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$683                                                     | \$12,772               | 3             | 1                                                |

## STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code 25178

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                | \$31,664                                                  | (\$74)                 | 6             | 0                                                |
| Individually Underwritten      | \$10,329,963                                              | \$9,462,173            | 1,995         | 11                                               |
| Conversion                     | \$98,386                                                  | \$24,440               | 19            | 9                                                |
| Out-of-State 51+ Member Groups | \$17,773,918                                              | \$14,887,826           | 4,610         | 3                                                |

## STATE LIFE INSURANCE COMPANY

NAIC Company Code 69116

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$4,062                                                   | \$0                    | 7             | 0                                                |

## SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

NAIC Company Code 80926

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$16,912                                                  | \$885,858              | 1             | 0                                                |

## SYMETRA LIFE INSURANCE COMPANY

NAIC Company Code 68608

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$24,985                                                  | \$4,848                | 4             | 1                                                |

## THE PUBLIC HEALTH TRUST OF DADE COUNTY

NAIC Company Code 95126

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$38,812,051                                              | \$33,901,233           | 10,039        | 27                                               |
| Conversion        | \$253,334                                                 | \$343,109              | 0             | 0                                                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## THRIVENT FINANCIAL FOR LUTHERANS

NAIC Company Code 56014

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$687,939                                                 | \$1,807,646            | 120           | 10                                               |

## TIME INSURANCE COMPANY

NAIC Company Code 69477

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten              | \$508,855                                                 | \$439,854              | 80            | 10                                               |
| Conversion                             | \$27,597                                                  | \$21,754               | 4             | 13                                               |
| Out-of-State Guarantee Issue           | \$891,186                                                 | \$1,248,771            | 47            | 9                                                |
| Out-of-State Individually Underwritten | \$68,237,664                                              | \$43,582,354           | 27,166        | 9                                                |
| Out-of-State Short Term Major Medical  | \$3,270,259                                               | \$1,387,275            | 2,223         | 21                                               |

## TOTAL HEALTH CHOICE, INC.

NAIC Company Code 95134

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                  | \$689,160                                                 | \$715,944              | 162           | 24                                               |
| Individually Underwritten        | \$15,235,344                                              | \$10,977,809           | 3,777         | 24                                               |
| Self-Employed or Sole Proprietor | \$118,987                                                 | \$238,648              | 42            | 20                                               |
| 2 - 5 Member Groups              | \$862,224                                                 | \$1,431,888            | 181           | 24                                               |
| 6 - 50 Member Groups             | \$736,272                                                 | \$477,296              | 237           | 24                                               |
| 51+ Member Groups                | \$4,426,222                                               | \$2,863,776            | 2,000         | 23                                               |
| Conversion                       | \$9,256,143                                               | \$7,159,441            | 2,129         | 24                                               |

## TRANSAMERICA LIFE INSURANCE COMPANY

NAIC Company Code 86231

|                                               | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-----------------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten        | \$15,347                                                  | \$599                  | 0             | 20                                               |
| Out-of-State Self-Employed or Sole Proprietor | \$808,197                                                 | \$1,796,885            | 0             | 20                                               |

## TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

NAIC Company Code 67121

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$7,625                                                   | \$64,662               | 34            | 10                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## TRUSTMARK INSURANCE COMPANY

NAIC Company Code 61425

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                        | \$15,182                                                  | \$289                  | 1             | 3                                                |
| Individually Underwritten              | \$1,830,898                                               | \$1,556,343            | 337           | 13                                               |
| Self-Employed or Sole Proprietor       | \$46,730                                                  | \$35,958               | 3             | 17                                               |
| 6 - 50 Member Groups                   | \$122,288                                                 | \$24,000               | 0             | 11                                               |
| Conversion                             | \$171,006                                                 | \$5,000                | 33            | 7                                                |
| Out-of-State Individually Underwritten | \$313,423                                                 | \$80,924               | 27            | 15                                               |

## TRUSTMARK LIFE INSURANCE COMPANY

NAIC Company Code 62863

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$3                                                       | \$0                    | 0             | 0                                                |
| 2 - 5 Member Groups              | \$12                                                      | \$0                    | 0             | 0                                                |
| 6 - 50 Member Groups             | \$58                                                      | \$0                    | 0             | 0                                                |
| 51+ Member Groups                | \$1,134,883                                               | \$758,689              | 53            | 38                                               |
| Out-of-State 51+ Member Groups   | \$1,546,635                                               | \$764,894              | 251           | 19                                               |

## ULLICO CASUALTY COMPANY

NAIC Company Code 37893

|            | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion | \$295,962                                                 | \$385,108              | 29            | 7                                                |

## UNICARE LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code 80314

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$11,540                                                  | \$3,897                | 7             | 28                                               |
| 51+ Member Groups         | \$55,140,206                                              | \$31,254,844           | 9,089         | 28                                               |

## UNIFIED LIFE INSURANCE COMPANY

NAIC Company Code 11121

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$13,977                                                  | \$79,460               | 94            | 11                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## UNION BANKERS INSURANCE COMPANY

NAIC Company Code 69701

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$65,058                                                  | \$57,218               | 32            | 30                                               |

## UNION FIDELITY LIFE INSURANCE COMPANY

NAIC Company Code 62596

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$4,178                                                   | \$1,212                | 4             | 20                                               |

## UNION LABOR LIFE INSURANCE COMPANY

NAIC Company Code 69744

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Conversion                     | \$64,428                                                  | \$135,623              | 46            | 10                                               |
| Out-of-State 51+ Member Groups | \$504,853                                                 | \$136,862              | 63            | 9                                                |

## UNION SECURITY INSURANCE COMPANY

NAIC Company Code 70408

|                                        | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Out-of-State Individually Underwritten | \$29,252                                                  | (\$8,588)              | 0             | 0                                                |
| Out-of-State Conversion                | \$7,228                                                   | \$24,123               | 3             | 0                                                |

## UNITED AMERICAN INSURANCE COMPANY

NAIC Company Code 92916

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue           | \$118,664                                                 | \$41,098               | 45            | 18                                               |
| Individually Underwritten | \$44,743,277                                              | \$31,027,447           | 37,753        | 18                                               |

## UNITED HEALTHCARE INSURANCE COMPANY

NAIC Company Code 79413

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$87,653,823                                              | \$74,296,790           | 19,526        | 12                                               |
| 6 - 50 Member Groups             | \$1,122,781,247                                           | \$764,104,722          | 327,865       | 12                                               |
| 51+ Member Groups                | \$855,679,569                                             | \$360,398,326          | 196,690       | 12                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## UNITED HEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95264

|                      | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 2 - 5 Member Groups  | \$30,984,708                                              | \$22,987,228           | 4,949         | 0                                                |
| 6 - 50 Member Groups | \$96,513,996                                              | \$71,602,714           | 152,121       | 0                                                |
| 51+ Member Groups    | \$670,141,218                                             | \$608,116,126          | 18,409        | 0                                                |
| Conversion           | \$13,123,552                                              | \$16,483,430           | 1,524         | 0                                                |

## UNITED OF OMAHA LIFE INSURANCE COMPANY

NAIC Company Code 69868

|                                | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups              | \$333,095                                                 | (\$30,200)             | 0             | 35                                               |
| Out-of-State 51+ Member Groups | \$145,990                                                 | \$284,706              | 370           | 32                                               |

## UNITED STATES FIRE INSURANCE COMPANY

NAIC Company Code 21113

|                          | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|--------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Short Term Major Medical | \$271,998                                                 | \$6,239                | 1             | 10                                               |

## UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

NAIC Company Code 70106

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$37,945                                                  | \$71,641               | 0             | 60                                               |

## UNITED TEACHER ASSOCIATES INSURANCE COMPANY

NAIC Company Code 63479

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$242,814                                                 | \$256,503              | 195           | 15                                               |

## UNIVERSAL HEALTH CARE, INC.

NAIC Company Code 11574

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$12,636                                                  | \$8,137                | 10            | 30                                               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carriers Reporting Major Medical Lines of Business

## VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

NAIC Company Code 95266

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Guarantee Issue                  | \$1,649,206                                               | \$1,137,935            | 274           | 25                                               |
| Individually Underwritten        | \$90,161,691                                              | \$59,700,588           | 31,518        | 25                                               |
| Self-Employed or Sole Proprietor | \$279,857                                                 | \$222,818              | 18            | 25                                               |
| 2 - 5 Member Groups              | \$223,918                                                 | \$223,256              | 33            | 25                                               |
| 6 - 50 Member Groups             | \$56,393                                                  | \$63,674               | 0             | 25                                               |
| 51+ Member Groups                | \$29,976,633                                              | \$24,374,999           | 7,933         | 25                                               |
| Conversion                       | \$774,170                                                 | \$626,953              | 156           | 25                                               |

## VISTA HEALTHPLAN, INC.

NAIC Company Code 95114

|                                  | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|----------------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Self-Employed or Sole Proprietor | \$9,258,463                                               | \$10,225,996           | 1,374         | 25                                               |
| 2 - 5 Member Groups              | \$34,252,345                                              | \$28,304,896           | 8,550         | 25                                               |
| 6 - 50 Member Groups             | \$61,425,354                                              | \$47,530,186           | 17,264        | 25                                               |
| 51+ Member Groups                | \$375,569,561                                             | \$319,458,871          | 109,053       | 25                                               |
| Conversion                       | \$3,660,066                                               | \$4,995,901            | 665           | 25                                               |

## VISTA INSURANCE PLAN, INC.

NAIC Company Code 60091

|                   | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|-------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| 51+ Member Groups | \$7,610,865                                               | \$7,419,698            | 1,169         | 25                                               |

## WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code 70319

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$165,271                                                 | \$130,059              | 75            | 9                                                |

## WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code 66230

|                           | DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | DIRECT LOSSES INCURRED | COVERED LIVES | AVERAGE NUMBER OF<br>DAYS TAKEN TO PAY<br>CLAIMS |
|---------------------------|-----------------------------------------------------------|------------------------|---------------|--------------------------------------------------|
| Individually Underwritten | \$3,062                                                   | \$0                    | 0             | 0                                                |

**CY2007 Accident and Health Report of Gross Annual Premium and Enrollment  
Summary by Carriers Reporting Major Medical Lines of Business**

**WORLD INSURANCE COMPANY**

NAIC Company Code 70629

|                                        | <i>DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>DIRECT LOSSES INCURRED</i> | <i>COVERED LIVES</i> | <i>AVERAGE NUMBER OF<br/>DAYS TAKEN TO PAY<br/>CLAIMS</i> |
|----------------------------------------|--------------------------------------------------------------------|-------------------------------|----------------------|-----------------------------------------------------------|
| Individually Underwritten              | \$1,621,373                                                        | \$1,802,682                   | 321                  | 12                                                        |
| Short Term Major Medical               | \$8,908                                                            | \$110                         | 5                    | 24                                                        |
| Out-of-State Individually Underwritten | \$3,202,193                                                        | \$1,444,262                   | 2,206                | 15                                                        |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### 20/20 EYECARE PLAN, INC

NAIC Company Code

|        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Vision | \$425,290                                                     | \$253,064                     | \$15,224                                               | 50                     | 4,415                | 4,513                  | 8,928             |

### AAA LIFE INSURANCE COMPANY

NAIC Company Code

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 71854              |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only      | \$9,558,470                                                   | \$2,981,124                   | \$2,184,992                                            | 0                      | 65,177               | 49,276                 | 114,453           |
| Hospital Indemnity | \$10,797                                                      | \$4,603                       | \$4,689                                                | 0                      | 30                   | 0                      | 30                |

### ACA ASSURANCE

NAIC Company Code

|               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 56529         |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only | \$637                                                         | \$0                           | \$183                                                  | 0                      | 20                   | 0                      | 20                |

### ACACIA LIFE INSURANCE COMPANY

NAIC Company Code

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 60038             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Disability Income | \$370                                                         | \$368                         | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### ACE AMERICAN INSURANCE COMPANY

| NAIC Company Code<br>22667       | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only                    | \$284,455                                                     | (\$457,479)                   | \$2,030                                                | 75,986                 | 0                    | 0                      | 0                 |
| Accidental Death & Dismemberment | \$406,365                                                     | (\$3,708,418)                 | \$155,226                                              | 31,610                 | 0                    | 0                      | 0                 |
| Blanket Accident/Sickness        | \$528,274                                                     | \$780,039                     | \$17,481                                               | 1,187                  | 0                    | 0                      | 0                 |
| Disability Income                | \$40,636                                                      | \$0                           | \$0                                                    | 3                      | 0                    | 0                      | 0                 |
| Excess/Stop Loss                 | \$2,803,918                                                   | \$256,387                     | \$0                                                    | 667,255                | 0                    | 0                      | 0                 |

### ADVANTICA EYECARE, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Vision            | \$951,880                                                     | \$440,046                     | \$114,528                                              | 108                    | 9,020                | 11,726                 | 20,746            |

### AEGIS SECURITY INSURANCE COMPANY

| NAIC Company Code<br>33898 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 51+ Member Groups          | \$152,675                                                     | \$62,841                      | \$152,675                                              | 1                      | 371                  | 227                    | 598               |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### AETNA HEALTH INC.

NAIC Company Code

95088

|                                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten          | \$66,032,838                                                  | \$36,474,156                  | \$37,732,574                                           |                        | 26,531               | 10,784                 | 37,315            |
| Self-Employed or Sole Proprietor   | \$22,358,029                                                  | \$16,857,954                  | \$1,317,133                                            | 1,851                  | 1,851                | 1,227                  | 3,078             |
| 2 - 5 Member Groups                | \$254,486,983                                                 | \$191,883,185                 | \$14,992,075                                           | 12,689                 | 33,324               | 20,508                 | 53,832            |
| 6 - 50 Member Groups               | \$369,320,868                                                 | \$278,467,934                 | \$21,802,103                                           | 4,215                  | 59,707               | 35,557                 | 95,264            |
| 51+ Member Groups                  | \$672,644,428                                                 | \$564,796,084                 | \$66,063,977                                           | 868                    | 121,886              | 89,345                 | 211,231           |
| Conversion                         | \$18,244,571                                                  | \$28,285,862                  | \$1,840,559                                            |                        | 1,600                | 660                    | 2,260             |
| Out-of-State 6 - 50 Member Groups  | \$11,423,223                                                  | \$8,613,110                   | \$627,900                                              | 327                    | 1,910                | 1,137                  | 3,047             |
| Out-of-State 51+ Member Groups     | \$572,993,402                                                 | \$481,314,457                 | \$56,276,721                                           | 710                    | 99,928               | 79,359                 | 179,287           |
| Administrative Services Only (ASO) | \$25,260,639                                                  | \$0                           | \$1,192                                                | 121                    | 41,040               | 44,200                 | 85,240            |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AETNA LIFE INSURANCE COMPANY

NAIC Company Code

60054

|                                               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten                     | \$3,871,180                                                   | \$2,611,622                   | \$570,640                                              |                        | 1,358               | 437                    | 1,795             |
| Self-Employed or Sole Proprietor              | \$6,407,488                                                   | \$6,656,120                   | \$279,972                                              | 414                    | 414                 | 416                    | 830               |
| 2 - 5 Member Groups                           | \$18,813,801                                                  | \$17,766,822                  | \$1,868,586                                            | 1,210                  | 2,061               | 1,675                  | 3,736             |
| 6 - 50 Member Groups                          | \$15,883,365                                                  | \$10,513,966                  | \$1,428,937                                            | 343                    | 1,734               | 1,303                  | 3,037             |
| 51+ Member Groups                             | \$89,554,550                                                  | \$81,002,395                  | \$9,678,050                                            | 337                    | 16,698              | 10,184                 | 26,882            |
| Conversion                                    | \$2,877,691                                                   | \$4,321,878                   | \$312,686                                              |                        | 499                 | 111                    | 610               |
| Out-of-State Individually Underwritten        | \$15,374                                                      | \$22,617                      | \$0                                                    | 1                      | 16                  | 0                      | 16                |
| Out-of-State Self-Employed or Sole Proprietor | \$1,691,167                                                   | \$142,817                     | \$279,674                                              | 133                    | 133                 | 148                    | 281               |
| Out-of-State 2 - 5 Member Groups              | \$2,124,841                                                   | \$1,664,870                   | \$398,685                                              | 367                    | 278                 | 272                    | 550               |
| Out-of-State 6 - 50 Member Groups             | \$3,848,779                                                   | \$3,757,469                   | \$1,168,268                                            | 532                    | 600                 | 590                    | 1,190             |
| Out-of-State 51+ Member Groups                | \$93,342,832                                                  | \$77,044,017                  | \$9,362,988                                            | 1,364                  | 23,464              | 13,765                 | 37,229            |
| Accidental Death & Dismemberment              | \$2,756,566                                                   | \$1,449,288                   | \$73,021                                               | 1,723                  | 198,979             | 879                    | 199,858           |
| Dental                                        | \$90,764,687                                                  | \$59,987,020                  | \$6,940,916                                            | 5,312                  | 192,565             | 161,291                | 353,856           |
| Disability Income                             | \$29,020,429                                                  | \$24,784,806                  | \$1,275,078                                            | 115                    | 98,480              | 0                      | 98,480            |
| Excess/Stop Loss                              | \$15,685,459                                                  | \$9,793,353                   | \$3,200,080                                            | 502                    | 62,138              | 61,614                 | 123,752           |
| Hospital Indemnity                            | \$36,489                                                      | \$11,408                      | \$0                                                    | 1                      | 4                   | 1                      | 5                 |
| Long Term Care                                | \$4,643,510                                                   | \$3,253,238                   | \$0                                                    | 12                     | 2,939               | 2,446                  | 5,385             |
| Medicare Supplement                           | \$3,750                                                       | \$4,088                       | \$0                                                    | 0                      | 3                   | 0                      | 3                 |
| Student                                       | \$5,554,965                                                   | \$2,903,135                   | \$2,593,750                                            | 2                      | 4,099               | 125                    | 4,224             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AIG CENTENNIAL INSURANCE COMPANY

| <i>NAIC Company Code</i> |         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|---------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 34789                    |         |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$1,636 | \$125                                                                  | \$0                                   | 0                                                               | 10                            | 0                          | 10                            |                          |
| Hospital Indemnity       | \$1,459 | \$1,456                                                                | \$0                                   | 0                                                               | 1                             | 0                          | 1                             |                          |

## AIG LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         |             | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|-------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 66842                            |             |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$1,018,768 | \$846,809                                                              | \$0                                   | 218                                                             | 218                           | 0                          | 218                           |                          |
| Accidental Death & Dismemberment | \$148,727   | \$435,878                                                              | \$0                                   | 156                                                             | 335                           | 0                          | 335                           |                          |
| Dental                           | \$398,584   | \$223,996                                                              | \$0                                   | 20                                                              | 629                           | 0                          | 629                           |                          |
| Disability Income                | \$465,904   | \$988,833                                                              | \$0                                   | 46                                                              | 1,205                         | 0                          | 1,205                         |                          |
| Excess/Stop Loss                 | \$2,906,649 | \$2,344,270                                                            | \$0                                   | 14                                                              | 3,577                         | 0                          | 3,577                         |                          |
| Hospital Indemnity               | \$177,805   | \$41,301                                                               | \$0                                   | 85                                                              | 85                            | 0                          | 85                            |                          |
| Limited Benefit                  | \$29,559    | \$55,309                                                               | \$0                                   | 217                                                             | 217                           | 0                          | 217                           |                          |
| Long Term Care                   | \$1,202,012 | \$512,904                                                              | \$0                                   | 423                                                             | 537                           | 0                          | 537                           |                          |
| Vision                           | \$181,528   | \$90                                                                   | \$0                                   | 33                                                              | 2,508                         | 0                          | 2,508                         |                          |

## AIG PREMIER INSURANCE COMPANY

| <i>NAIC Company Code</i>         |          | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|----------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 20796                            |          |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$983    | \$65                                                                   | \$0                                   | 0                                                               | 1                             | 0                          | 1                             |                          |
| Hospital Indemnity               | \$19,839 | \$2,706                                                                | \$0                                   | 0                                                               | 23                            | 35                         | 58                            |                          |
| Long Term Care                   | \$610    | \$56                                                                   | \$0                                   | 0                                                               | 1                             | 1                          | 2                             |                          |
| Medicare Supplement              | \$65,200 | \$48,797                                                               | \$0                                   | 0                                                               | 18                            | 0                          | 18                            |                          |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## ALFA LIFE INSURANCE CORPORATION

NAIC Company Code

79049

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Hospital Indemnity | \$55                                                          | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code

90611

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Out-of-State 51+ Member Groups   | \$2,744                                                       | \$112                         | \$0                                                    | 0                      | 1                    | 2                      | 3                 |
| Out-of-State Conversion          | \$8,280                                                       | \$5,410                       | \$0                                                    |                        | 3                    | 7                      | 10                |
| Accidental Death & Dismemberment | \$862                                                         | \$0                           | \$0                                                    | 1                      | 22                   | 22                     | 44                |
| Disability Income                | \$346                                                         | \$420                         | \$0                                                    | 1                      | 42                   | 42                     | 84                |
| Hospital Indemnity               | \$28,414                                                      | \$16,303                      | \$0                                                    | 5                      | 231                  | 231                    | 462               |
| Limited Benefit                  | \$108                                                         | \$0                           | \$0                                                    | 1                      | 3                    | 3                      | 6                 |
| Long Term Care                   | \$11,030,924                                                  | \$1,384,952                   | \$0                                                    | 3                      | 4,226                | 810                    | 5,036             |
| Medicare Supplement              | \$36,515                                                      | \$31,689                      | \$0                                                    | 6                      | 23                   | 32                     | 55                |

## ALLSTATE LIFE INSURANCE COMPANY

NAIC Company Code

60186

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only      | \$5,739,932                                                   | \$3,591,006                   | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity | \$395,148                                                     | \$370,826                     | \$0                                                    | 0                      | 1,358                | 0                      | 1,358             |
| Long Term Care     | \$337,406                                                     | \$514,247                     | \$0                                                    | 0                      | 215                  | 0                      | 215               |

# CY2007 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<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 67369                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| 51+ Member Groups                | \$6,539,767                                                            | \$4,952,698                           | \$0                                                             | 1                             | 7,968                       | 8,216                         | 16,184                   |
| Accidental Death & Dismemberment | \$50,953                                                               | \$38,587                              | \$0                                                             | 19                            | 510                         | 174                           | 684                      |
| Dental                           | \$328,245                                                              | \$248,587                             | \$0                                                             | 11                            | 415                         | 129                           | 544                      |
| Disability Income                | \$1,994,926                                                            | \$1,510,798                           | \$0                                                             | 1                             | 7,965                       | 8,216                         | 16,181                   |
| Excess/Stop Loss                 | \$1,113,574                                                            | \$843,332                             | \$0                                                             | 24                            | 555                         | 194                           | 749                      |
| Vision                           | \$180                                                                  | \$136                                 | \$0                                                             | 4                             | 77                          | 32                            | 109                      |

## AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 60275                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accidental Death & Dismemberment | \$1,083,218                                                            | \$94,865                              | \$0                                                             | 2                             | 32,523                      | 3,873                         | 36,396                   |
| Disability Income                | \$103,127                                                              | \$15,484                              | \$0                                                             | 1                             | 5,591                       | 337                           | 5,928                    |

## AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 20427                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$1,700                                                                | \$8,640                               | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## AMERICAN CONTINENTAL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 12321                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Medicare Supplement      | \$2,059                                                                | \$0                                   | \$0                                                             | 0                             | 4                           | 0                             | 4                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

### NAIC Company Code

| 60380               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accident Only       | \$67,617,152                                                  | \$30,630,007                  | \$25,135,927                                           | 0                      | 215,710             | 222,372                | 438,082           |
| Dental              | \$7,352,768                                                   | \$1,355,447                   | \$2,959,674                                            | 0                      | 13,967              | 9,752                  | 23,719            |
| Disability Income   | \$51,417,916                                                  | \$19,479,215                  | \$17,886,146                                           | 0                      | 105,797             | 0                      | 105,797           |
| Hospital Indemnity  | \$31,495,299                                                  | \$14,650,952                  | \$14,545,656                                           | 0                      | 82,420              | 74,340                 | 156,760           |
| Limited Benefit     | \$91,818,205                                                  | \$46,798,656                  | \$21,760,150                                           | 0                      | 287,126             | 264,944                | 552,070           |
| Long Term Care      | \$3,349,868                                                   | \$794,738                     | \$265,217                                              | 0                      | 2,268               | 263                    | 2,531             |
| Medicare Supplement | \$6,336,215                                                   | \$5,160,359                   | \$0                                                    | 0                      | 2,800               | 0                      | 2,800             |
| Vision              | \$1,111,509                                                   | \$342,840                     | \$566,823                                              | 0                      | 4,617               | 3,410                  | 8,027             |

## AMERICAN FIDELITY ASSURANCE COMPANY

### NAIC Company Code

| 60410              | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accident Only      | \$4,170,384                                                   | \$2,289,371                   | \$3,153,823                                            | 5                      | 3,271               | 0                      | 3,271             |
| Dental             | \$14,862                                                      | \$7,649                       | \$0                                                    | 2                      | 170                 | 42                     | 212               |
| Disability Income  | \$5,871,900                                                   | \$3,094,257                   | \$2,130,559                                            | 108                    | 14,688              | 74                     | 14,762            |
| Excess/Stop Loss   | \$1,621,168                                                   | \$1,116,157                   | \$193,387                                              | 5                      | 3,773               | 2,551                  | 6,324             |
| Hospital Indemnity | \$2,315,859                                                   | \$519,196                     | \$946,467                                              | 12                     | 4,982               | 14                     | 4,996             |
| Limited Benefit    | \$1,665,031                                                   | \$1,313,078                   | \$460,009                                              | 0                      | 3,930               | 191                    | 4,121             |
| Long Term Care     | \$292,756                                                     | \$83,531                      | \$93,096                                               | 0                      | 217                 | 0                      | 217               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AMERICAN GENERAL ASSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 68373                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$1,497,156                                                            | \$1,722,869                           | \$431,916                                                       | 4                             | 9,239                      | 11,344                        | 20,583                   |
| Disability Income        | \$23,687                                                               | \$118,986                             | \$5,922                                                         | 0                             | 95                         | 119                           | 214                      |
| Excess/Stop Loss         | \$199,835                                                              | \$3,807                               | \$49,959                                                        | 3                             | 144                        | 180                           | 324                      |
| Limited Benefit          | \$1,456,800                                                            | \$40,286                              | \$364,200                                                       | 13                            | 9,637                      | 11,547                        | 21,184                   |
| Vision                   | \$786                                                                  | \$0                                   | \$0                                                             | 0                             | 7                          | 9                             | 16                       |

## AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$325,886                                                              | \$555,236                             | \$0                                                             |                               | 1,366                      | 631                           | 1,997                    |
| Accident Only             | \$1,338,358                                                            | \$419,745                             | \$678,280                                                       | 0                             | 32,418                     | 9,344                         | 41,762                   |
| Disability Income         | \$133,431                                                              | \$133,112                             | \$0                                                             | 0                             | 3,706                      | 336                           | 4,042                    |
| Hospital Indemnity        | \$340,089                                                              | \$440,134                             | \$0                                                             | 0                             | 8,652                      | 2,330                         | 10,982                   |
| Limited Benefit           | \$4,889,485                                                            | \$5,279,618                           | \$834,438                                                       | 0                             | 17,323                     | 6,208                         | 23,531                   |
| Medicare Supplement       | \$999,079                                                              | \$1,153,165                           | \$0                                                             | 0                             | 534                        | 35                            | 569                      |

## AMERICAN GENERAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$864,531                                                              | \$40,395                              | \$0                                                             | 4,971                         | 4,971                      | 0                             | 4,971                    |
| Disability Income                | \$1,200,647                                                            | \$851,959                             | \$0                                                             | 1,971                         | 1,971                      | 0                             | 1,971                    |
| Hospital Indemnity               | \$77                                                                   | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Limited Benefit                  | \$438,309                                                              | \$109,195                             | \$0                                                             | 1,068                         | 1,068                      | 0                             | 1,068                    |
| Long Term Care                   | \$14,200                                                               | \$0                                   | \$0                                                             | 7                             | 7                          | 0                             | 7                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AMERICAN HEALTH AND LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 60518             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only     | \$32,329                                                      | \$4,240                       | \$13,477                                               | 2                      | 1,916               | 0                      | 1,916             |
| Disability Income | \$90                                                          | \$7,448                       | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Long Term Care    | \$14,990                                                      | \$57,743                      | \$0                                                    | 1                      | 15                  | 0                      | 15                |

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 60534              |                                                               |                               |                                                        |                        |                     |                        |                   |
| 51+ Member Groups  | (\$1,852,579)                                                 | \$868,556                     | \$21,592                                               | 35                     | 0                   | 0                      | 0                 |
| Accident Only      | \$17,542,265                                                  | \$6,575,967                   | \$5,428,018                                            | 32                     | 36,587              | 36,587                 | 73,174            |
| Dental             | \$73,579                                                      | \$85,924                      | \$32,252                                               | 62                     | 1,512               | 665                    | 2,177             |
| Disability Income  | \$8,482,713                                                   | \$3,782,811                   | \$2,550,812                                            | 0                      | 15,745              | 0                      | 15,745            |
| Hospital Indemnity | \$8,146,678                                                   | \$3,680,648                   | \$3,379,193                                            | 0                      | 16,654              | 16,654                 | 33,308            |
| Limited Benefit    | \$20,885,649                                                  | \$13,009,415                  | \$4,402,183                                            | 81                     | 44,412              | 44,412                 | 88,824            |
| Long Term Care     | \$1,908,927                                                   | \$5,818,324                   | \$38,575                                               | 0                      | 921                 | 0                      | 921               |

## AMERICAN HOME ASSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 19380                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$48,783                                                      | \$8,994                       | \$1,062                                                | 5                      | 262                 | 0                      | 262               |
| Limited Benefit                  | \$195,054                                                     | \$62                          | \$0                                                    | 51                     | 38,985              | 0                      | 38,985            |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### AMERICAN INCOME LIFE INSURANCE COMPANY

| NAIC Company Code<br>60577       | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accident Only                    | \$2,163,221                                                   | \$884,313                     | \$333,307                                              | 0                      | 23,584              | 11,597                 | 35,181            |
| Accidental Death & Dismemberment | \$182,633                                                     | \$152,590                     | \$10,765                                               | 344                    | 369,317             | 0                      | 369,317           |
| Blanket Accident/Sickness        | \$66,459                                                      | \$12,063                      | \$66,459                                               | 252                    | 0                   | 0                      | 0                 |
| Disability Income                | \$6,520                                                       | \$643                         | \$1,043                                                | 0                      | 30                  | 0                      | 30                |
| Hospital Indemnity               | \$495,723                                                     | \$221,400                     | \$71,205                                               | 0                      | 4,909               | 210                    | 5,119             |
| Limited Benefit                  | \$293,798                                                     | \$195,770                     | \$20,914                                               | 0                      | 3,077               | 1,526                  | 4,603             |
| Medicare Supplement              | \$156,494                                                     | \$164,238                     | \$0                                                    | 0                      | 95                  | 0                      | 95                |

### AMERICAN INTERNATIONAL LIFE ASSURANCE CO. OF NY

| NAIC Company Code<br>60607       | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$3,622                                                       | \$1,065                       | \$0                                                    | 25                     | 25                  | 0                      | 25                |
| Dental                           | \$1,786                                                       | \$11,609                      | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Disability Income                | \$1,121                                                       | (\$111,462)                   | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Hospital Indemnity               | \$7,964                                                       | \$43,430                      | \$0                                                    | 19                     | 19                  | 0                      | 19                |
| Long Term Care                   | \$66,282                                                      | \$11,640                      | \$0                                                    | 24                     | 31                  | 0                      | 31                |
| Vision                           | \$290                                                         | \$0                           | \$0                                                    | 0                      | 0                   | 0                      | 0                 |

### AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

| NAIC Company Code<br>81418 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Limited Benefit            | \$461,182                                                     | \$389,858                     | \$461,182                                              | 0                      | 257                 | 149                    | 406               |

# CY2007 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<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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           | \$54,508                                                               | \$369,348                             | \$0                                                             |                               | 3                           | 0                             | 3                        |
| Out-of-State Individually Underwritten | \$36,882,423                                                           | \$18,087,601                          | \$90,003                                                        | 0                             | 6,337                       | 4,226                         | 10,563                   |
| Out-of-State Conversion                | \$17,327                                                               | \$166,422                             | \$0                                                             |                               | 2                           | 0                             | 2                        |
| Dental                                 | \$74,878                                                               | \$60,513                              | \$0                                                             | 101                           | 101                         | 51                            | 152                      |
| Disability Income                      | \$6,182                                                                | \$0                                   | \$0                                                             | 1                             | 1                           | 0                             | 1                        |
| Excess/Stop Loss                       | \$108,116                                                              | \$176,415                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## AMERICAN MEMORIAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$247                                                                  | \$4,819                               | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Limited Benefit          | \$10                                                                   | \$0                                   | \$0                                                             | 0                             | 2                           | 0                             | 2                        |

## AMERICAN NATIONAL INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                                  |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten              | \$191,242                                                              | \$968,636                             | \$0                                                             |                               | 101                         | 28                            | 129                      |
| Out-of-State Individually Underwritten | \$159,513                                                              | \$154,613                             | \$0                                                             | 3                             | 14                          | 5                             | 19                       |
| Accident Only                          | \$10,242                                                               | (\$20)                                | \$0                                                             | 0                             | 337                         | 16                            | 353                      |
| Disability Income                      | \$35,474                                                               | (\$162,236)                           | \$0                                                             | 0                             | 30                          | 0                             | 30                       |
| Limited Benefit                        | \$73,975                                                               | \$148,731                             | \$0                                                             | 0                             | 245                         | 138                           | 383                      |
| Medicare Supplement                    | \$4,751                                                                | \$24,536                              | \$0                                                             | 0                             | 8                           | 0                             | 8                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

| <i>NAIC Company Code</i>               |                                                                        |                                       |                                                                 |                               |                             |                               |                          |  |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|--|
| 71773                                  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |  |
| Individually Underwritten              | \$1,670,552                                                            | \$2,251,205                           | \$0                                                             |                               | 262                         | 159                           | 421                      |  |
| Out-of-State Individually Underwritten | \$2,770,449                                                            | \$2,174,212                           | \$0                                                             | 10                            | 294                         | 148                           | 442                      |  |
| Dental                                 | (\$53,803)                                                             | \$1,674                               | \$407                                                           | 4                             | 42                          | 13                            | 55                       |  |
| Medicare Supplement                    | (\$581)                                                                | \$749                                 | \$0                                                             | 1                             | 7                           | 0                             | 7                        |  |

## AMERICAN PIONEER LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> |                                                                        |                                       |                                                                 |                               |                             |                               |                          |  |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|--|
| 60763                    | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |  |
| Dental                   | \$175,007                                                              | \$95,613                              | \$10,552                                                        | 1                             | 308                         | 0                             | 308                      |  |
| Disability Income        | \$50,419                                                               | \$183,625                             | \$0                                                             | 0                             | 167                         | 0                             | 167                      |  |
| Long Term Care           | \$7,240,877                                                            | \$15,409,622                          | \$0                                                             | 1                             | 2,054                       | 0                             | 2,054                    |  |
| Medicare Supplement      | \$61,632,231                                                           | \$50,195,688                          | \$1,533,866                                                     | 1                             | 25,703                      | 0                             | 25,703                   |  |

## AMERICAN PUBLIC LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> |                                                                        |                                       |                                                                 |                               |                             |                               |                          |  |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|--|
| 60801                    | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$42,203                                                               | \$17,055                              | \$10,730                                                        | 0                             | 97                          | 0                             | 97                       |  |
| Dental                   | \$44,999                                                               | \$18,185                              | \$11,441                                                        | 2                             | 113                         | 284                           | 397                      |  |
| Disability Income        | \$68,314                                                               | \$27,607                              | \$17,369                                                        | 3                             | 9                           | 0                             | 9                        |  |
| Hospital Indemnity       | \$660,472                                                              | \$266,915                             | \$167,932                                                       | 8                             | 23                          | 58                            | 81                       |  |
| Limited Benefit          | \$203,335                                                              | \$82,173                              | \$5,170                                                         | 1                             | 399                         | 997                           | 1,396                    |  |
| Medicare Supplement      | \$1,512                                                                | \$611                                 | \$0                                                             | 1                             | 1                           | 0                             | 1                        |  |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### AMERICAN REPUBLIC INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 60836                                  |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten              | \$254,580                                                     | \$118,151                     | \$0                                                    |                        | 68                  | 25                     | 93                |
| Out-of-State Individually Underwritten | \$103,505                                                     | \$47,722                      | \$103,505                                              | 1                      | 32                  | 15                     | 47                |
| Accident Only                          | \$634                                                         | (\$11)                        | \$0                                                    | 0                      | 19                  | 2                      | 21                |
| Hospital Indemnity                     | \$28,336                                                      | \$7,206                       | \$0                                                    | 0                      | 65                  | 9                      | 74                |
| Limited Benefit                        | \$9,659                                                       | \$1,510                       | \$0                                                    | 0                      | 110                 | 41                     | 151               |
| Long Term Care                         | \$21,894                                                      | \$42,015                      | \$0                                                    | 0                      | 18                  | 4                      | 22                |
| Medicare Supplement                    | \$1,624,302                                                   | \$1,009,490                   | \$0                                                    | 0                      | 555                 | 14                     | 569               |

### AMERICAN STATES INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 19704                     |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten | \$148,865                                                     | \$417,138                     | \$0                                                    |                        | 57                  | 6                      | 63                |
| Disability Income         | \$49,842                                                      | \$61,433                      | \$0                                                    | 0                      | 16                  | 0                      | 16                |

### AMERICAN UNITED LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 60895                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$94,444                                                      | \$0                           | \$313                                                  | 125                    | 11,407              | 0                      | 11,407            |
| Disability Income                | \$814,485                                                     | \$848,302                     | \$32,939                                               | 41                     | 1,869               | 0                      | 1,869             |
| Excess/Stop Loss                 | \$4,428,781                                                   | \$4,238,636                   | \$1,664,943                                            | 19                     | 2,776               | 0                      | 2,776             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## AMERICAN ZURICH INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 40142                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$3,124                                                                | (\$44,271)                            | \$0                                                             | 7                             | 0                          | 0                             | 0                        |

## AMERITAS LIFE INSURANCE CORP.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 61301                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Dental                   | \$21,872,958                                                           | \$15,770,871                          | \$2,404,948                                                     | 3,611                         | 43,584                     | 0                             | 43,584                   |
| Disability Income        | \$18,675                                                               | \$20,560                              | \$0                                                             | 0                             | 29                         | 0                             | 29                       |
| Vision                   | \$2,964,906                                                            | \$1,603,500                           | \$1,246,985                                                     | 94                            | 27,783                     | 0                             | 27,783                   |

## AMEX ASSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 27928                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$3,537,745                                                            | \$2,630,728                           | \$3,537,745                                                     | 0                             | 20,082                     | 9,703                         | 29,785                   |
| Accidental Death & Dismemberment | \$8,715,498                                                            | (\$166,414)                           | \$8,715,498                                                     | 0                             | 1,921,077                  | 850,571                       | 2,771,648                |
| Hospital Indemnity               | (\$4,052)                                                              | \$11,249                              | (\$4,052)                                                       | 0                             | 1,053                      | 342                           | 1,395                    |
| Long Term Care                   | \$726                                                                  | \$0                                   | \$726                                                           | 0                             | 1                          | 1                             | 2                        |
| Travel                           | \$3,473,911                                                            | \$1,084,692                           | \$3,473,911                                                     | 0                             | 15,679                     | 11,904                        | 27,583                   |

## ANTHEM LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$423                                                                  | \$0                                   | \$0                                                             | 2                             | 32                         | 0                             | 32                       |
| Disability Income                | \$110                                                                  | (\$77)                                | \$0                                                             | 1                             | 1                          | 0                             | 1                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## ARROWOOD INDEMNITY COMPANY

NAIC Company Code

24678

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Hospital Indemnity | \$352                                                         | \$0                           | \$0                                                    | 0                      | 3                   | 1                      | 4                 |

## ASSURITY LIFE INSURANCE COMPANY

NAIC Company Code

71439

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accident Only      | \$48,591                                                      | \$2,003                       | \$9,540                                                | 0                      | 76                  | 0                      | 76                |
| Disability Income  | \$2,591,589                                                   | \$1,509,293                   | \$500,978                                              | 0                      | 3,689               | 0                      | 3,689             |
| Hospital Indemnity | \$223,298                                                     | \$183,095                     | \$68,608                                               | 0                      | 175                 | 0                      | 175               |
| Limited Benefit    | \$5,032                                                       | \$193                         | \$1,383                                                | 0                      | 15                  | 0                      | 15                |

## AUTO-OWNERS LIFE INSURANCE COMPANY

NAIC Company Code

61190

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Disability Income   | \$508,962                                                     | \$434,387                     | \$37,663                                               | 0                      | 545                 | 0                      | 545               |
| Long Term Care      | \$103,865                                                     | \$15,580                      | \$19,111                                               | 0                      | 59                  | 0                      | 59                |
| Medicare Supplement | \$51,148                                                      | \$49,171                      | \$0                                                    | 0                      | 39                  | 0                      | 39                |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### AVAHEALTH, INC.

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 12316                     |                                                               |                               |                                                        |                        |                      |                        |                   |
| Guarantee Issue           | \$35,110                                                      | \$12,005                      | \$13,034                                               |                        | 4                    | 0                      | 4                 |
| Individually Underwritten | \$2,970,399                                                   | \$1,058,975                   | \$1,935,505                                            |                        | 1,456                | 769                    | 2,225             |
| 2 - 5 Member Groups       | \$161,018                                                     | \$155,833                     | \$8,217                                                | 6                      | 19                   | 9                      | 28                |
| 6 - 50 Member Groups      | \$400,341                                                     | \$371,711                     | \$77,785                                               | 5                      | 69                   | 28                     | 97                |
| 51+ Member Groups         | \$21,154                                                      | \$23,647                      | \$21,154                                               | 1                      | 5                    | 0                      | 5                 |

### AVIVA LIFE AND ANNUITY COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 61689             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Disability Income | \$4,209                                                       | \$8,181                       | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

### AVIVA LIFE AND ANNUITY COMPANY OF NEW YORK

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 63932             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only     | \$194                                                         | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Disability Income | \$34,198                                                      | \$886,037                     | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

### AVIVA LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 62898             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Disability Income | \$1,429                                                       | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### AVMED, INC.

| NAIC Company Code                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 95263                              |                                                               |                               |                                                        |                        |                      |                        |                   |
| Self-Employed or Sole Proprietor   | \$3,035,578                                                   | \$2,127,389                   | \$147,383                                              | 317                    | 317                  | 226                    | 543               |
| 2 - 5 Member Groups                | \$7,767,815                                                   | \$4,874,941                   | \$1,789,176                                            | 1,601                  | 1,601                | 934                    | 2,535             |
| 6 - 50 Member Groups               | \$12,151,793                                                  | \$7,244,511                   | \$4,935,151                                            | 3,173                  | 3,173                | 1,461                  | 4,634             |
| 51+ Member Groups                  | \$692,140,665                                                 | \$574,577,597                 | \$13,666,947                                           | 90,511                 | 90,511               | 91,066                 | 181,577           |
| Administrative Services Only (ASO) | \$726,862                                                     | \$1,560,375                   | \$0                                                    | 1,762                  | 1,762                | 2,064                  | 3,826             |

### AXA EQUITABLE LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 62944                     |                                                               |                               |                                                        |                        |                      |                        |                   |
| Individually Underwritten | \$3,979,195                                                   | \$5,486,489                   | \$0                                                    |                        | 830                  | 455                    | 1,285             |
| Conversion                | \$31,890                                                      | \$58,387                      | \$0                                                    |                        | 21                   | 4                      | 25                |
| Disability Income         | \$4,886,577                                                   | \$24,553,711                  | \$0                                                    | 0                      | 4,090                | 0                      | 4,090             |

### BALBOA LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 68160                            |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$98,989                                                      | \$34,397                      | \$0                                                    | 0                      | 8,006                | 0                      | 8,006             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## BALTIMORE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61212                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only                    | \$199                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Accidental Death & Dismemberment | \$1,605                                                                | \$0                                   | \$0                                                             | 1                             | 39                          | 0                             | 39                       |
| Disability Income                | \$4,739                                                                | \$34,599                              | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Hospital Indemnity               | \$1,642                                                                | \$930                                 | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Limited Benefit                  | \$89,504                                                               | \$76,648                              | \$4,240                                                         | 14                            | 230                         | 160                           | 390                      |
| Sickness                         | \$222                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## BANKERS FIDELITY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61239                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$5,523                                                                | \$4,929                               | \$0                                                             | 0                             | 20                          | 2                             | 22                       |
| Disability Income        | \$34,760                                                               | \$26,883                              | \$1,980                                                         | 0                             | 34                          | 0                             | 34                       |
| Hospital Indemnity       | \$17,495                                                               | \$6,074                               | \$9,604                                                         | 0                             | 38                          | 2                             | 40                       |
| Limited Benefit          | \$49,434                                                               | \$21,986                              | \$0                                                             | 0                             | 369                         | 96                            | 465                      |
| Short Term Care          | \$431                                                                  | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Medicare Supplement      | \$658,768                                                              | \$377,871                             | \$0                                                             | 0                             | 199                         | 0                             | 199                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## BANKERS LIFE AND CASUALTY COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61263                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$39,984                                                               | \$0                                   | \$2,211                                                         | 0                             | 325                         | 0                             | 325                      |
| Disability Income        | \$481,745                                                              | \$102,814                             | \$79,002                                                        | 0                             | 724                         | 0                             | 724                      |
| Hospital Indemnity       | \$145,888                                                              | \$193,402                             | \$14,532                                                        | 0                             | 350                         | 24                            | 374                      |
| Limited Benefit          | \$163,645                                                              | \$226,163                             | \$7,102                                                         | 0                             | 712                         | 306                           | 1,018                    |
| Long Term Care           | \$72,063,990                                                           | \$55,877,200                          | \$4,697,363                                                     | 0                             | 32,956                      | 9,063                         | 42,019                   |
| Short Term Care          | \$142,756                                                              | \$85,623                              | \$0                                                             | 0                             | 211                         | 9                             | 220                      |
| Medicare Supplement      | \$48,349,748                                                           | \$27,062,023                          | \$6,541,782                                                     | 1                             | 22,881                      | 840                           | 23,721                   |

## BANKERS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 81043                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$17,327                                                               | \$0                                   | \$0                                                             | 0                             | 138                         | 0                             | 138                      |

## BANNER LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 94250                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$1,568                                                                | \$1,640                               | \$0                                                             |                               | 0                           | 0                             | 0                        |
| Disability Income         | \$82                                                                   | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## BAPTIST LIFE ASSOCIATION

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 57223                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$673                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## BCS INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 38245                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only             | \$9,125,608                                                            | \$6,250,585                           | \$9,125,608                                                     | 3                             | 48,325                      | 25,080                        | 73,405                   |
| Blanket Accident/Sickness | \$1,940,526                                                            | \$1,524,127                           | \$1,203,126                                                     | 29                            | 766                         | 228                           | 994                      |
| Dental                    | \$281,589                                                              | \$44,703                              | \$163,322                                                       | 27                            | 315                         | 96                            | 411                      |
| Excess/Stop Loss          | \$472,120                                                              | \$90,448                              | \$354,090                                                       | 3                             | 1,488                       | 0                             | 1,488                    |
| Vision                    | \$29,859                                                               | \$622                                 | \$29,859                                                        | 84                            | 51,193                      | 25,499                        | 76,692                   |

## BCS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 80985                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Conversion               | \$316                                                                  | \$0                                   | \$0                                                             |                               | 0                           | 0                             | 0                        |
| Disability Income        | \$102,033                                                              | \$13,491                              | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 71714                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$12,953,925                                                           | \$5,962,172                           | \$2,968,168                                                     | 0                             | 0                           | 0                             | 0                        |
| Long Term Care           | \$809,952                                                              | \$0                                   | \$402,197                                                       | 0                             | 0                           | 0                             | 0                        |

## BEST LIFE AND HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 90638                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| 51+ Member Groups        | \$322,978                                                              | \$48,608                              | \$322,978                                                       | 1                             | 1,231                       | 113                           | 1,344                    |
| Dental                   | \$182,155                                                              | \$111,657                             | \$24,151                                                        | 54                            | 308                         | 281                           | 589                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

| <i>NAIC Company Code</i>           | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 98167                              |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Guarantee Issue                    | \$79,041,810                                                           | \$76,037,608                          | \$12,409,564                                                    |                               | 21,115                      | 12,308                        | 33,423                   |
| Individually Underwritten          | \$655,196,410                                                          | \$425,623,849                         | \$112,038,586                                                   |                               | 175,025                     | 102,023                       | 277,048                  |
| Self-Employed or Sole Proprietor   | \$17,283,423                                                           | \$18,565,357                          | \$1,157,989                                                     | 1,673                         | 1,673                       | 801                           | 2,474                    |
| 2 - 5 Member Groups                | \$215,986,984                                                          | \$179,503,098                         | \$43,845,358                                                    | 12,644                        | 39,335                      | 25,108                        | 64,443                   |
| 6 - 50 Member Groups               | \$993,329,192                                                          | \$801,035,373                         | \$211,579,118                                                   | 30,433                        | 193,991                     | 116,463                       | 310,454                  |
| 51+ Member Groups                  | \$1,924,245,202                                                        | \$1,616,030,918                       | \$119,303,203                                                   | 4,728                         | 339,972                     | 225,113                       | 565,085                  |
| Short Term Major Medical           | \$20,029,091                                                           | \$16,112,309                          | \$20,029,091                                                    | 0                             | 5,350                       | 3,119                         | 8,469                    |
| Conversion                         | \$55,418,609                                                           | \$66,223,461                          | \$14,408,838                                                    |                               | 14,804                      | 8,629                         | 23,433                   |
| Administrative Services Only (ASO) | \$5,715,568,017                                                        | \$5,295,257,042                       | \$68,586,816                                                    | 122                           | 238,513                     | 214,164                       | 452,677                  |
| Excess/Stop Loss                   | \$3,345,373                                                            | \$2,915,778                           | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Long Term Care                     | \$11,631,596                                                           | \$6,131,716                           | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Medicare Supplement                | \$351,274,467                                                          | \$286,953,489                         | \$19,671,370                                                    | 0                             | 186,152                     | 0                             | 186,152                  |

## BOSTON MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only                    | \$85,349                                                               | \$7,268                               | \$85,212                                                        | 0                             | 658                         | 0                             | 658                      |
| Accidental Death & Dismemberment | \$71,726                                                               | \$0                                   | \$5,440                                                         | 157                           | 4,933                       | 582                           | 5,515                    |
| Dental                           | \$185,756                                                              | \$145,660                             | \$20,941                                                        | 0                             | 0                           | 0                             | 0                        |
| Disability Income                | \$1,075,882                                                            | \$765,425                             | \$167,097                                                       | 81                            | 2,886                       | 0                             | 2,886                    |
| Excess/Stop Loss                 | \$283,293                                                              | \$11,521                              | \$0                                                             | 4                             | 69                          | 0                             | 69                       |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### BROKERS NATIONAL LIFE ASSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 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)

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 80659             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Conversion        | \$78,684                                                      | \$10,950                      | \$0                                                    |                        | 42                   | 44                     | 86                |
| Disability Income | \$635,665                                                     | \$503,295                     | \$0                                                    | 3                      | 4,078                | 4,282                  | 8,360             |

### CAPITAL HEALTH PLAN, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 95112                            |                                                               |                               |                                                        |                        |                      |                        |                   |
| Self-Employed or Sole Proprietor | \$3,850,990                                                   | \$3,209,772                   | \$94,995                                               | 429                    | 429                  | 438                    | 867               |
| 2 - 5 Member Groups              | \$14,445,547                                                  | \$13,701,208                  | \$498,551                                              | 1,002                  | 2,253                | 2,003                  | 4,256             |
| 6 - 50 Member Groups             | \$40,997,965                                                  | \$38,552,239                  | \$694,994                                              | 717                    | 7,102                | 5,014                  | 12,116            |
| 51+ Member Groups                | \$331,901,400                                                 | \$304,995,470                 | \$843,379                                              | 148                    | 42,054               | 44,579                 | 86,633            |
| Conversion                       | \$3,187,890                                                   | \$3,904,781                   | \$0                                                    |                        | 364                  | 144                    | 508               |

### CAPITOL INDEMNITY CORPORATION

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 10472             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only     | \$226,494                                                     | \$127,493                     | \$225,198                                              | 669                    | 123,765              | 0                      | 123,765           |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### CATHOLIC KNIGHTS INSURANCE SOCIETY

NAIC Company Code

56030

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Hospital Indemnity | \$83                                                          | \$872                         | \$0                                                    | 0                      | 1                    | 0                      | 1                 |

### CELTIC INSURANCE COMPANY

NAIC Company Code

80799

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Conversion                             | \$1,158,258                                                   | \$1,471,833                   | \$208,854                                              |                        | 114                  | 18                     | 132               |
| Out-of-State Guarantee Issue           | \$20,498                                                      | \$11,818                      | \$0                                                    |                        | 1                    | 0                      | 1                 |
| Out-of-State Individually Underwritten | \$17,520,686                                                  | \$14,002,196                  | \$738,191                                              | 9                      | 2,882                | 1,212                  | 4,094             |
| Out-of-State Short Term Major Medical  | \$188,194                                                     | \$52,523                      | \$188,194                                              | 0                      | 157                  | 14                     | 171               |
| Medicare Supplement                    | \$10,065,123                                                  | \$7,608,708                   | \$0                                                    | 0                      | 3,573                | 0                      | 3,573             |

### CENTRAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code

61735

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$28                                                          | \$0                           | \$0                                                    | 0                      | 1                    | 0                      | 1                 |
| Hospital Indemnity               | \$84                                                          | \$0                           | \$0                                                    | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit                  | \$1,289                                                       | \$0                           | \$0                                                    | 0                      | 4                    | 0                      | 4                 |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$1,038                                                                | (\$1,241)                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Hospital Indemnity       | \$3,137                                                                | (\$1,013)                             | \$0                                                             | 0                             | 10                          | 5                             | 15                       |
| Limited Benefit          | \$100,507                                                              | \$1,069,358                           | \$0                                                             | 0                             | 39                          | 26                            | 65                       |
| Long Term Care           | \$90,072                                                               | \$72,088                              | \$0                                                             | 0                             | 55                          | 0                             | 55                       |
| Medicare Supplement      | \$6,206,544                                                            | \$4,339,965                           | \$0                                                             | 2                             | 2,728                       | 0                             | 2,728                    |

### CENTRAL STATES INDEMNITY COMPANY OF OMAHA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$223,345                                                              | \$58,218                              | \$0                                                             | 1                             | 22,231                      | 0                             | 22,231                   |

### CENTRAL UNITED LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                      |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten  | \$183,338                                                              | \$311,813                             | \$0                                                             |                               | 72                          | 40                            | 112                      |
| Accident Only              | \$547                                                                  | \$0                                   | \$0                                                             | 0                             | 37                          | 41                            | 78                       |
| Dental                     | \$1,036                                                                | \$165                                 | \$0                                                             | 0                             | 1                           | 3                             | 4                        |
| Disability Income          | \$13,139                                                               | \$152,452                             | \$0                                                             | 0                             | 62                          | 72                            | 134                      |
| Hospital Indemnity         | \$6,152                                                                | \$7,242                               | \$0                                                             | 0                             | 47                          | 48                            | 95                       |
| Limited Benefit            | \$976,607                                                              | \$1,235,819                           | \$0                                                             | 0                             | 2,275                       | 4,151                         | 6,426                    |
| Medicare Supplement        | \$23,414                                                               | \$30,260                              | \$0                                                             | 0                             | 26                          | 31                            | 57                       |
| Champus/Tricare Supplement | \$34,437                                                               | \$48,144                              | \$0                                                             | 0                             | 44                          | 80                            | 124                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CENTRE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$12,924                                                               | \$162,018                             | \$0                                                             |                               | 68                          | 9                             | 77                       |
| Disability Income         | \$1,215,628                                                            | \$713,733                             | \$0                                                             | 0                             | 1,216                       | 0                             | 1,216                    |

## CHESAPEAKE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten        | \$13,043                                                               | \$36,383                              | \$0                                                             |                               | 3                           | 7                             | 10                       |
| Out-of-State 2 - 5 Member Groups | \$28,794                                                               | \$87,218                              | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Accident Only                    | \$3,538                                                                | (\$23,523)                            | \$925                                                           | 2                             | 234                         | 1                             | 235                      |
| Limited Benefit                  | \$16,976                                                               | \$3,806                               | \$0                                                             | 15                            | 31                          | 5                             | 36                       |
| Student                          | \$1,077,307                                                            | \$367,855                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## CIGNA DENTAL HEALTH OF FLORIDA, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$47,092,513                                                           | \$26,789,893                          | \$2,342,017                                                     | 221                           | 121,931                     | 130,248                       | 252,179                  |

## CIGNA HEALTHCARE OF FLORIDA, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| 51+ Member Groups        | \$165,327,329                                                          | \$151,264,177                         | \$5,592,206                                                     | 552                           | 27,163                      | 30                            | 27,193                   |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CINCINNATI INSURANCE COMPANY

NAIC Company Code

10677

|               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only | \$5,906                                                       | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code

76236

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Out-of-State Individually Underwritten | \$11,977                                                      | \$12,924                      | \$0                                                    | 1                      | 17                   | 0                      | 17                |
| Accident Only                          | \$61                                                          | \$0                           | \$0                                                    | 0                      | 14                   | 0                      | 14                |
| Disability Income                      | \$27,984                                                      | \$41,673                      | \$0                                                    | 0                      | 54                   | 0                      | 54                |
| Hospital Indemnity                     | \$146                                                         | \$0                           | \$0                                                    | 0                      | 5                    | 0                      | 5                 |
| Limited Benefit                        | \$118                                                         | \$0                           | \$0                                                    | 0                      | 14                   | 0                      | 14                |
| Long Term Care                         | \$125,084                                                     | \$49,407                      | \$0                                                    | 0                      | 66                   | 0                      | 66                |
| Medicare Supplement                    | \$2,114                                                       | \$5,565                       | \$0                                                    | 0                      | 4                    | 0                      | 4                 |

## CITIZENS NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

82082

|                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Dental          | \$1,800                                                       | \$1,561                       | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit | \$8,039                                                       | \$5,286                       | \$993                                                  | 0                      | 31                   | 0                      | 31                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CITIZENS SECURITY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$34                                                                   | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Hospital Indemnity               | \$1,627                                                                | \$687                                 | \$0                                                             | 0                             | 2                           | 0                             | 2                        |
| Limited Benefit                  | \$1,960                                                                | \$0                                   | \$0                                                             | 0                             | 8                           | 0                             | 8                        |

## CITRUS HEALTH CARE, INC.

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$1,992,890                                                            | \$1,692,930                           | \$170,719                                                       |                               | 573                         | 137                           | 710                      |

## CLARENDON NATIONAL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Short Term Care          | \$3,659                                                                | (\$370,811)                           | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## COLONIAL AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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       | \$62,693                                                               | \$7,410                               | \$55,125                                                        | 0                             | 20                          | 0                             | 20                       |
| Long Term Care           | \$1,775,320                                                            | \$209,840                             | \$538,880                                                       | 0                             | 785                         | 0                             | 785                      |
| Short Term Care          | \$314,165                                                              | \$37,134                              | \$99,855                                                        | 0                             | 338                         | 0                             | 338                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 62049              |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only      | \$17,733,504                                                  | \$5,753,440                   | \$4,774,271                                            | 0                      | 68,514              | 0                      | 68,514            |
| Disability Income  | \$26,413,195                                                  | \$9,962,629                   | \$7,111,046                                            | 39                     | 55,805              | 0                      | 55,805            |
| Hospital Indemnity | \$3,931,112                                                   | \$1,557,049                   | \$1,058,347                                            | 5                      | 11,862              | 0                      | 11,862            |
| Limited Benefit    | \$14,401,920                                                  | \$7,952,689                   | \$3,877,331                                            | 16                     | 41,976              | 0                      | 41,976            |
| Long Term Care     | \$257                                                         | \$0                           | \$0                                                    | 2                      | 2                   | 0                      | 2                 |
| Sickness           | \$684,126                                                     | \$255,346                     | \$184,183                                              | 0                      | 4,251               | 0                      | 4,251             |

## COLONIAL PENN LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 62065                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only                    | \$15,954                                                      | \$9,832                       | \$0                                                    | 0                      | 114                 | 0                      | 114               |
| Accidental Death & Dismemberment | \$2,511                                                       | \$240                         | \$0                                                    | 0                      | 12                  | 22                     | 34                |
| Hospital Indemnity               | \$1,696                                                       | \$220                         | \$0                                                    | 0                      | 3                   | 2                      | 5                 |
| Limited Benefit                  | \$610                                                         | \$105                         | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Long Term Care                   | \$19,066                                                      | \$0                           | \$0                                                    | 0                      | 29                  | 0                      | 29                |
| Short Term Care                  | \$542                                                         | \$40                          | \$0                                                    | 0                      | 2                   | 0                      | 2                 |
| Medicare Supplement              | \$1,367,574                                                   | \$1,224,738                   | \$0                                                    | 0                      | 429                 | 0                      | 429               |

## COLORADO BANKERS LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 84786             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only     | \$130,356                                                     | \$24,316                      | \$29,600                                               | 0                      | 0                   | 0                      | 0                 |
| Dental            | \$55,696                                                      | \$15,262                      | \$55,696                                               | 0                      | 28                  | 0                      | 28                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## COLUMBIAN LIFE INSURANCE COMPANY

NAIC Company Code

76023

|               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only | \$1,435                                                       | \$0                           | \$0                                                    | 0                      | 6                    | 0                      | 6                 |
| Dental        | \$35,172                                                      | \$88,468                      | \$0                                                    | 0                      | 721                  | 891                    | 1,612             |

## COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code

62103

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only      | \$856                                                         | \$0                           | \$0                                                    | 0                      | 2                    | 0                      | 2                 |
| Disability Income  | \$2,070                                                       | \$9,163                       | \$0                                                    | 0                      | 6                    | 0                      | 6                 |
| Hospital Indemnity | \$2,147                                                       | \$2,100                       | \$0                                                    | 0                      | 12                   | 0                      | 12                |

## COLUMBUS LIFE INSURANCE COMPANY

NAIC Company Code

99937

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Disability Income | \$48,161                                                      | \$110,994                     | \$0                                                    | 0                      | 166                  | 0                      | 166               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## COMBINED INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 62146                      |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only              | \$6,537,369                                                            | \$3,014,906                           | \$281,621                                                       | 0                             | 52,349                     | 6,677                         | 59,026                   |
| Blanket Accident/Sickness  | \$743,946                                                              | \$332,966                             | \$741,891                                                       | 4                             | 210                        | 0                             | 210                      |
| Disability Income          | \$5,317,311                                                            | \$1,239,053                           | \$149,457                                                       | 0                             | 16,327                     | 0                             | 16,327                   |
| Excess/Stop Loss           | \$2,783,629                                                            | \$1,225,155                           | \$0                                                             | 10                            | 5,564                      | 2,328                         | 7,892                    |
| Hospital Indemnity         | \$1,048,203                                                            | \$203,255                             | \$70,023                                                        | 0                             | 2,977                      | 50                            | 3,027                    |
| Limited Benefit            | \$1,782,030                                                            | \$1,097,995                           | \$37,052                                                        | 0                             | 5,971                      | 5,394                         | 11,365                   |
| Long Term Care             | \$408,273                                                              | \$358,672                             | \$48,953                                                        | 0                             | 470                        | 1                             | 471                      |
| Medicare Supplement        | \$2,082,281                                                            | \$1,883,752                           | \$78,463                                                        | 0                             | 878                        | 46                            | 924                      |
| Champus/Tricare Supplement | \$19,942                                                               | \$924                                 | \$0                                                             | 0                             | 14                         | 24                            | 38                       |
| Sickness                   | \$2,248                                                                | \$4,012                               | \$0                                                             | 0                             | 17                         | 4                             | 21                       |
| Vision                     | \$7,125,358                                                            | \$4,426,895                           | \$0                                                             | 11                            | 84,493                     | 59,145                        | 143,638                  |

## COMBINED LIFE INSURANCE COMPANY OF NEW YORK

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 78697                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$298,874                                                              | (\$45,520)                            | (\$288)                                                         | 0                             | 4,506                      | 0                             | 4,506                    |
| Disability Income        | \$92,105                                                               | \$134,286                             | \$410                                                           | 0                             | 359                        | 0                             | 359                      |
| Hospital Indemnity       | \$216,466                                                              | \$482,345                             | \$860                                                           | 0                             | 1,021                      | 0                             | 1,021                    |
| Limited Benefit          | \$61,619                                                               | \$103,999                             | \$0                                                             | 0                             | 188                        | 188                           | 376                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

NAIC Company Code

81426

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only                    | \$25,256                                                      | \$5,046                       | \$23,087                                               | 33                     | 3,952                | 0                      | 3,952             |
| Accidental Death & Dismemberment | \$23,478                                                      | \$0                           | \$0                                                    | 0                      | 237                  | 0                      | 237               |
| Disability Income                | \$36,225                                                      | \$9,165                       | \$0                                                    | 0                      | 783                  | 0                      | 783               |
| Hospital Indemnity               | \$23,139                                                      | \$6,188                       | \$0                                                    | 0                      | 183                  | 0                      | 183               |

## COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code

84824

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Guarantee Issue   | \$12,320                                                      | \$44,906                      | \$0                                                    |                        | 35                   | 10                     | 45                |
| Disability Income | \$841,687                                                     | \$2,614,296                   | \$0                                                    | 0                      | 652                  | 0                      | 652               |

## COMPANION LIFE INSURANCE COMPANY

NAIC Company Code

77828

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Out-of-State Individually Underwritten | \$190,519                                                     | \$156,869                     | \$108,596                                              | 0                      | 0                    | 0                      | 0                 |
| Dental                                 | \$131,793                                                     | \$54,164                      | \$71,122                                               | 18                     | 367                  | 246                    | 613               |
| Disability Income                      | \$110,103                                                     | \$180,771                     | \$42,605                                               | 13                     | 350                  | 0                      | 350               |
| Excess/Stop Loss                       | \$14,483,763                                                  | \$9,905,123                   | \$150,000                                              | 14                     | 3,059                | 4,769                  | 7,828             |
| Hospital Indemnity                     | \$85,139                                                      | \$21,794                      | \$6,286                                                | 5                      | 38                   | 3                      | 41                |
| Prescription Drug                      | \$221                                                         | \$51                          | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Vision                                 | \$1,366                                                       | \$1,187                       | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### COMPBENEFITS COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$74,991,814                                                           | \$61,562,801                          | \$0                                                             | 5,692                         | 619,064                     | 279,391                       | 898,455                  |
| Vision                   | \$75,515,527                                                           | \$55,155,383                          | \$0                                                             | 1,153                         | 1,042,850                   | 790,715                       | 1,833,565                |

### COMPBENEFITS INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 60984                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Dental                   | \$39,161,665                                                           | \$25,785,300                          | \$0                                                             | 422                           | 97,930                      | 63,609                        | 161,539                  |
| Vision                   | \$458,848                                                              | \$319,199                             | \$0                                                             | 15                            | 1,902                       | 1,997                         | 3,899                    |

### CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 62251                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$20,311                                                               | \$45,067                              | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CONNECTICUT GENERAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 62308                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Self-Employed or Sole Proprietor | \$222,106                                                              | \$179,065                             | \$0                                                             | 24                            | 24                          | 31                            | 55                       |
| 6 - 50 Member Groups             | \$984,385                                                              | \$793,626                             | \$0                                                             | 79                            | 147                         | 57                            | 204                      |
| 51+ Member Groups                | \$447,439,278                                                          | \$360,397,541                         | \$0                                                             | 3,095                         | 75,159                      | 64,090                        | 139,249                  |
| Accidental Death & Dismemberment | (\$9,609)                                                              | (\$7,747)                             | \$0                                                             | 5                             | 0                           | 0                             | 0                        |
| Dental                           | \$41,774,543                                                           | \$33,651,903                          | \$0                                                             | 1,991                         | 157,909                     | 155,361                       | 313,270                  |
| Disability Income                | \$699,347                                                              | \$969,379                             | \$0                                                             | 14                            | 580                         | 0                             | 580                      |
| Excess/Stop Loss                 | \$29,309,280                                                           | \$23,629,596                          | \$0                                                             | 661                           | 118                         | 108                           | 226                      |
| Long Term Care                   | \$140,641                                                              | \$81,649                              | \$0                                                             | 0                             | 207                         | 0                             | 207                      |
| Vision                           | \$712                                                                  | \$0                                   | \$0                                                             | 2                             | 2                           | 0                             | 2                        |

## CONSECO HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$3,068,142                                                            | \$533,912                             | \$273,853                                                       | 1                             | 5,487                       | 2,447                         | 7,934                    |
| Hospital Indemnity       | \$2,732,239                                                            | \$371,738                             | \$243,872                                                       | 1                             | 1,700                       | 758                           | 2,458                    |
| Limited Benefit          | \$10,880,271                                                           | \$5,867,880                           | \$971,141                                                       | 1                             | 33,125                      | 14,769                        | 47,894                   |
| Long Term Care           | \$72,790                                                               | \$39,919                              | \$0                                                             | 0                             | 30                          | 0                             | 30                       |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CONSECO INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 60682                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$140,249                                                              | \$178,477                             | \$0                                                             | 1                             | 1,391                      | 0                             | 1,391                    |
| Disability Income        | \$21,025                                                               | \$23,565                              | \$0                                                             | 0                             | 64                         | 0                             | 64                       |
| Hospital Indemnity       | \$41,648                                                               | \$60,873                              | \$0                                                             | 1                             | 410                        | 0                             | 410                      |
| Limited Benefit          | \$81,398                                                               | \$91,228                              | \$0                                                             | 0                             | 716                        | 0                             | 716                      |

## CONSECO LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65900                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$2,785                                                                | \$1,558                               | \$0                                                             |                               | 14                         | 18                            | 32                       |
| Accident Only             | \$15                                                                   | (\$84,835)                            | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Disability Income         | \$31,216                                                               | \$17,461                              | \$0                                                             | 0                             | 26                         | 0                             | 26                       |
| Hospital Indemnity        | \$199                                                                  | \$111                                 | \$0                                                             | 0                             | 3                          | 0                             | 3                        |
| Limited Benefit           | \$3,139                                                                | \$1,756                               | \$0                                                             | 0                             | 37                         | 0                             | 37                       |
| Long Term Care            | \$33,942                                                               | \$62,793                              | \$0                                                             | 0                             | 31                         | 0                             | 31                       |

## CONSTITUTION LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$28,768                                                               | \$16,421                              | \$6,938                                                         | 0                             | 98                         | 0                             | 98                       |
| Long Term Care           | \$22,194                                                               | \$0                                   | \$0                                                             | 0                             | 9                          | 0                             | 9                        |
| Medicare Supplement      | \$8,863,041                                                            | \$5,866,935                           | \$369,463                                                       | 0                             | 3,853                      | 0                             | 3,853                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CONTINENTAL AMERICAN INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 71730                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only                    | \$159,656                                                              | \$70,390                              | \$111,708                                                       | 24                            | 976                         | 0                             | 976                      |
| Accidental Death & Dismemberment | \$124,589                                                              | \$54,929                              | \$26,222                                                        | 6                             | 360                         | 0                             | 360                      |
| Disability Income                | \$907,076                                                              | \$399,915                             | \$158,262                                                       | 24                            | 736                         | 0                             | 736                      |
| Hospital Indemnity               | \$261,582                                                              | \$115,327                             | \$103,638                                                       | 29                            | 427                         | 0                             | 427                      |
| Limited Benefit                  | \$277,256                                                              | \$122,238                             | \$60,395                                                        | 19                            | 333                         | 0                             | 333                      |

## CONTINENTAL ASSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$1,243,542                                                            | \$2,256,606                           | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## CONTINENTAL CASUALTY COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$3,322,078                                                            | \$1,696,713                           | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Disability Income        | (\$2,581,964)                                                          | \$253,118                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Long Term Care           | \$635,377                                                              | \$23,460,958                          | \$0                                                             | 270                           | 28,423                      | 0                             | 28,423                   |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CONTINENTAL GENERAL INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                                  |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Guarantee Issue                        | \$167,261                                                              | \$96,642                              | \$0                                                             |                               | 17                          | 3                             | 20                       |
| Individually Underwritten              | \$3,779,205                                                            | \$2,825,754                           | \$0                                                             |                               | 521                         | 245                           | 766                      |
| Out-of-State Individually Underwritten | \$11,288,921                                                           | \$9,147,118                           | \$0                                                             | 0                             | 1,976                       | 1,489                         | 3,465                    |
| Accident Only                          | \$16,772                                                               | \$1,777                               | \$0                                                             | 0                             | 53                          | 0                             | 53                       |
| Dental                                 | \$7,734                                                                | \$987                                 | \$0                                                             | 0                             | 11                          | 6                             | 17                       |
| Disability Income                      | \$137,752                                                              | \$83,895                              | \$0                                                             | 0                             | 158                         | 8                             | 166                      |
| Hospital Indemnity                     | \$1,631                                                                | \$0                                   | \$240                                                           | 0                             | 2                           | 0                             | 2                        |
| Limited Benefit                        | \$23,307                                                               | \$318                                 | \$0                                                             | 0                             | 90                          | 40                            | 130                      |
| Long Term Care                         | \$1,130,378                                                            | \$656,616                             | \$0                                                             | 0                             | 433                         | 442                           | 875                      |
| Medicare Supplement                    | \$13,690,781                                                           | \$11,307,281                          | \$0                                                             | 0                             | 4,801                       | 0                             | 4,801                    |

## CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$12,181                                                               | \$3,300                               | \$0                                                             |                               | 7                           | 0                             | 7                        |
| Hospital Indemnity        | \$74,911                                                               | \$55,015                              | \$0                                                             | 0                             | 172                         | 0                             | 172                      |
| Limited Benefit           | \$95,988                                                               | \$18,915                              | \$0                                                             | 0                             | 193                         | 0                             | 193                      |
| Long Term Care            | \$56,288                                                               | \$8,155                               | \$0                                                             | 0                             | 57                          | 0                             | 57                       |
| Medicare Supplement       | \$18,728,036                                                           | \$13,228,612                          | \$0                                                             | 0                             | 8,341                       | 0                             | 8,341                    |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### COUNTRY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$39,017                                                               | \$43,857                              | \$403                                                           | 1                             | 53                          | 0                             | 53                       |
| Long Term Care           | \$105,229                                                              | \$0                                   | \$9,508                                                         | 0                             | 78                          | 1                             | 79                       |
| Medicare Supplement      | \$674,964                                                              | \$575,899                             | \$5,724                                                         | 0                             | 350                         | 1                             | 351                      |

### CROATIAN FRATERNAL UNION OF AMERICA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                 | \$84                                                                   | \$0                                   | \$0                                                             | 0                             | 7                           | 0                             | 7                        |

### CROWN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$234,335                                                              | \$629,041                             | \$0                                                             | 0                             | 202                         | 0                             | 202                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## CUNA MUTUAL INSURANCE SOCIETY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 62626                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten        | \$3,276                                                                | \$10,690                              | \$0                                                             |                               | 2                          | 0                             | 2                        |
| Accident Only                    | \$183,702                                                              | \$13,574                              | \$0                                                             | 52                            | 2,606                      | 0                             | 2,606                    |
| Accidental Death & Dismemberment | \$5,179,712                                                            | \$1,507,577                           | \$895,589                                                       | 0                             | 259,529                    | 52,132                        | 311,661                  |
| Dental                           | \$16,495                                                               | \$8,444                               | \$0                                                             | 0                             | 32                         | 0                             | 32                       |
| Disability Income                | \$339,030                                                              | \$102,629                             | \$55,477                                                        | 49                            | 1,464                      | 0                             | 1,464                    |
| Hospital Indemnity               | \$50,339                                                               | \$7,155                               | \$0                                                             | 0                             | 283                        | 873                           | 1,156                    |
| Long Term Care                   | \$2,826,215                                                            | \$880,597                             | \$1,047,931                                                     | 0                             | 2,382                      | 0                             | 2,382                    |
| Medicare Supplement              | \$10,115                                                               | \$12,825                              | \$0                                                             | 0                             | 17                         | 0                             | 17                       |

## DELAWARE AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>       | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 62634                          |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| 51+ Member Groups              | \$1,276                                                                | \$40,059                              | \$0                                                             | 1                             | 3                          | 0                             | 3                        |
| Out-of-State 51+ Member Groups | \$310,259                                                              | \$462,807                             | \$0                                                             | 5                             | 354                        | 83                            | 437                      |

## DELTA DENTAL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 81396                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Dental                   | \$76,652,837                                                           | \$60,989,742                          | \$0                                                             | 329                           | 215,374                    | 217,294                       | 432,668                  |

## DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 52053                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Dental                   | \$117,048                                                              | \$67,383                              | \$0                                                             | 11                            | 469                        | 367                           | 836                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## DENTAL CONCERN, INC., THE

NAIC Company Code

54739

|        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Dental | \$446,696                                                     | \$577,345                     | \$1,310                                                | 136                    | 1,620                | 830                    | 2,450             |

## EMC NATIONAL LIFE COMPANY

NAIC Company Code

62928

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Disability Income   | \$5,191                                                       | \$15,108                      | \$0                                                    | 0                      | 20                   | 0                      | 20                |
| Hospital Indemnity  | \$451                                                         | \$0                           | \$0                                                    | 0                      | 9                    | 0                      | 9                 |
| Limited Benefit     | \$1,087,826                                                   | \$811,710                     | \$79,413                                               | 0                      | 2,229                | 635                    | 2,864             |
| Medicare Supplement | \$8,537                                                       | \$5,284                       | \$0                                                    | 0                      | 2                    | 0                      | 2                 |

## FAIRMONT PREMIER INSURANCE COMPANY

NAIC Company Code

25518

|                           | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Blanket Accident/Sickness | \$249,098                                                     | \$248,829                     | \$249,098                                              | 0                      | 0                    | 0                      | 0                 |
| Dental                    | \$11,025                                                      | \$7,552                       | \$11,025                                               | 0                      | 1,231                | 0                      | 1,231             |
| Excess/Stop Loss          | \$156,886                                                     | \$19,014                      | \$156,886                                              | 923                    | 923                  | 0                      | 923               |
| Limited Benefit           | \$93,218                                                      | \$58,789                      | \$93,218                                               | 0                      | 1,849                | 0                      | 1,849             |
| Travel                    | \$1,167                                                       | \$0                           | \$1,167                                                | 0                      | 2                    | 0                      | 2                 |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code

77968

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only      | \$115,434                                                     | \$30,433                      | \$11,725                                               | 0                      | 169                  | 65                     | 234               |
| Hospital Indemnity | \$39                                                          | \$0                           | \$39                                                   | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit    | \$1,250,254                                                   | \$157,621                     | \$218,238                                              | 0                      | 1,970                | 1,946                  | 3,916             |

## FARMERS NEW WORLD LIFE INSURANCE COMPANY

NAIC Company Code

63177

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only     | \$1,622                                                       | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Disability Income | \$369                                                         | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## FEDERAL INSURANCE COMPANY

NAIC Company Code

20281

|                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only    | \$1,790,443                                                   | \$833,122                     | \$411,000                                              | 148                    | 25,983               | 0                      | 25,983            |
| Excess/Stop Loss | \$302,400                                                     | \$96,576                      | \$302,400                                              | 2                      | 774                  | 903                    | 1,677             |

## FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

NAIC Company Code

63223

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only      | \$721                                                         | \$0                           | \$0                                                    | 0                      | 200                  | 0                      | 200               |
| Disability Income  | \$35,128                                                      | \$17,891                      | \$738                                                  | 0                      | 92                   | 0                      | 92                |
| Hospital Indemnity | \$90                                                          | \$0                           | \$0                                                    | 0                      | 1                    | 0                      | 1                 |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## FEDERATED LIFE INSURANCE COMPANY

NAIC Company Code

63258

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Disability Income | \$1,364,717                                                   | (\$159,366)                   | \$139,402                                              | 0                      | 983                 | 0                      | 983               |

## FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code

71870

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Conversion                             | \$7,625                                                       | \$0                           | \$0                                                    |                        | 0                   | 0                      | 0                 |
| Out-of-State Guarantee Issue           | \$102,153                                                     | \$11,470                      | \$0                                                    |                        | 4                   | 0                      | 4                 |
| Out-of-State Individually Underwritten | \$2,639,818                                                   | \$3,140,601                   | \$55,239                                               | 1                      | 566                 | 388                    | 954               |
| Accident Only                          | \$9,132                                                       | \$3,277                       | \$1,736                                                | 0                      | 125                 | 49                     | 174               |
| Accidental Death & Dismemberment       | \$603                                                         | \$20,971                      | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Dental                                 | \$77,638                                                      | \$41,825                      | \$0                                                    | 10                     | 46                  | 39                     | 85                |
| Disability Income                      | \$552,422                                                     | \$233,315                     | \$47,364                                               | 0                      | 182                 | 0                      | 182               |
| Excess/Stop Loss                       | \$1,645,350                                                   | \$1,274,003                   | \$123,733                                              | 17                     | 331                 | 0                      | 331               |
| Hospital Indemnity                     | \$220,925                                                     | \$65,830                      | \$8,852                                                | 5                      | 1,466               | 1,331                  | 2,797             |
| Limited Benefit                        | \$353,095                                                     | \$74,506                      | \$6,750                                                | 4                      | 2,929               | 1,324                  | 4,253             |
| Prescription Drug                      | \$186,982                                                     | \$148,736                     | \$114,029                                              | 54                     | 545                 | 284                    | 829               |
| Vision                                 | \$8,480,806                                                   | \$5,301,495                   | \$946,968                                              | 203                    | 86,232              | 73,288                 | 159,520           |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 69140                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Guarantee Issue          | \$3,196                                                                | \$15,444                              | \$0                                                             |                               | 5                           | 0                             | 5                        |
| Conversion               | \$111,733                                                              | \$1,422,375                           | \$0                                                             |                               | 17                          | 10                            | 27                       |
| Disability Income        | \$30,882                                                               | \$353,235                             | \$0                                                             | 0                             | 126                         | 0                             | 126                      |
| Hospital Indemnity       | \$1,065                                                                | \$5,148                               | \$0                                                             | 0                             | 1                           | 0                             | 1                        |

## FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$1,304,965                                                            | \$928,294                             | \$0                                                             | 1                             | 2,481                       | 1,459                         | 3,940                    |
| Excess/Stop Loss         | \$79,951                                                               | \$61,136                              | \$0                                                             | 1                             | 696                         | 452                           | 1,148                    |

## FIRST INVESTORS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$873                                                                  | \$5,887                               | \$0                                                             | 0                             | 4                           | 0                             | 4                        |
| Hospital Indemnity       | \$168                                                                  | \$0                                   | \$0                                                             | 0                             | 2                           | 0                             | 2                        |

## FLORIDA COMBINED LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$48,071,081                                                           | \$28,497,458                          | \$0                                                             | 3,209                         | 131,596                     | 0                             | 131,596                  |
| Disability Income        | \$11,898,472                                                           | \$8,097,491                           | \$0                                                             | 298                           | 44,476                      | 0                             | 44,476                   |
| Hospital Indemnity       | \$328,558                                                              | \$85,907                              | \$0                                                             | 38                            | 3,337                       | 0                             | 3,337                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## FLORIDA HEALTH CARE PLAN, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 95124                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Self-Employed or Sole Proprietor | \$1,096,537                                                            | \$1,123,834                           | \$22,311                                                        | 150                           | 150                        | 0                             | 150                      |
| 2 - 5 Member Groups              | \$8,827,385                                                            | \$8,720,624                           | \$441,918                                                       | 682                           | 1,411                      | 540                           | 1,951                    |
| 6 - 50 Member Groups             | \$12,787,918                                                           | \$10,003,613                          | \$261,994                                                       | 264                           | 1,963                      | 793                           | 2,756                    |
| 51+ Member Groups                | \$113,650,770                                                          | \$97,183,757                          | \$159,248                                                       | 53                            | 16,496                     | 12,604                        | 29,100                   |
| Conversion                       | \$5,494,091                                                            | \$6,229,012                           | \$524,994                                                       |                               | 718                        | 338                           | 1,056                    |

## FORT DEARBORN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 71129                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Dental                   | \$11,702                                                               | \$14,012                              | \$0                                                             | 5                             | 24                         | 48                            | 72                       |
| Disability Income        | \$778,685                                                              | \$930,238                             | \$0                                                             | 77                            | 1,473                      | 0                             | 1,473                    |

## FREEDOM LIFE INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 62324                                  |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten              | \$20,808                                                               | \$239,952                             | \$633                                                           |                               | 5                          | 2                             | 7                        |
| Out-of-State Individually Underwritten | \$12,477,974                                                           | \$6,341,672                           | \$6,655,651                                                     | 2                             | 3,473                      | 3,311                         | 6,784                    |
| Accidental Death & Dismemberment       | \$1,060                                                                | \$0                                   | \$0                                                             | 0                             | 9                          | 0                             | 9                        |
| Blanket Accident/Sickness              | \$36,229                                                               | \$153,401                             | \$36,229                                                        | 1                             | 206                        | 254                           | 460                      |
| Dental                                 | \$24,205                                                               | \$430                                 | \$12,720                                                        | 0                             | 26                         | 19                            | 45                       |
| Hospital Indemnity                     | \$3,785                                                                | \$0                                   | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Limited Benefit                        | \$431,816                                                              | \$233,850                             | \$1,131                                                         | 0                             | 1,929                      | 251                           | 2,180                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## GARDEN STATE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 63657                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$6,761                                                                | \$0                                   | \$0                                                             | 1                             | 28                          | 0                             | 28                       |

## GENERAL AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 63665                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$11,021                                                               | \$7,084                               | \$0                                                             |                               | 19                          | 0                             | 19                       |
| Disability Income         | \$941,097                                                              | \$2,230,516                           | \$0                                                             | 0                             | 671                         | 0                             | 671                      |
| Hospital Indemnity        | \$64                                                                   | \$0                                   | \$0                                                             | 0                             | 3                           | 0                             | 3                        |

## GENERAL FIDELITY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 93521                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$22,964                                                               | (\$9,518)                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## GENESIS INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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           | \$300,477                                                              | \$1,113,913                           | \$0                                                             | 0                             | 129                         | 0                             | 129                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65536                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only             | \$5,610                                                                | \$5,575                               | \$0                                                             | 0                             | 50                         | 0                             | 50                       |
| Blanket Accident/Sickness | \$10,169                                                               | \$43,873                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Disability Income         | \$30,648                                                               | \$248,273                             | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Hospital Indemnity        | \$2,266                                                                | \$8,593                               | \$0                                                             | 0                             | 5                          | 0                             | 5                        |
| Limited Benefit           | \$10,570                                                               | \$2,551                               | \$0                                                             | 0                             | 26                         | 0                             | 26                       |
| Long Term Care            | \$76,066                                                               | \$36,942                              | \$0                                                             | 0                             | 45                         | 0                             | 45                       |
| Medicare Supplement       | \$3,517,300                                                            | \$2,434,567                           | \$1,116,218                                                     | 0                             | 1,366                      | 0                             | 1,366                    |

## GENWORTH LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$10,004                                                               | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Long Term Care                   | \$102,118,391                                                          | \$46,777,486                          | \$7,961,701                                                     | 0                             | 49,763                     | 0                             | 49,763                   |
| Medicare Supplement              | \$4,887                                                                | \$1,802                               | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## GERBER LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$117,143                                                              | \$0                                   | \$0                                                             | 8                             | 2,162                      | 2,605                         | 4,767                    |
| Excess/Stop Loss                 | \$2,480,512                                                            | \$1,779,646                           | \$0                                                             | 10                            | 806                        | 1,612                         | 2,418                    |
| Hospital Indemnity               | \$45,918                                                               | \$18,875                              | \$0                                                             | 0                             | 126                        | 0                             | 126                      |
| Limited Benefit                  | \$340                                                                  | \$0                                   | \$0                                                             | 0                             | 2                          | 0                             | 2                        |
| Long Term Care                   | \$9,182                                                                | \$727                                 | \$0                                                             | 0                             | 12                         | 0                             | 12                       |
| Medicare Supplement              | \$847,584                                                              | \$641,462                             | \$0                                                             | 0                             | 315                        | 0                             | 315                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 91472                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten        | \$118,303                                                     | \$158,865                     | \$0                                                    |                        | 126                 | 31                     | 157               |
| Accident Only                    | \$12,153                                                      | \$39                          | \$0                                                    | 0                      | 117                 | 39                     | 156               |
| Accidental Death & Dismemberment | \$2,386,645                                                   | \$663,074                     | \$317,659                                              | 0                      | 14,166              | 0                      | 14,166            |
| Hospital Indemnity               | \$2,400                                                       | \$100                         | \$0                                                    | 0                      | 15                  | 1                      | 16                |
| Limited Benefit                  | \$32,181                                                      | \$10,564                      | \$0                                                    | 0                      | 491                 | 220                    | 711               |
| Long Term Care                   | \$116                                                         | \$0                           | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Medicare Supplement              | \$118,266                                                     | \$96,937                      | \$0                                                    | 0                      | 77                  | 1                      | 78                |

## GOLDEN RULE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 62286                                  |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten              | \$1,329,852                                                   | \$1,255,482                   | \$0                                                    |                        | 108                 | 37                     | 145               |
| Conversion                             | \$54,890                                                      | \$16,180                      | \$12,438                                               |                        | 18                  | 2                      | 20                |
| Out-of-State Guarantee Issue           | \$12,177,491                                                  | \$13,094,370                  | \$1,981,759                                            |                        | 1,240               | 176                    | 1,416             |
| Out-of-State Individually Underwritten | \$233,730,213                                                 | \$123,136,753                 | \$47,688,335                                           | 1                      | 64,408              | 49,567                 | 113,974           |
| Out-of-State Short Term Major Medical  | \$1,517,511                                                   | \$740,928                     | \$1,327,357                                            | 1                      | 1,060               | 528                    | 1,588             |
| Disability Income                      | \$1,471                                                       | \$0                           | \$0                                                    | 0                      | 3                   | 0                      | 3                 |
| Hospital Indemnity                     | \$1,217                                                       | \$998                         | \$0                                                    | 0                      | 7                   | 2                      | 9                 |
| Medicare Supplement                    | \$3,617,730                                                   | \$3,568,835                   | \$983                                                  | 0                      | 1,522               | 0                      | 1,522             |

## GOVERNMENT EMPLOYEES INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 22063             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only     | \$17,231                                                      | \$4,640                       | \$0                                                    | 0                      | 147                 | 0                      | 147               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$186,804                                                              | \$169,755                             | \$0                                                             | 0                             | 265                         | 289                           | 554                      |

## GREAT AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$647                                                                  | \$0                                   | \$0                                                             | 0                             | 5                           | 0                             | 5                        |
| Disability Income        | \$304                                                                  | (\$20,645)                            | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Hospital Indemnity       | \$265                                                                  | \$0                                   | \$0                                                             | 0                             | 2                           | 0                             | 2                        |
| Long Term Care           | \$1,700,990                                                            | \$75,302                              | \$166,663                                                       | 1                             | 1,150                       | 0                             | 1,150                    |
| Medicare Supplement      | \$29,978                                                               | \$12,131                              | \$29,978                                                        | 0                             | 58                          | 0                             | 58                       |

## GREAT SOUTHERN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Conversion               | \$3,467                                                                | \$2,500                               | \$0                                                             |                               | 1                           | 0                             | 1                        |
| Disability Income        | \$242,160                                                              | \$168,100                             | \$33,804                                                        | 0                             | 234                         | 0                             | 234                      |
| Limited Benefit          | \$228                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## GREAT WEST LIFE ASSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 80705                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| 51+ Member Groups        | \$1,499,266                                                            | \$40,426                              | \$0                                                             | 12                            | 162                         | 270                           | 432                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

### NAIC Company Code

68322

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Out-of-State 51+ Member Groups   | \$1,366,156                                                   | \$1,235,213                   | \$13,739                                               | 27                     | 368                 | 450                    | 818               |
| Accidental Death & Dismemberment | \$270,789                                                     | \$264,835                     | \$7,629                                                | 493                    | 14,814              | 9,293                  | 24,107            |
| Dental                           | \$213,977                                                     | \$190,000                     | \$2,279                                                | 305                    | 12,098              | 10,777                 | 22,875            |
| Disability Income                | \$50,789                                                      | \$46,102                      | \$0                                                    | 22                     | 599                 | 561                    | 1,160             |
| Excess/Stop Loss                 | \$46,445,652                                                  | \$41,993,946                  | \$3,538,696                                            | 931                    | 47,348              | 40,048                 | 87,396            |
| Vision                           | \$15,509                                                      | \$14,023                      | \$39                                                   | 204                    | 8,707               | 7,559                  | 16,266            |

## GUARANTEE TRUST LIFE INSURANCE COMPANY

### NAIC Company Code

64211

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten              | \$400,697                                                     | \$119,401                     | \$49,924                                               |                        | 208                 | 44                     | 252               |
| Out-of-State Individually Underwritten | \$8,276,185                                                   | \$12,366,224                  | \$4,742,277                                            | 18                     | 1,212               | 984                    | 2,196             |
| Out-of-State Short Term Major Medical  | \$316,571                                                     | \$299,944                     | \$316,571                                              | 1                      | 97                  | 107                    | 204               |
| Accident Only                          | \$856                                                         | \$0                           | \$0                                                    | 0                      | 40                  | 0                      | 40                |
| Accidental Death & Dismemberment       | \$558,558                                                     | (\$233,394)                   | \$553,236                                              | 30                     | 6,678               | 2,404                  | 9,082             |
| Disability Income                      | \$136,502                                                     | \$77,313                      | \$87,603                                               | 32                     | 1,426               | 0                      | 1,426             |
| Hospital Indemnity                     | \$521,153                                                     | \$47,924                      | \$489,826                                              | 0                      | 1,287               | 0                      | 1,287             |
| Limited Benefit                        | \$76,169                                                      | \$14,668                      | \$2,023                                                | 0                      | 445                 | 0                      | 445               |
| Long Term Care                         | \$2,024,378                                                   | \$3,363,998                   | \$0                                                    | 0                      | 559                 | 0                      | 559               |
| Medicare Supplement                    | \$2,111,102                                                   | \$1,794,932                   | \$3,057                                                | 0                      | 831                 | 0                      | 831               |
| Student                                | \$78,101                                                      | \$29,606                      | \$0                                                    | 0                      | 0                   | 0                      | 0                 |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## GUARANTY INCOME LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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           | \$172,904                                                              | \$3,259                               | \$26,626                                                        | 0                             | 124                         | 0                             | 124                      |

## GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 64246                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Guarantee Issue                  | \$12,353                                                               | \$10,227                              | \$0                                                             |                               | 0                           | 0                             | 0                        |
| Individually Underwritten        | \$268,664                                                              | \$661,946                             | \$0                                                             |                               | 341                         | 341                           | 682                      |
| 2 - 5 Member Groups              | \$148,522                                                              | \$142,134                             | \$0                                                             | 1                             | 2                           | 2                             | 4                        |
| Conversion                       | \$291,485                                                              | \$974,767                             | \$35,966                                                        |                               | 61                          | 46                            | 107                      |
| Accidental Death & Dismemberment | \$1,031,070                                                            | \$386,823                             | \$268,713                                                       | 1,534                         | 66,522                      | 3,326                         | 69,848                   |
| Dental                           | \$114,827,610                                                          | \$81,401,174                          | \$19,344,814                                                    | 4,742                         | 253,601                     | 253,601                       | 507,202                  |
| Disability Income                | \$27,741,183                                                           | \$23,301,035                          | \$2,810,208                                                     | 1,742                         | 55,062                      | 0                             | 55,062                   |
| Excess/Stop Loss                 | \$1,038,826                                                            | \$1,419,861                           | \$27,156                                                        | 3                             | 599                         | 654                           | 1,253                    |
| Vision                           | \$1,427,117                                                            | \$698,851                             | \$627,916                                                       | 2,070                         | 160,205                     | 160,205                       | 320,410                  |

## HARLEYSVILLE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 64327                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$142                                                                  | \$0                                   | \$0                                                             | 1                             | 25                          | 0                             | 25                       |

## HARTFORD FIRE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 19682                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Blanket Accident/Sickness | \$10,052                                                               | (\$112)                               | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 70815                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$32,619,767                                                           | \$16,872,211                          | \$411,017                                                       | 57                            | 59,302                     | 0                             | 59,302                   |
| Blanket Accident/Sickness        | \$1,422,090                                                            | \$684,258                             | \$0                                                             | 1,504                         | 139,348                    | 0                             | 139,348                  |
| Disability Income                | \$88,074,271                                                           | \$72,128,290                          | \$3,084,409                                                     | 1,316                         | 527,625                    | 0                             | 527,625                  |
| Excess/Stop Loss                 | \$614,112                                                              | \$504,348                             | \$0                                                             | 3                             | 750                        | 0                             | 750                      |
| Hospital Indemnity               | \$797,712                                                              | \$383,830                             | \$480                                                           | 0                             | 792                        | 0                             | 792                      |
| Medicare Supplement              | \$14,960,640                                                           | \$7,198,515                           | \$5,105,226                                                     | 12                            | 8,265                      | 0                             | 8,265                    |
| Travel                           | \$2,276,816                                                            | \$1,095,521                           | \$0                                                             | 375                           | 557,753                    | 0                             | 557,753                  |

### HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 71153                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$7,905                                                                | \$5,454                               | \$0                                                             | 0                             | 46                         | 0                             | 46                       |
| Hospital Indemnity       | \$4,045                                                                | \$2,790                               | \$0                                                             | 0                             | 24                         | 0                             | 24                       |
| Limited Benefit          | \$44,170                                                               | \$30,474                              | \$0                                                             | 0                             | 554                        | 0                             | 554                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## HARTFORD LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$2,408,578                                                            | \$2,286,371                           | \$26,592                                                        | 2                             | 15,543                     | 0                             | 15,543                   |
| Blanket Accident/Sickness        | \$62,860                                                               | \$59,663                              | \$0                                                             | 3                             | 6,764                      | 0                             | 6,764                    |
| Disability Income                | \$6,239,389                                                            | \$5,952,311                           | \$253,221                                                       | 17                            | 85,317                     | 0                             | 85,317                   |
| Hospital Indemnity               | \$140,266                                                              | \$133,132                             | \$3,664                                                         | 3                             | 908                        | 0                             | 908                      |
| Long Term Care                   | \$192,838                                                              | \$183,029                             | \$0                                                             | 0                             | 26                         | 0                             | 26                       |
| Medicare Supplement              | \$6,477,252                                                            | \$6,147,796                           | \$448,727                                                       | 13                            | 11,140                     | 0                             | 11,140                   |
| Travel                           | \$1,626                                                                | \$1,453                               | \$0                                                             | 4                             | 437                        | 0                             | 437                      |

## HCC LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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         | \$7,583,060                                                            | \$5,938,252                           | \$1,431,199                                                     | 47                            | 20,106                     | 24,862                        | 44,968                   |
| Medicare Supplement      | \$2,147                                                                | \$7,137                               | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$1,951,552                                                            | \$3,271,492                           | \$0                                                             | 0                             | 666                        | 253                           | 919                      |
| Out-of-State 51+ Member Groups         | \$44,342,106                                                           | \$40,157,013                          | \$0                                                             | 1,389                         | 6,455                      | 5,699                         | 12,154                   |
| Administrative Services Only (ASO)     | \$515,330,473                                                          | \$437,480,656                         | \$0                                                             | 605                           | 83,766                     | 93,438                        | 177,204                  |
| Dental                                 | \$635,620                                                              | \$500,963                             | \$0                                                             | 0                             | 1,063                      | 939                           | 2,002                    |
| Medicare Supplement                    | \$9,211,452                                                            | \$7,285,200                           | \$0                                                             | 0                             | 3,333                      | 0                             | 3,333                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## HEALTH FIRST HEALTH PLANS, INC.

| <i>NAIC Company Code</i>           | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 95019                              |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Self-Employed or Sole Proprietor   | \$2,971,524                                                            | \$2,360,809                           | \$93,087                                                        | 349                           | 349                        | 294                           | 643                      |
| 2 - 5 Member Groups                | \$18,406,201                                                           | \$15,859,129                          | \$966,482                                                       | 1,027                         | 3,041                      | 2,090                         | 5,131                    |
| 6 - 50 Member Groups               | \$36,092,134                                                           | \$29,860,047                          | \$1,837,909                                                     | 500                           | 5,831                      | 3,492                         | 9,323                    |
| 51+ Member Groups                  | \$57,784,654                                                           | \$54,450,656                          | \$194,970                                                       | 90                            | 8,079                      | 7,300                         | 15,379                   |
| Conversion                         | \$960,336                                                              | \$929,479                             | \$217,803                                                       |                               | 119                        | 68                            | 187                      |
| Administrative Services Only (ASO) | \$1,496,450                                                            | \$0                                   | \$0                                                             | 2                             | 4,802                      | 5,438                         | 10,240                   |

## HEALTH OPTIONS, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 95089                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue                  | \$3,224,773                                                            | \$2,015,346                           | \$70,395                                                        |                               | 454                        | 153                           | 607                      |
| Self-Employed or Sole Proprietor | \$10,476,475                                                           | \$8,979,731                           | \$41,906                                                        | 690                           | 690                        | 399                           | 1,089                    |
| 2 - 5 Member Groups              | \$44,667,911                                                           | \$34,715,678                          | \$402,011                                                       | 1,792                         | 4,729                      | 3,234                         | 7,963                    |
| 6 - 50 Member Groups             | \$127,992,335                                                          | \$91,767,729                          | \$1,279,923                                                     | 2,700                         | 13,320                     | 8,132                         | 21,452                   |
| 51+ Member Groups                | \$511,078,664                                                          | \$395,549,406                         | \$4,088,629                                                     | 418                           | 78,222                     | 63,986                        | 142,208                  |
| Conversion                       | \$55,059,899                                                           | \$55,527,098                          | \$3,891,976                                                     |                               | 7,746                      | 2,620                         | 10,366                   |

## HM LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 93440                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$1,238,543                                                            | \$858,316                             | \$0                                                             | 1                             | 1,099                      | 847                           | 1,946                    |
| Excess/Stop Loss         | \$11,299,188                                                           | \$7,589,778                           | \$3,389,756                                                     | 42                            | 106,299                    | 81,956                        | 188,255                  |
| Hospital Indemnity       | \$447,081                                                              | \$60,303                              | \$447,081                                                       | 9                             | 2,385                      | 1,839                         | 4,224                    |
| Vision                   | \$448,938                                                              | \$350,023                             | \$23,003                                                        | 4                             | 4,265                      | 3,288                         | 7,553                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## HORACE MANN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$2,478                                                                | (\$11)                                | \$0                                                             | 0                             | 71                          | 0                             | 71                       |
| Disability Income                | \$241,472                                                              | (\$10,748)                            | \$6,790                                                         | 12                            | 631                         | 0                             | 631                      |
| Hospital Indemnity               | \$466                                                                  | \$1,185                               | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## HOUSEHOLD LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$431                                                                  | \$0                                   | \$0                                                             | 0                             | 56                          | 0                             | 56                       |

## HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Guarantee Issue                  | \$2,138,876                                                            | \$1,736,985                           | \$373,652                                                       |                               | 234                         | 8                             | 242                      |
| Individually Underwritten        | \$73,490,136                                                           | \$57,373,196                          | \$17,192,449                                                    |                               | 37,830                      | 23,667                        | 61,497                   |
| Self-Employed or Sole Proprietor | \$10,648,240                                                           | \$9,152,807                           | \$33,933                                                        | 671                           | 671                         | 504                           | 1,175                    |
| 2 - 5 Member Groups              | \$32,484,581                                                           | \$27,343,250                          | \$908,681                                                       | 1,307                         | 3,479                       | 2,136                         | 5,615                    |
| 6 - 50 Member Groups             | \$38,394,093                                                           | \$30,246,829                          | \$766,942                                                       | 497                           | 3,618                       | 2,603                         | 6,221                    |
| 51+ Member Groups                | \$241,152,911                                                          | \$212,721,731                         | \$4,932,067                                                     | 236                           | 28,133                      | 20,699                        | 48,832                   |
| Conversion                       | \$2,448,270                                                            | \$3,064,090                           | \$304,419                                                       |                               | 254                         | 66                            | 320                      |
| Excess/Stop Loss                 | \$4,282,575                                                            | \$2,228,151                           | \$243,924                                                       | 2                             | 284                         | 223                           | 507                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## HUMANA INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 73288                                  |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| 51+ Member Groups                      | \$7,543,786                                                            | \$6,339,473                           | \$0                                                             | 1                             | 779                        | 831                           | 1,610                    |
| Out-of-State Individually Underwritten | \$496,817                                                              | \$316,473                             | \$0                                                             | 152                           | 152                        | 69                            | 221                      |
| Accidental Death & Dismemberment       | \$196,820                                                              | \$126,800                             | \$0                                                             | 993                           | 18,786                     | 287                           | 19,073                   |
| Dental                                 | \$1,362                                                                | \$768                                 | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Disability Income                      | \$81,926                                                               | \$20,351                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Medicare Supplement                    | \$299                                                                  | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## HUMANA MEDICAL PLAN, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 95270                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Self-Employed or Sole Proprietor | \$6,250,722                                                            | \$6,597,762                           | \$444,189                                                       | 605                           | 605                        | 497                           | 1,102                    |
| 2 - 5 Member Groups              | \$29,062,282                                                           | \$24,285,141                          | \$7,878,114                                                     | 1,888                         | 6,107                      | 3,246                         | 9,353                    |
| 6 - 50 Member Groups             | \$69,247,524                                                           | \$59,352,104                          | \$20,455,424                                                    | 1,358                         | 15,836                     | 7,943                         | 23,779                   |
| 51+ Member Groups                | \$445,333,056                                                          | \$389,506,817                         | \$18,824,302                                                    | 481                           | 77,851                     | 47,632                        | 125,483                  |
| Conversion                       | \$2,585,727                                                            | \$2,936,857                           | \$213,948                                                       |                               | 249                        | 98                            | 347                      |

## HUMANADENTAL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 70580                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Dental                   | \$16,845,560                                                           | \$11,016,524                          | \$2,122,512                                                     | 1,338                         | 24,229                     | 45,933                        | 70,162                   |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## IA AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$133                                                                  | \$0                                   | \$0                                                             | 0                             | 9                           | 0                             | 9                        |
| Hospital Indemnity               | \$86                                                                   | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Limited Benefit                  | \$4,693                                                                | \$532                                 | \$0                                                             | 0                             | 85                          | 0                             | 85                       |

## IDEALIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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      | \$1,886,277                                                            | \$1,433,816                           | \$0                                                             | 0                             | 616                         | 0                             | 616                      |

## ILLINOIS MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$875,718                                                              | \$648,042                             | \$0                                                             |                               | 83                          | 32                            | 115                      |
| Disability Income         | \$4,726,187                                                            | \$2,687,987                           | \$377,107                                                       | 0                             | 7,258                       | 0                             | 7,258                    |
| Hospital Indemnity        | \$6,100                                                                | (\$210)                               | \$0                                                             | 0                             | 36                          | 5                             | 41                       |

## INDEPENDENT ORDER OF FORESTERS

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 58068                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$4,393                                                                | \$20,343                              | \$0                                                             | 0                             | 56                          | 0                             | 56                       |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## INDIANAPOLIS LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 64645             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Disability Income | \$745,482                                                     | (\$414,816)                   | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 81779             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only     | \$46                                                          | \$0                           | \$0                                                    | 1                      | 1                    | 0                      | 1                 |

## ING LIFE INSURANCE AND ANNUITY COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 86509                     |                                                               |                               |                                                        |                        |                      |                        |                   |
| Individually Underwritten | \$2,974                                                       | \$6,521                       | \$0                                                    |                        | 2                    | 0                      | 2                 |
| Long Term Care            | \$36,992                                                      | \$227,274                     | \$0                                                    | 0                      | 42                   | 0                      | 42                |
| Medicare Supplement       | \$14,527                                                      | \$32,727                      | \$0                                                    | 0                      | 7                    | 0                      | 7                 |

## ING USA ANNUITY AND LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 80942             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Disability Income | \$137                                                         | \$4,926                       | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit   | \$2,655                                                       | \$1,092                       | \$0                                                    | 0                      | 658                  | 0                      | 658               |

## INSURANCE COMPANY OF NORTH AMERICA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 22713             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only     | (\$965)                                                       | \$1,544,512                   | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### INVESTORS CONSOLIDATED INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 85189                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Limited Benefit          | \$625                                                                  | \$0                                   | \$0                                                             | 0                             | 8                           | 10                            | 18                       |

### INVESTORS HERITAGE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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      | \$1,177                                                                | \$4,277                               | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

### INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$2,014                                                                | \$45,543                              | \$0                                                             | 0                             | 18                          | 0                             | 18                       |
| Hospital Indemnity       | \$3,692                                                                | \$17,382                              | \$0                                                             | 0                             | 8                           | 0                             | 8                        |
| Medicare Supplement      | \$531                                                                  | \$0                                   | \$0                                                             | 0                             | 2                           | 0                             | 2                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## JACKSON NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                      |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten  | \$2,992                                                                | \$13,631                              | \$0                                                             |                               | 1                           | 0                             | 1                        |
| Accident Only              | \$22,664                                                               | \$5,077                               | \$0                                                             | 0                             | 1,472                       | 6                             | 1,478                    |
| Dental                     | \$55,124                                                               | \$60,619                              | \$0                                                             | 0                             | 151                         | 0                             | 151                      |
| Disability Income          | \$30,928                                                               | \$41,020                              | \$0                                                             | 0                             | 738                         | 0                             | 738                      |
| Hospital Indemnity         | \$93,355                                                               | \$32,283                              | \$0                                                             | 0                             | 447                         | 16                            | 463                      |
| Limited Benefit            | \$593,306                                                              | \$965,568                             | \$0                                                             | 0                             | 2,332                       | 884                           | 3,216                    |
| Long Term Care             | \$25,301                                                               | \$77,073                              | \$0                                                             | 0                             | 30                          | 0                             | 30                       |
| Medicare Supplement        | \$736,829                                                              | \$847,084                             | \$0                                                             | 0                             | 401                         | 0                             | 401                      |
| Champus/Tricare Supplement | \$71,759                                                               | \$103,980                             | \$0                                                             | 0                             | 99                          | 65                            | 164                      |

## JEFFERSON NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$2,790                                                                | \$5,593                               | \$0                                                             |                               | 14                          | 0                             | 14                       |
| Accident Only             | \$41                                                                   | \$82                                  | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Disability Income         | \$53,781                                                               | \$107,830                             | \$0                                                             | 0                             | 43                          | 0                             | 43                       |
| Hospital Indemnity        | \$1,605                                                                | \$3,218                               | \$0                                                             | 0                             | 9                           | 0                             | 9                        |
| Limited Benefit           | \$1,121                                                                | \$2,248                               | \$0                                                             | 0                             | 18                          | 0                             | 18                       |
| Medicare Supplement       | \$60,024                                                               | \$120,347                             | \$0                                                             | 0                             | 25                          | 0                             | 25                       |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## JOHN ALDEN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65080                                  |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten              | \$84,575                                                               | \$5,611                               | \$11,754                                                        |                               | 3                          | 4                             | 7                        |
| Conversion                             | \$169,318                                                              | \$64,237                              | \$0                                                             |                               | 15                         | 3                             | 18                       |
| Out-of-State Guarantee Issue           | \$171,649                                                              | \$17,919                              | \$13,987                                                        |                               | 14                         | 0                             | 14                       |
| Out-of-State Individually Underwritten | \$6,209,630                                                            | \$3,884,889                           | \$670,310                                                       | 1                             | 1,271                      | 888                           | 2,159                    |
| Out-of-State 2 - 5 Member Groups       | \$28,560                                                               | \$57,274                              | \$0                                                             | 1                             | 3                          | 0                             | 3                        |
| Out-of-State Short Term Major Medical  | \$350,920                                                              | \$147,377                             | \$271,010                                                       | 1                             | 164                        | 49                            | 213                      |
| Accident Only                          | \$44,108                                                               | \$37,910                              | \$23,910                                                        | 0                             | 190                        | 227                           | 417                      |
| Accidental Death & Dismemberment       | \$516                                                                  | \$0                                   | \$0                                                             | 0                             | 15                         | 0                             | 15                       |
| Dental                                 | \$28,883                                                               | \$14,306                              | \$7,431                                                         | 9                             | 82                         | 54                            | 136                      |
| Disability Income                      | \$189,963                                                              | \$180,398                             | \$88,488                                                        | 0                             | 483                        | 0                             | 483                      |
| Hospital Indemnity                     | \$1,728                                                                | \$1,319                               | \$834                                                           | 0                             | 11                         | 1                             | 12                       |
| Limited Benefit                        | \$30,412                                                               | \$14,492                              | \$12,525                                                        | 0                             | 121                        | 95                            | 216                      |
| Long Term Care                         | \$666,184                                                              | \$683,293                             | \$0                                                             | 0                             | 425                        | 0                             | 425                      |
| Medicare Supplement                    | \$569,015                                                              | \$340,627                             | \$0                                                             | 0                             | 242                        | 0                             | 242                      |
| Sickness                               | \$5,565                                                                | \$3,255                               | \$3,681                                                         | 0                             | 16                         | 4                             | 20                       |

## JOHN HANCOCK LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65099                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$1,008,384                                                            | \$4,074,323                           | \$0                                                             | 0                             | 264                        | 0                             | 264                      |
| Long Term Care           | \$85,373,481                                                           | \$49,387,469                          | \$16,987,766                                                    | 0                             | 50,961                     | 3,667                         | 54,628                   |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

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

NAIC Company Code

65838

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Disability Income | \$2,022                                                       | \$15,678                      | \$0                                                    | 0                      | 9                   | 0                      | 9                 |

## KANAWHA INSURANCE COMPANY

NAIC Company Code

65110

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten        | \$253                                                         | \$39,464                      | \$0                                                    |                        | 0                   | 0                      | 0                 |
| Other Prepaid Health Services    | \$315                                                         | \$3,474                       | \$0                                                    | 0                      | 2                   | 0                      | 2                 |
| Accident Only                    | \$13,065                                                      | \$322                         | \$0                                                    | 0                      | 90                  | 0                      | 90                |
| Accidental Death & Dismemberment | \$101,140                                                     | \$9,294                       | \$0                                                    | 6                      | 429                 | 67                     | 496               |
| Dental                           | \$18,563                                                      | \$21,218                      | \$0                                                    | 0                      | 38                  | 44                     | 82                |
| Disability Income                | \$862,489                                                     | \$264,627                     | \$0                                                    | 15                     | 2,301               | 0                      | 2,301             |
| Excess/Stop Loss                 | \$1,469,396                                                   | \$1,682,065                   | \$0                                                    | 1                      | 4,703               | 5,879                  | 10,582            |
| Hospital Indemnity               | \$169,680                                                     | \$3,247                       | \$0                                                    | 2                      | 535                 | 167                    | 702               |
| Limited Benefit                  | \$586,063                                                     | \$385,034                     | \$0                                                    | 0                      | 3,245               | 959                    | 4,204             |
| Long Term Care                   | \$16,310,209                                                  | \$12,252,769                  | \$0                                                    | 0                      | 9,434               | 0                      | 9,434             |
| Short Term Care                  | \$524,033                                                     | \$521,376                     | \$0                                                    | 0                      | 0                   | 0                      | 0                 |

# CY2007 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<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$2,919                                                                | \$9,591                               | \$0                                                             |                               | 2                          | 0                             | 2                        |
| Dental                    | \$743,673                                                              | \$251,172                             | \$0                                                             | 16                            | 367                        | 515                           | 882                      |
| Disability Income         | \$226,290                                                              | \$399,710                             | \$0                                                             | 20                            | 687                        | 0                             | 687                      |
| Hospital Indemnity        | \$4,242                                                                | (\$16)                                | \$0                                                             | 0                             | 19                         | 0                             | 19                       |
| Limited Benefit           | \$113                                                                  | (\$6)                                 | \$0                                                             | 0                             | 2                          | 1                             | 3                        |
| Medicare Supplement       | \$2,281                                                                | \$2,055                               | \$0                                                             | 0                             | 3                          | 0                             | 3                        |
| Vision                    | \$2,390                                                                | \$339                                 | \$0                                                             | 1                             | 20                         | 21                            | 41                       |

## KNIGHTS OF COLUMBUS

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 58033                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Hospital Indemnity       | \$24,292                                                               | \$4,766                               | \$0                                                             | 0                             | 77                         | 13                            | 90                       |
| Long Term Care           | \$1,447,683                                                            | \$41,903                              | \$98,537                                                        | 0                             | 1,192                      | 48                            | 1,240                    |

## LAFAYETTE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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 | \$112,259                                                              | \$25,000                              | \$64,871                                                        | 30                            | 5,156                      | 0                             | 5,156                    |
| Disability Income                | \$575,393                                                              | \$83,950                              | \$37,731                                                        | 8                             | 1,500                      | 0                             | 1,500                    |

## LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Excess/Stop Loss         | \$13,544,544                                                           | \$16,198,030                          | \$2,615,929                                                     | 0                             | 59,153                     | 0                             | 59,153                   |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### LIBERTY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$2,168,140                                                            | (\$27,316)                            | \$85,582                                                        | 0                             | 12,573                      | 4,912                         | 17,485                   |
| Disability Income        | \$172,076                                                              | \$24,531                              | (\$54)                                                          | 0                             | 133                         | 313                           | 446                      |
| Hospital Indemnity       | \$341                                                                  | \$267                                 | \$0                                                             | 0                             | 15                          | 4                             | 19                       |
| Limited Benefit          | \$9,817                                                                | \$10,255                              | \$163                                                           | 0                             | 124                         | 140                           | 264                      |

### LIBERTY MUTUAL INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$257                                                                  | (\$5,977)                             | \$0                                                             |                               | 1                           | 0                             | 1                        |
| Conversion                | \$10,046                                                               | \$25,091                              | \$0                                                             |                               | 4                           | 0                             | 4                        |

### LIBERTY NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    | \$305,345                                                              | \$37,958                              | \$0                                                             | 0                             | 18,084                      | 0                             | 18,084                   |
| Accidental Death & Dismemberment | \$554,644                                                              | \$284,356                             | \$0                                                             | 0                             | 5,820                       | 0                             | 5,820                    |
| Dental                           | \$167,261                                                              | \$23,935                              | \$0                                                             | 0                             | 1,955                       | 0                             | 1,955                    |
| Hospital Indemnity               | \$1,059,606                                                            | \$768,584                             | \$0                                                             | 0                             | 6,632                       | 0                             | 6,632                    |
| Limited Benefit                  | \$13,938,986                                                           | \$6,138,812                           | \$0                                                             | 0                             | 25,656                      | 3,316                         | 28,972                   |
| Medicare Supplement              | \$46,935                                                               | \$80,495                              | \$0                                                             | 0                             | 27                          | 0                             | 27                       |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### LIFE INSURANCE COMPANY OF ALABAMA

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65412                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$7,082                                                                | \$0                                   | \$1,102                                                         | 0                             | 19                         | 6                             | 25                       |
| Accidental Death & Dismemberment | \$807                                                                  | \$0                                   | \$132                                                           | 0                             | 16                         | 6                             | 22                       |
| Disability Income                | \$348                                                                  | \$0                                   | \$0                                                             | 0                             | 2                          | 0                             | 2                        |
| Hospital Indemnity               | \$942                                                                  | \$0                                   | \$72                                                            | 0                             | 17                         | 0                             | 17                       |
| Limited Benefit                  | \$267,694                                                              | \$26,234                              | \$3,443                                                         | 0                             | 482                        | 420                           | 902                      |
| Sickness                         | \$242                                                                  | \$0                                   | \$0                                                             | 0                             | 13                         | 0                             | 13                       |

### LIFE INSURANCE COMPANY OF NORTH AMERICA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65498                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$7,445,997                                                            | \$8,251,718                           | \$8,395                                                         | 28                            | 212,743                    | 0                             | 212,743                  |
| Disability Income        | \$39,657,490                                                           | \$39,029,784                          | \$4,398,199                                                     | 49                            | 184,453                    | 0                             | 184,453                  |
| Hospital Indemnity       | \$2,288,195                                                            | \$1,548,238                           | \$0                                                             | 4                             | 7,627                      | 0                             | 7,627                    |

### LIFE INSURANCE COMPANY OF THE SOUTHWEST

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65528                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Limited Benefit          | \$413                                                                  | \$0                                   | \$0                                                             | 0                             | 3                          | 3                             | 6                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## LIFE INVESTORS INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten        | \$10,225                                                               | \$7,086                               | \$0                                                             |                               | 2                          | 0                             | 2                        |
| Accident Only                    | \$10,423                                                               | \$758                                 | \$0                                                             | 0                             | 82                         | 50                            | 132                      |
| Accidental Death & Dismemberment | \$714,579                                                              | \$192                                 | \$21,079                                                        | 0                             | 3,996                      | 1,937                         | 5,933                    |
| Disability Income                | \$134,535                                                              | \$51,057                              | \$8,872                                                         | 4                             | 159                        | 75                            | 234                      |
| Hospital Indemnity               | \$229,941                                                              | \$128,987                             | \$0                                                             | 0                             | 463                        | 117                           | 580                      |
| Limited Benefit                  | \$512,617                                                              | \$56,339                              | \$0                                                             | 0                             | 1,235                      | 108                           | 1,343                    |
| Long Term Care                   | \$6,317,798                                                            | \$2,355,262                           | \$0                                                             | 0                             | 4,296                      | 0                             | 4,296                    |
| Medicare Supplement              | \$11,127,085                                                           | \$8,828,757                           | \$429,691                                                       | 0                             | 4,781                      | 0                             | 4,781                    |

## LIFESECURE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$6,030                                                                | \$146                                 | \$0                                                             |                               | 3                          | 0                             | 3                        |
| Accident Only             | \$538                                                                  | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Disability Income         | \$3,299                                                                | \$2,539                               | \$0                                                             | 0                             | 23                         | 0                             | 23                       |
| Hospital Indemnity        | \$11,487                                                               | \$38,655                              | \$0                                                             | 0                             | 43                         | 0                             | 43                       |
| Limited Benefit           | \$11,757                                                               | \$7,360                               | \$0                                                             | 0                             | 164                        | 0                             | 164                      |

## LINCOLN BENEFIT LIFE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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           | \$8,715,286                                                            | \$2,952,870                           | \$0                                                             | 0                             | 4,516                      | 0                             | 4,516                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## LINCOLN HERITAGE LIFE INSURANCE COMPANY

*NAIC Company Code*

65927

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$1,137                                                       | \$0                           | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Hospital Indemnity               | \$379                                                         | \$2,650                       | \$0                                                    | 0                      | 2                   | 0                      | 2                 |
| Medicare Supplement              | \$8,741,772                                                   | \$5,942,429                   | \$1,901,224                                            | 0                      | 4,902               | 0                      | 4,902             |

## LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

*NAIC Company Code*

62057

|                         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Out-of-State Conversion | \$6,954                                                       | \$26,055                      | \$0                                                    |                        | 6                   | 0                      | 6                 |
| Disability Income       | \$13,424                                                      | \$87,636                      | \$0                                                    | 0                      | 39                  | 0                      | 39                |

## LINCOLN NATIONAL LIFE INSURANCE COMPANY

*NAIC Company Code*

65676

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten        | \$250                                                         | \$0                           | \$0                                                    |                        | 2                   | 0                      | 2                 |
| Conversion                       | \$11,225                                                      | \$29,454                      | \$0                                                    |                        | 3                   | 1                      | 4                 |
| Accidental Death & Dismemberment | \$3,979,651                                                   | \$2,315,355                   | \$566,992                                              | 1,680                  | 300,913             | 0                      | 300,913           |
| Dental                           | \$14,634,244                                                  | \$9,775,774                   | \$2,839,727                                            | 262                    | 23,498              | 0                      | 23,498            |
| Disability Income                | \$81,857,285                                                  | \$69,159,091                  | \$11,425,374                                           | 2,401                  | 0                   | 0                      | 0                 |
| Hospital Indemnity               | \$1,189                                                       | \$919                         | \$14,832,093                                           | 1                      | 4                   | 1                      | 5                 |
| Long Term Care                   | \$343,683                                                     | \$159,150                     | \$0                                                    | 0                      | 181                 | 0                      | 181               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## LONDON LIFE REINSURANCE COMPANY

NAIC Company Code

76694

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Medicare Supplement | \$2,625                                                       | \$1,430                       | \$0                                                    | 0                      | 3                    | 0                      | 3                 |

## LOYAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code

65722

|                           | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only             | \$120,468                                                     | \$36,694                      | \$70,810                                               |                        | 255                  | 62                     | 317               |
| Blanket Accident/Sickness | \$93                                                          |                               |                                                        |                        |                      |                        | 0                 |
| Disability Income         | \$45,601                                                      | \$22,703                      |                                                        |                        | 141                  |                        | 141               |
| Hospital Indemnity        | \$12,924                                                      | \$2,552                       |                                                        |                        | 137                  | 84                     | 221               |
| Limited Benefit           | \$529,204                                                     | \$313,271                     | \$1,243                                                |                        | 3,591                | 3,376                  | 6,967             |
| Long Term Care            | \$1,389,669                                                   | \$139,642                     | \$20,567                                               |                        | 800                  |                        | 800               |
| Medicare Supplement       | \$4,758                                                       | \$596                         |                                                        |                        | 3                    |                        | 3                 |

## LYNDON SOUTHERN INSURANCE COMPANY

NAIC Company Code

10051

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$12                                                          | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## MADISON NATIONAL LIFE INSURANCE COMPANY INC.

| NAIC Company Code<br>65781 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Dental                     | \$613,890                                                     | \$293,838                     | \$44,859                                               | 229                    | 1,130               | 1,834                  | 2,964             |
| Disability Income          | \$458,952                                                     | \$213,245                     | \$458,952                                              | 3                      | 682                 | 0                      | 682               |
| Excess/Stop Loss           | \$2,590,584                                                   | \$1,029,475                   | \$2,087,727                                            | 5                      | 1,235               | 313                    | 1,548             |
| Hospital Indemnity         | \$1,454                                                       | (\$316)                       | \$0                                                    | 0                      | 2                   | 0                      | 2                 |
| Limited Benefit            | \$1,143                                                       | \$0                           | \$0                                                    | 0                      | 12                  | 0                      | 12                |

## MANAGED CARE OF NORTH AMERICA, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Dental            | \$5,664,446                                                   | \$3,266,504                   | \$1,500,000                                            | 100                    | 136,000             | 2,000                  | 138,000           |

## MANHATTAN NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code<br>67083 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Limited Benefit            | \$259                                                         | (\$232)                       | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Long Term Care             | \$209,144                                                     | \$45,347                      | \$0                                                    | 0                      | 449                 | 64                     | 513               |

## MARKEL INSURANCE COMPANY

| NAIC Company Code<br>38970 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accident Only              | \$1,169,814                                                   | \$725,381                     | \$106,057                                              | 0                      | 318,975             | 0                      | 318,975           |
| Blanket Accident/Sickness  | \$22,094                                                      | \$767                         | \$0                                                    | 0                      | 34,743              | 0                      | 34,743            |
| Student                    | \$1,649,816                                                   | \$909,720                     | \$164,930                                              | 0                      | 2,164               | 15                     | 2,179             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## MARQUETTE NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 71072                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Medicare Supplement      | \$5,855                                                                | \$9,384                               | \$0                                                             | 0                             | 6                          | 0                             | 6                        |

## MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65935                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$16,701,311                                                           | \$11,842,343                          | \$734,240                                                       | 0                             | 8,292                      | 0                             | 8,292                    |
| Long Term Care           | \$5,494,580                                                            | \$223,705                             | \$477,148                                                       | 0                             | 1,223                      | 575                           | 1,798                    |

## MD MEDICARE CHOICE, INC.

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 12330                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$31,948,842                                                           | \$24,310,530                          | \$31,948,842                                                    |                               | 4,592                      | 0                             | 4,592                    |

## MEDAMERICA INSURANCE COMPANY OF FLORIDA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 12967                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Long Term Care           | \$2,308,601                                                            | \$36,017                              | \$45,853                                                        | 0                             | 1,088                      | 0                             | 1,088                    |

## MEDICA HEALTH PLANS OF FLORIDA, INC.

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 12756                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$132,506                                                              | \$113,856                             | \$113,856                                                       |                               | 136                        | 0                             | 136                      |
| 2 - 5 Member Groups       | \$170,689                                                              | \$74,635                              | \$74,635                                                        | 11                            | 39                         | 21                            | 60                       |
| 6 - 50 Member Groups      | \$466,168                                                              | \$238,401                             | \$238,401                                                       | 6                             | 98                         | 77                            | 175                      |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### MEDICAL SAVINGS INSURANCE COMPANY

NAIC Company Code

74217

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Out-of-State Guarantee Issue           | \$47,112                                                      | \$13,678                      | \$0                                                    |                        | 3                    | 1                      | 4                 |
| Out-of-State Individually Underwritten | \$14,768,599                                                  | \$10,045,586                  | \$391,197                                              | 4                      | 1,685                | 2,240                  | 3,925             |

### MEDICO LIFE INSURANCE COMPANY

NAIC Company Code

71471

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Disability Income   | \$1,137                                                       | \$38                          | \$0                                                    | 0                      | 2                    | 0                      | 2                 |
| Limited Benefit     | \$6,736                                                       | \$24                          | \$0                                                    | 0                      | 28                   | 19                     | 47                |
| Long Term Care      | \$333,592                                                     | \$110,645                     | \$0                                                    | 0                      | 226                  | 0                      | 226               |
| Short Term Care     | \$58                                                          | \$1                           | \$0                                                    | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement | \$1,097,388                                                   | \$1,925,545                   | \$358,197                                              | 0                      | 344                  | 0                      | 344               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## MEGA LIFE & HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 97055                                  |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten              | \$768,839                                                              | \$1,147,074                           | \$0                                                             |                               | 155                        | 67                            | 222                      |
| Out-of-State Guarantee Issue           | \$54,213                                                               | \$11,691                              | \$11,417                                                        |                               | 6                          | 1                             | 7                        |
| Out-of-State Individually Underwritten | \$56,230,518                                                           | \$30,044,213                          | \$16,996,305                                                    | 70                            | 15,356                     | 11,033                        | 26,389                   |
| Out-of-State 2 - 5 Member Groups       | \$46,482                                                               | \$6,896                               | \$0                                                             | 2                             | 4                          | 0                             | 4                        |
| Accident Only                          | \$1,020,219                                                            | \$313,311                             | \$31,639                                                        | 8                             | 579                        | 24                            | 603                      |
| Dental                                 | \$785,057                                                              | \$223,905                             | \$274,432                                                       | 6                             | 2,493                      | 1,677                         | 4,170                    |
| Disability Income                      | \$422,953                                                              | \$23,532                              | \$156,720                                                       | 5                             | 1,565                      | 0                             | 1,565                    |
| Hospital Indemnity                     | \$276,198                                                              | \$26,591                              | \$95,731                                                        | 3                             | 1,577                      | 1,047                         | 2,624                    |
| Limited Benefit                        | \$1,173,869                                                            | \$95,032                              | \$462,177                                                       | 5                             | 5,145                      | 2,880                         | 8,025                    |
| Medicare Supplement                    | \$14,477                                                               | \$15,234                              | \$0                                                             | 0                             | 17                         | 0                             | 17                       |
| Prescription Drug                      | \$70,262                                                               | \$35,100                              | \$0                                                             | 8                             | 116                        | 71                            | 187                      |
| Student                                | \$6,196,760                                                            | \$2,820,416                           | \$0                                                             | 1                             | 58                         | 0                             | 58                       |
| Vision                                 | \$352,769                                                              | \$222,341                             | \$104,460                                                       | 4                             | 6,180                      | 4,736                         | 10,916                   |

## MEMBERS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 86126                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$165                                                                  | \$600                                 | \$0                                                             | 0                             | 3                          | 0                             | 3                        |

## MENNONITE MUTUAL AID ASSOCIATION

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 57991                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$325,275                                                              | \$82,693                              | \$0                                                             |                               | 33                         | 26                            | 59                       |
| Medicare Supplement       | \$610,445                                                              | \$537,942                             | \$0                                                             | 0                             | 235                        | 86                            | 321                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## MERIT LIFE INSURANCE CO.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65951                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$387,311                                                              | \$17,369                              | \$387,311                                                       | 0                             | 12,231                     | 2,594                         | 14,825                   |

## METLIFE INSURANCE COMPANY OF CONNECTICUT

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 87726                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$58,112                                                               | \$67,621                              | \$0                                                             |                               | 35                         | 4                             | 39                       |
| 2 - 5 Member Groups       | \$31,181                                                               | \$420,835                             | \$0                                                             | 1                             | 46                         | 0                             | 46                       |
| Disability Income         | \$831,203                                                              | (\$701,950)                           | \$0                                                             | 0                             | 856                        | 0                             | 856                      |
| Hospital Indemnity        | \$36,180                                                               | \$1,916                               | \$0                                                             | 0                             | 143                        | 23                            | 166                      |
| Long Term Care            | \$25,737,735                                                           | \$24,119,740                          | \$0                                                             | 0                             | 12,626                     | 0                             | 12,626                   |

## METROPOLITAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65978                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$668,290                                                              | \$1,062,317                           | \$0                                                             |                               | 1,767                      | 0                             | 1,767                    |
| Accident Only             | \$9,523,622                                                            | \$9,013,693                           | \$391,364                                                       | 1,168                         | 492,663                    | 1,083,857                     | 1,576,520                |
| Dental                    | \$129,227,771                                                          | \$99,243,848                          | \$9,537,944                                                     | 1,397                         | 484,161                    | 1,065,154                     | 1,549,315                |
| Disability Income         | \$104,680,592                                                          | \$57,334,223                          | \$2,426,716                                                     | 349,728                       | 365,437                    | 769,402                       | 1,134,839                |
| Excess/Stop Loss          | \$371,829                                                              | \$96,200                              | \$0                                                             | 1                             | 57                         | 125                           | 182                      |
| Long Term Care            | \$43,829,862                                                           | \$8,299,045                           | \$1,380,464                                                     | 8                             | 32,735                     | 52,032                        | 84,767                   |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### MHNET OF FLORIDA, INC.

*NAIC Company Code*

|                               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|-------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| Other Prepaid Health Services | \$283,035                                                              | \$167,626                             | \$283,035                                                       | 1                             | 4,303                      | 3,864                         | 8,167                    |

### MIDLAND NATIONAL LIFE INSURANCE COMPANY

*NAIC Company Code*

66044

|                   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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     | \$9,373                                                                | \$28,824                              | \$0                                                             | 1                             | 1                          | 0                             | 1                        |
| Disability Income | \$1,984                                                                | \$9,714                               | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

### MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

*NAIC Company Code*

66087

|                                        | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| Individually Underwritten              | \$69,541                                                               | \$3,501                               | \$0                                                             |                               | 15                         | 7                             | 22                       |
| Out-of-State Guarantee Issue           | \$57,579                                                               | \$41,516                              | \$9,138                                                         |                               | 12                         | 0                             | 12                       |
| Out-of-State Individually Underwritten | \$55,858,422                                                           | \$22,795,918                          | \$892,274                                                       | 25                            | 11,184                     | 7,537                         | 18,721                   |
| Accident Only                          | \$103,189                                                              | \$2,721                               | \$14,660                                                        | 1                             | 96                         | 12                            | 108                      |
| Dental                                 | \$306,056                                                              | \$59,871                              | \$0                                                             | 3                             | 782                        | 449                           | 1,231                    |
| Disability Income                      | \$3,768                                                                | \$0                                   | \$0                                                             | 2                             | 4                          | 0                             | 4                        |
| Hospital Indemnity                     | \$329,184                                                              | \$16,418                              | \$11,125                                                        | 1                             | 1,095                      | 653                           | 1,748                    |
| Limited Benefit                        | \$1,016,202                                                            | \$89,401                              | \$20,324                                                        | 3                             | 4,514                      | 1,986                         | 6,500                    |
| Student                                | \$287,701                                                              | \$130,209                             | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Vision                                 | \$376,525                                                              | \$149,394                             | \$0                                                             | 2                             | 4,545                      | 3,546                         | 8,091                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## MIDWESTERN UNITED LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 66109                      |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Medicare Supplement        | \$2,329                                                                | \$2,362                               | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Champus/Tricare Supplement | \$846                                                                  | \$614                                 | \$0                                                             | 0                             | 1                          | 0                             | 1                        |

## MINNESOTA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 66168                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$4,002,542                                                            | \$2,051,284                           | \$463,729                                                       | 38                            | 63,945                     | 0                             | 63,945                   |
| Disability Income                | \$3,116,307                                                            | \$4,447,305                           | \$0                                                             | 3                             | 126                        | 0                             | 126                      |
| Long Term Care                   | \$18,318                                                               | \$0                                   | \$15,167                                                        | 0                             | 0                          | 0                             | 0                        |

## MONUMENTAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 66281                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$13,324,821                                                           | \$4,092,907                           | \$334,046                                                       | 0                             | 133,616                    | 249                           | 133,865                  |
| Accidental Death & Dismemberment | \$971,338                                                              | \$195,461                             | \$88,080                                                        | 0                             | 13,549                     | 4,557                         | 18,106                   |
| Disability Income                | \$99,451                                                               | \$40,066                              | \$654                                                           | 0                             | 919                        | 0                             | 919                      |
| Excess/Stop Loss                 | \$45,101                                                               | \$19,177                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Hospital Indemnity               | \$1,227,350                                                            | \$475,624                             | \$6,653                                                         | 0                             | 7,264                      | 439                           | 7,703                    |
| Limited Benefit                  | \$2,132,937                                                            | \$2,336,071                           | \$4,953                                                         | 1                             | 14,449                     | 23                            | 14,472                   |
| Long Term Care                   | \$6,480,724                                                            | \$753,196                             | \$0                                                             | 0                             | 4,372                      | 10                            | 4,382                    |
| Medicare Supplement              | \$8,059,201                                                            | \$5,833,615                           | \$59,268                                                        | 0                             | 3,743                      | 2                             | 3,745                    |
| Student                          | \$3,185,622                                                            | \$2,488,550                           | \$3,185,622                                                     | 1                             | 2,981                      | 0                             | 2,981                    |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### MONY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                                  |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Out-of-State Individually Underwritten | \$65,754                                                               | \$106,975                             | \$0                                                             | 1                             | 56                          | 4                             | 60                       |
| Accidental Death & Dismemberment       | \$20                                                                   | \$0                                   | \$0                                                             | 1                             | 1                           | 0                             | 1                        |
| Disability Income                      | \$3,418,989                                                            | \$1,453,373                           | \$0                                                             | 0                             | 2,776                       | 0                             | 2,776                    |
| Limited Benefit                        | \$2,174                                                                | \$0                                   | \$0                                                             | 0                             | 20                          | 0                             | 20                       |

### MTL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 66427                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$59,660                                                               | \$606,484                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

### MUTUAL OF AMERICA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 88668                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$112,042                                                              | \$359,854                             | \$0                                                             | 25                            | 414                         | 0                             | 414                      |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### MUTUAL OF OMAHA INSURANCE COMPANY

| <i>NAIC Company Code</i>           | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 71412                              |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten          | \$220,783                                                              | (\$139,248)                           | \$0                                                             |                               | 567                        | 80                            | 647                      |
| Conversion                         | \$6,814                                                                | \$3,236                               | \$0                                                             |                               | 2                          | 0                             | 2                        |
| Out-of-State 51+ Member Groups     | \$10,854,124                                                           | \$2,832,056                           | \$0                                                             | 4                             | 74                         | 70                            | 144                      |
| Administrative Services Only (ASO) | \$49,501                                                               | \$0                                   | \$0                                                             | 4                             | 44                         | 43                            | 87                       |
| Accident Only                      | \$4,085,581                                                            | \$2,673,933                           | \$804,459                                                       | 254                           | 75,862                     | 9,459                         | 85,321                   |
| Accidental Death & Dismemberment   | \$66,683                                                               | \$541,953                             | \$2,784                                                         | 18                            | 8,049                      | 0                             | 8,049                    |
| Dental                             | \$14,140                                                               | \$4,281                               | \$0                                                             | 0                             | 65                         | 13                            | 78                       |
| Disability Income                  | \$3,323,885                                                            | \$1,454,783                           | \$253,292                                                       | 13                            | 10,572                     | 6                             | 10,578                   |
| Excess/Stop Loss                   | \$3,778                                                                | \$144,860                             | \$0                                                             | 1                             | 0                          | 0                             | 0                        |
| Hospital Indemnity                 | \$730,710                                                              | \$265,908                             | \$151,607                                                       | 0                             | 3,377                      | 581                           | 3,958                    |
| Limited Benefit                    | \$3,060,485                                                            | \$1,257,319                           | \$52,737                                                        | 0                             | 33,124                     | 7,682                         | 40,806                   |
| Long Term Care                     | \$10,081,270                                                           | \$4,003,537                           | \$396,168                                                       | 6                             | 6,063                      | 0                             | 6,063                    |
| Medicare Supplement                | \$19,278,072                                                           | \$13,429,229                          | \$7,384                                                         | 0                             | 7,592                      | 0                             | 7,592                    |
| Travel                             | \$80,065                                                               | (\$228,554)                           | \$0                                                             | 0                             | 2,995                      | 67                            | 3,062                    |

### MUTUAL SAVINGS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 66397                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$79                                                                   | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Accidental Death & Dismemberment | \$14,118                                                               | \$7,706                               | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Hospital Indemnity               | \$1,826                                                                | \$11,052                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### NALIC LIFE INSURANCE COMPANY (PUERTO RICO)

NAIC Company Code

72087

|                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Limited Benefit | \$963                                                         | \$0                           | \$0                                                    | 0                      | 4                    | 0                      | 4                 |

### NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code

61409

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Guarantee Issue     | \$35,181                                                      | \$88,773                      | \$0                                                    |                        | 60                   | 30                     | 90                |
| Accident Only       | \$414                                                         | \$0                           | \$0                                                    | 0                      | 5                    | 0                      | 5                 |
| Disability Income   | \$823                                                         | \$17,521                      | \$0                                                    | 0                      | 3                    | 0                      | 3                 |
| Hospital Indemnity  | \$51,047                                                      | \$28,384                      | \$0                                                    | 0                      | 290                  | 0                      | 290               |
| Medicare Supplement | \$54                                                          | \$6                           | \$0                                                    | 0                      | 1                    | 0                      | 1                 |

### NATIONAL CASUALTY COMPANY

NAIC Company Code

11991

|                           | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten | \$6,922                                                       | \$68,125                      | \$0                                                    |                        | 3                    | 0                      | 3                 |
| Accident Only             | \$97,471                                                      | \$19,098                      | \$0                                                    | 135                    | 36,923               | 10                     | 36,933            |
| Disability Income         | \$4,805                                                       | (\$131)                       | \$0                                                    | 0                      | 7                    | 0                      | 7                 |
| Hospital Indemnity        | \$9,838                                                       | \$909                         | \$0                                                    | 0                      | 8                    | 0                      | 8                 |
| Limited Benefit           | \$876                                                         | \$0                           | \$0                                                    | 0                      | 8                    | 0                      | 8                 |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## NATIONAL GUARDIAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 66583                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Dental                   | \$69,933                                                               | \$37,033                              | \$69,933                                                        | 12                            | 150                         | 0                             | 150                      |
| Disability Income        | \$36,053                                                               | \$50,848                              | \$0                                                             | 0                             | 78                          | 0                             | 78                       |
| Hospital Indemnity       | \$290                                                                  | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Limited Benefit          | \$47                                                                   | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Medicare Supplement      | \$1,887                                                                | \$10,513                              | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Vision                   | \$3,203,694                                                            | \$1,890,689                           | \$3,203,694                                                     | 49                            | 18,261                      | 0                             | 18,261                   |

## NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 66680                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$2,944,831                                                            | \$8,996,113                           | \$25,558                                                        | 0                             | 1,225                       | 0                             | 1,225                    |

## NATIONAL STATES INSURANCE COMPANY

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 60593                      |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only              | \$4,852                                                                | \$0                                   | \$2,749                                                         | 0                             | 55                          | 0                             | 55                       |
| Dental                     | \$21,852                                                               | \$12,600                              | \$0                                                             | 0                             | 36                          | 0                             | 36                       |
| Hospital Indemnity         | \$763,053                                                              | \$251,925                             | \$321,003                                                       | 0                             | 684                         | 0                             | 684                      |
| Limited Benefit            | \$488,700                                                              | \$222,701                             | \$164,416                                                       | 0                             | 708                         | 0                             | 708                      |
| Long Term Care             | \$12,905,935                                                           | \$13,306,875                          | \$522,784                                                       | 0                             | 5,132                       | 0                             | 5,132                    |
| Medicare Supplement        | \$10,642,342                                                           | \$7,517,570                           | \$277,381                                                       | 0                             | 3,696                       | 0                             | 3,696                    |
| Champus/Tricare Supplement | \$493,860                                                              | \$367,388                             | \$0                                                             | 0                             | 413                         | 0                             | 413                      |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 87963              |                                                               |                               |                                                        |                        |                     |                        |                   |
| Disability Income  | \$119,791                                                     | \$11,097                      | \$55,104                                               | 0                      | 0                   | 0                      | 0                 |
| Hospital Indemnity | \$51                                                          | \$0                           | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Limited Benefit    | \$920,198                                                     | \$174,324                     | \$117,512                                              | 0                      | 0                   | 0                      | 0                 |

### NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 19445                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only                    | \$20,081,093                                                  | \$2,843,455                   | \$343,293                                              | 582                    | 530,926             | 0                      | 530,926           |
| Accidental Death & Dismemberment | \$283,625                                                     | \$45,809                      | \$0                                                    | 8                      | 3,969               | 0                      | 3,969             |
| Limited Benefit                  | \$4,698,564                                                   | \$994,829                     | \$729,016                                              | 69                     | 198,228             | 0                      | 198,228           |
| Student                          | \$523,237                                                     | \$146,735                     | \$0                                                    | 2                      | 902                 | 3                      | 905               |
| Vision                           | \$39,371                                                      | \$7,299                       | \$0                                                    | 2                      | 205                 | 0                      | 205               |

### NATIONAL WESTERN LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 66850             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Limited Benefit   | \$4,539                                                       | \$9,526                       | \$0                                                    | 0                      | 0                   | 0                      | 0                 |

### NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 70750                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$1,247                                                       | \$0                           | \$0                                                    | 0                      | 9                   | 9                      | 18                |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## NATIONWIDE LIFE INSURANCE COMPANY

*NAIC Company Code*

66869

|                                  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| Accidental Death & Dismemberment | \$2,036,610                                                            | \$3,671,466                           | \$0                                                             | 456                           | 97,927                      | 256                           | 98,183                   |
| Disability Income                | \$12,955                                                               | \$60,868                              | \$0                                                             | 0                             | 32                          | 0                             | 32                       |
| Sickness                         | \$2,096,605                                                            | \$1,732,411                           | \$0                                                             | 7                             | 0                           | 0                             | 0                        |

## NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

*NAIC Company Code*

68225

|                                  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| Accidental Death & Dismemberment | \$2,785                                                                | \$456                                 | \$0                                                             | 0                             | 19                          | 13                            | 32                       |
| Hospital Indemnity               | \$79,882                                                               | \$84,045                              | \$0                                                             | 0                             | 350                         | 32                            | 382                      |
| Limited Benefit                  | \$2,615                                                                | \$702                                 | \$0                                                             | 0                             | 11                          | 7                             | 18                       |

## NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

*NAIC Company Code*

95123

|                      | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 2 - 5 Member Groups  | \$64,248,482                                                           | \$19,257,906                          | \$1,571,142                                                     | 4,861                         | 9,261                       | 3,867                         | 13,128                   |
| 6 - 50 Member Groups | \$200,334,220                                                          | \$155,936,734                         | \$4,899,004                                                     | 4,309                         | 31,795                      | 18,943                        | 50,738                   |
| 51+ Member Groups    | \$149,260,689                                                          | \$113,843,843                         | \$16,131,087                                                    | 233                           | 35,119                      | 13,899                        | 49,018                   |
| Conversion           | \$8,456,820                                                            | \$13,871,606                          | \$0                                                             |                               | 966                         | 0                             | 966                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## NEW ENGLAND LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 91626                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$2,415                                                                | \$0                                   | \$0                                                             | 1                             | 14                         | 31                            | 45                       |
| Dental                           | \$1                                                                    | \$0                                   | \$0                                                             | 1                             | 15                         | 33                            | 48                       |
| Disability Income                | \$204,118                                                              | (\$1,762,937)                         | \$0                                                             | 0                             | 202                        | 11                            | 213                      |
| Excess/Stop Loss                 | \$749,441                                                              | \$687,843                             | \$0                                                             | 1                             | 41                         | 90                            | 131                      |

## NEW ERA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 78743                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$594,323                                                              | \$379,785                             | \$0                                                             |                               | 0                          | 0                             | 0                        |
| Hospital Indemnity        | \$6,938                                                                | \$124,601                             | \$0                                                             | 0                             | 27                         | 0                             | 27                       |
| Limited Benefit           | \$36,357                                                               | (\$8,811)                             | \$0                                                             | 0                             | 324                        | 0                             | 324                      |
| Medicare Supplement       | \$3,768,357                                                            | \$3,663,451                           | \$0                                                             | 0                             | 1,401                      | 0                             | 1,401                    |

## NEW YORK LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten        | \$177,956                                                              | \$276,338                             | \$0                                                             |                               | 53                         | 8                             | 61                       |
| Out-of-State 51+ Member Groups   | \$9,517,582                                                            | \$10,827,227                          | \$145,083                                                       | 29                            | 2,375                      | 1,206                         | 3,581                    |
| Accidental Death & Dismemberment | \$565,552                                                              | \$146,672                             | \$30,774                                                        | 52                            | 21,342                     | 1,348                         | 22,690                   |
| Disability Income                | \$8,490,702                                                            | \$28,984,709                          | \$148,961                                                       | 42                            | 7,244                      | 12                            | 7,256                    |
| Hospital Indemnity               | \$177,722                                                              | \$108,152                             | \$1,405                                                         | 13                            | 538                        | 138                           | 676                      |
| Long Term Care                   | \$7,389,039                                                            | \$2,455,096                           | \$798,624                                                       | 2                             | 4,523                      | 0                             | 4,523                    |
| Medicare Supplement              | \$503,491                                                              | \$384,436                             | \$0                                                             | 0                             | 188                        | 8                             | 196                      |
| Vision                           | \$273                                                                  | \$23,430                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## NIPPON LIFE INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i>          | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                             |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Out-of-State 2 - 5 Member Groups  | \$64,550                                                               | \$54,705                              | \$0                                                             | 2                             | 2                          | 6                             | 8                        |
| Out-of-State 6 - 50 Member Groups | \$231,102                                                              | \$228,009                             | \$0                                                             | 14                            | 20                         | 26                            | 46                       |
| Out-of-State 51+ Member Groups    | \$1,133,122                                                            | \$789,196                             | \$0                                                             | 19                            | 70                         | 61                            | 131                      |
| Accidental Death & Dismemberment  | \$865                                                                  |                                       | \$0                                                             | 20                            | 35                         | 45                            | 80                       |
| Dental                            | \$84,514                                                               | \$68,244                              | \$0                                                             | 18                            | 59                         | 64                            | 123                      |
| Disability Income                 | \$3,923                                                                |                                       | \$0                                                             | 6                             | 7                          | 11                            | 18                       |
| Vision                            | \$1,662                                                                | \$1,063                               | \$0                                                             | 8                             | 12                         | 20                            | 32                       |

## NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 66974                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$1,552                                                                | \$0                                   | \$0                                                             | 1                             | 1                          | 0                             | 1                        |
| Disability Income        | \$4,179                                                                | \$404,971                             | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 67032                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Hospital Indemnity       | \$479                                                                  | \$0                                   | \$0                                                             | 0                             | 2                          | 0                             | 2                        |

## NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 69000                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Long Term Care           | \$7,285,803                                                            | \$1,084,759                           | \$1,486,233                                                     | 0                             | 4,029                      | 0                             | 4,029                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$55,411,670                                                           | \$42,423,964                          | \$12,377,403                                                    | 1,035                         | 52,480                      | 0                             | 52,480                   |

## OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$10,783                                                               | \$1,744                               | \$0                                                             | 0                             | 38                          | 0                             | 38                       |
| Disability Income        | \$8,950                                                                | \$2,282                               | \$0                                                             | 0                             | 31                          | 0                             | 31                       |
| Hospital Indemnity       | \$1,076                                                                | \$945                                 | \$0                                                             | 0                             | 6                           | 0                             | 6                        |
| Limited Benefit          | \$74,525                                                               | \$22,491                              | \$0                                                             | 0                             | 256                         | 0                             | 256                      |
| Medicare Supplement      | \$293                                                                  | \$152                                 | \$0                                                             | 0                             | 1                           | 0                             | 1                        |

## OHIO CASUALTY INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$816                                                                  | (\$501)                               | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## OHIO NATIONAL LIFE ASSURANCE CORPORATION

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$945,745                                                              | \$1,674,346                           | \$15,675                                                        | 0                             | 591                         | 0                             | 591                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## OHIO NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 67172                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$420                                                                  | (\$800)                               | \$0                                                             |                               | 1                          | 0                             | 1                        |
| Disability Income         | \$802,743                                                              | \$76,940                              | \$40,679                                                        | 0                             | 341                        | 0                             | 341                      |

## OHIO STATE LIFE INSURANCE COMPANY (THE)

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Conversion               | \$4,186                                                                | \$14,634                              | \$0                                                             |                               | 19                         | 0                             | 19                       |

## OLD AMERICAN INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$16,503                                                               | \$2,774                               | \$0                                                             | 0                             | 499                        | 0                             | 499                      |
| Disability Income        | \$69                                                                   | \$4                                   | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Hospital Indemnity       | \$5,654                                                                | \$2,813                               | \$0                                                             | 0                             | 130                        | 0                             | 130                      |
| Limited Benefit          | \$3,991                                                                | (\$357)                               | \$0                                                             | 0                             | 69                         | 0                             | 69                       |
| Long Term Care           | \$420,322                                                              | \$3,362,220                           | \$0                                                             | 0                             | 297                        | 0                             | 297                      |
| Medicare Supplement      | \$1,700                                                                | \$6,593                               | \$0                                                             | 0                             | 4                          | 0                             | 4                        |

## OLD REPUBLIC INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$6,350,883                                                            | \$2,940,490                           | \$6,350,883                                                     | 0                             | 20,617                     | 0                             | 20,617                   |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## OLD REPUBLIC LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 67261                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$10,042                                                               | \$3,226                               | \$0                                                             | 1                             | 29                          | 0                             | 29                       |

## ONEBEACON AMERICA INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 20621                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accidental Death & Dismemberment | \$19,546                                                               | \$0                                   | \$19,546                                                        | 1                             | 48                          | 0                             | 48                       |

## ONENATION INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 85286                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Dental                   | \$587                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA (THE)

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$7,505                                                                | \$169                                 | \$58                                                            | 0                             | 182                         | 25                            | 207                      |
| Disability Income        | \$42,614                                                               | \$18,079                              | \$0                                                             | 0                             | 249                         | 0                             | 249                      |
| Hospital Indemnity       | \$5,050                                                                | \$675                                 | \$42                                                            | 0                             | 22                          | 9                             | 31                       |
| Medicare Supplement      | \$6,819,803                                                            | \$7,309,423                           | \$8,976                                                         | 0                             | 3,120                       | 0                             | 3,120                    |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### OXFORD LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$58,253                                                               | \$103,579                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Limited Benefit          | \$2,585                                                                | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Medicare Supplement      | \$237,441                                                              | \$187,169                             | \$0                                                             | 0                             | 114                         | 0                             | 114                      |

### OZARK NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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          | \$2,528                                                                | \$1,650                               | \$0                                                             | 0                             | 46                          | 0                             | 46                       |

### PACIFIC LIFE & ANNUITY COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 97268                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Self-Employed or Sole Proprietor | \$164,434                                                              | \$193,598                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| 2 - 5 Member Groups              | \$589,149                                                              | \$350,772                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| 6 - 50 Member Groups             | \$163,187                                                              | \$63,719                              | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

### PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 70785                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Medicare Supplement      | \$517,605                                                              | \$423,350                             | \$60,160                                                        | 0                             | 262                         | 0                             | 262                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## PAN-AMERICAN LIFE INSURANCE COMPANY

| NAIC Company Code<br>67539       | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten        | \$5,973                                                       | \$28,316                      | \$0                                                    |                        | 9                   | 0                      | 9                 |
| Accidental Death & Dismemberment | \$4                                                           | \$0                           | \$0                                                    | 16                     | 525                 | 167                    | 692               |
| Dental                           | \$12,014                                                      | \$54,231                      | (\$1,833)                                              | 2                      | 48                  | 12                     | 60                |
| Disability Income                | \$923,472                                                     | \$589,549                     | \$9,400                                                | 2                      | 23                  | 10                     | 33                |
| Excess/Stop Loss                 | \$4,097,396                                                   | \$2,432,078                   | \$0                                                    | 28                     | 1,661               | 667                    | 2,328             |
| Hospital Indemnity               | \$616,969                                                     | \$780,327                     | \$91,533                                               | 18                     | 527                 | 169                    | 696               |
| Limited Benefit                  | \$6,570                                                       | \$0                           | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Vision                           | \$5,023                                                       | \$5,685                       | (\$412)                                                | 2                      | 48                  | 12                     | 60                |

## PAUL REVERE LIFE INSURANCE COMPANY

| NAIC Company Code<br>67598       | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Accident Only                    | \$913                                                         | \$0                           | \$0                                                    | 0                      | 2                   | 0                      | 2                 |
| Accidental Death & Dismemberment | \$18,484                                                      | \$20,318                      | \$1,178                                                | 26                     | 997                 | 0                      | 997               |
| Disability Income                | \$23,930,525                                                  | \$60,508,625                  | \$86,789                                               | 135                    | 15,379              | 0                      | 15,379            |
| Hospital Indemnity               | \$9,187                                                       | \$23,754                      | \$0                                                    | 0                      | 52                  | 0                      | 52                |
| Limited Benefit                  | \$2,002                                                       | \$0                           | \$0                                                    | 0                      | 2                   | 0                      | 2                 |

## PENN MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code<br>67644 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Disability Income          | \$1,597,514                                                   | \$2,390,913                   | \$0                                                    | 0                      | 800                 | 800                    | 1,600             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## PENN TREATY NETWORK AMERICA INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 63282               |                                                               |                               |                                                        |                        |                      |                        |                   |
| Long Term Care      | \$40,912,750                                                  | \$54,521,671                  | \$0                                                    | 0                      | 21,836               | 0                      | 21,836            |
| Medicare Supplement | \$236,435                                                     | \$259,222                     | \$0                                                    | 0                      | 142                  | 0                      | 142               |

## PENNSYLVANIA LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 67660                            |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$107,259                                                     | \$180,000                     | \$951                                                  | 0                      | 659                  | 45                     | 704               |
| Dental                           | \$30,737                                                      | \$6,124                       | \$12,281                                               | 0                      | 154                  | 0                      | 154               |
| Disability Income                | \$1,573,635                                                   | \$1,440,485                   | \$8,204                                                | 0                      | 5,835                | 158                    | 5,993             |
| Hospital Indemnity               | \$224,884                                                     | \$62,621                      | \$2,201                                                | 0                      | 1,204                | 31                     | 1,235             |
| Limited Benefit                  | \$13,259                                                      | \$4,563                       | \$0                                                    | 0                      | 41                   | 0                      | 41                |
| Long Term Care                   | \$40,599                                                      | \$45,796                      | \$0                                                    | 0                      | 34                   | 0                      | 34                |
| Medicare Supplement              | \$30,800                                                      | \$24,890                      | \$0                                                    | 0                      | 18                   | 0                      | 18                |

## PERICO LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 85561                            |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$11,755                                                      | \$2,437                       | \$0                                                    | 0                      | 80                   | 23                     | 103               |
| Excess/Stop Loss                 | \$684,919                                                     | \$490,644                     | \$423,505                                              | 7                      | 255                  | 305                    | 560               |
| Hospital Indemnity               | \$5,157                                                       | \$0                           | \$0                                                    | 0                      | 40                   | 14                     | 54                |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Conversion               | \$88,716                                                               | \$33,976                              | \$0                                                             |                               | 93                          | 18                            | 111                      |
| Accident Only            | \$65,693                                                               | \$9,784                               | \$0                                                             | 6                             | 47                          | 0                             | 47                       |
| Disability Income        | \$51,373                                                               | \$388,102                             | \$0                                                             | 10                            | 51                          | 0                             | 51                       |
| Hospital Indemnity       | \$1,068,757                                                            | \$519,973                             | \$0                                                             | 1                             | 3,407                       | 1,135                         | 4,542                    |
| Limited Benefit          | \$2,748,744                                                            | \$2,311,725                           | \$0                                                             | 0                             | 8,186                       | 2,085                         | 10,271                   |
| Long Term Care           | \$509                                                                  | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |
| Medicare Supplement      | \$73,693                                                               | \$40,078                              | \$0                                                             | 0                             | 28                          | 9                             | 37                       |
| Prescription Drug        | \$227                                                                  | \$0                                   | \$0                                                             | 0                             | 1                           | 0                             | 1                        |

### PHOENIX LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$279,484                                                              | \$372,643                             | \$0                                                             |                               | 0                           | 0                             | 0                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## PHYSICIANS MUTUAL INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 80578                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue           | \$23,982                                                               | \$717                                 | \$0                                                             |                               | 4                          | 1                             | 5                        |
| Individually Underwritten | \$318,802                                                              | \$326,717                             | \$0                                                             |                               | 67                         | 18                            | 85                       |
| Accident Only             | \$561                                                                  | \$1                                   | \$0                                                             | 0                             | 10                         | 2                             | 12                       |
| Dental                    | \$73,949                                                               | \$8,485                               | \$0                                                             | 1                             | 262                        | 39                            | 301                      |
| Disability Income         | \$5,712                                                                | \$4,366                               | \$0                                                             | 0                             | 15                         | 0                             | 15                       |
| Hospital Indemnity        | \$4,104,822                                                            | \$2,465,913                           | \$349,847                                                       | 1                             | 10,283                     | 2,349                         | 12,632                   |
| Limited Benefit           | \$157,805                                                              | \$90,410                              | \$0                                                             | 1                             | 847                        | 189                           | 1,036                    |
| Long Term Care            | \$1,208,600                                                            | \$592,759                             | \$43,145                                                        | 0                             | 652                        | 0                             | 652                      |
| Short Term Care           | \$910                                                                  | \$275                                 | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Medicare Supplement       | \$3,687,750                                                            | \$2,691,543                           | \$805                                                           | 1                             | 1,262                      | 74                            | 1,336                    |

## PHYSICIANS UNITED PLAN, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 10775                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue          | \$25,425,461                                                           | \$0                                   | \$18,333,304                                                    |                               | 3,205                      | 0                             | 3,205                    |

## PREFERRED MEDICAL PLAN, INC.

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 95271                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue           | \$493,451                                                              | \$274,665                             | \$10,230                                                        |                               | 133                        | 35                            | 168                      |
| Individually Underwritten | \$73,459,307                                                           | \$58,835,087                          | \$7,506,754                                                     |                               | 28,610                     | 9,304                         | 37,914                   |
| 51+ Member Groups         | \$478,083                                                              | \$196,979                             | \$478,083                                                       | 6                             | 496                        | 353                           | 849                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## PRESIDENTIAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Limited Benefit          | \$9,040                                                                | \$830                                 | \$9,040                                                         | 1                             | 39                          | 24                            | 63                       |

## PRIMERICA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 65919                                  |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Out-of-State Individually Underwritten | \$27,121                                                               | (\$3,721)                             | \$0                                                             | 1                             | 13                          | 0                             | 13                       |
| Disability Income                      | \$17,661                                                               | \$73,382                              | \$0                                                             | 0                             | 54                          | 0                             | 54                       |
| Hospital Indemnity                     | \$29,614                                                               | \$38,699                              | \$0                                                             | 0                             | 68                          | 0                             | 68                       |
| Long Term Care                         | \$39,356                                                               | \$72,415                              | \$0                                                             | 0                             | 43                          | 0                             | 43                       |

## PRINCIPAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61271                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| 51+ Member Groups        | \$3,850,464                                                            | \$3,040,202                           | \$0                                                             | 11                            | 334                         | 291                           | 625                      |
| Conversion               | \$1,966,785                                                            | \$4,005,963                           | \$0                                                             |                               | 209                         | 118                           | 327                      |
| Dental                   | \$36,144,957                                                           | \$24,167,501                          | \$390,991                                                       | 2,920                         | 62,968                      | 55,367                        | 118,335                  |
| Disability Income        | \$28,167,742                                                           | \$13,462,977                          | \$2,784,862                                                     | 1,490                         | 67,839                      | 0                             | 67,839                   |
| Hospital Indemnity       | \$1,257                                                                | \$2,687                               | \$0                                                             | 0                             | 33                          | 15                            | 48                       |
| Long Term Care           | \$40,742                                                               | \$13,021                              | \$0                                                             | 0                             | 182                         | 0                             | 182                      |
| Medicare Supplement      | \$16,536,522                                                           | \$13,849,940                          | \$0                                                             | 0                             | 6,397                       | 542                           | 6,939                    |
| Vision                   | \$687,856                                                              | \$269,501                             | \$4,985                                                         | 117                           | 5,167                       | 4,575                         | 9,742                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## PROFESSIONAL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$7,161,819                                                            | \$3,492,082                           | \$1,113,167                                                     | 0                             | 12,019                     | 0                             | 12,019                   |
| Hospital Indemnity       | \$2,239,329                                                            | \$1,232,615                           | \$788,869                                                       | 0                             | 3,765                      | 0                             | 3,765                    |
| Limited Benefit          | \$649,515                                                              | \$392,851                             | \$1,113,167                                                     | 0                             | 9,627                      | 0                             | 9,627                    |

## PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 88536                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$2,582                                                                | \$21,448                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## PROTECTIVE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 68136                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Disability Income        | \$337,580                                                              | \$17,766                              | \$0                                                             | 0                             | 177                        | 0                             | 177                      |
| Hospital Indemnity       | \$884                                                                  | \$0                                   | \$0                                                             | 0                             | 21                         | 0                             | 21                       |
| Limited Benefit          | \$9,931,861                                                            | \$9,105,614                           | \$0                                                             | 0                             | 10,933                     | 0                             | 10,933                   |
| Medicare Supplement      | \$22,472                                                               | \$56,964                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

## PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 67903                                  |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Out-of-State Individually Underwritten | \$344,874                                                              | \$76,967                              | \$0                                                             | 0                             | 23                         | 13                            | 36                       |
| Medicare Supplement                    | \$20,936                                                               | \$18,969                              | \$0                                                             | 0                             | 12                         | 0                             | 12                       |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68195                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$3,981,752                                                            | \$551,779                             | \$1,058,129                                                     | 0                             | 17,042                      | 0                             | 17,042                   |
| Disability Income        | \$48,707,390                                                           | \$139,868,841                         | \$12,357,331                                                    | 66                            | 55,142                      | 0                             | 55,142                   |
| Hospital Indemnity       | \$5,659                                                                | \$0                                   | \$1,504                                                         | 1                             | 45                          | 0                             | 45                       |
| Limited Benefit          | \$4,375,733                                                            | \$1,603,771                           | \$1,162,827                                                     | 0                             | 16,452                      | 0                             | 16,452                   |
| Long Term Care           | \$3,965,545                                                            | \$290,021                             | \$1,033,201                                                     | 0                             | 4,287                       | 0                             | 4,287                    |

## PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68241                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Guarantee Issue          | \$1,256,206                                                            | \$1,255,636                           | \$0                                                             |                               | 1,226                       | 198                           | 1,424                    |
| Accident Only            | \$6,162,026                                                            | \$5,325,841                           | \$0                                                             | 22                            | 48,238                      | 0                             | 48,238                   |
| Disability Income        | \$35,239,299                                                           | \$36,883,219                          | \$0                                                             | 310                           | 141,350                     | 0                             | 141,350                  |
| Hospital Indemnity       | \$6,289                                                                | \$3,412                               | \$0                                                             | 0                             | 92                          | 3                             | 95                       |
| Long Term Care           | \$7,834,471                                                            | \$13,127,535                          | \$0                                                             | 2,687                         | 2,698                       | 0                             | 2,698                    |
| Medicare Supplement      | \$9,496                                                                | \$17,482                              | \$0                                                             | 9                             | 0                           | 0                             | 0                        |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### PYRAMID LIFE INSURANCE COMPANY (THE)

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 68284                     |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten | \$683,490                                                     | \$590,804                     | \$0                                                    | 0                      | 50                  | 0                      | 50                |
| Dental                    | \$8,159                                                       | \$3,589                       | \$1,988                                                | 0                      | 36                  | 0                      | 36                |
| Disability Income         | \$41                                                          | \$0                           | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Hospital Indemnity        | \$913                                                         | \$22,962                      | \$0                                                    | 0                      | 10                  | 0                      | 10                |
| Limited Benefit           | \$52,227                                                      | \$82,122                      | \$18,843                                               | 0                      | 231                 | 0                      | 231               |
| Long Term Care            | \$305,214                                                     | \$450,042                     | \$0                                                    | 0                      | 158                 | 0                      | 158               |
| Medicare Supplement       | \$2,815,383                                                   | \$2,561,201                   | \$11,270                                               | 0                      | 960                 | 0                      | 960               |

### QBE INSURANCE CORPORATION

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 39217                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$700,215                                                     | \$106,060                     | \$700,215                                              | 539                    | 0                   | 0                      | 0                 |
| Excess/Stop Loss                 | \$2,893,210                                                   | \$1,983,590                   | \$2,893,210                                            | 12                     | 4,067               | 5,084                  | 9,151             |

### REASSURE AMERICA LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 70211                                  |                                                               |                               |                                                        |                        |                     |                        |                   |
| Out-of-State Individually Underwritten | \$12,610                                                      | \$41,696                      | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Accident Only                          | \$21,829                                                      | \$6,566                       | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Disability Income                      | \$4,613,654                                                   | \$2,291,592                   | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Hospital Indemnity                     | \$11,242                                                      | \$1,430                       | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Limited Benefit                        | \$518,315                                                     | \$45,043                      | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Long Term Care                         | \$1,652,597                                                   | \$1,779,992                   | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Medicare Supplement                    | \$573                                                         | (\$473)                       | \$0                                                    | 0                      | 0                   | 0                      | 0                 |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### RELIABLE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 68357                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accidental Death & Dismemberment | \$391                                                                  | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Hospital Indemnity               | \$16                                                                   | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Limited Benefit                  | \$283                                                                  | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

### RELIANCE STANDARD LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 68381                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$10,404                                                               | \$0                                   | \$3,697                                                         | 68                            | 42,913                     | 0                             | 42,913                   |
| Accidental Death & Dismemberment | \$1,475,128                                                            | \$1,621,571                           | \$524,205                                                       | 127                           | 132,567                    | 0                             | 132,567                  |
| Dental                           | \$4,748,477                                                            | \$4,182,673                           | \$1,687,430                                                     | 235                           | 12,604                     | 0                             | 12,604                   |
| Disability Income                | \$23,475,219                                                           | \$21,868,752                          | \$8,342,212                                                     | 947                           | 95,045                     | 0                             | 95,045                   |
| Limited Benefit                  | \$2,109,362                                                            | \$715,352                             | \$749,588                                                       | 43                            | 3,408                      | 0                             | 3,408                    |
| Travel                           | \$2,316,875                                                            | \$1,223,226                           | \$823,330                                                       | 41                            | 10,105                     | 0                             | 10,105                   |
| Vision                           | \$283,390                                                              | \$123,550                             | \$100,706                                                       | 53                            | 2,716                      | 0                             | 2,716                    |

### RELIASTAR LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 67105                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$68,858                                                               | \$31,172                              | \$5,626                                                         | 1                             | 1,346                      | 1,750                         | 3,096                    |
| Dental                   | (\$1,587)                                                              | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Disability Income        | \$2,125,983                                                            | \$3,251,912                           | \$132,923                                                       | 110                           | 11,795                     | 0                             | 11,795                   |
| Excess/Stop Loss         | \$15,114,774                                                           | \$11,875,576                          | \$4,535,038                                                     | 253                           | 3,696                      | 4,805                         | 8,501                    |
| Limited Benefit          | \$176,504                                                              | \$0                                   | \$175,327                                                       | 0                             | 1,085                      | 184                           | 1,269                    |
| Vision                   | \$72                                                                   | \$44                                  | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 61360              |                                                               |                               |                                                        |                        |                     |                        |                   |
| Disability Income  | \$18,678                                                      | \$102,006                     | \$0                                                    | 1                      | 119                 | 0                      | 119               |
| Excess/Stop Loss   | \$1,212,717                                                   | \$0                           | \$0                                                    | 13                     | 297                 | 386                    | 683               |
| Hospital Indemnity | \$339                                                         | (\$164)                       | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Limited Benefit    | \$458,600                                                     | \$616,948                     | \$0                                                    | 0                      | 680                 | 586                    | 1,266             |
| Vision             | (\$1,066)                                                     | (\$158)                       | \$0                                                    | 0                      | 0                   | 0                      | 0                 |

## RESERVE NATIONAL INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 68462                                  |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten              | \$249,613                                                     | \$102,251                     | \$0                                                    |                        | 55                  | 23                     | 78                |
| Out-of-State Individually Underwritten | \$7,237                                                       | \$1,937                       | \$0                                                    | 1                      | 6                   | 0                      | 6                 |
| Accident Only                          | \$9,449                                                       | (\$116)                       | \$0                                                    | 0                      | 64                  | 24                     | 88                |
| Disability Income                      | \$490                                                         | \$0                           | \$0                                                    | 0                      | 2                   | 1                      | 3                 |
| Hospital Indemnity                     | \$22,156                                                      | \$12,735                      | \$0                                                    | 0                      | 25                  | 6                      | 31                |
| Limited Benefit                        | \$3,132                                                       | \$9,407                       | \$0                                                    | 0                      | 49                  | 11                     | 60                |
| Medicare Supplement                    | \$958,430                                                     | \$948,253                     | \$0                                                    | 0                      | 373                 | 22                     | 395               |

## RIVERSOURCE LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 65005             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Disability Income | \$9,042,816                                                   | \$2,219,525                   | \$1,065,753                                            | 0                      | 8,322               | 0                      | 8,322             |
| Long Term Care    | \$12,605,943                                                  | \$7,243,716                   | \$0                                                    | 0                      | 9,742               | 0                      | 9,742             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## S.USA LIFE INSURANCE COMPANY, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 60183                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accidental Death & Dismemberment | \$27,381                                                               | \$0                                   | \$6,751                                                         | 242                           | 242                         | 1                             | 243                      |

## SAFEGUARD HEALTH PLANS, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 52009                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Dental                   | \$10,556,266                                                           | \$8,428,261                           | \$1,106,988                                                     | 1,928                         | 118,922                     | 30,163                        | 149,085                  |

## SAFEHEALTH LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$5,356,785                                                            | \$4,005,161                           | \$1,026,572                                                     | 410                           | 9,655                       | 7,717                         | 17,372                   |
| Vision                   | \$352,979                                                              | \$191,811                             | \$258,563                                                       | 74                            | 5,466                       | 3,528                         | 8,994                    |

## SAGICOR LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Long Term Care           | \$1,292                                                                | \$0                                   | \$0                                                             | 0                             | 5                           | 0                             | 5                        |

## SEARS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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            | \$1,496,357                                                            | \$897,964                             | \$378,604                                                       | 2                             | 20,715                      | 14,530                        | 35,245                   |
| Hospital Indemnity       | \$6,808                                                                | \$0                                   | \$6,808                                                         | 1                             | 223                         | 64                            | 287                      |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## SECURIAN LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 93742             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Dental            | \$215,416                                                     | \$122,926                     | \$16,532                                               | 36                     | 386                 | 281                    | 667               |

## SECURITY LIFE OF DENVER INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 68713              |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only      | \$776                                                         | \$0                           | \$0                                                    | 0                      | 52                  | 0                      | 52                |
| Disability Income  | \$5,461                                                       | \$0                           | \$0                                                    | 0                      | 17                  | 0                      | 17                |
| Hospital Indemnity | \$3,489                                                       | \$77,717                      | \$0                                                    | 0                      | 110                 | 0                      | 110               |
| Limited Benefit    | \$10,009                                                      | \$0                           | \$0                                                    | 0                      | 44                  | 0                      | 44                |

## SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 68772                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Individually Underwritten        | \$1,002                                                       | \$0                           | \$0                                                    |                        | 3                   | 0                      | 3                 |
| Accidental Death & Dismemberment | \$8,152                                                       | \$0                           | \$122                                                  | 9                      | 545                 | 0                      | 545               |
| Disability Income                | \$129,359                                                     | \$505,533                     | \$0                                                    | 3                      | 203                 | 0                      | 203               |
| Hospital Indemnity               | \$421                                                         | \$700                         | \$0                                                    | 0                      | 3                   | 1                      | 4                 |
| Student                          | \$100,302                                                     | \$207,187                     | \$0                                                    | 35                     | 10,795              | 0                      | 10,795            |

## SECURITY NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 69485             |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accident Only     | \$8,145                                                       | \$39,197                      | \$0                                                    | 0                      | 571                 | 0                      | 571               |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 76325               |                                                               |                               |                                                        |                        |                     |                        |                   |
| Guarantee Issue     | \$24,755                                                      | \$12,707                      | \$0                                                    |                        | 8                   | 0                      | 8                 |
| Accident Only       | \$29,294                                                      | \$0                           | \$0                                                    | 0                      | 43                  | 0                      | 43                |
| Disability Income   | \$19,616                                                      | \$3,765                       | \$0                                                    | 0                      | 20                  | 0                      | 20                |
| Hospital Indemnity  | \$244,947                                                     | \$529,930                     | \$0                                                    | 0                      | 389                 | 0                      | 389               |
| Limited Benefit     | \$438,201                                                     | \$206,909                     | \$0                                                    | 0                      | 1,091               | 0                      | 1,091             |
| Long Term Care      | \$30,831,280                                                  | \$90,447,163                  | \$0                                                    | 0                      | 21,386              | 0                      | 21,386            |
| Medicare Supplement | \$575,529                                                     | \$617,349                     | \$0                                                    | 0                      | 374                 | 0                      | 374               |

## SENTRY INSURANCE A MUTUAL COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 24988              |                                                               |                               |                                                        |                        |                     |                        |                   |
| Disability Income  | \$769                                                         | \$0                           | \$0                                                    | 3                      | 3                   | 0                      | 3                 |
| Hospital Indemnity | \$504                                                         | \$0                           | \$0                                                    | 4                      | 4                   | 0                      | 4                 |
| Limited Benefit    | \$9,786                                                       | \$0                           | \$0                                                    | 1                      | 1,273               | 0                      | 1,273             |
| Long Term Care     | \$44,051                                                      | \$36,425                      | \$0                                                    | 1                      | 158                 | 0                      | 158               |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### SENTRY LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 68810              |                                                               |                               |                                                        |                        |                     |                        |                   |
| Conversion         | \$49                                                          | \$0                           | \$0                                                    |                        | 1                   | 0                      | 1                 |
| Accident Only      | \$1,225,184                                                   | \$444,408                     | \$231,500                                              | 283                    | 69,969              | 0                      | 69,969            |
| Dental             | \$120,991                                                     | \$32,928                      | \$16,639                                               | 23                     | 175                 | 105                    | 280               |
| Disability Income  | \$141,533                                                     | \$49,162                      | \$31,624                                               | 26                     | 356                 | 0                      | 356               |
| Hospital Indemnity | \$74                                                          | \$0                           | \$0                                                    | 0                      | 1                   | 0                      | 1                 |
| Limited Benefit    | \$503                                                         | \$0                           | \$0                                                    | 1                      | 1                   | 0                      | 1                 |
| Long Term Care     | \$1,740                                                       | \$0                           | \$0                                                    | 8                      | 1                   | 0                      | 1                 |

### SHENANDOAH LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 68845                            |                                                               |                               |                                                        |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$155,000                                                     | \$53,859                      | \$45,005                                               | 228                    | 12,992              | 0                      | 12,992            |
| Dental                           | \$5,114,910                                                   | \$3,365,193                   | \$757,239                                              | 541                    | 8,979               | 7,792                  | 16,771            |
| Disability Income                | \$1,419,145                                                   | \$361,060                     | \$214,290                                              | 127                    | 3,449               | 0                      | 3,449             |
| Medicare Supplement              | \$1,838,920                                                   | \$897,190                     | \$1,701,774                                            | 0                      | 1,358               | 0                      | 1,358             |

### SKYMED INTERNATIONAL (FLORIDA) INC.

| NAIC Company Code             | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 52038                         |                                                               |                               |                                                        |                        |                     |                        |                   |
| Other Prepaid Health Services | \$378,057                                                     | \$73,890                      | \$46,514                                               | 0                      | 1,649               | 1,553                  | 3,202             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## SOLSTICE BENEFITS, INC.

### NAIC Company Code

|                       | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Discount Medical Plan | \$268,026                                                     | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Dental                | \$2,058,855                                                   | \$344,865                     | \$174,054                                              | 233                    | 15,559               | 13,321                 | 28,880            |

## SONS OF NORWAY

### NAIC Company Code

57142

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Disability Income  | \$11,270                                                      | \$12,749                      | \$0                                                    | 0                      | 18                   | 0                      | 18                |
| Hospital Indemnity | \$294                                                         | \$0                           | \$0                                                    | 0                      | 3                    | 0                      | 3                 |
| Limited Benefit    | \$798                                                         | \$0                           | \$0                                                    | 0                      | 11                   | 0                      | 11                |

## SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

### NAIC Company Code

68896

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Disability Income  | \$97,586                                                      | \$46,981                      | \$0                                                    | 0                      | 465                  | 0                      | 465               |
| Hospital Indemnity | \$4,500                                                       | \$5,566                       | \$0                                                    | 0                      | 62                   | 18                     | 80                |
| Limited Benefit    | \$33,895                                                      | \$12,745                      | \$0                                                    | 0                      | 768                  | 725                    | 1,493             |
| Long Term Care     | \$322,173                                                     | \$108,738                     | \$0                                                    | 0                      | 785                  | 0                      | 785               |

## STANDARD INSURANCE COMPANY

### NAIC Company Code

69019

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$4,751,063                                                   | \$2,277,616                   | \$497,507                                              | 720                    | 312,570              | 3,203                  | 315,773           |
| Dental                           | \$12,720,946                                                  | \$8,905,992                   | \$1,177,490                                            | 182                    | 19,713               | 10,569                 | 30,282            |
| Disability Income                | \$62,704,106                                                  | \$32,066,981                  | \$4,852,413                                            | 1,062                  | 232,202              | 0                      | 232,202           |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 86355                     |                                                               |                               |                                                        |                        |                      |                        |                   |
| Individually Underwritten | \$11,632                                                      | \$17,543                      | \$0                                                    |                        | 17                   | 1                      | 18                |
| Accident Only             | \$3,728                                                       | \$64,861                      | \$0                                                    | 0                      | 2,654                | 12                     | 2,666             |
| Dental                    | \$25,554                                                      | (\$784)                       | \$0                                                    | 0                      | 21                   | 0                      | 21                |
| Disability Income         | \$543                                                         | \$2,631                       | \$0                                                    | 0                      | 5                    | 0                      | 5                 |
| Hospital Indemnity        | \$4,726                                                       | \$40,428                      | \$0                                                    | 0                      | 102                  | 1                      | 103               |
| Limited Benefit           | \$21,760                                                      | \$62,840                      | \$0                                                    | 0                      | 359                  | 11                     | 370               |
| Long Term Care            | \$60,241                                                      | \$85,069                      | \$0                                                    | 0                      | 51                   | 3                      | 54                |
| Short Term Care           | \$23,362                                                      | \$32,124                      | \$0                                                    | 0                      | 66                   | 0                      | 66                |
| Medicare Supplement       | \$9,734,755                                                   | \$6,858,539                   | \$229,109                                              | 0                      | 3,837                | 0                      | 3,837             |

## STANDARD LIFE AND CASUALTY INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 71706             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only     | \$54,261                                                      | \$7,544                       | \$0                                                    | 18                     | 600                  | 0                      | 600               |

## STANDARD LIFE INSURANCE COMPANY OF INDIANA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 69051             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Limited Benefit   | \$869                                                         | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 69078                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Short Term Major Medical  | \$4,973,178                                                            | \$2,555,303                           | \$0                                                             | 1,952                         | 1,952                      | 0                             | 1,952                    |
| Blanket Accident/Sickness | \$160,386                                                              | \$5,218                               | \$0                                                             | 25                            | 1,210                      | 0                             | 1,210                    |
| Excess/Stop Loss          | \$3,259,709                                                            | \$1,499,045                           | \$0                                                             | 13                            | 8,430                      | 0                             | 8,430                    |
| Hospital Indemnity        | \$27,902                                                               | \$14,013                              | \$0                                                             | 289                           | 289                        | 0                             | 289                      |

## STARMOUNT LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 68985                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$26,428                                                               | \$100,000                             | \$0                                                             | 0                             | 395                        | 136                           | 531                      |
| Dental                   | \$2,204                                                                | \$610                                 | \$0                                                             | 1                             | 4                          | 1                             | 5                        |
| Vision                   | \$5,670                                                                | \$1,435                               | \$0                                                             | 1                             | 17                         | 9                             | 26                       |

## STARNET INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 40045                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$111,146                                                              | \$57,221                              | \$111,146                                                       | 446                           | 63,112                     | 0                             | 63,112                   |
| Excess/Stop Loss         | \$66,245                                                               | \$46,372                              | \$66,245                                                        | 1                             | 204                        | 0                             | 204                      |

## STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 25135                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$683                                                                  | \$12,772                              | \$0                                                             |                               | 2                          | 1                             | 3                        |
| Disability Income         | \$329                                                                  | \$2,243                               | \$0                                                             | 0                             | 1                          | 0                             | 1                        |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

| NAIC Company Code              | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 25178                          |                                                               |                               |                                                        |                        |                      |                        |                   |
| Guarantee Issue                | \$31,664                                                      | (\$74)                        | \$0                                                    |                        | 5                    | 1                      | 6                 |
| Individually Underwritten      | \$10,329,963                                                  | \$9,462,173                   | \$0                                                    |                        | 1,594                | 401                    | 1,995             |
| Conversion                     | \$98,386                                                      | \$24,440                      | \$0                                                    |                        | 16                   | 3                      | 19                |
| Out-of-State 51+ Member Groups | \$17,773,918                                                  | \$14,887,826                  | \$0                                                    | 1                      | 2,438                | 2,172                  | 4,610             |
| Accident Only                  | \$310,772                                                     | \$18,412                      | \$0                                                    | 1                      | 3,508                | 3,640                  | 7,148             |
| Disability Income              | \$7,950,749                                                   | \$4,697,412                   | \$590,327                                              | 0                      | 18,812               | 0                      | 18,812            |
| Hospital Indemnity             | \$13,113,339                                                  | \$7,640,942                   | \$1,433,514                                            | 0                      | 97,938               | 13,906                 | 111,844           |
| Long Term Care                 | \$2,033,206                                                   | \$2,370,332                   | \$397,573                                              | 0                      | 7,207                | 0                      | 7,207             |
| Medicare Supplement            | \$17,246,060                                                  | \$12,966,499                  | \$683,469                                              | 0                      | 7,023                | 48                     | 7,071             |

### STATE LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 69116                     |                                                               |                               |                                                        |                        |                      |                        |                   |
| Individually Underwritten | \$4,062                                                       | \$0                           | \$0                                                    |                        | 7                    | 0                      | 7                 |
| Disability Income         | \$21,756                                                      | \$65,168                      | \$0                                                    | 0                      | 48                   | 0                      | 48                |
| Long Term Care            | \$998,302                                                     | \$5,910                       | \$6,369                                                | 0                      | 306                  | 0                      | 306               |

### STATE MUTUAL INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 69132               |                                                               |                               |                                                        |                        |                      |                        |                   |
| Long Term Care      | \$12,743                                                      | \$0                           | \$0                                                    | 0                      | 6                    | 0                      | 6                 |
| Medicare Supplement | \$7,861,254                                                   | \$5,854,173                   | \$0                                                    | 0                      | 3,563                | 0                      | 3,563             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## STERLING INVESTORS LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 89184                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Medicare Supplement      | \$197,165                                                              | \$83,859                              | \$129,119                                                       | 0                             | 0                          | 0                             | 0                        |

## STERLING LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 77399                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Medicare Supplement      | \$398,957                                                              | \$302,960                             | \$68,881                                                        | 0                             | 230                        | 0                             | 230                      |

## STONEBRIDGE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 65021                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only                    | \$2,828,455                                                            | \$693,731                             | \$114,651                                                       | 0                             | 23,671                     | 21,916                        | 45,587                   |
| Accidental Death & Dismemberment | \$17,652,646                                                           | \$6,641,311                           | \$914,147                                                       | 0                             | 161,491                    | 190,696                       | 352,187                  |
| Disability Income                | \$592,779                                                              | \$0                                   | \$0                                                             | 0                             | 8,419                      | 2,724                         | 11,143                   |
| Hospital Indemnity               | \$587,349                                                              | \$1,364,118                           | \$0                                                             | 0                             | 3,090                      | 448                           | 3,538                    |
| Limited Benefit                  | \$88,844                                                               | \$56,176                              | \$2,357                                                         | 0                             | 800                        | 344                           | 1,144                    |
| Long Term Care                   | \$301,678                                                              | \$249,357                             | \$0                                                             | 0                             | 229                        | 0                             | 229                      |

## SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 80926                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Conversion               | \$16,912                                                               | \$885,858                             | \$0                                                             |                               | 1                          | 0                             | 1                        |
| Dental                   | \$13,117,906                                                           | \$8,808,221                           | \$1,280,833                                                     | 785                           | 22,262                     | 18,477                        | 40,739                   |
| Disability Income        | \$7,068,442                                                            | \$4,817,324                           | \$1,349,740                                                     | 868                           | 29,311                     | 0                             | 29,311                   |
| Excess/Stop Loss         | \$2,079,124                                                            | \$991,089                             | \$397,011                                                       | 7                             | 609                        | 513                           | 1,122                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## SUN LIFE ASSURANCE COMPANY OF CANADA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$13,507,535                                                           | \$8,198,579                           | \$6,972,335                                                     | 360                           | 62,005                      | 0                             | 62,005                   |
| Excess/Stop Loss         | \$19,704,568                                                           | \$12,342,113                          | \$3,140,826                                                     | 35                            | 43,297                      | 49,505                        | 92,802                   |

## SUNAMERICA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$7,947                                                                | \$147,441                             | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Hospital Indemnity       | \$1,660                                                                | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## SURETY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$19,304                                                               | \$38,830                              | \$0                                                             | 0                             | 23                          | 0                             | 23                       |

## SYMETRA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68608                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Conversion                       | \$24,985                                                               | \$4,848                               | \$0                                                             |                               | 4                           | 0                             | 4                        |
| Accidental Death & Dismemberment | \$32,739                                                               | \$0                                   | \$170                                                           | 24                            | 2,429                       | 0                             | 2,429                    |
| Disability Income                | \$405,817                                                              | \$7,705                               | \$371,671                                                       | 15                            | 3,757                       | 0                             | 3,757                    |
| Excess/Stop Loss                 | \$40,157,191                                                           | \$17,806,420                          | \$4,092,635                                                     | 93                            | 134,523                     | 169,028                       | 303,551                  |
| Hospital Indemnity               | \$1,878,802                                                            | \$1,114,427                           | \$613,477                                                       | 35                            | 25,284                      | 31,769                        | 57,053                   |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Long Term Care           | \$1,607,172                                                            | \$918,455                             | \$0                                                             | 0                             | 602                        | 0                             | 602                      |

## THE PUBLIC HEALTH TRUST OF DADE COUNTY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| 51+ Member Groups        | \$38,812,051                                                           | \$33,901,233                          | \$0                                                             | 5                             | 5,910                      | 4,129                         | 10,039                   |
| Conversion               | \$253,334                                                              | \$343,109                             | \$0                                                             |                               | 0                          | 0                             | 0                        |

## THRIVENT FINANCIAL FOR LUTHERANS

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 56014                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$687,939                                                              | \$1,807,646                           | \$0                                                             |                               | 84                         | 36                            | 120                      |
| Accident Only             | \$40                                                                   | \$0                                   | \$0                                                             | 0                             | 3                          | 0                             | 3                        |
| Disability Income         | \$1,266,090                                                            | \$885,886                             | \$28,364                                                        | 0                             | 1,733                      | 9                             | 1,742                    |
| Hospital Indemnity        | \$15,646                                                               | \$4,408                               | \$0                                                             | 0                             | 114                        | 32                            | 146                      |
| Long Term Care            | \$5,476,631                                                            | \$3,691,740                           | \$0                                                             | 0                             | 3,288                      | 591                           | 3,879                    |
| Medicare Supplement       | \$692,903                                                              | \$494,141                             | \$1,027                                                         | 0                             | 212                        | 0                             | 212                      |

## TIAA-CREF LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 60142                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Long Term Care           | \$1,636,294                                                            | \$394,701                             | \$0                                                             | 0                             | 544                        | 0                             | 544                      |

## CY2007 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten              | \$508,855                                                     | \$439,854                     | \$41,180                                               |                        | 58                  | 22                     | 80                |
| Conversion                             | \$27,597                                                      | \$21,754                      | \$0                                                    |                        | 3                   | 1                      | 4                 |
| Out-of-State Guarantee Issue           | \$891,186                                                     | \$1,248,771                   | \$28,927                                               |                        | 46                  | 1                      | 47                |
| Out-of-State Individually Underwritten | \$68,237,664                                                  | \$43,582,354                  | \$12,391,971                                           | 1                      | 15,881              | 11,285                 | 27,166            |
| Out-of-State Short Term Major Medical  | \$3,270,259                                                   | \$1,387,275                   | \$2,522,211                                            | 1                      | 1,899               | 324                    | 2,223             |
| Accidental Death & Dismemberment       | \$33,666                                                      | \$8,008                       | \$10,744                                               | 0                      | 97                  | 75                     | 172               |
| Dental                                 | \$112,984                                                     | \$39,295                      | \$97,376                                               | 0                      | 858                 | 544                    | 1,402             |
| Disability Income                      | \$60,836                                                      | \$145,508                     | \$34,389                                               | 1                      | 94                  | 0                      | 94                |
| Hospital Indemnity                     | \$27,323                                                      | \$8,998                       | \$6,403                                                | 0                      | 101                 | 43                     | 144               |
| Limited Benefit                        | \$19,325                                                      | \$14,975                      | \$5,787                                                | 0                      | 56                  | 17                     | 73                |
| Long Term Care                         | \$16,459,828                                                  | \$22,613,266                  | \$0                                                    | 0                      | 9,458               | 9,458                  | 18,916            |
| Medicare Supplement                    | (\$621)                                                       | \$0                           | \$0                                                    | 0                      | 0                   | 0                      | 0                 |
| Sickness                               | \$25,555                                                      | \$8,764                       | \$11,193                                               | 0                      | 43                  | 34                     | 77                |
| Student                                | \$580,393                                                     | \$230,374                     | \$103,122                                              | 1                      | 469                 | 0                      | 469               |

## CY2007 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<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue                  | \$689,160                                                              | \$715,944                             | \$4,622                                                         |                               | 133                        | 29                            | 162                      |
| Individually Underwritten        | \$15,235,344                                                           | \$10,977,809                          | \$144,493                                                       |                               | 3,233                      | 544                           | 3,777                    |
| Self-Employed or Sole Proprietor | \$118,987                                                              | \$238,648                             | \$0                                                             | 28                            | 28                         | 14                            | 42                       |
| 2 - 5 Member Groups              | \$862,224                                                              | \$1,431,888                           | \$11,534                                                        | 9                             | 152                        | 29                            | 181                      |
| 6 - 50 Member Groups             | \$736,272                                                              | \$477,296                             | \$25,606                                                        | 64                            | 172                        | 65                            | 237                      |
| 51+ Member Groups                | \$4,426,222                                                            | \$2,863,776                           | \$448,397                                                       | 43                            | 1,638                      | 362                           | 2,000                    |
| Conversion                       | \$9,256,143                                                            | \$7,159,441                           | \$2,239                                                         |                               | 1,815                      | 314                           | 2,129                    |

### TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    | \$12,003                                                               | \$15,721                              | \$0                                                             | 0                             | 193                        | 56                            | 249                      |
| Accidental Death & Dismemberment | \$44,149                                                               | \$2,574                               | \$0                                                             | 0                             | 458                        | 245                           | 703                      |
| Disability Income                | \$4,898                                                                | \$63,981                              | \$0                                                             | 0                             | 21                         | 25                            | 46                       |
| Hospital Indemnity               | \$82,787                                                               | \$40,923                              | \$0                                                             | 0                             | 458                        | 88                            | 546                      |
| Long Term Care                   | \$10,669                                                               | \$0                                   | \$0                                                             | 0                             | 5                          | 0                             | 5                        |
| Medicare Supplement              | \$1,286,242                                                            | \$983,615                             | \$8,575                                                         | 0                             | 482                        | 0                             | 482                      |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### TRANSAMERICA LIFE INSURANCE COMPANY

NAIC Company Code

86231

|                                               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Out-of-State Individually Underwritten        | \$15,347                                                      | \$599                         | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Out-of-State Self-Employed or Sole Proprietor | \$808,197                                                     | \$1,796,885                   | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Accident Only                                 | \$100,329                                                     | \$4,457                       | \$48,396                                               | 8                      | 627                  | 1,037                  | 1,664             |
| Accidental Death & Dismemberment              | \$282                                                         | \$0                           | \$0                                                    | 0                      | 2                    | 0                      | 2                 |
| Dental                                        | \$5,600                                                       | \$4,496                       | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Disability Income                             | \$518,754                                                     | \$284,845                     | \$95,122                                               | 23                     | 864                  | 1,894                  | 2,758             |
| Excess/Stop Loss                              | \$3,707,766                                                   | \$3,026,560                   | \$431,783                                              | 16                     | 16,924               | 22,002                 | 38,926            |
| Hospital Indemnity                            | \$164,377                                                     | \$1,174                       | \$143,403                                              | 2                      | 690                  | 1,559                  | 2,249             |
| Limited Benefit                               | \$572,042                                                     | \$115,510                     | \$150,992                                              | 15                     | 1,686                | 3,673                  | 5,359             |
| Long Term Care                                | \$3,453,031                                                   | \$2,447,151                   | \$0                                                    | 0                      | 1,969                | 255                    | 2,224             |
| Prescription Drug                             | \$1,514                                                       | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Vision                                        | \$208                                                         | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

### TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

NAIC Company Code

67121

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten        | \$7,625                                                       | \$64,662                      | \$0                                                    |                        | 34                   | 0                      | 34                |
| Accident Only                    | \$122                                                         | \$0                           | \$0                                                    | 0                      | 1                    | 0                      | 1                 |
| Accidental Death & Dismemberment | \$6,240                                                       | \$0                           | \$0                                                    | 1                      | 25                   | 57                     | 82                |
| Disability Income                | \$5,667                                                       | \$94,425                      | \$0                                                    | 0                      | 39                   | 0                      | 39                |
| Hospital Indemnity               | \$326                                                         | \$0                           | \$0                                                    | 0                      | 3                    | 0                      | 3                 |
| Long Term Care                   | \$10,295,042                                                  | \$8,651,641                   | \$0                                                    | 0                      | 4,877                | 17                     | 4,894             |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## TRANS-OCEANIC LIFE INSURANCE COMPANY

NAIC Company Code

69523

|                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Limited Benefit | \$8,097                                                       | \$0                           | \$0                                                    | 0                      | 210                  | 0                      | 210               |

## TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

NAIC Company Code

56006

|               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Accident Only | \$2,732                                                       | \$1,580                       | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## TRUASSURE INSURANCE COMPANY

NAIC Company Code

92525

|        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Dental | \$478                                                         | \$426                         | \$0                                                    | 0                      | 5                    | 5                      | 10                |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### TRUSTMARK INSURANCE COMPANY

NAIC Company Code

61425

|                                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| Guarantee Issue                        | \$15,182                                                      | \$289                         | \$0                                                    |                        | 1                    | 0                      | 1                 |
| Individually Underwritten              | \$1,830,898                                                   | \$1,556,343                   | \$0                                                    |                        | 243                  | 94                     | 337               |
| Self-Employed or Sole Proprietor       | \$46,730                                                      | \$35,958                      | \$0                                                    | 3                      | 3                    | 0                      | 3                 |
| 6 - 50 Member Groups                   | \$122,288                                                     | \$24,000                      | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Conversion                             | \$171,006                                                     | \$5,000                       | \$13,913                                               |                        | 25                   | 8                      | 33                |
| Out-of-State Individually Underwritten | \$313,423                                                     | \$80,924                      | \$0                                                    | 1                      | 22                   | 5                      | 27                |
| Accident Only                          | \$6,925                                                       | \$786                         | \$0                                                    | 0                      | 88                   | 10                     | 98                |
| Accidental Death & Dismemberment       | \$567                                                         | \$0                           | \$0                                                    | 2                      | 20                   | 0                      | 20                |
| Dental                                 | \$92,548                                                      | \$41,652                      | \$19,476                                               | 6                      | 199                  | 126                    | 325               |
| Disability Income                      | \$2,205,762                                                   | \$4,513,975                   | \$46,715                                               | 6                      | 2,112                | 0                      | 2,112             |
| Hospital Indemnity                     | \$39,536                                                      | \$130,323                     | \$0                                                    | 0                      | 98                   | 20                     | 118               |
| Limited Benefit                        | \$9,432,807                                                   | \$1,099,503                   | \$270,700                                              | 11                     | 9,326                | 3,372                  | 12,698            |
| Long Term Care                         | \$7,116                                                       | \$0                           | \$0                                                    | 1                      | 7                    | 0                      | 7                 |
| Medicare Supplement                    | \$59,157                                                      | \$86,374                      | \$0                                                    | 0                      | 36                   | 0                      | 36                |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### TRUSTMARK LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 62863                            |                                                               |                               |                                                        |                        |                      |                        |                   |
| Self-Employed or Sole Proprietor | \$3                                                           | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| 2 - 5 Member Groups              | \$12                                                          | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| 6 - 50 Member Groups             | \$58                                                          | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| 51+ Member Groups                | \$1,134,883                                                   | \$758,689                     | \$122,438                                              | 1                      | 31                   | 22                     | 53                |
| Out-of-State 51+ Member Groups   | \$1,546,635                                                   | \$764,894                     | \$75,968                                               | 27                     | 150                  | 101                    | 251               |
| Accidental Death & Dismemberment | \$30,586                                                      | \$51,524                      | \$9                                                    | 37                     | 1,903                | 0                      | 1,903             |
| Dental                           | \$20,664                                                      | \$9,375                       | \$0                                                    | 10                     | 18                   | 16                     | 34                |
| Disability Income                | \$53,149                                                      | \$122,216                     | \$0                                                    | 9                      | 38                   | 0                      | 38                |
| Excess/Stop Loss                 | \$368,290                                                     | \$215,949                     | \$2,786                                                | 17                     | 189                  | 190                    | 379               |

### U.S. SPECIALTY INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 29599             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only     | \$765,480                                                     | \$611,477                     | \$117,822                                              | 15                     | 457                  | 0                      | 457               |
| Excess/Stop Loss  | \$2,705,714                                                   | \$1,302,799                   | \$2,705,714                                            | 7                      | 0                    | 0                      | 0                 |

### ULLICO CASUALTY COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 37893             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Conversion        | \$295,962                                                     | \$385,108                     | \$0                                                    |                        | 19                   | 10                     | 29                |

# CY2007 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<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 80314                              |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten          | \$11,540                                                               | \$3,897                               | \$1,374                                                         |                               | 7                           | 0                             | 7                        |
| 51+ Member Groups                  | \$55,140,206                                                           | \$31,254,844                          | \$458,134                                                       | 181                           | 5,862                       | 3,227                         | 9,089                    |
| Administrative Services Only (ASO) | \$2,176,034                                                            | \$23,098,321                          | \$35,191                                                        | 39                            | 5,369                       | 3,464                         | 8,833                    |
| Accidental Death & Dismemberment   | \$52,817                                                               | \$402,558                             | \$0                                                             | 3                             | 2,364                       | 0                             | 2,364                    |
| Dental                             | \$596,067                                                              | \$456,317                             | \$88,031                                                        | 111                           | 866                         | 815                           | 1,681                    |
| Disability Income                  | \$22,831                                                               | \$536,292                             | \$0                                                             | 1                             | 1                           | 0                             | 1                        |
| Excess/Stop Loss                   | \$211,384                                                              | \$757,841                             | \$3,419                                                         | 10                            | 255                         | 249                           | 504                      |
| Medicare Supplement                | \$463,755                                                              | \$294,926                             | \$54,402                                                        | 0                             | 145                         | 0                             | 145                      |
| Vision                             | \$16,652                                                               | \$9,233                               | \$8,450                                                         | 27                            | 68                          | 587                           | 655                      |

## UNIFIED LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 11121                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$13,977                                                               | \$79,460                              | \$0                                                             |                               | 89                          | 5                             | 94                       |
| Accident Only             | \$5,605                                                                | \$0                                   | \$0                                                             | 0                             | 700                         | 0                             | 700                      |
| Dental                    | \$167,975                                                              | \$0                                   | \$155,829                                                       | 3                             | 327                         | 494                           | 821                      |
| Disability Income         | \$3,841                                                                | \$18,800                              | \$0                                                             | 0                             | 49                          | 0                             | 49                       |
| Hospital Indemnity        | \$2,886                                                                | \$3,200                               | \$0                                                             | 0                             | 34                          | 0                             | 34                       |
| Limited Benefit           | \$1,709                                                                | \$770                                 | \$0                                                             | 0                             | 109                         | 0                             | 109                      |
| Long Term Care            | \$12,764                                                               | \$9,502                               | \$0                                                             | 0                             | 73                          | 4                             | 77                       |
| Medicare Supplement       | \$23,116                                                               | \$50,356                              | \$0                                                             | 0                             | 33                          | 0                             | 33                       |
| Vision                    | \$168,880                                                              | \$86,302                              | \$168,880                                                       | 15                            | 1,902                       | 1,997                         | 3,899                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## UNIMERICA INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 91529                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$147,822                                                              | \$87,149                              | \$0                                                             | 2                             | 564                         | 605                           | 1,169                    |
| Excess/Stop Loss         | \$609,107                                                              | \$709,252                             | \$0                                                             | 1                             | 1,065                       | 1,385                         | 2,450                    |

## UNION BANKERS INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten        | \$65,058                                                               | \$57,218                              | \$0                                                             |                               | 32                          | 0                             | 32                       |
| Accidental Death & Dismemberment | \$23                                                                   | \$0                                   | \$0                                                             | 0                             | 2                           | 0                             | 2                        |
| Disability Income                | \$6,760                                                                | \$787                                 | \$0                                                             | 0                             | 35                          | 0                             | 35                       |
| Hospital Indemnity               | \$19,944                                                               | \$1,505                               | \$0                                                             | 0                             | 74                          | 0                             | 74                       |
| Limited Benefit                  | \$2,297                                                                | \$166                                 | \$0                                                             | 0                             | 105                         | 0                             | 105                      |
| Long Term Care                   | \$68,270                                                               | \$50,120                              | \$0                                                             | 0                             | 75                          | 0                             | 75                       |
| Medicare Supplement              | \$1,543,039                                                            | \$1,276,594                           | \$0                                                             | 0                             | 643                         | 0                             | 643                      |

## UNION CENTRAL LIFE INSURANCE COMPANY (THE)

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$2,205,291                                                            | \$3,645,842                           | \$0                                                             | 0                             | 1,403                       | 0                             | 1,403                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## UNION FIDELITY LIFE INSURANCE COMPANY

### NAIC Company Code

| 62596                            | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| Individually Underwritten        | \$4,178                                                                | \$1,212                               | \$0                                                             |                               | 4                          | 0                             | 4                        |
| Accident Only                    | \$701,664                                                              | \$67,927                              | \$0                                                             | 0                             | 9,756                      | 5,876                         | 15,632                   |
| Accidental Death & Dismemberment | \$366,519                                                              | \$164,933                             | \$0                                                             | 0                             | 4,427                      | 5,096                         | 9,523                    |
| Dental                           | \$258                                                                  | \$505                                 | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Disability Income                | \$1,055                                                                | \$0                                   | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Hospital Indemnity               | \$147,806                                                              | \$144,990                             | \$0                                                             | 0                             | 678                        | 144                           | 822                      |
| Limited Benefit                  | \$1,030,185                                                            | \$564,010                             | \$0                                                             | 0                             | 5,357                      | 6,655                         | 12,012                   |
| Short Term Care                  | \$5,687                                                                | \$1,650                               | \$0                                                             | 0                             | 24                         | 2                             | 26                       |
| Medicare Supplement              | \$574,691                                                              | \$483,331                             | \$0                                                             | 0                             | 227                        | 0                             | 227                      |
| Champus/Tricare Supplement       | \$2,569                                                                | \$4,174                               | \$0                                                             | 0                             | 5                          | 2                             | 7                        |

## UNION LABOR LIFE INSURANCE COMPANY

### NAIC Company Code

| 69744                            | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| Conversion                       | \$64,428                                                               | \$135,623                             | \$0                                                             |                               | 46                         | 0                             | 46                       |
| Out-of-State 51+ Member Groups   | \$504,853                                                              | \$136,862                             | \$0                                                             | 2                             | 25                         | 38                            | 63                       |
| Accident Only                    | \$2,619                                                                | \$507                                 | \$0                                                             | 0                             | 28                         | 13                            | 41                       |
| Accidental Death & Dismemberment | \$118,645                                                              | \$52,241                              | \$509                                                           | 13                            | 5,349                      | 354                           | 5,703                    |
| Dental                           | \$5,846                                                                | \$420                                 | \$0                                                             | 0                             | 11                         | 0                             | 11                       |
| Disability Income                | \$4,882                                                                | \$22,448                              | \$0                                                             | 0                             | 37                         | 0                             | 37                       |
| Hospital Indemnity               | \$62,589                                                               | \$23,673                              | \$0                                                             | 0                             | 195                        | 55                            | 250                      |
| Limited Benefit                  | \$14,423                                                               | \$2,414                               | \$0                                                             | 0                             | 917                        | 276                           | 1,193                    |
| Long Term Care                   | \$517,683                                                              | \$884,246                             | \$0                                                             | 0                             | 176                        | 0                             | 176                      |
| Medicare Supplement              | \$9,496,634                                                            | \$8,119,575                           | \$0                                                             | 13                            | 3,495                      | 0                             | 3,495                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## UNION SECURITY INSURANCE COMPANY

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 70408                                  |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Out-of-State Individually Underwritten | \$29,252                                                               | (\$8,588)                             | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Out-of-State Conversion                | \$7,228                                                                | \$24,123                              | \$0                                                             |                               | 3                          | 0                             | 3                        |
| Accidental Death & Dismemberment       | \$209,555                                                              | \$151,557                             | \$0                                                             | 2                             | 2,528                      | 1,142                         | 3,670                    |
| Dental                                 | \$33,514,912                                                           | \$20,316,614                          | \$2,887,123                                                     | 2,337                         | 102,166                    | 97,267                        | 199,433                  |
| Disability Income                      | \$15,205,250                                                           | \$8,533,987                           | \$1,480,354                                                     | 1,039                         | 51,661                     | 0                             | 51,661                   |
| Long Term Care                         | \$10,617,594                                                           | \$5,628,022                           | \$0                                                             | 0                             | 6,866                      | 0                             | 6,866                    |

## UNITED AMERICAN INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 92916                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue           | \$118,664                                                              | \$41,098                              | \$55,863                                                        |                               | 35                         | 10                            | 45                       |
| Individually Underwritten | \$44,743,277                                                           | \$31,027,447                          | \$10,397,831                                                    |                               | 22,778                     | 14,975                        | 37,753                   |
| Disability Income         | \$1,362                                                                | \$0                                   | \$0                                                             | 0                             | 13                         | 0                             | 13                       |
| Hospital Indemnity        | \$67,908                                                               | \$26,889                              | \$4,605                                                         | 0                             | 99                         | 12                            | 111                      |
| Limited Benefit           | \$2,539,706                                                            | \$1,166,467                           | \$462,704                                                       | 0                             | 8,090                      | 3,244                         | 11,334                   |
| Long Term Care            | \$474,855                                                              | \$643,162                             | \$0                                                             | 0                             | 370                        | 0                             | 370                      |
| Medicare Supplement       | \$71,356,193                                                           | \$48,127,412                          | \$2,548,314                                                     | 102                           | 25,601                     | 6                             | 25,607                   |
| Prescription Drug         | \$23,551,321                                                           | \$19,015,011                          | \$11,673,822                                                    | 0                             | 16,599                     | 0                             | 16,599                   |

## UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 52020                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Dental                   | \$10,356                                                               | \$7,634                               | \$2,526                                                         | 11                            | 30                         | 60                            | 90                       |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## UNITED CONCORDIA INSURANCE COMPANY

NAIC Company Code

85766

|        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Dental | \$23,473,240                                                  | \$20,129,748                  | \$1,949,709                                            | 249                    | 48,121              | 96,639                 | 144,760           |

## UNITED HEALTHCARE INSURANCE COMPANY

NAIC Company Code

79413

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| Self-Employed or Sole Proprietor | \$87,653,823                                                  | \$74,296,790                  | \$13,148,073                                           | 10,576                 | 10,576              | 8,950                  | 19,526            |
| 6 - 50 Member Groups             | \$1,122,781,247                                               | \$764,104,722                 | \$168,417,187                                          | 33,461                 | 197,269             | 130,596                | 327,865           |
| 51+ Member Groups                | \$855,679,569                                                 | \$360,398,326                 | \$128,351,935                                          | 1,296                  | 113,552             | 83,138                 | 196,690           |
| Dental                           | \$33,653,889                                                  | \$23,031,810                  | \$5,048,083                                            | 6,323                  | 252,524             | 226,131                | 478,655           |
| Medicare Supplement              | \$518,767,487                                                 | \$415,970,281                 | \$0                                                    | 1                      | 326,747             | 0                      | 326,747           |

## UNITED HEALTHCARE OF FLORIDA, INC.

NAIC Company Code

95264

|                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|---------------------|------------------------|-------------------|
| 2 - 5 Member Groups  | \$30,984,708                                                  | \$22,987,228                  | \$323,370                                              | 2,284                  | 3,882               | 1,067                  | 4,949             |
| 6 - 50 Member Groups | \$96,513,996                                                  | \$71,602,714                  | \$2,527,937                                            | 1,456                  | 92,539              | 59,582                 | 152,121           |
| 51+ Member Groups    | \$670,141,218                                                 | \$608,116,126                 | \$26,963,876                                           | 482                    | 10,399              | 8,010                  | 18,409            |
| Conversion           | \$13,123,552                                                  | \$16,483,430                  | \$177,197                                              |                        | 1,524               | 0                      | 1,524             |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### UNITED INSURANCE COMPANY OF AMERICA

*NAIC Company Code*

| 69930              | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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      | \$845,507                                                              | \$148,558                             | \$75,501                                                        | 0                             | 9,623                       | 7,698                         | 17,321                   |
| Disability Income  | \$185,400                                                              | \$56,557                              | \$0                                                             | 0                             | 1,642                       | 0                             | 1,642                    |
| Hospital Indemnity | \$608,842                                                              | \$159,102                             | \$0                                                             | 0                             | 5,435                       | 4,348                         | 9,783                    |
| Limited Benefit    | \$370,187                                                              | \$66,130                              | \$77,979                                                        | 0                             | 2,527                       | 2,022                         | 4,549                    |

### UNITED LIFE INSURANCE COMPANY

*NAIC Company Code*

| 69973             | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|-------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| Disability Income | \$629                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

### UNITED OF OMAHA LIFE INSURANCE COMPANY

*NAIC Company Code*

| 69868                              | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 51+ Member Groups                  | \$333,095                                                              | (\$30,200)                            | \$0                                                             | 0                             | 0                           | 0                             | 0                        |
| Out-of-State 51+ Member Groups     | \$145,990                                                              | \$284,706                             | \$0                                                             | 6                             | 143                         | 227                           | 370                      |
| Administrative Services Only (ASO) | \$175,178                                                              | \$12                                  | \$1,411                                                         | 32                            | 3,041                       | 65                            | 3,106                    |
| Accident Only                      | \$33,233                                                               | \$30,438                              | \$214                                                           | 5                             | 10,929                      | 0                             | 10,929                   |
| Accidental Death & Dismemberment   | \$391,094                                                              | \$46,314                              | \$107,851                                                       | 415                           | 32,910                      | 6,165                         | 39,075                   |
| Dental                             | \$16,987                                                               | (\$371)                               | \$0                                                             | 4                             | 136                         | 209                           | 345                      |
| Disability Income                  | \$5,404,784                                                            | \$5,187,160                           | \$1,572,667                                                     | 448                           | 33,662                      | 0                             | 33,662                   |
| Excess/Stop Loss                   | \$323,876                                                              | \$1,105,371                           | \$5,553                                                         | 30                            | 622                         | 763                           | 1,385                    |
| Hospital Indemnity                 | \$64,508                                                               | \$81,591                              | \$0                                                             | 0                             | 53                          | 0                             | 53                       |
| Limited Benefit                    | \$331                                                                  | \$1,000                               | \$0                                                             | 0                             | 4                           | 0                             | 4                        |
| Vision                             | \$8,372                                                                | \$282                                 | \$0                                                             | 4                             | 135                         | 212                           | 347                      |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### UNITED STATES FIRE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 21113                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Short Term Major Medical | \$271,998                                                              | \$6,239                               | \$271,998                                                       | 0                             | 1                           | 0                             | 1                        |
| Excess/Stop Loss         | \$29,882                                                               | \$39,938                              | \$29,882                                                        | 0                             | 0                           | 0                             | 0                        |
| Sickness                 | \$293,087                                                              | \$181,728                             | \$293,087                                                       | 0                             | 1,188                       | 0                             | 1,188                    |
| Student                  | \$715,641                                                              | \$292,012                             | \$715,641                                                       | 0                             | 0                           | 0                             | 0                        |
| Travel                   | \$1,631,732                                                            | \$0                                   | \$1,631,732                                                     | 0                             | 4,312                       | 0                             | 4,312                    |

### UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 70106                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten        | \$37,945                                                               | \$71,641                              | \$0                                                             |                               | 0                           | 0                             | 0                        |
| Accidental Death & Dismemberment | \$1,451,662                                                            | \$794,138                             | \$362,916                                                       | 463                           | 14,181                      | 17,726                        | 31,907                   |
| Dental                           | \$4,204,398                                                            | \$2,996,392                           | \$1,051,100                                                     | 316                           | 9,678                       | 12,098                        | 21,776                   |
| Disability Income                | \$5,905,259                                                            | \$7,492,343                           | \$1,450,823                                                     | 333                           | 7,288                       | 8,651                         | 15,939                   |
| Excess/Stop Loss                 | \$9,077,749                                                            | \$6,957,671                           | \$2,269,437                                                     | 6                             | 7,665                       | 9,582                         | 17,247                   |
| Hospital Indemnity               | \$601,541                                                              | \$499,168                             | \$150,385                                                       | 2                             | 914                         | 1,143                         | 2,057                    |
| Vision                           | (\$482,442)                                                            | \$10,153                              | \$0                                                             | 5                             | 22                          | 28                            | 50                       |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## UNITED TEACHER ASSOCIATES INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 63479                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$242,814                                                              | \$256,503                             | \$0                                                             |                               | 160                        | 35                            | 195                      |
| Accident Only             | \$2,808                                                                |                                       |                                                                 |                               | 8                          |                               | 8                        |
| Dental                    | \$3,014                                                                |                                       |                                                                 |                               | 2                          |                               | 2                        |
| Disability Income         | \$262,251                                                              | \$702,305                             | \$68                                                            |                               | 667                        | 2                             | 669                      |
| Hospital Indemnity        | \$9,723                                                                | \$55,380                              |                                                                 |                               | 53                         | 1                             | 54                       |
| Limited Benefit           | \$256,066                                                              | \$404,582                             | \$914                                                           |                               | 1,069                      | 426                           | 1,495                    |
| Long Term Care            | \$58,647                                                               | \$50,999                              | \$2,719                                                         |                               | 69                         |                               | 69                       |
| Medicare Supplement       | \$2,851,948                                                            | \$2,355,089                           | \$18,063                                                        |                               | 1,141                      |                               | 1,141                    |

## UNITED WORLD LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 72850                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Hospital Indemnity       | \$13                                                                   | \$0                                   | \$0                                                             | 0                             | 1                          | 0                             | 1                        |
| Medicare Supplement      | \$14,961,961                                                           | \$10,316,657                          | \$10,077,181                                                    | 0                             | 9,693                      | 0                             | 9,693                    |

## UNIVERSAL HEALTH CARE, INC.

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten | \$12,636                                                               | \$8,137                               | \$0                                                             |                               | 5                          | 5                             | 10                       |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### UNUM LIFE INSURANCE COMPANY OF AMERICA

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 62235                            |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accidental Death & Dismemberment | \$3,899,108                                                            | \$2,300,742                           | \$430,878                                                       | 1,324                         | 235,555                     | 0                             | 235,555                  |
| Disability Income                | \$122,441,145                                                          | \$145,297,955                         | \$13,552,685                                                    | 2,683                         | 351,486                     | 0                             | 351,486                  |
| Long Term Care                   | \$22,268,198                                                           | \$7,632,785                           | \$2,464,808                                                     | 311                           | 38,335                      | 0                             | 38,335                   |

### USAA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 69663                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Accident Only            | \$11,512                                                               | \$0                                   | \$0                                                             | 1                             | 73                          | 0                             | 73                       |
| Disability Income        | \$437,203                                                              | \$399,611                             | \$0                                                             | 0                             | 403                         | 0                             | 403                      |
| Hospital Indemnity       | \$40,540                                                               | \$30,300                              | \$0                                                             | 0                             | 72                          | 0                             | 72                       |
| Medicare Supplement      | \$14,994,854                                                           | \$10,941,668                          | \$0                                                             | 0                             | 6,432                       | 0                             | 6,432                    |

### VISION SERVICE PLAN INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                   | \$17,525,564                                                           | \$12,750,314                          | \$854,108                                                       | 364                           | 763,914                     | 586,064                       | 1,349,978                |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 95266                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Guarantee Issue                  | \$1,649,206                                                            | \$1,137,935                           | \$13,086                                                        |                               | 274                        | 0                             | 274                      |
| Individually Underwritten        | \$90,161,691                                                           | \$59,700,588                          | \$11,927,475                                                    |                               | 31,518                     | 0                             | 31,518                   |
| Self-Employed or Sole Proprietor | \$279,857                                                              | \$222,818                             | \$0                                                             | 14                            | 14                         | 4                             | 18                       |
| 2 - 5 Member Groups              | \$223,918                                                              | \$223,256                             | \$0                                                             | 12                            | 22                         | 11                            | 33                       |
| 6 - 50 Member Groups             | \$56,393                                                               | \$63,674                              | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| 51+ Member Groups                | \$29,976,633                                                           | \$24,374,999                          | \$0                                                             | 5                             | 3,808                      | 4,125                         | 7,933                    |
| Conversion                       | \$774,170                                                              | \$626,953                             | \$0                                                             |                               | 156                        | 0                             | 156                      |

### VISTA HEALTHPLAN, INC.

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                            |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Self-Employed or Sole Proprietor | \$9,258,463                                                            | \$10,225,996                          | \$1,930,176                                                     | 944                           | 944                        | 430                           | 1,374                    |
| 2 - 5 Member Groups              | \$34,252,345                                                           | \$28,304,896                          | \$9,517,043                                                     | 2,055                         | 5,892                      | 2,658                         | 8,550                    |
| 6 - 50 Member Groups             | \$61,425,354                                                           | \$47,530,186                          | \$19,019,427                                                    | 1,046                         | 12,190                     | 5,074                         | 17,264                   |
| 51+ Member Groups                | \$375,569,561                                                          | \$319,458,871                         | \$27,526,014                                                    | 260                           | 65,432                     | 43,621                        | 109,053                  |
| Conversion                       | \$3,660,066                                                            | \$4,995,901                           | \$1,500,627                                                     |                               | 665                        | 0                             | 665                      |

### VISTA INSURANCE PLAN, INC.

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| 51+ Member Groups        | \$7,610,865                                                            | \$7,419,698                           | \$639,467                                                       | 35                            | 626                        | 543                           | 1,169                    |

## CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

### WASHINGTON NATIONAL INSURANCE COMPANY

| <i>NAIC Company Code</i>   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                      |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Individually Underwritten  | \$165,271                                                              | \$130,059                             | \$0                                                             |                               | 74                         | 1                             | 75                       |
| Accident Only              | \$493,033                                                              | \$390,634                             | \$0                                                             | 1                             | 13,957                     | 984                           | 14,941                   |
| Disability Income          | \$29,113                                                               | \$22,294                              | \$0                                                             | 2                             | 96                         | 2                             | 98                       |
| Hospital Indemnity         | \$145,398                                                              | \$114,481                             | \$0                                                             | 3                             | 694                        | 81                            | 775                      |
| Limited Benefit            | \$81,183                                                               | \$63,955                              | \$0                                                             | 2                             | 771                        | 139                           | 910                      |
| Long Term Care             | \$7,782,719                                                            | \$25,446,523                          | \$0                                                             | 11                            | 4,312                      | 0                             | 4,312                    |
| Medicare Supplement        | \$7,850,691                                                            | \$5,605,393                           | \$0                                                             | 0                             | 3,413                      | 0                             | 3,413                    |
| Champus/Tricare Supplement | \$238,032                                                              | \$188,784                             | \$0                                                             | 2                             | 154                        | 163                           | 317                      |

### WEST COAST LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 70335                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Limited Benefit          | \$142                                                                  | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |
| Long Term Care           | \$10,660                                                               | \$0                                   | \$0                                                             | 0                             | 0                          | 0                             | 0                        |

### WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|--------------------------|
| 70483                    |                                                                        |                                       |                                                                 |                               |                            |                               |                          |
| Accident Only            | \$192,645                                                              | \$0                                   | \$0                                                             | 0                             | 4,264                      | 2,196                         | 6,460                    |
| Limited Benefit          | \$2,588,021                                                            | \$3,104,911                           | \$0                                                             | 0                             | 4,215                      | 1,877                         | 6,092                    |

# CY2007 Accident and Health Report of Gross Annual Premium and Enrollment Summary by Carrier by Reported Lines of Business

## WESTPORT INSURANCE CORPORATION

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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         | \$515,881                                                              | \$433,058                             | \$0                                                             | 1                             | 3,229                       | 4,004                         | 7,233                    |

## WESTWARD LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 78301                    |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Disability Income        | \$30,620                                                               | \$1,993                               | \$0                                                             | 0                             | 76                          | 0                             | 76                       |

## WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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                     |                                                                        |                                       |                                                                 |                               |                             |                               |                          |
| Individually Underwritten | \$3,062                                                                | \$0                                   | \$0                                                             |                               | 0                           | 0                             | 0                        |
| Disability Income         | \$776                                                                  | \$0                                   | \$0                                                             | 0                             | 0                           | 0                             | 0                        |

## WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY/OMAHA WOODMEN

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>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        | \$33,984                                                               | \$28,438                              | \$0                                                             | 0                             | 111                         | 0                             | 111                      |
| Hospital Indemnity       | \$103,261                                                              | \$136,936                             | \$6,917                                                         | 0                             | 303                         | 113                           | 416                      |
| Limited Benefit          | \$243,251                                                              | \$170,000                             | \$33,110                                                        | 0                             | 1,530                       | 0                             | 1,530                    |
| Long Term Care           | \$37,955                                                               | \$0                                   | \$3,372                                                         | 0                             | 21                          | 0                             | 21                       |

# CY2007 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 56499             |                                                               |                               |                                                        |                        |                      |                        |                   |
| Limited Benefit   | \$23                                                          | \$0                           | \$0                                                    | 0                      | 0                    | 0                      | 0                 |

## WORLD INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 70629                                  |                                                               |                               |                                                        |                        |                      |                        |                   |
| Individually Underwritten              | \$1,621,373                                                   | \$1,802,682                   | \$3,865                                                |                        | 188                  | 133                    | 321               |
| Short Term Major Medical               | \$8,908                                                       | \$110                         | \$8,247                                                | 0                      | 5                    | 0                      | 5                 |
| Out-of-State Individually Underwritten | \$3,202,193                                                   | \$1,444,262                   | \$1,709,440                                            | 5                      | 1,128                | 1,078                  | 2,206             |
| Dental                                 | \$18,316                                                      | \$58,251                      | \$0                                                    | 0                      | 13                   | 0                      | 13                |
| Hospital Indemnity                     | \$7,478                                                       | \$5,116                       | \$0                                                    | 0                      | 65                   | 12                     | 77                |
| Limited Benefit                        | \$161                                                         | \$0                           | \$0                                                    | 0                      | 22                   | 7                      | 29                |
| Medicare Supplement                    | \$1,189,812                                                   | \$980,778                     | \$0                                                    | 0                      | 430                  | 16                     | 446               |

## ZURICH AMERICAN INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------|----------------------|------------------------|-------------------|
| 16535                            |                                                               |                               |                                                        |                        |                      |                        |                   |
| Accident Only                    | \$3,800,141                                                   | \$3,818,960                   | \$2,133                                                | 2,742                  | 2,742                | 0                      | 2,742             |
| Accidental Death & Dismemberment | \$1,239,323                                                   | \$130,549                     | \$33,658                                               | 16,498                 | 16,461               | 37                     | 16,498            |
| Disability Income                | \$33,442                                                      | (\$934,402)                   | \$0                                                    | 0                      | 0                    | 0                      | 0                 |
| Excess/Stop Loss                 | \$2,892,788                                                   | \$3,426,992                   | \$1,063,634                                            | 6,292                  | 6,292                | 0                      | 6,292             |

*CY2007 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity*

NAIC Company Code

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|    |                                                      |       |
|----|------------------------------------------------------|-------|
| 1  | 5 STAR LIFE INSURANCE COMPANY                        | 77879 |
| 2  | ACE FIRE UNDERWRITERS INSURANCE COMPANY              | 20702 |
| 3  | ACE LIFE INSURANCE COMPANY                           | 60348 |
| 4  | ADMIRAL LIFE INSURANCE COMPANY OF AMERICA            | 71390 |
| 5  | AETNA HEALTH INSURANCE COMPANY                       | 72052 |
| 6  | AETNA INSURANCE COMPANY OF CONNECTICUT               | 36153 |
| 7  | AGL LIFE ASSURANCE COMPANY                           | 60232 |
| 8  | AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA, INC.      | 12973 |
| 9  | AIG ANNUITY INSURANCE COMPANY                        | 70432 |
| 10 | AIG CASUALTY COMPANY                                 | 19402 |
| 11 | AIG SUNAMERICA LIFE ASSURANCE COMPANY                | 60941 |
| 12 | ALL SAVERS INSURANCE COMPANY                         | 82406 |
| 13 | ALLEGIANCE LIFE INSURANCE COMPANY                    | 62790 |
| 14 | ALLSTATE INSURANCE COMPANY                           | 19232 |
| 15 | AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.          | 11122 |
| 16 | AMERICAN ALTERNATIVE INSURANCE CORPORATION           | 19720 |
| 17 | AMERICAN AUTOMOBILE INSURANCE COMPANY                | 21849 |
| 18 | AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA        | 10111 |
| 19 | AMERICAN CAPITOL INSURANCE COMPANY                   | 60291 |
| 20 | AMERICAN COMMERCE INSURANCE COMPANY                  | 19941 |
| 21 | AMERICAN FAMILY HOME INSURANCE COMPANY               | 23450 |
| 22 | AMERICAN FIDELITY LIFE INSURANCE COMPANY             | 60429 |
| 23 | AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY   | 26247 |
| 24 | AMERICAN HARDWARE MUTUAL INSURANCE COMPANY           | 13331 |
| 25 | AMERICAN INSURANCE COMPANY (THE)                     | 21857 |
| 26 | AMERICAN MATURITY LIFE INSURANCE COMPANY             | 81213 |
| 27 | AMERICAN MODERN HOME INSURANCE COMPANY               | 23469 |
| 28 | AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY        | 91785 |
| 29 | AMERICAN PIONEER HEALTH PLANS, INC.                  | 12562 |
| 30 | AMERICAN RELIABLE INSURANCE COMPANY                  | 19615 |
| 31 | AMERICAN REPUBLIC CORP INSURANCE COMPANY             | 67679 |
| 32 | AMERICAN SECURITY INSURANCE COMPANY                  | 42978 |
| 33 | AMERICAN SENTINEL INSURANCE COMPANY                  | 17965 |
| 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 |

***CY2007 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity***

*NAIC Company Code*

|    |                                                  |       |
|----|--------------------------------------------------|-------|
| 38 | AMERIGROUP FLORIDA, INC.                         | 95093 |
| 39 | AMERIPRISE INSURANCE COMPANY                     | 12504 |
| 40 | ANTHEM INSURANCE COMPANIES, INC                  | 28207 |
| 41 | ARCH INSURANCE COMPANY                           | 11150 |
| 42 | ARGUS DENTAL PLAN, INC.                          |       |
| 43 | ASSOCIATED INDEMNITY CORPORATION                 | 21865 |
| 44 | ATHENA ASSURANCE COMPANY                         | 41769 |
| 45 | ATLANTA LIFE INSURANCE COMPANY                   | 61093 |
| 46 | ATLANTIC COAST LIFE INSURANCE COMPANY            | 61115 |
| 47 | AURORA NATIONAL LIFE ASSURANCE COMPANY           | 61182 |
| 48 | AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT     | 19062 |
| 49 | AVEMCO INSURANCE COMPANY                         | 10367 |
| 50 | AXIS REINSURANCE COMPANY                         | 20370 |
| 51 | BALBOA INSURANCE COMPANY                         | 24813 |
| 52 | BANKERS INSURANCE COMPANY                        | 33162 |
| 53 | BANKERS STANDARD INSURANCE COMPANY               | 18279 |
| 54 | BEAZLEY INSURANCE COMPANY, INC.                  | 37540 |
| 55 | BEST MERIDIAN INSURANCE COMPANY                  | 63886 |
| 56 | BROTHERHOOD MUTUAL INSURANCE COMPANY             | 13528 |
| 57 | BUPA INSURANCE COMPANY                           | 81647 |
| 58 | C.P.A. INSURANCE COMPANY                         | 30082 |
| 59 | CANADA LIFE INSURANCE COMPANY OF AMERICA         | 81060 |
| 60 | CAREPLUS HEALTH PLANS, INC.                      | 95092 |
| 61 | CAROLINA CASUALTY INSURANCE COMPANY              | 10510 |
| 62 | CATHOLIC ASSOCIATION OF FORESTERS                | 58130 |
| 63 | CATHOLIC HOLY FAMILY SOCIETY                     | 57770 |
| 64 | CENTRAL BENEFITS NATIONAL LIFE INSURANCE COMPANY | 63541 |
| 65 | CENTRE INSURANCE COMPANY                         | 34649 |
| 66 | CHARTER NATIONAL LIFE INSURANCE COMPANY          | 61808 |
| 67 | CHEROKEE INSURANCE COMPANY                       | 10642 |
| 68 | CHURCH LIFE INSURANCE CORPORATION                | 61875 |
| 69 | CHURCH LIFE INSURANCE CORPORATION                | 61875 |
| 70 | CINCINNATI INDEMNITY COMPANY                     | 23280 |
| 71 | CLARENDON SELECT INSURANCE COMPANY               | 22560 |
| 72 | CONGRESS LIFE INSURANCE COMPANY                  | 73504 |
| 73 | CONTINENTAL INSURANCE COMPANY                    | 35289 |
| 74 | COTTON STATES LIFE INSURANCE COMPANY             | 62537 |

***CY2007 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity***

*NAIC Company Code*

|     |                                                                   |       |
|-----|-------------------------------------------------------------------|-------|
| 75  | CSA FRATERNAL LIFE                                                | 56138 |
| 76  | CSI LIFE INSURANCE COMPANY                                        | 82880 |
| 77  | CUMIS INSURANCE SOCIETY, INC.                                     | 10847 |
| 78  | DAILY UNDERWRITERS OF AMERICA                                     | 35483 |
| 79  | DIRECT GENERAL INSURANCE COMPANY                                  | 42781 |
| 80  | DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY                    | 36463 |
| 81  | DIXIE NATIONAL LIFE INSURANCE COMPANY                             | 66214 |
| 82  | EASTERN LIFE AND HEALTH INSURANCE COMPANY                         | 62804 |
| 83  | EMPHEYSYS INSURANCE COMPANY                                       | 88595 |
| 84  | EMPIRE FIRE AND MARINE INSURANCE COMPANY                          | 21326 |
| 85  | EMPLOYEES LIFE COMPANY (MUTUAL)                                   | 84174 |
| 86  | EMPLOYERS FIRE INSURANCE COMPANY                                  | 20648 |
| 87  | EMPLOYERS INSURANCE COMPANY OF WAUSAU                             | 21458 |
| 88  | EMPLOYERS REASSURANCE CORPORATION                                 | 68276 |
| 89  | EPIC LIFE INSURANCE COMPANY                                       | 64149 |
| 90  | EVEREST REINSURANCE COMPANY                                       | 26921 |
| 91  | FAIRMONT SPECIALTY INSURANCE COMPANY                              | 24384 |
| 92  | FAMILY LIFE INSURANCE COMPANY                                     | 63053 |
| 93  | FEDERATED MUTUAL INSURANCE COMPANY                                | 13935 |
| 94  | FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC.                 | 25879 |
| 95  | FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY | 63290 |
| 96  | FIREMAN'S FUND INSURANCE COMPANY                                  | 21873 |
| 97  | FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO                    | 64696 |
| 98  | FIRST LIBERTY INSURANCE CORPORATION (THE)                         | 33588 |
| 99  | FIRST MEDICAL HEALTH PLAN OF FLORIDA, INC.                        | 12985 |
| 100 | FIRST PENN-PACIFIC LIFE INSURANCE COMPANY                         | 67652 |
| 101 | FLORIDA HEALTH PARTNERS, INC.                                     |       |
| 102 | FREEDOM HEALTH, INC.                                              | 10119 |
| 103 | GERMANTOWN INSURANCE COMPANY                                      | 11282 |
| 104 | GRAMERCY INSURANCE COMPANY                                        | 43265 |
| 105 | GRANITE STATE INSURANCE COMPANY                                   | 23809 |
| 106 | GREAT AMERICAN INSURANCE COMPANY                                  | 16691 |
| 107 | GREAT DIVIDE INSURANCE COMPANY                                    | 25224 |
| 108 | GUARANTEE INSURANCE COMPANY                                       | 11398 |
| 109 | GUIDEONE MUTUAL INSURANCE COMPANY                                 | 15032 |
| 110 | HARLEYSVILLE-ATLANTIC INSURANCE COMPANY                           | 13382 |
| 111 | HARMONY BEHAVIORAL HEALTH OF FLORIDA, INC.                        | 12956 |

***CY2007 Accident and Health Report of Gross Annual Premium and Enrollment  
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*NAIC Company Code*

|     |                                                                |       |
|-----|----------------------------------------------------------------|-------|
| 112 | HARTFORD ACCIDENT AND INDEMNITY COMPANY                        | 22357 |
| 113 | HARTFORD CASUALTY INSURANCE COMPANY                            | 29424 |
| 114 | HARTFORD UNDERWRITERS INSURANCE COMPANY                        | 30104 |
| 115 | HCC INSURANCE COMPANY                                          | 36781 |
| 116 | HCSC INSURANCE SERVICES COMPANY                                | 78611 |
| 117 | HEALTH NET LIFE INSURANCE COMPANY                              | 66141 |
| 118 | HEALTHEASE OF FLORIDA, INC.                                    | 52631 |
| 119 | HEALTHSPRING OF FLORIDA, INC                                   | 11532 |
| 120 | HEALTHSUN HEALTH PLANS, INC.                                   | 10122 |
| 121 | HEALTHY PALM BEACHES, INC.                                     | 95827 |
| 122 | HORACE MANN INSURANCE COMPANY                                  | 22578 |
| 123 | HUMANA ADVANTAGECARE PLAN, INC.                                | 10126 |
| 124 | IDS PROPERTY CASUALTY INSURANCE COMPANY                        | 29068 |
| 125 | IMERICA LIFE & HEALTH INSURANCE COMPANY                        | 63533 |
| 126 | INDEPENDENCE LIFE AND ANNUITY COMPANY                          | 64602 |
| 127 | INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA                 | 19429 |
| 128 | INSURANCE COMPANY OF THE WEST                                  | 27847 |
| 129 | INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSAKTIESELSKAB | 11830 |
| 130 | INVESTORS INSURANCE CORPORATION                                | 64939 |
| 131 | JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY                   | 93610 |
| 132 | JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY                   | 90204 |
| 133 | LAKEVIEW CENTER, INC.                                          |       |
| 134 | LIBERTY BANKERS LIFE INSURANCE COMPANY                         | 68543 |
| 135 | LIFE OF THE SOUTH INSURANCE COMPANY                            | 97691 |
| 136 | LM INSURANCE CORPORATION                                       | 33600 |
| 137 | MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.                    |       |
| 138 | MANHATTAN LIFE INSURANCE COMPANY                               | 65870 |
| 139 | MARKEL AMERICAN INSURANCE COMPANY                              | 28932 |
| 140 | MARYLAND CASUALTY COMPANY                                      | 19356 |
| 141 | MAX AMERICA INSURANCE COMPANY                                  | 21296 |
| 142 | MEDCO CONTAINMENT LIFE INSURANCE COMPANY                       | 63762 |
| 143 | METLIFE INSURANCE COMPANY OF CONNECTICUT                       | 39357 |
| 144 | METLIFE INVESTORS INSURANCE COMPANY                            | 93513 |
| 145 | METLIFE INVESTORS USA INSURANCE COMPANY                        | 61050 |
| 146 | MML BAY STATE LIFE INSURANCE COMPANY                           | 70416 |
| 147 | MUTUAL OF DETROIT INSURANCE COMPANY                            | 62669 |
| 148 | NATIONAL FIRE INSURANCE COMPANY OF HARTFORD                    | 20478 |

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NAIC Company Code

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|     |                                                     |       |
|-----|-----------------------------------------------------|-------|
| 149 | NATIONAL INDEMNITY COMPANY                          | 20087 |
| 150 | NATIONAL SECURITY INSURANCE COMPANY                 | 66788 |
| 151 | NATIONAL SPECIALTY INSURANCE COMPANY                | 22608 |
| 152 | NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY       | 92657 |
| 153 | NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST       | 69698 |
| 154 | NEW HAMPSHIRE INSURANCE COMPANY                     | 23841 |
| 155 | NMHC GROUP SOLUTIONS INSURANCE, INC.                | 12630 |
| 156 | NORTH AMERICAN SPECIALTY INSURANCE COMPANY          | 29874 |
| 157 | NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.      |       |
| 158 | NORTH RIVER INSURANCE COMPANY                       | 21105 |
| 159 | NORTH STAR REINSURANCE CORPORATION                  | 22047 |
| 160 | NORTHERN ASSURANCE COMPANY OF AMERICA               | 38369 |
| 161 | NORTHERN INSURANCE COMPANY OF NEW YORK              | 19372 |
| 162 | NYLIFE INSURANCE COMPANY OF ARIZONA                 | 81353 |
| 163 | OM FINANCIAL LIFE INSURANCE COMPANY                 | 63274 |
| 164 | OPTIMUM HEALTHCARE, INC.                            | 12259 |
| 165 | PACIFIC INDEMNITY COMPANY                           | 20346 |
| 166 | PARIS RE AMERICA INSURANCE COMPANY                  | 11835 |
| 167 | PARK AVENUE LIFE INSURANCE COMPANY                  | 60003 |
| 168 | PARKER CENTENNIAL ASSURANCE COMPANY                 | 71099 |
| 169 | PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY      | 67601 |
| 170 | PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.    | 12262 |
| 171 | PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO  | 14990 |
| 172 | PHILADELPHIA-UNITED LIFE INSURANCE COMPANY          | 67792 |
| 173 | PHOENIX LIFE AND ANNUITY COMPANY                    | 93734 |
| 174 | PIONEER AMERICAN INSURANCE COMPANY                  | 67873 |
| 175 | PREFERRED CARE PARTNERS, INC.                       | 11176 |
| 176 | PROTECTIVE INSURANCE COMPANY                        | 12416 |
| 177 | PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION     | 86630 |
| 178 | PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | 93629 |
| 179 | QBE REINSURANCE CORPORATION                         | 10219 |
| 180 | QCC INSURANCE COMPANY                               | 93688 |
| 181 | QUALITY HEALTH PLANS, INC.                          | 11519 |
| 182 | R.V.I. NATIONAL INSURANCE COMPANY                   | 23132 |
| 183 | REGENT INSURANCE COMPANY                            | 24449 |
| 184 | RENAISSANCE LIFE & HEALTH INSURANCE COMPANY         | 94587 |
| 185 | REPUBLIC AMERICAN LIFE INSURANCE COMPANY            | 81132 |

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|     |                                             |       |
|-----|---------------------------------------------|-------|
| 186 | RESOURCE LIFE INSURANCE COMPANY             | 61506 |
| 187 | RIVERPORT INSURANCE COMPANY                 | 36684 |
| 188 | RLI INSURANCE COMPANY                       | 13056 |
| 189 | ROYAL NEIGHBORS OF AMERICA                  | 57657 |
| 190 | SCOR LIFE INSURANCE COMPANY                 | 68446 |
| 191 | SCOR LIFE U.S. RE INSURANCE COMPANY         | 64688 |
| 192 | SEABRIGHT INSURANCE COMPANY                 | 15563 |
| 193 | SECURITY BENEFIT LIFE INSURANCE COMPANY     | 68675 |
| 194 | SENTRY CASUALTY COMPANY                     | 28460 |
| 195 | SENTRY SELECT INSURANCE COMPANY             | 21180 |
| 196 | SIGNIFICA INSURANCE GROUP, INC.             | 67636 |
| 197 | SILVERSCRIPT INSURANCE COMPANY              | 12575 |
| 198 | SOUTHERN LIFE AND HEALTH INSURANCE COMPANY  | 88323 |
| 199 | SOUTHLAND NATIONAL INSURANCE CORPORATION    | 79057 |
| 200 | SPARTA INSURANCE COMPANY                    | 20613 |
| 201 | ST. PAUL FIRE & MARINE INSURANCE COMPANY    | 24767 |
| 202 | ST. PAUL MERCURY INSURANCE COMPANY          | 24791 |
| 203 | STANDARD FIRE INSURANCE COMPANY             | 19070 |
| 204 | STAR INSURANCE COMPANY                      | 18023 |
| 205 | SUMMIT HEALTH PLAN, INC.                    | 10771 |
| 206 | SUNSET LIFE INSURANCE COMPANY OF AMERICA    | 69272 |
| 207 | SWISS RE LIFE & HEALTH AMERICA INC.         | 82627 |
| 208 | TRANSPORTATION INSURANCE COMPANY            | 20494 |
| 209 | TRAVELERS CASUALTY AND SURETY COMPANY       | 19038 |
| 210 | TRAVELERS CASUALTY COMPANY OF CONNECTICUT   | 36170 |
| 211 | TRAVELERS COMMERCIAL CASUALTY COMPANY       | 40282 |
| 212 | TRAVELERS COMMERCIAL INSURANCE COMPANY      | 36137 |
| 213 | TRAVELERS INDEMNITY COMPANY                 | 25658 |
| 214 | TRAVELERS INDEMNITY COMPANY OF CONNECTICUT  | 25682 |
| 215 | U.S. FINANCIAL LIFE INSURANCE COMPANY       | 84530 |
| 216 | UBS LIFE INSURANCE COMPANY USA              | 67423 |
| 217 | ULLICO LIFE INSURANCE COMPANY               | 86371 |
| 218 | UNION NATIONAL LIFE INSURANCE COMPANY       | 69779 |
| 219 | UNITED HOME LIFE INSURANCE COMPANY          | 69922 |
| 220 | UNITED INVESTORS LIFE INSURANCE COMPANY     | 94099 |
| 221 | UNITED NATIONAL SPECIALTY INSURANCE COMPANY | 41335 |
| 222 | UNITED STATES FIDELITY AND GUARANTY COMPANY | 25887 |

*CY2007 Accident and Health Report of Gross Annual Premium and Enrollment  
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|     |                                                |       |
|-----|------------------------------------------------|-------|
| 223 | UNITY FINANCIAL LIFE INSURANCE COMPANY         | 63819 |
| 224 | UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.  | 12577 |
| 225 | UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY  | 70173 |
| 226 | USAA DIRECT LIFE INSURANCE COMPANY             | 72613 |
| 227 | USABLE LIFE                                    | 94358 |
| 228 | VALIANT INSURANCE COMPANY                      | 26611 |
| 229 | VALLEY FORGE INSURANCE COMPANY                 | 20508 |
| 230 | VIGILANT INSURANCE COMPANY                     | 20397 |
| 231 | VIRGINIA SURETY COMPANY, INC.                  | 40827 |
| 232 | WAUSAU UNDERWRITERS INSURANCE COMPANY          | 26042 |
| 233 | WELLCARE HEALTH INSURANCE OF ARIZONA, INC.     | 83445 |
| 234 | WELLCARE OF FLORIDA, INC.                      | 95081 |
| 235 | WELLCARE PRESCRIPTION INSURANCE, INC.          | 10155 |
| 236 | WESCO INSURANCE COMPANY                        | 25011 |
| 237 | WESTCHESTER FIRE INSURANCE COMPANY             | 21121 |
| 238 | WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO | 91413 |
| 239 | WORLD CORP INSURANCE COMPANY                   | 79987 |
| 240 | 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](mailto: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](mailto: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 31<sup>st</sup> 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<br/>H16I<br/>H15G<br/>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"> <li>• <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i></li> <li>• <i>Individually Underwritten</i></li> <li>• <i>Self-Employed or Sole Proprietor (FS 627.6699)</i></li> <li>• <i>2 - 5 Member Groups (FS 627.6699)</i></li> <li>• <i>6 - 50 Member Groups (FS 627.6699)</i></li> <li>• <i>51+ Member Groups</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |
| <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<br/>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<br/>H02I</p>                                                |
| <p>Accidental Death &amp; 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<br/>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<br/>H10I</p>                                                |

| TYPE OF INSURANCE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>H11G<br/>H11I</p>                                                                                                                                     |
| <p>Excess/Stop Loss (includes Accident &amp; 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.</p>                                                                                                                                                                                                                                          | <p>H12</p>                                                                                                                                               |
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>H14G<br/>H14I</p>                                                                                                                                     |
| <p>Limited Benefit (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ &amp; Tissue Transplant)-</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> | <p>H07G<br/>H07I<br/>H08G<br/>H08I<br/>H09G<br/>H09I</p>                                                                                                 |
| <p>Long Term Care - Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>LTC02G<br/>LTC02I<br/>LTC03G<br/>LTC03I<br/>LTC04G<br/>LTC04I<br/>LTC05G<br/>LTC05I<br/>LTC05.1G<br/>LTC05.1I<br/>LTC05.2G<br/>LTC05.2I<br/>LTC06</p> |
| <p>Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>H13G<br/>H13I</p>                                                                                                                                     |

| TYPE OF INSURANCE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 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.                               | MS02G<br>MS02I<br>MS03G<br>MS03I<br>MS04G<br>MS04I<br>MS05G<br>MS05I<br>MS06 |
| 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.                                                                                                                                                                                                                                                                  | H05                                                                          |
| 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.                                                                                                                                                                               | H17G<br>H17I                                                                 |
| Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.                                                                                                                                                                                                                                                                                                                                              | H18G<br>H18I                                                                 |
| Student - A health insurance contract that covers a class of students not individually identified in the contract.                                                                                                                                                                                                                                                                                                                                                                    | H04.001                                                                      |
| 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.) | H19I<br>H19G                                                                 |
| Vision - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.                                                                                                                                                       | H20G<br>H20I                                                                 |
| Other - <b>NOT</b> 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.                                                                                                                                                                                                                                                                             | H21                                                                          |

*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><b>TOTAL DIRECT PREMIUMS EARNED</b></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><b>DIRECT LOSSES INCURRED</b></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><b>RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED</b></p>          | <p>This is an auto-calculation field. It divides [DIRECT LOSSES INCURRED] by [TOTAL DIRECT PREMIUMS EARNED].</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?</b></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"> <li>• Solicitation or inducement.</li> <li>• Preliminary negotiations.</li> <li>• Effectuation of a contract of insurance.</li> <li>• Transaction of matters subsequent to effectuation of a contract of insurance and arising out of it.</li> </ul> <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><b>DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</b></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><b>PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS</b></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><b>EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY</b></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.<br/>Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S.<br/>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](mailto: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 OF REPORTING CY AUTO-CALCULATION | AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| <b>Major Medical and/or Hospital/Surgical/Medical Expense</b>                                                                             |                                                                                                                                                                                                                                                                          |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| 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                                                                                                                                                                                                                                                               |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| <b>Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S</b> |                                                                                                                                                                                                                                                                          |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| 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                                                                                                                                                                                                                                                               |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| <b>OTHER ACCIDENT and HEALTH COVERAGES</b>                                                                                                |                                                                                                                                                                                                                                                                          |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| 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 - <b>NOT</b> 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.                                                                |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| <b>RECONCILIATION</b>                                                                                                                     |                                                                                                                                                                                                                                                                          |                              |                        |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |
| 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 1-38, column (E) above (If different from line 39, 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                    |                                                                            |                                                                    |                                              |                                                                        |                                                             |                                          |                                                    |                                                                       |                                            |

OIR-DO-1094