

CY2009
Accident and Health Markets
Gross Annual Premium and Enrollment



Florida Office of Insurance Regulation
Market Research Unit

October 12, 2010

*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.*

Amended GAP Report Summary of Changes (10/12/2010)

Changes to the CY2009 GAP Report since original publication on 9/8/2010:

UnitedHealthcare Insurance Company. (NAIC code 79413). UnitedHealthcare Insurance Company corrected certain premium, losses, and enrollment after the publication of the original GAP report. This revised version reflects these changes. Direct Premium Earned for 2-5 Member Groups was reduced by \$6,408,660 and Direct Losses Incurred for 2-5 Member Groups was reduced by \$5,460,178. The Conversion Major Medical category was not previously reported. It was added to the revised report showing the previously-deducted totals as Direct Premium Earned (\$6,408,660) and Direct Losses Incurred (\$5,460,178) with a total of 1,751 Covered Lives. Additionally, total Covered Lives for the 51+ Member Group was reduced in the revised report by 462,859.

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CY2009 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Major Medical Lines of Business

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Guarantee Issue	\$184,476,385	\$180,482,512	\$21,688,878	0	51,296	24,907	76,203
Individually Underwritten	\$1,139,104,837	\$716,180,059	\$198,534,274	0	332,482	171,100	503,582
Self-Employed or Sole Proprietor	\$133,628,189	\$141,617,015	\$4,323,182	14,175	14,175	4,144	18,319
2 - 5 Member Groups	\$1,101,019,461	\$926,923,356	\$68,449,933	58,919	151,649	106,659	258,308
6 - 50 Member Groups	\$2,829,409,178	\$2,261,107,352	\$187,993,684	59,257	479,296	308,319	787,615
51+ Member Groups	\$7,998,029,911	\$7,136,100,646	\$522,143,798	13,570	1,117,670	787,052	1,904,722
Short Term Major Medical	\$22,768,595	\$17,218,528	\$20,871,099	388	6,786	2,954	9,740
Conversion	\$189,722,540	\$243,610,258	\$26,161,858	0	35,506	16,541	52,047
Out-of-State Guarantee Issue	\$15,934,109	\$20,028,576	\$3,027,158	0	1,596	236	1,832
Out-of-State Individually Underwritten	\$480,354,818	\$302,041,212	\$77,642,482	516	108,693	72,144	180,837
Out-of-State Self-Employed or Sole Proprietor	\$434,309	\$286,550	\$108,784	66	66	96	162
Out-of-State 2 - 5 Member Groups	\$2,362,810	\$1,725,352	\$476,721	240	291	239	530
Out-of-State 6 - 50 Member Groups	\$18,094,151	\$9,862,550	\$3,124,686	1,144	2,394	1,782	4,176
Out-of-State 51+ Member Groups	\$234,000,776	\$182,417,619	\$19,419,572	3,295	46,317	34,927	81,244
Out-of-State Short Term Major Medical	\$5,605,154	\$5,270,496	\$2,687,589	3	3,420	972	4,392
Out-of-State Conversion	\$45,761	\$61,961	\$0	0	11	0	11

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Other Prepaid Health Services	\$9,306,476	\$4,804,914	\$236,927	100	137,571	102,691	240,262
Discount Medical Plan	\$557,800	\$68,089	\$1,453	280	6,533	4,651	11,184
Accident Only	\$218,924,480	\$103,447,439	\$54,294,728	5,654	2,514,621	432,808	2,947,429
Accidental Death & Dismemberment	\$130,641,485	\$61,388,378	\$14,738,409	140,464	7,810,274	1,665,240	9,475,514
Blanket Accident/Sickness	\$40,214,693	\$28,550,702	\$4,572,630	4,486	231,603	92,329	323,932
Dental	\$981,639,512	\$733,433,545	\$89,558,169	40,900	3,342,744	3,164,973	6,507,717
Disability Income	\$1,128,144,808	\$1,099,989,122	\$133,739,147	714,371	3,525,651	165,937	3,691,588
Excess/Stop Loss	\$309,670,569	\$227,261,049	\$72,143,373	5,427	823,223	839,252	1,662,475
Hospital Indemnity	\$110,240,869	\$64,556,696	\$32,506,334	12,437	318,528	140,228	458,756
Limited Benefit	\$254,293,982	\$170,906,543	\$49,850,742	4,040	661,726	402,644	1,064,370
Long Term Care	\$637,855,039	\$582,886,211	\$24,334,643	38,679	388,966	33,786	422,752
Short Term Care	\$647,995	\$595,861	\$116,635	24	930	14	944
Medicare Supplement	\$1,413,836,267	\$1,164,376,825	\$103,284,780	353	672,594	1,509	674,103
Champus/Tricare Supplement	\$11,757,839	\$8,543,380	\$224,927	18	16,520	527	17,047
Prescription Drug	\$82,201,989	\$75,423,426	\$576,435	124	83,574	2,577	86,151
Sickness	\$617,423	\$252,292	\$157,764	0	3,935	9	3,944
Student	\$40,831,508	\$29,576,540	\$2,362,095	166	40,709	185	40,894
Travel	\$7,203,839	\$5,641,197	\$3,394,065	510	741,989	10,417	752,406
Vision	\$146,675,632	\$109,919,069	\$13,941,839	22,547	2,541,862	2,158,678	4,700,540

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings

<i>Rank</i>	<i>Company Name</i>	<i>NAIC Company Code</i>	<i>Direct Premiums Earned</i>	<i>Covered Lives</i>	<i>Market Share (By Premium)</i>
1	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	98167	\$3,896,580,992	1,106,191	27.14%
2	UNITEDHEALTHCARE INSURANCE COMPANY	79413	\$2,209,751,674	690,951	15.39%
3	AETNA HEALTH INC.	95088	\$1,961,030,481	387,401	13.66%
4	AVMED, INC.	95263	\$726,703,532	189,394	5.06%
5	UNITEDHEALTHCARE OF FLORIDA, INC.	95264	\$654,417,164	127,444	4.56%
6	HUMANA MEDICAL PLAN, INC.	95270	\$641,600,519	158,254	4.47%
7	COVENTRY HEALTH CARE OF FLORIDA, INC.	95114	\$603,338,704	150,774	4.20%
8	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	62308	\$513,120,768	149,062	3.57%
9	NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	95123	\$431,571,309	107,608	3.01%
10	CAPITAL HEALTH PLAN, INC.	95112	\$423,211,320	100,353	2.95%
11	HEALTH OPTIONS, INC.	95089	\$393,836,582	82,710	2.74%
12	GOLDEN RULE INSURANCE COMPANY	62286	\$298,976,024	120,129	2.08%
13	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	69671	\$286,383,399	103,720	2.00%
14	AETNA LIFE INSURANCE COMPANY	60054	\$263,591,428	75,426	1.84%
15	FLORIDA HEALTH CARE PLAN, INC.	13567	\$140,072,846	30,156	0.98%
16	HEALTH FIRST HEALTH PLANS, INC.	95019	\$116,739,258	24,478	0.81%
17	COVENTRY HEALTH PLAN OF FLORIDA, INC.	95266	\$112,132,315	35,242	0.78%
18	PREFERRED MEDICAL PLAN, INC.	95271	\$68,095,620	28,928	0.47%
19	TIME INSURANCE COMPANY	69477	\$67,031,296	26,192	0.47%
20	THE PUBLIC HEALTH TRUST OF DADE COUNTY	95126	\$63,829,434	12,161	0.44%
21	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	\$62,665,017	15,933	0.44%
22	QCC INSURANCE COMPANY	93688	\$39,442,303	7,757	0.27%
23	MEGA LIFE & HEALTH INSURANCE COMPANY	97055	\$38,632,302	10,077	0.27%
24	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	81973	\$30,648,519	8,111	0.21%
25	UNICARE LIFE & HEALTH INSURANCE COMPANY	80314	\$27,979,421	2,075	0.19%
26	UNITED AMERICAN INSURANCE COMPANY	92916	\$27,329,687	14,116	0.19%
27	CIGNA HEALTHCARE OF FLORIDA, INC.	95136	\$25,430,033	5,352	0.18%
28	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	66087	\$25,412,469	9,155	0.18%
29	AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY	97179	\$23,727,317	5,380	0.17%
30	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	25178	\$23,431,875	4,967	0.16%
31	TOTAL HEALTH CHOICE, INC.	95134	\$23,185,817	5,394	0.16%
32	AVAHEALTH, INC.	12316	\$16,238,306	6,946	0.11%
33	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	\$15,386,364	7,641	0.11%
34	CELTIC INSURANCE COMPANY	80799	\$12,145,865	2,370	0.08%
35	NEW YORK LIFE INSURANCE COMPANY	66915	\$10,048,311	3,703	0.07%
36	CONTINENTAL GENERAL INSURANCE COMPANY	71404	\$7,031,909	1,444	0.05%
37	AMERICAN STATES INSURANCE COMPANY	19704	\$6,780,137	25	0.05%
38	CIGNA HEALTH AND LIFE INSURANCE COMPANY	67369	\$6,379,326	15,473	0.04%
39	JOHN ALDEN LIFE INSURANCE COMPANY	65080	\$6,083,197	1,849	0.04%
40	PRINCIPAL LIFE INSURANCE COMPANY	61271	\$5,891,435	586	0.04%
41	WORLD INSURANCE COMPANY	70629	\$4,988,658	1,417	0.03%
42	MEDICA HEALTH PLANS OF FLORIDA, INC.	12756	\$4,114,106	1,680	0.03%
43	AXA EQUITABLE LIFE INSURANCE COMPANY	62944	\$3,970,829	660	0.03%
44	GUARANTEE TRUST LIFE INSURANCE COMPANY	64211	\$3,147,635	874	0.02%

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings

<i>Rank</i>	<i>Company Name</i>	<i>NAIC Company Code</i>	<i>Direct Premiums Earned</i>	<i>Covered Lives</i>	<i>Market Share (By Premium)</i>
45	STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK	69078	\$2,792,542	1,430	0.02%
46	AMERICAN REPUBLIC INSURANCE COMPANY	60836	\$2,240,721	1,350	0.02%
47	INDEPENDENCE AMERICAN INSURANCE COMPANY	26581	\$2,027,945	1,425	0.01%
48	STARNET INSURANCE COMPANY	40045	\$1,847,067	371	0.01%
49	FIDELITY SECURITY LIFE INSURANCE COMPANY	71870	\$1,846,162	218	0.01%
50	TRUSTMARK INSURANCE COMPANY	61425	\$1,648,027	237	0.01%
51	NIPPON LIFE INSURANCE COMPANY OF AMERICA	81264	\$1,562,750	208	0.01%
52	AMERICAN NATIONAL LIFE INS. CO. OF TEXAS	71773	\$1,506,624	260	0.01%
53	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	64246	\$1,504,730	778	0.01%
54	AMERICAN HERITAGE LIFE INSURANCE COMPANY	60534	\$1,454,217	4,464	0.01%
55	PAN-AMERICAN LIFE INSURANCE COMPANY	67539	\$1,266,478	1,050	0.01%
56	HUMANA INSURANCE COMPANY	73288	\$1,202,379	880	0.01%
57	PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)	68241	\$1,057,320	906	0.01%
58	CITRUS HEALTH CARE, INC.	11836	\$1,009,227	261	0.01%
59	METROPOLITAN LIFE INSURANCE COMPANY	65978	\$965,293	21,187	0.01%
60	CONTINENTAL AMERICAN INSURANCE COMPANY	71730	\$890,971	2,996	0.01%
61	ILLINOIS MUTUAL LIFE INSURANCE COMPANY	64580	\$721,052	78	0.01%
62	THRIVENT FINANCIAL FOR LUTHERANS	56014	\$640,316	70	0.00%
63	PYRAMID LIFE INSURANCE COMPANY (THE)	68284	\$491,392	29	0.00%
64	TRUSTMARK LIFE INSURANCE COMPANY	62863	\$486,717	229	0.00%
65	AMERICAN GENERAL LIFE INSURANCE COMPANY	60488	\$378,448	0	0.00%
66	NEW ERA LIFE INSURANCE COMPANY	78743	\$372,248	212	0.00%
67	DELAWARE AMERICAN LIFE INSURANCE COMPANY	62634	\$330,808	361	0.00%
68	AMERICAN NATIONAL INSURANCE COMPANY	60739	\$306,404	114	0.00%
69	AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY	66672	\$264,098	1,144	0.00%
70	BANKERS LIFE INSURANCE COMPANY	81043	\$253,135	153	0.00%
71	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY	68322	\$243,038	392	0.00%
72	PHOENIX LIFE INSURANCE COMPANY	67814	\$237,812	0	0.00%
73	EVERENCE ASSOCIATION, INC.	57991	\$221,868	40	0.00%
74	RESERVE NATIONAL INSURANCE COMPANY	68462	\$197,106	61	0.00%
75	HCC LIFE INSURANCE COMPANY	92711	\$185,743	695	0.00%
76	PHYSICIANS MUTUAL INSURANCE COMPANY	80578	\$174,775	34	0.00%
77	ULLICO CASUALTY COMPANY	37893	\$165,651	18	0.00%
78	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	67784	\$155,956	325	0.00%
79	MUTUAL OF OMAHA INSURANCE COMPANY	71412	\$143,494	435	0.00%
80	UNITED TEACHER ASSOCIATES INSURANCE COMPANY	63479	\$139,446	161	0.00%
81	NATIONWIDE LIFE INSURANCE COMPANY	66869	\$134,243	59	0.00%
82	CENTRAL UNITED LIFE INSURANCE COMPANY	61883	\$130,572	74	0.00%
83	BEST LIFE AND HEALTH INSURANCE COMPANY	90638	\$129,803	0	0.00%
84	AMERICAN ALTERNATIVE INSURANCE CORPORATION	19720	\$128,622	62	0.00%
85	PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY	67903	\$124,981	24	0.00%
86	AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE	66842	\$119,506	0	0.00%
87	WASHINGTON NATIONAL INSURANCE COMPANY	70319	\$117,572	60	0.00%
88	CONTINENTAL ASSURANCE COMPANY	62413	\$108,274	16	0.00%

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings

<i>Rank</i>	<i>Company Name</i>	<i>NAIC Company Code</i>	<i>Direct Premiums Earned</i>	<i>Covered Lives</i>	<i>Market Share (By Premium)</i>
89	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	91472	\$98,871	127	0.00%
90	METLIFE INSURANCE COMPANY OF CONNECTICUT	87726	\$86,993	135	0.00%
91	BCS LIFE INSURANCE COMPANY	80985	\$82,202	8	0.00%
92	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY	69140	\$76,295	20	0.00%
93	HEALTH NET LIFE INSURANCE COMPANY	66141	\$63,785	4	0.00%
94	UNION LABOR LIFE INSURANCE COMPANY	69744	\$61,620	43	0.00%
95	UNION BANKERS INSURANCE COMPANY	69701	\$53,582	29	0.00%
96	MONY LIFE INSURANCE COMPANY	66370	\$50,647	42	0.00%
97	MARKEL INSURANCE COMPANY	38970	\$38,288	129	0.00%
98	UNIFIED LIFE INSURANCE COMPANY	11121	\$37,696	66	0.00%
99	BANKERS INSURANCE COMPANY	33162	\$27,433	72	0.00%
100	NATIONAL BENEFIT LIFE INSURANCE COMPANY	61409	\$26,469	75	0.00%
101	CHESAPEAKE LIFE INSURANCE COMPANY	61832	\$21,468	8	0.00%
102	AMERICAN INTERNATIONAL LIFE ASSURANCE CO. OF NY	60607	\$20,296	0	0.00%
103	PRIMERICA LIFE INSURANCE COMPANY	65919	\$18,438	8	0.00%
104	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA	90611	\$17,467	7	0.00%
105	SYMETRA LIFE INSURANCE COMPANY	68608	\$17,010	9	0.00%
106	SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)	80926	\$16,926	1	0.00%
107	AMFIRST INSURANCE COMPANY	60250	\$13,401	99	0.00%
108	TRANSAMERICA LIFE INSURANCE COMPANY	86231	\$11,732	31	0.00%
109	LINCOLN NATIONAL LIFE INSURANCE COMPANY	65676	\$11,179	3	0.00%
110	CINCINNATI LIFE INSURANCE COMPANY (THE)	76236	\$10,385	15	0.00%
111	UNION SECURITY INSURANCE COMPANY	70408	\$10,328	2	0.00%
112	REASSURE AMERICA LIFE INSURANCE COMPANY	70211	\$9,639	113	0.00%
113	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY	86355	\$9,339	12	0.00%
114	UNIVERSAL HEALTH CARE, INC.	11574	\$8,491	2	0.00%
115	CENTRE LIFE INSURANCE COMPANY	80896	\$8,255	70	0.00%
116	CONSECO LIFE INSURANCE COMPANY	65900	\$7,989	13	0.00%
117	COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY	84824	\$7,636	15	0.00%
118	GENERAL AMERICAN LIFE INSURANCE COMPANY	63665	\$7,144	19	0.00%
119	CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE	68500	\$7,126	4	0.00%
120	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	62057	\$6,262	9	0.00%
121	LIFESECURE INSURANCE COMPANY	77720	\$4,922	3	0.00%
122	MADISON NATIONAL LIFE INSURANCE COMPANY INC.	65781	\$4,067	2	0.00%
123	LIBERTY MUTUAL INSURANCE COMPANY	23043	\$3,997	2	0.00%
124	STATE LIFE INSURANCE COMPANY	69116	\$3,758	7	0.00%
125	GREAT SOUTHERN LIFE INSURANCE COMPANY	90212	\$3,259	1	0.00%
126	KANSAS CITY LIFE INSURANCE COMPANY	65129	\$2,919	2	0.00%
127	OHIO STATE LIFE INSURANCE COMPANY (THE)	67180	\$2,735	31	0.00%
128	JEFFERSON NATIONAL LIFE INSURANCE COMPANY	64017	\$2,548	13	0.00%
129	UNION FIDELITY LIFE INSURANCE COMPANY	62596	\$2,382	3	0.00%
130	WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK	66230	\$2,189	16	0.00%
131	CUNA MUTUAL INSURANCE SOCIETY	62626	\$1,643	1	0.00%
132	BANNER LIFE INSURANCE COMPANY	94250	\$1,356	11	0.00%

***CY2009 Accident and Health Report of Gross Annual Premium and Enrollment
Major Medical Marketshare and Rankings***

<i>Rank</i>	<i>Company Name</i>	<i>NAIC Company Code</i>	<i>Direct Premiums Earned</i>	<i>Covered Lives</i>	<i>Market Share (By Premium)</i>
133	INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA	63487	\$1,338	1	0.00%
134	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK	68772	\$1,022	3	0.00%
135	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY	25135	\$683	3	0.00%
136	ING LIFE INSURANCE AND ANNUITY COMPANY	86509	\$269	1	0.00%
137	WORLD CORP INSURANCE COMPANY	79987	\$234	2	0.00%
138	OHIO NATIONAL LIFE INSURANCE COMPANY	67172	\$116	1	0.00%
139	SENTRY LIFE INSURANCE COMPANY	68810	\$49	1	0.00%

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment

List of Companies and all Health Business

20/20 EYECARE PLAN, INC

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$354,390	\$183,612	\$0	30	2,957	4,626	7,583
TOTAL	\$354,390	\$183,612	\$0	30	2,957	4,626	7,583

21ST CENTURY CENTENNIAL INSURANCE COMPANY

NAIC Company Code

34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$668	\$124	\$0	0	10	0	10
Hospital Indemnity	\$645	(\$71)	\$0	0	1	0	1
TOTAL	\$1,313	\$53	\$0	0	11	0	11

21ST CENTURY PREMIER INSURANCE COMPANY

NAIC Company Code

20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$721	\$61	\$0	0	1	0	1
Accidental Death & Dismemberment	\$268	\$0	\$0	0	5	1	6
Hospital Indemnity	\$12,726	\$2,919	\$0	0	30	43	73
Long Term Care	\$120	\$14	\$0	0	1	1	2
Medicare Supplement	\$34,085	\$31,650	\$0	0	19	1	20
TOTAL	\$47,920	\$34,644	\$0	0	56	46	102

5 STAR LIFE INSURANCE COMPANY

NAIC Company Code

77879

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Limited Benefit	\$211	\$161	\$211	1	4	0	4
TOTAL	\$211	\$161	\$211	1	4	0	4

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71854							
Accident Only	\$8,971,365	\$2,586,549	\$1,346,891	2	59,012	41,309	100,321
Hospital Indemnity	\$18,907	\$7,254	\$82,251	0	51	0	51
TOTAL	\$8,990,272	\$2,593,803	\$1,429,142	2	59,063	41,309	100,372

ABILITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71471							
Disability Income	\$1,137	\$3,854	\$0	0	2	0	2
Limited Benefit	\$5,747	(\$180)	\$0	0	23	11	34
Long Term Care	\$294,789	\$731,797	\$0	0	309	0	309
Short Term Care	\$58	\$34	\$0	0	1	0	1
Medicare Supplement	\$940,932	\$1,215,433	\$0	0	219	0	219
TOTAL	\$1,242,663	\$1,950,938	\$0	0	554	11	565

ACACIA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60038							
Disability Income	\$370	\$0	\$0	0	5	0	5
TOTAL	\$370	\$0	\$0	0	5	0	5

ACCENDO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63444							
Prescription Drug	\$76,710,571	\$70,420,798	\$0	0	76,137	0	76,137
TOTAL	\$76,710,571	\$70,420,798	\$0	0	76,137	0	76,137

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ACE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22667							
Accident Only	\$3,318,404	\$131,109	\$0	16	115,859	0	115,859
Accidental Death & Dismemberment	\$807,179	\$0	\$0	78	1,183,780	0	1,183,780
Blanket Accident/Sickness	\$89,687	\$87,406	\$0	11	14,875	0	14,875
Dental	\$89,687	\$0	\$0	1	98	0	98
Excess/Stop Loss	\$717,493	\$349,624	\$0	3	4,075	0	4,075
Limited Benefit	\$1,704,045	\$699,247	\$0	12	722	0	722
Prescription Drug	\$2,062,791	\$3,102,909	\$0	8	1,260	0	1,260
Student	\$179,373	\$0	\$0	2	240	0	240
TOTAL	\$8,968,659	\$4,370,295	\$0	131	1,320,909	0	1,320,909

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71390							
Medicare Supplement	\$28,345	\$0	\$6,306	0	20	0	20
TOTAL	\$28,345	\$0	\$6,306	0	20	0	20

ADVANTICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$1,446,617	\$789,708	\$612,751	155	19,044	24,757	43,801
TOTAL	\$1,446,617	\$789,708	\$612,751	155	19,044	24,757	43,801

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AEGIS SECURITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
33898							
51+ Member Groups	\$0	\$9,838	\$0	0	0	0	0
Blanket Accident/Sickness	\$572	\$0	\$572	4	136	0	136
TOTAL	\$572	\$9,838	\$572	4	136	0	136

AETNA HEALTH INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95088							
Guarantee Issue	\$3,255,556	\$4,223,113	\$883,616	0	273	36	309
Individually Underwritten	\$104,957,015	\$68,104,669	\$20,831,397	0	27,562	15,249	42,811
Self-Employed or Sole Proprietor	\$23,155,627	\$24,971,877	\$148,883	1,615	1,615	957	2,572
2 - 5 Member Groups	\$185,096,801	\$147,351,861	\$2,905,842	9,012	22,768	14,393	37,161
6 - 50 Member Groups	\$381,454,981	\$291,065,671	\$14,022,151	5,142	57,563	30,603	88,166
51+ Member Groups	\$1,249,185,697	\$1,144,919,494	\$50,455,733	1,649	168,521	46,538	215,059
Conversion	\$13,924,804	\$21,653,004	\$479,964	0	1,076	247	1,323
TOTAL	\$1,961,030,481	\$1,702,289,689	\$89,727,586	17,418	279,378	108,023	387,401

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AETNA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60054							
Guarantee Issue	\$310,665	\$495,887	\$79,610	0	18	0	18
Individually Underwritten	\$14,497,597	\$8,586,117	\$1,087,329	0	1,473	470	1,943
Self-Employed or Sole Proprietor	\$3,681,147	\$3,413,568	\$850,527	334	334	273	607
2 - 5 Member Groups	\$10,302,982	\$10,862,248	\$1,678,735	391	967	652	1,619
6 - 50 Member Groups	\$5,814,249	\$4,204,992	\$1,010,358	52	488	408	896
51+ Member Groups	\$112,485,720	\$121,275,963	\$2,971,992	307	20,872	11,843	32,715
Conversion	\$2,860,791	\$4,994,480	\$316,319	0	413	93	506
Out-of-State Self-Employed or Sole Proprietor	\$422,680	\$180,156	\$97,155	65	65	96	161
Out-of-State 2 - 5 Member Groups	\$1,621,413	\$844,112	\$441,395	173	200	186	386
Out-of-State 6 - 50 Member Groups	\$6,863,481	\$3,662,037	\$2,683,055	580	1,205	1,122	2,327
Out-of-State 51+ Member Groups	\$104,730,703	\$98,877,043	\$16,545,596	1,310	21,167	13,081	34,248
Accidental Death & Dismemberment	\$4,038,078	\$1,378,317	\$383,970	1,660	329,139	1,463	330,602
Dental	\$96,885,205	\$65,005,040	\$6,740,716	4,756	171,857	144,522	316,379
Disability Income	\$48,156,210	\$32,699,562	\$14,828,233	95	224,353	0	224,353
Excess/Stop Loss	\$20,883,812	\$19,593,102	\$3,653,901	43	24,842	25,238	50,080
Hospital Indemnity	\$3,269	\$1,076	\$0	1	2	0	2
Long Term Care	(\$991,270)	\$3,588,991	\$0	12	1,786	1,653	3,439
Medicare Supplement	\$25,797	\$18,424	\$19,237	0	19	0	19
Student	\$12,027,994	\$10,782,357	\$205,516	6	8,291	185	8,476
TOTAL	\$444,620,523	\$390,463,472	\$53,593,644	9,785	807,491	201,285	1,008,776

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ALFA LIFE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79049							
Hospital Indemnity	\$34	\$0	\$0	0	2	0	2
TOTAL	\$34	\$0	\$0	0	2	0	2

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90611							
Out-of-State 51+ Member Groups	\$2,809	\$0	\$0	1	1	1	2
Out-of-State Conversion	\$14,658	\$0	\$0	0	5	0	5
Accidental Death & Dismemberment	\$924	\$0	\$0	1	17	0	17
Hospital Indemnity	\$31,312	\$0	\$0	6	164	0	164
Limited Benefit	\$43	\$0	\$0	1	3	0	3
Long Term Care	\$11,723,144	\$2,550,040	\$392,539	4	4,457	772	5,229
Medicare Supplement	\$40,232	\$4,006	\$0	11	27	0	27
TOTAL	\$11,813,122	\$2,554,046	\$392,539	24	4,674	773	5,447

ALLSTATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60186							
Accidental Death & Dismemberment	\$4,438,202	\$2,843,599	\$0	0	42,468	0	42,468
Hospital Indemnity	\$266,176	\$868,945	\$0	0	2,050	0	2,050
Long Term Care	\$298,773	\$1,662,006	\$0	0	161	0	161
TOTAL	\$5,003,151	\$5,374,550	\$0	0	44,679	0	44,679

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AMERICAN ALTERNATIVE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19720							
Out-of-State Short Term Major Medical	\$128,622	\$46,941	\$128,622	1	52	10	62
Excess/Stop Loss	\$1,774,320	\$755,673	\$1,425,408	0	0	0	0
TOTAL	\$1,902,942	\$802,614	\$1,554,030	1	52	10	62

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10111							
Accident Only	\$369,723	\$16,451	\$0	1	3,081	0	3,081
Disability Income	\$19,268	\$857	\$0	1	161	0	161
TOTAL	\$388,991	\$17,308	\$0	2	3,242	0	3,242

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60275							
Accidental Death & Dismemberment	\$766,648	\$7,859	\$0	0	22,298	1,414	23,712
Disability Income	\$60,596	\$52,649	\$0	0	2,561	165	2,726
TOTAL	\$827,244	\$60,508	\$0	0	24,859	1,579	26,438

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20427							
Disability Income	\$275	(\$17,968)	\$0	0	7	0	7
Limited Benefit	\$72	\$1,318	\$0	0	0	0	0
TOTAL	\$347	(\$16,650)	\$0	0	7	0	7

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AMERICAN CONTINENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12321							
Medicare Supplement	\$58,974	\$27,023	\$29,237	0	33	0	33
TOTAL	\$58,974	\$27,023	\$29,237	0	33	0	33

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60380							
Accident Only	\$72,858,919	\$37,842,050	\$22,931,160	0	223,194	236,632	459,826
Dental	\$6,189,658	\$2,057,234	\$1,925,249	0	12,002	8,172	20,174
Disability Income	\$50,938,989	\$28,451,546	\$12,561,230	0	96,377		96,377
Hospital Indemnity	\$45,261,577	\$22,597,746	\$19,466,908	0	98,460	86,894	185,354
Limited Benefit	\$96,527,095	\$58,845,747	\$19,569,479	0	273,325	249,134	522,459
Long Term Care	\$2,689,228	\$1,073,379	\$18,768	0	2,054	229	2,283
Medicare Supplement	\$5,269,387	\$4,886,493		0	2,247		2,247
Vision	\$857,176	\$183,519	\$355,879	0	4,180	3,048	7,228
TOTAL	\$280,592,029	\$155,937,714	\$76,828,673	0	711,839	584,109	1,295,948

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AMERICAN FIDELITY ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60410							
Accident Only	\$131,268	\$33,247	\$0	4	30	0	30
Dental	\$12,608	\$4,995	\$0	1	25	9	34
Disability Income	\$5,686,247	\$3,202,688	\$1,456,997	52	10,690	46	10,736
Excess/Stop Loss	\$3,046,251	\$2,520,084	\$17,691	4	12,777	9,574	22,351
Hospital Indemnity	\$2,289,503	\$530,131	\$534,713	12	3,814	346	4,160
Limited Benefit	\$1,979,809	\$1,241,899	\$371,335	0	4,355	195	4,550
Long Term Care	\$402,175	\$348,248	\$86,929	0	310	0	310
TOTAL	\$13,547,861	\$7,881,292	\$2,467,665	73	32,001	10,170	42,171

AMERICAN GENERAL ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68373							
Accidental Death & Dismemberment	\$3,526,202	\$269,755	\$881,551	3	22,654	28,317	50,971
Disability Income	\$3,811	\$91,784	\$12,679	0	99	124	223
Excess/Stop Loss	\$8,170	\$1,837	\$0	1	18	23	41
Long Term Care	\$1,309,769	\$287,672	\$327,442	13	2,911	3,638	6,549
TOTAL	\$4,847,952	\$651,048	\$1,221,672	17	25,682	32,102	57,784

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AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66672							
Individually Underwritten	\$264,098	\$531,273	\$0	0	1,091	53	1,144
Accident Only	\$819,874	\$247,290	\$190,036	0	20,150	1,038	21,188
Accidental Death & Dismemberment	\$544,956	\$514,906	\$124,180	0	11,684	0	11,684
Disability Income	\$95,217	\$146,278	\$2,154	0	2,831	13	2,844
Hospital Indemnity	\$272,685	\$393,350	\$0	0	7,804	964	8,768
Limited Benefit	\$4,353,959	\$3,428,974	\$270,440	0	13,952	1,238	15,190
Medicare Supplement	\$746,128	\$787,033	\$0	0	372	0	372
TOTAL	\$7,096,917	\$6,049,104	\$586,810	0	57,884	3,306	61,190

AMERICAN GENERAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60488							
Out-of-State 51+ Member Groups	\$378,448	\$105	\$0	0	0	0	0
Accident Only	\$450	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$787,474	\$40,525	\$0	0	3,888	0	3,888
Dental	\$28,946	\$0	\$0	0	0	0	0
Disability Income	\$1,058,545	\$1,231,850	\$0	0	1,611	0	1,611
Hospital Indemnity	\$1,164	\$382	\$0	0	0	0	0
Limited Benefit	\$480,256	\$153,466	\$0	0	915	0	915
Long Term Care	\$14,390	\$9,967	\$0	0	6	0	6
Vision	\$2,838	\$0	\$0	0	0	0	0
TOTAL	\$2,752,511	\$1,436,295	\$0	0	6,420	0	6,420

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AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66842							
Out-of-State 51+ Member Groups	\$119,506	\$43,867	\$0	0	0	0	0
Accident Only	\$108,705	\$382,824	\$0	5	5	33	38
Accidental Death & Dismemberment	\$195,643	\$121,519	\$0	213	213	6,630	6,843
Dental	\$892,419	\$663,954	\$0	108	108	1,403	1,511
Disability Income	\$2,125,010	\$1,122,132	\$0	117	117	14,084	14,201
Excess/Stop Loss	\$1,674,743	\$984,842	\$0	9	9	1,228	1,237
Hospital Indemnity	\$100,773	\$55,111	\$0	52	52	0	52
Limited Benefit	\$182,963	\$42,187	\$0	186	186	199	385
Long Term Care	\$1,074,174	\$577,481	\$0	377	377	95	472
Vision	\$317,468	\$176	\$0	42	42	3,490	3,532
TOTAL	\$6,791,404	\$3,994,093	\$0	1,109	1,109	27,162	28,271

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60518							
Accident Only	\$59,355	\$7,296	\$4,474	2	334	0	334
Disability Income	\$116	\$7,336	\$0	0	1	0	1
Long Term Care	\$8,712	\$129,536	\$0	1	13	0	13
TOTAL	\$68,183	\$144,168	\$4,474	3	348	0	348

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60534							
51+ Member Groups	\$1,454,217	\$3,089,220	\$2,341,139	32	3,495	969	4,464
Accident Only	\$16,586,768	\$6,235,815	\$4,824,132	56	32,710	32,710	65,420
Dental	\$541,741	\$165,293	\$128,812	79	2,076	760	2,836
Disability Income	\$10,165,654	\$5,191,721	\$2,378,241	40	17,294	0	17,294
Hospital Indemnity	\$8,674,016	\$5,139,250	\$3,446,194	57	17,385	17,385	34,770
Limited Benefit	\$25,510,745	\$14,395,803	\$7,459,903	106	47,420	47,420	94,840
Long Term Care	\$1,503,281	\$2,313,110	(\$94)	16	778	0	778
TOTAL	\$64,436,422	\$36,530,212	\$20,578,327	386	121,158	99,244	220,402

AMERICAN HOME ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19380							
Accidental Death & Dismemberment	\$49,020	\$36,480	\$0	4	238	0	238
Limited Benefit	\$40,395	\$0	\$0	15	8,079	0	8,079
TOTAL	\$89,415	\$36,480	\$0	19	8,317	0	8,317

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AMERICAN INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60577							
Accident Only	\$2,237,905	\$1,357,165	\$409,623	0	24,137	11,943	36,080
Accidental Death & Dismemberment	\$254,251	\$204,463	\$27,771	359	2,399	0	2,399
Blanket Accident/Sickness	\$68,885	\$42,413	\$68,885	217	0	0	0
Disability Income	\$3,604	\$71	\$0	0	13	0	13
Hospital Indemnity	\$502,867	\$146,843	\$87,702	0	5,062	175	5,237
Limited Benefit	\$287,102	\$164,493	\$32,664	0	3,186	1,645	4,831
Medicare Supplement	\$129,524	\$84,117	\$0	0	77	0	77
TOTAL	\$3,484,138	\$1,999,565	\$626,645	576	34,874	13,763	48,637

AMERICAN INTERNATIONAL LIFE ASSURANCE CO. OF NY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60607							
Out-of-State 51+ Member Groups	\$20,296	\$151,520	\$0	0	0	0	0
Accident Only	\$1,344	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$3,191	\$0	\$0	23	23	0	23
Dental	\$0	\$461,134	\$0	0	0	0	0
Disability Income	\$0	\$220,638	\$0	0	0	0	0
Hospital Indemnity	\$7,142	\$8,032	\$0	17	17	0	17
Long Term Care	\$79,561	\$8,125	\$0	28	28	6	34
TOTAL	\$111,534	\$849,449	\$0	68	68	6	74

AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81418							
Limited Benefit	\$10,237,562	\$8,170,522	\$8,104,273	0	5,442	607	6,049
TOTAL	\$10,237,562	\$8,170,522	\$8,104,273	0	5,442	607	6,049

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AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97179							
Out-of-State Guarantee Issue	\$61,153	\$804,194	\$0	0	3	0	3
Out-of-State Individually Underwritten	\$23,659,786	\$14,808,923	\$22,565	1	3,279	2,097	5,376
Out-of-State Conversion	\$6,378	\$4,546	\$0	0	1	0	1
Dental	\$45,899	\$18,827	\$0	51	51	25	76
Disability Income	\$1,333	\$0	\$0	1	1	0	1
Excess/Stop Loss	\$0	(\$4,851)	\$0	0	0	0	0
TOTAL	\$23,774,549	\$15,631,639	\$22,565	53	3,335	2,122	5,457

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67989							
Disability Income	\$246	(\$4,407)	\$0	0	1	0	1
Limited Benefit	\$10	\$0	\$0	0	2	0	2
TOTAL	\$256	(\$4,407)	\$0	0	3	0	3

AMERICAN NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60739							
Individually Underwritten	\$179,380	\$558,839	\$0	0	80	21	101
Out-of-State Individually Underwritten	\$127,024	\$188,208	\$0	3	11	2	13
Accident Only	\$9,651	(\$49)	\$0	0	266	13	279
Disability Income	\$25,751	(\$9,295)	\$0	0	49	0	49
Limited Benefit	\$75,962	\$214,274	\$0	0	212	113	325
Medicare Supplement	\$2,728	\$6,290	\$0	0	4	0	4
TOTAL	\$420,496	\$958,267	\$0	3	622	149	771

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AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code 71773	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$5,803	(\$30,548)	\$0	0	0	0	0
Conversion	\$933,258	\$2,111,812	\$0	0	82	24	106
Out-of-State Individually Underwritten	\$567,563	\$819,809	\$0	4	108	46	154
Dental	\$1,240	\$811	\$0	1	4	2	6
Medicare Supplement	\$45,963	\$54,737	\$12,000	1	46	0	46
TOTAL	\$1,553,827	\$2,956,621	\$12,000	6	240	72	312

AMERICAN PIONEER LIFE INSURANCE COMPANY

NAIC Company Code 60763	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$128,360	\$57,158	\$8,604	0	255	0	255
Disability Income	\$27,276	\$125,862	\$0	0	45	0	45
Hospital Indemnity	\$755	\$22,398	\$0	0	1	0	1
Limited Benefit	\$10,494	\$208,422	\$0	0	87	0	87
Long Term Care	\$5,056,791	\$13,580,493	\$0	0	1,660	0	1,660
Medicare Supplement	\$51,991,593	\$43,606,756	\$1,842,950	0	20,639	0	20,639
TOTAL	\$57,215,269	\$57,601,089	\$1,851,554	0	22,687	0	22,687

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AMERICAN PUBLIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60801							
Accident Only	\$38,341	\$19,859	\$9,355	0	135	0	135
Dental	\$33,396	\$17,298	\$5,547	8	131	328	459
Disability Income	\$88,215	\$45,692	\$1,749	21	8	0	8
Hospital Indemnity	\$204,860	\$106,109	\$28,319	54	59	148	207
Limited Benefit	\$224,754	\$116,413	\$15,407	42	471	1,178	1,649
Medicare Supplement	\$758	\$393	\$0	0	0	0	0
TOTAL	\$590,324	\$305,764	\$60,377	125	804	1,654	2,458

AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60836							
Guarantee Issue	\$17,422	\$15,765	\$0	0	1,084	0	1,084
Individually Underwritten	\$236,036	\$65,776	\$0	0	56	24	80
Out-of-State Individually Underwritten	\$1,987,263	\$421,970	\$103,505	0	114	72	186
Accident Only	\$599	(\$73)	\$0	0	17	2	19
Hospital Indemnity	\$31,223	(\$4,773)	\$0	0	55	9	64
Limited Benefit	\$8,062	(\$2,328)	\$0	0	97	38	135
Long Term Care	\$23,303	(\$1,393)	\$0	0	14	3	17
Short Term Care	\$0	\$2,356	\$0	0	0	0	0
Medicare Supplement	\$1,543,573	\$1,071,599	\$0	0	491	13	504
TOTAL	\$3,847,481	\$1,568,899	\$103,505	0	1,928	161	2,089

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AMERICAN SENTINEL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
17965							
Blanket Accident/Sickness	\$104	(\$13)	\$0	0	0	0	0
TOTAL	\$104	(\$13)	\$0	0	0	0	0

AMERICAN STATES INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
19704							
Individually Underwritten	\$6,780,137	\$399,881	\$0	0	23	2	25
Disability Income	(\$64,443)	\$113,257	\$0	0	16	0	16
TOTAL	\$6,715,694	\$513,138	\$0	0	39	2	41

AMERICAN UNITED LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60895							
Accidental Death & Dismemberment	\$130,309	\$34,904	\$4,887	105	3,481	565	4,046
Disability Income	\$803,015	\$794,499	\$98,593	39	1,859	0	1,859
Excess/Stop Loss	\$3,382,141	\$2,837,870	\$830,179	11	1,503	0	1,503
TOTAL	\$4,315,465	\$3,667,273	\$933,659	155	6,843	565	7,408

AMERICAN ZURICH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
40142							
Disability Income	(\$82)	(\$3,337)	\$0	0	0	0	0
TOTAL	(\$82)	(\$3,337)	\$0	0	0	0	0

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AMERITAS LIFE INSURANCE CORP.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61301							
Dental	\$16,178,069	\$13,090,599	\$2,201,934	256	31,796	79,490	111,286
Disability Income	\$20,309	\$416,354	\$0	0	24	0	24
Vision	\$3,471,291	\$1,858,502	\$287,796	125	28,303	70,758	99,061
TOTAL	\$19,669,669	\$15,365,455	\$2,489,730	381	60,123	150,248	210,371

AMEX ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27928							
Accident Only	\$2,723,904	\$2,454,930	\$2,723,904	0	7,334	3,205	10,539
Accidental Death & Dismemberment	\$5,639,873	\$67,404	\$5,639,873	0	3,092,958	411	3,093,369
Hospital Indemnity	\$135,390	\$8,972	\$135,300	0	1,783	21	1,804
Travel	\$3,045,410	\$1,632,256	\$3,045,115	0	19,068	2,318	21,386
TOTAL	\$11,544,577	\$4,163,562	\$11,544,192	0	3,121,143	5,955	3,127,098

AMFIRST INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60250							
2 - 5 Member Groups	\$3,237	\$0	\$3,237	3	13	1	14
6 - 50 Member Groups	\$10,164	\$0	\$10,164	4	48	37	85
TOTAL	\$13,401	\$0	\$13,401	7	61	38	99

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ANTHEM LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61069							
Accidental Death & Dismemberment	\$16	\$0	\$0	0	0	0	0
Disability Income	\$125	\$4,309	\$0	0	1	0	1
TOTAL	\$141	\$4,309	\$0	0	1	0	1

ARGUS DENTAL PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Discount Medical Plan	\$39,771	\$0	\$0	11	279	149	428
Dental	\$366,957	\$58,202	\$5,290	6	12,361	7,417	19,778
TOTAL	\$406,728	\$58,202	\$5,290	17	12,640	7,566	20,206

ARWOOD INDEMNITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24678							
Hospital Indemnity	\$329	\$0	\$0	0	3	1	4
TOTAL	\$329	\$0	\$0	0	3	1	4

ASSURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71439							
Accident Only	\$109,338	\$104	\$48,737	0	759	0	759
Disability Income	\$2,125,057	\$1,322,256	\$194,424	0	2,442	0	2,442
Excess/Stop Loss	\$1,140,037	\$982,172	\$19,783	11	170	0	170
Hospital Indemnity	\$55,942	\$101,595	\$229	0	35	0	35
Limited Benefit	\$215,922	\$58,168	\$167,271	0	628	0	628
TOTAL	\$3,646,296	\$2,464,295	\$430,444	11	4,034	0	4,034

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ATLANTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
Accidental Death & Dismemberment	\$1,198	\$0	\$0	0	233	0	233
Hospital Indemnity	\$13,210	\$17,358	\$0	0	201	0	201
Limited Benefit	\$235	\$0	\$0	0	5	0	5
TOTAL	\$14,643	\$17,358	\$0	0	439	0	439

ATLANTIC AMBULANCE SERVICES ACQUISITION, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$285,705	\$367,300	\$0	0	72	0	72
TOTAL	\$285,705	\$367,300	\$0	0	72	0	72

AUTO-OWNERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61190							
Disability Income	\$437,853	\$95,000	\$11,150	0	454	0	454
Long Term Care	\$128,559	\$19,284	\$7,315	0	68	0	68
Medicare Supplement	\$51,352	\$81,491	\$0	0	35	0	35
TOTAL	\$617,764	\$195,775	\$18,465	0	557	0	557

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AVAHEALTH, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12316							
Guarantee Issue	\$15,121	\$6,910	\$0	0	1	0	1
Individually Underwritten	\$13,887,726	\$8,669,601	\$4,606,671	0	4,060	2,083	6,143
Self-Employed or Sole Proprietor	\$1,173	\$704	\$0	0	0	0	0
2 - 5 Member Groups	\$329,461	\$243,228	\$185,044	11	41	29	70
6 - 50 Member Groups	\$1,680,492	\$1,267,840	\$851,953	20	365	278	643
51+ Member Groups	\$324,333	\$256,248	\$275,271	3	61	28	89
TOTAL	\$16,238,306	\$10,444,531	\$5,918,939	34	4,528	2,418	6,946

AVIVA LIFE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61689							
Disability Income	\$612,069	\$763,979	\$0	0	840	0	840
TOTAL	\$612,069	\$763,979	\$0	0	840	0	840

AVIVA LIFE AND ANNUITY COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63932							
Accident Only	\$194	\$0	\$0	0	1	0	1
Disability Income	\$8,164	\$45,343	\$0	0	18	0	18
TOTAL	\$8,358	\$45,343	\$0	0	19	0	19

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AVMED, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95263							
Individually Underwritten	\$1,209,872	\$613,715	\$1,209,872	0	721	338	1,059
Self-Employed or Sole Proprietor	\$3,096,726	\$3,357,862	\$1,473,010	306	306	228	534
2 - 5 Member Groups	\$20,050,538	\$16,814,194	\$24,258,306	1,632	5,127	3,201	8,328
6 - 50 Member Groups	\$64,497,904	\$51,937,111	\$39,246,286	1,439	19,742	10,299	30,041
51+ Member Groups	\$634,839,935	\$566,754,239	\$7,766,793	326	75,274	73,466	148,740
Conversion	\$3,008,557	\$3,738,344	\$0	0	453	239	692
Administrative Services Only (ASO)	\$19,475,843	\$0	\$831,927	0	0	0	0
TOTAL	\$746,179,375	\$643,215,465	\$74,786,194	3,703	101,623	87,771	189,394

AXA EQUITABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62944							
Individually Underwritten	\$3,920,810	\$5,534,463	\$0	0	640	0	640
Conversion	\$50,019	\$101,558	\$0	0	15	5	20
Disability Income	\$3,874,387	\$24,258,603	\$0	0	3,526	0	3,526
TOTAL	\$7,845,216	\$29,894,624	\$0	0	4,181	5	4,186

BALBOA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68160							
Accidental Death & Dismemberment	\$189,119	\$44,387	\$0	0	20,322	0	20,322
TOTAL	\$189,119	\$44,387	\$0	0	20,322	0	20,322

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BALTIMORE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61212							
Accident Only	\$143	\$0	\$0	0	20	0	20
Accidental Death & Dismemberment	\$640	\$0	\$0	1	50	0	50
Hospital Indemnity	\$1,455	\$900	\$0	0	7	0	7
Limited Benefit	\$69,350	\$62,947	\$0	12	233	150	383
Sickness	\$194	\$0	\$0	0	19	0	19
TOTAL	\$71,782	\$63,847	\$0	13	329	150	479

BANKERS FIDELITY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61239							
Accident Only	\$4,831	\$4,057	\$0	0	17	2	19
Disability Income	\$30,017	\$36,854	\$0	0	27	0	27
Hospital Indemnity	\$6,572	\$3,404	\$0	0	13	0	13
Limited Benefit	\$36,155	\$5,529	\$0	0	283	0	283
Short Term Care	\$434	\$7,000	\$0	0	1	0	1
Medicare Supplement	\$438,126	\$305,664	\$0	0	147	0	147
TOTAL	\$516,135	\$362,508	\$0	0	488	2	490

BANKERS INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
33162							
Individually Underwritten	\$27,433	\$17,831	\$27,433	0	49	23	72
Hospital Indemnity	\$73	\$48	\$73	0	3	0	3
TOTAL	\$27,506	\$17,879	\$27,506	0	52	23	75

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BANKERS LIFE AND CASUALTY COMPANY

NAIC Company Code 61263	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$35,757	\$1,711	\$921	0	286	0	286
Disability Income	\$422,579	\$266,278	\$24,257	0	597	0	597
Hospital Indemnity	\$112,168	\$122,743	\$6,845	0	261	11	272
Limited Benefit	\$136,245	\$7,487	\$5,218	0	629	258	887
Long Term Care	\$66,592,773	\$69,499,041	\$3,019,415	0	30,091	7,951	38,042
Short Term Care	\$103,854	\$163,074	\$0	0	153	7	160
Medicare Supplement	\$59,023,250	\$36,651,786	\$6,013,397	0	27,447	666	28,113
TOTAL	\$126,426,626	\$106,712,120	\$9,070,053	0	59,464	8,893	68,357

BANKERS LIFE INSURANCE COMPANY

NAIC Company Code 81043	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$253,135	\$81,688	\$253,135	0	96	57	153
Accidental Death & Dismemberment	\$13,098	\$0	\$0	0	106	0	106
Hospital Indemnity	\$17,941	\$2,171	\$17,941	0	14	0	14
TOTAL	\$284,174	\$83,859	\$271,076	0	216	57	273

BANNER LIFE INSURANCE COMPANY

NAIC Company Code 94250	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Guarantee Issue	\$1,356	\$428	\$0	0	10	1	11
Disability Income	\$82	\$0	\$0	0	1	1	2
TOTAL	\$1,438	\$428	\$0	0	11	2	13

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BCS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38245							
Accident Only	\$2,486,657	\$4,119,989	\$2,486,657	3	22,179	33,473	55,652
Blanket Accident/Sickness	\$3,063,871	\$2,390,618	\$439,666	214	2,168	2,253	4,421
Dental	\$540,523	\$124,984	\$103,240	195	1,222	1,234	2,456
Excess/Stop Loss	\$1,021,552	\$1,511,353	\$353,489	5	4,612	4,659	9,271
Vision	\$121,178	\$3,077	\$40,024	160	668	673	1,341
TOTAL	\$7,233,781	\$8,150,021	\$3,423,076	577	30,849	42,292	73,141

BCS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80985							
Out-of-State 51+ Member Groups	\$81,904	\$18,699	\$24,829	1	7	0	7
Out-of-State Conversion	\$298	(\$2)	\$0	0	1	0	1
Disability Income	\$150,854	\$36,860	\$27,815	12	1,324	0	1,324
Long Term Care	\$0	\$11	\$0	0	0	0	0
TOTAL	\$233,056	\$55,568	\$52,644	13	1,332	0	1,332

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71714							
Disability Income	\$15,677,791	\$6,226,917	\$2,020,058	0	6,801	0	6,801
Long Term Care	\$1,281,797	\$0	\$288,688	0	268	74	342
TOTAL	\$16,959,588	\$6,226,917	\$2,308,746	0	7,069	74	7,143

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BEST LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90638							
51+ Member Groups	\$129,803	\$282,718	\$0	0	0	0	0
Dental	\$249,652	\$169,782	\$33,546	58	384	249	633
Excess/Stop Loss	\$35,005	\$165,839	\$0	0	0	0	0
Vision	\$11,305	\$2,323	\$3,255	13	108	58	166
TOTAL	\$425,765	\$620,662	\$36,801	71	492	307	799

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
98167							
Guarantee Issue	\$172,545,871	\$168,123,425	\$19,670,229	0	45,224	24,602	69,826
Individually Underwritten	\$615,738,865	\$363,514,014	\$104,059,868	0	161,384	87,793	249,177
Self-Employed or Sole Proprietor	\$13,423,716	\$12,632,223	\$456,406	1,550	1,550	981	2,531
2 - 5 Member Groups	\$257,595,113	\$223,775,737	\$13,394,946	13,869	34,122	23,459	57,581
6 - 50 Member Groups	\$1,039,558,695	\$870,604,551	\$60,294,404	32,209	145,546	93,859	239,405
51+ Member Groups	\$1,679,509,919	\$1,410,520,088	\$117,565,694	4,595	267,289	172,545	439,834
Short Term Major Medical	\$20,062,326	\$15,635,785	\$20,062,326	0	5,258	2,861	8,119
Conversion	\$98,146,487	\$123,290,406	\$21,494,081	0	25,724	13,994	39,718
Administrative Services Only (ASO)	\$123,131,782	\$0	\$1,846,977	0	0	0	0
Excess/Stop Loss	\$16,769,643	\$17,515,342	\$0	0	44,698	30,185	74,883
Long Term Care	\$11,321,785	\$991,818	\$0	0	9,036	0	9,036
Medicare Supplement	\$360,383,719	\$299,532,546	\$14,775,732	0	169,765	0	169,765
TOTAL	\$4,408,187,921	\$3,506,135,935	\$373,620,663	52,223	909,596	450,279	1,359,875

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BOSTON MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61476							
Accident Only	\$274,196	\$85,330	\$117,557	0	817	1,885	2,702
Accidental Death & Dismemberment	\$28,643	\$131,102	\$245	50	1,738	0	1,738
Disability Income	\$813,969	\$784,218	\$222,231	1	1,803	0	1,803
Limited Benefit	\$203,350	\$0	\$150,872	0	468	156	624
TOTAL	\$1,320,158	\$1,000,650	\$490,905	51	4,826	2,041	6,867

BROKERS NATIONAL LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
74900							
Accidental Death & Dismemberment	\$1,400	\$0	\$600	0	4	10	14
Dental	\$1,681,939	\$989,000	\$371,000	161	2,599	1,775	4,374
Hospital Indemnity	\$6,061	\$18,000	\$0	0	5	14	19
TOTAL	\$1,689,400	\$1,007,000	\$371,600	161	2,608	1,799	4,407

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80659							
Disability Income	\$408	\$31	\$0	0	4	0	4
Excess/Stop Loss	\$771,386	\$1,129,698	\$567,288	0	0	0	0
Limited Benefit	\$28,739	\$2,170	\$0	0	35	0	35
TOTAL	\$800,533	\$1,131,899	\$567,288	0	39	0	39

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CAPITAL HEALTH PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95112							
Self-Employed or Sole Proprietor	\$3,767,033	\$4,285,377	\$86,350	346	346	322	668
2 - 5 Member Groups	\$15,821,576	\$15,225,062	\$653,434	972	2,062	1,826	3,888
6 - 50 Member Groups	\$42,548,289	\$37,506,914	\$713,239	675	6,247	4,429	10,676
51+ Member Groups	\$358,650,547	\$348,000,410	\$903,101	132	40,675	44,158	84,833
Conversion	\$2,423,875	\$2,510,884	\$0	0	229	59	288
TOTAL	\$423,211,320	\$407,528,647	\$2,356,124	2,125	49,559	50,794	100,353

CAPITOL INDEMNITY CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10472							
Accident Only	\$36,989	\$49,599	\$36,989	27	15,705	0	15,705
TOTAL	\$36,989	\$49,599	\$36,989	27	15,705	0	15,705

CATHOLIC FINANCIAL LIFE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56030							
Hospital Indemnity	\$82	\$7,265	\$0	0	1	0	1
TOTAL	\$82	\$7,265	\$0	0	1	0	1

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CELTIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80799							
Conversion	\$697,393	\$3,334,599	\$136,263	0	107	19	126
Out-of-State Individually Underwritten	\$11,341,950	\$9,281,238	\$725,325	9	1,648	533	2,181
Out-of-State Short Term Major Medical	\$106,522	\$9,627	\$167,723	0	52	11	63
Medicare Supplement	\$7,812,941	\$7,012,552	\$0	0	2,981	0	2,981
TOTAL	\$19,958,806	\$19,638,016	\$1,029,311	9	4,788	563	5,351

CENTRAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61735							
Accidental Death & Dismemberment	\$48	\$0	\$0	0	1	0	1
Hospital Indemnity	\$150	\$0	\$0	0	1	0	1
Limited Benefit	\$2,351	\$0	\$0	0	4	0	4
Travel	\$0	\$20	\$0	0	0	0	0
TOTAL	\$2,549	\$20	\$0	0	6	0	6

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61751							
Disability Income	\$11,327	(\$3,130)	\$0	0	100	0	100
Hospital Indemnity	\$1,021	\$89	\$0	0	6	3	9
Limited Benefit	\$41,911	\$371,295	\$0	0	29	20	49
Long Term Care	\$76,082	\$159,228	\$0	0	52	0	52
Medicare Supplement	\$5,393,955	\$4,550,646	\$0	2	2,306	0	2,306
TOTAL	\$5,524,296	\$5,078,128	\$0	2	2,493	23	2,516

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CENTRAL STATES INDEMNITY COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
34274							
Disability Income	\$105,228	\$3,479	\$0	1	13,035	0	13,035
TOTAL	\$105,228	\$3,479	\$0	1	13,035	0	13,035

CENTRAL UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61883							
Individually Underwritten	\$130,572	\$156,157	\$0	0	49	25	74
Accident Only	\$2,065	\$466	\$1,197	0	60	66	126
Dental	\$927	\$232	\$654	2	6	12	18
Disability Income	\$9,173	\$49,209	\$0	0	53	113	166
Hospital Indemnity	\$25,391	\$20,420	\$0	0	78	91	169
Limited Benefit	\$942,664	\$1,005,183	\$98	0	1,918	3,474	5,392
Long Term Care	\$15,758	\$0	\$0	0	15	18	33
Medicare Supplement	\$13,413	\$14,427	\$0	0	13	18	31
Champus/Tricare Supplement	\$27,900	\$34,381	\$0	0	32	62	94
Vision	\$191	\$0	\$191	1	1	4	5
TOTAL	\$1,168,054	\$1,280,475	\$2,140	3	2,225	3,883	6,108

CENTRE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80896							
Individually Underwritten	\$8,255	\$152,202	\$0	0	60	10	70
Disability Income	\$1,068,370	\$4,985,340	\$0	0	994	0	994
TOTAL	\$1,076,625	\$5,137,542	\$0	0	1,054	10	1,064

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CHESAPEAKE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61832							
Individually Underwritten	\$21,093	\$5,684	\$0	0	5	3	8
Out-of-State Individually Underwritten	\$375	\$447	\$0	0	0	0	0
Accident Only	\$13,617	(\$2,662)	\$0	0	0	0	0
Limited Benefit	\$406	\$0	\$0	0	0	0	0
Medicare Supplement	\$32,771	\$191,627	\$0	0	0	0	0
Student	\$1,524	\$899	\$0	0	0	0	0
Vision	\$10	\$0	\$0	0	2	4	6
TOTAL	\$69,796	\$195,995	\$0	0	7	7	14

CIGNA DENTAL HEALTH OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52021							
Dental	\$37,143,334	\$18,847,914	\$636,442	208	90,309	94,658	184,967
TOTAL	\$37,143,334	\$18,847,914	\$636,442	208	90,309	94,658	184,967

CIGNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67369							
Out-of-State 51+ Member Groups	\$6,379,326	\$440,892	\$0	1	7,590	7,883	15,473
Accidental Death & Dismemberment	\$9,187	\$6,395	\$0	9	347	80	427
Dental	\$5,249	\$3,654	\$0	9	377	104	481
Disability Income	\$2,037,351	\$1,418,277	\$0	1	7,590	7,883	15,473
Excess/Stop Loss	\$717,480	\$499,466	\$0	16	410	125	535
Vision	\$142	\$99	\$0	3	26	13	39
TOTAL	\$9,148,735	\$2,368,783	\$0	39	16,340	16,088	32,428

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CIGNA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95136							
51+ Member Groups	\$24,646,687	\$22,682,652	\$711,455	72	2,520	2,743	5,263
Conversion	\$783,346	\$701,525	\$0	0	89	0	89
TOTAL	\$25,430,033	\$23,384,177	\$711,455	72	2,609	2,743	5,352

CINCINNATI INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10677							
Accident Only	(\$1,117)	\$0	\$0	0	0	0	0
TOTAL	(\$1,117)	\$0	\$0	0	0	0	0

CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76236							
Individually Underwritten	\$10,385	\$22,414	\$0	0	15	0	15
Accident Only	\$23	\$0	\$0	0	10	0	10
Disability Income	\$27,888	\$90,185	\$0	0	49	0	49
Hospital Indemnity	\$8	\$0	\$0	0	4	0	4
Limited Benefit	\$111	\$0	\$0	0	13	0	13
Long Term Care	\$139,697	\$7,681	\$0	0	65	0	65
Medicare Supplement	\$1,860	\$1,410	\$0	0	4	0	4
TOTAL	\$179,972	\$121,690	\$0	0	160	0	160

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CITIZENS NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
82082							
Dental	\$4,218	\$4,315	\$0	0	3	0	3
Limited Benefit	\$5,984	\$1,336	\$1,744	0	26	0	26
TOTAL	\$10,202	\$5,651	\$1,744	0	29	0	29

CITIZENS SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61921							
Accident Only	\$82	\$0	\$0	0	1	0	1
Hospital Indemnity	\$1,807	\$0	\$0	0	2	0	2
Limited Benefit	\$5,711	\$1,520	\$0	0	6	0	6
TOTAL	\$7,600	\$1,520	\$0	0	9	0	9

CITRUS HEALTH CARE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11836							
Individually Underwritten	\$1,009,227	\$795,085	\$6,497	0	192	69	261
TOTAL	\$1,009,227	\$795,085	\$6,497	0	192	69	261

CLARENDON NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20532							
Blanket Accident/Sickness	\$384	\$18,375	\$0	0	0	0	0
TOTAL	\$384	\$18,375	\$0	0	0	0	0

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COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62049							
Accident Only	\$18,963,565	\$10,221,701	\$4,838,290	0	69,229	0	69,229
Disability Income	\$30,172,973	\$11,752,872	\$7,698,214	33	55,566	880	56,446
Hospital Indemnity	\$5,850,948	\$2,236,591	\$1,492,788	8	15,904	233	16,137
Limited Benefit	\$15,691,306	\$10,221,701	\$4,003,418	50	43,179	567	43,746
Long Term Care	\$369	\$0	\$0	0	1	0	1
Sickness	\$601,658	\$251,368	\$153,505	0	3,765	0	3,765
TOTAL	\$71,280,819	\$34,684,233	\$18,186,215	91	187,644	1,680	189,324

COLONIAL PENN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62065							
Accident Only	\$8,903	\$7,973	\$0	0	67	0	67
Accidental Death & Dismemberment	\$1,954	\$248	\$0	0	24	15	39
Disability Income	\$20,099	\$807,216	\$0	0	2	0	2
Hospital Indemnity	\$1,457	\$230	\$0	0	5	1	6
Limited Benefit	\$600	\$122	\$0	0	1	0	1
Long Term Care	\$14,987	\$0	\$0	0	18	0	18
Short Term Care	\$252	\$40	\$0	0	2	0	2
Medicare Supplement	\$1,033,682	\$1,275,930	\$0	0	326	0	326
TOTAL	\$1,081,934	\$2,091,759	\$0	0	445	16	461

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COLORADO BANKERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84786							
Accident Only	\$102,852	\$24,734	\$0	0	491	0	491
Dental	\$0	\$5,650	\$22,961	1	42	0	42
TOTAL	\$102,852	\$30,384	\$22,961	1	533	0	533

COLUMBIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76023							
Accident Only	\$1,201	\$0	\$0	0	0	0	0
Dental	\$11,058	\$12,287	\$0	0	0	0	0
TOTAL	\$12,259	\$12,287	\$0	0	0	0	0

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62103							
Accident Only	\$2,816	\$0	\$0	0	0	0	0
TOTAL	\$2,816	\$0	\$0	0	0	0	0

COLUMBUS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
99937							
Disability Income	\$38,557	\$108,100	\$0	0	117	0	117
TOTAL	\$38,557	\$108,100	\$0	0	117	0	117

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COMBINED INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62146							
Accident Only	\$5,858,802	\$2,243,828	\$6,237	0	38,044	7,448	45,492
Blanket Accident/Sickness	\$0	\$296,079	\$0	0	0	0	0
Disability Income	\$4,410,893	\$2,496,343	\$180,081	0	13,082	0	13,082
Excess/Stop Loss	\$297,598	\$1,079,856	\$0	0	0	0	0
Hospital Indemnity	\$1,362,889	\$505,229	\$526,875	0	4,251	284	4,535
Limited Benefit	\$1,648,022	\$565,408	\$83,757	0	8,189	6,073	14,262
Long Term Care	\$249,630	(\$982,488)	\$11,551	0	0	0	0
Medicare Supplement	\$1,933,682	\$1,861,759	\$8,652	0	767	10	777
Champus/Tricare Supplement	\$7,899	\$8,152	\$0	0	7	6	13
Sickness	\$3,157	\$474	\$0	0	17	6	23
Vision	\$7,340,730	\$5,519,052	\$0	0	88,075	61,653	149,728
TOTAL	\$23,113,302	\$13,593,692	\$817,153	0	152,432	75,480	227,912

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78697							
Accident Only	\$289,635	\$161,028	\$417	0	4,158	1	4,159
Disability Income	\$89,328	\$84,476	\$1,271	0	313	0	313
Hospital Indemnity	\$210,875	\$281,984	\$901	0	1,030	0	1,030
Limited Benefit	\$67,413	\$42,129	\$0	0	187	106	293
TOTAL	\$657,251	\$569,617	\$2,589	0	5,688	107	5,795

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81426							
Accident Only	\$24,556	\$10,036	\$0	86	4,125	0	4,125
Accidental Death & Dismemberment	\$18,626	\$0	\$0	0	183	0	183
Disability Income	\$29,227	\$7,717	\$0	0	629	0	629
Hospital Indemnity	\$17,241	\$12,952	\$0	0	149	0	149
TOTAL	\$89,650	\$30,705	\$0	86	5,086	0	5,086

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84824							
Guarantee Issue	\$7,636	\$115,887	\$0	0	15	0	15
Disability Income	\$728,050	\$2,684,835	\$0	0	586	0	586
TOTAL	\$735,686	\$2,800,722	\$0	0	601	0	601

COMPANION LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77828							
Dental	\$421,673	\$375,427	\$1,913	17	56	101	157
Disability Income	\$109,989	\$347,634	\$208	12	10	10	20
Excess/Stop Loss	\$9,800,414	\$8,799,994	\$4,183,180	16	37,764	23,370	61,134
Hospital Indemnity	\$9,587,100	\$6,932,824	\$1,778,122	16	2,146	928	3,074
Prescription Drug	\$1,315,979	\$1,190,178	\$273,384	2	2,062	810	2,872
Vision	\$6,446	\$6,457	\$0	1	0	0	0
TOTAL	\$21,241,601	\$17,652,514	\$6,236,807	64	42,038	25,219	67,257

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COMPBENEFITS COMPANY

NAIC Company Code

52015	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$499,663	\$0	\$242,222	0	0	0	0
Dental	\$77,845,454	\$52,300,097	\$0	4,554	454,384	378,967	833,351
Vision	\$41,970,450	\$39,485,295	\$0	997	959,413	702,851	1,662,264
TOTAL	\$120,315,567	\$91,785,392	\$242,222	5,551	1,413,797	1,081,818	2,495,615

COMPBENEFITS INSURANCE COMPANY

NAIC Company Code

60984	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$25,648,641	\$18,013,870	\$0	2,338	78,986	69,458	148,444
Vision	\$10,732,410	\$7,537,718	\$0	1,968	3,668	5,715	9,383
TOTAL	\$36,381,051	\$25,551,588	\$0	4,306	82,654	75,173	157,827

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CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62308							
Guarantee Issue	\$556,290	\$879,865	\$556,290	0	193	20	213
Individually Underwritten	\$13,008,836	\$6,442,068	\$13,008,836	0	9,485	7,421	16,906
Self-Employed or Sole Proprietor	\$261,818	\$232,366	\$17,755	17	17	3	20
2 - 5 Member Groups	\$3,564,639	\$2,721,908	\$3,046,282	305	755	500	1,255
6 - 50 Member Groups	\$4,525,048	\$5,295,076	\$4,419,243	91	1,098	586	1,684
51+ Member Groups	\$484,769,579	\$417,862,506	\$138,272,948	1,425	65,683	62,869	128,552
Conversion	\$6,434,558	\$8,415,333	\$352,490	0	206	226	432
Administrative Services Only (ASO)	\$99,759,661	\$0	\$3,891,316	0	0	0	0
Dental	\$39,778,064	\$30,762,383	\$7,876,830	1,585	154,372	158,270	312,642
Disability Income	\$563,491	\$1,707,545	\$0	2	437	0	437
Excess/Stop Loss	\$48,200,818	\$25,595,154	\$5,165,089	12	127,142	139,858	267,000
Long Term Care	\$128,003	\$351,729	\$0	10	195	0	195
Medicare Supplement	\$82,508	\$131,596	\$0	3	59	0	59
Prescription Drug	\$38,627	(\$262,571)	\$0	1	13	0	13
Vision	\$961,749	\$463,212	\$389,478	186	4,189	3,048	7,237
TOTAL	\$702,633,689	\$500,598,170	\$176,996,557	3,637	363,844	372,801	736,645

CONSECO HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78174							
Accident Only	\$3,335,148	\$1,587,894	\$315,294	1	5,658	2,418	8,076
Limited Benefit	\$14,649,874	\$9,255,184	\$1,384,954	1	36,683	15,676	52,359
Long Term Care	\$55,382	\$46,660	\$0	0	28	0	28
Medicare Supplement	\$421,153	\$326,008	\$0	0	145	0	145
TOTAL	\$18,461,557	\$11,215,746	\$1,700,248	2	42,514	18,094	60,608

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CONSECO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60682							
Accident Only	\$169,812	\$200,770	\$23,872	0	1,189	0	1,189
Disability Income	\$21,130	\$22,520	\$0	0	48	0	48
Hospital Indemnity	\$42,395	\$58,378	\$1,069	0	342	0	342
Limited Benefit	\$96,584	\$102,937	\$0	0	600	0	600
TOTAL	\$329,921	\$384,605	\$24,941	0	2,179	0	2,179

CONSECO LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65900							
Individually Underwritten	\$2,992	\$37,290	\$0	0	12	0	12
51+ Member Groups	\$4,997	\$380	\$0	1	1	0	1
Accident Only	\$3,088	\$217	\$0	0	56	7	63
Disability Income	\$29,640	\$174,559	\$0	0	65	0	65
Hospital Indemnity	\$190,231	\$726,832	\$0	0	315	28	343
Limited Benefit	\$364,279	\$1,055,007	\$0	0	979	1	980
Long Term Care	\$31,566	\$58,397	\$0	0	27	0	27
Medicare Supplement	\$458,914	\$732,391	\$0	0	277	5	282
TOTAL	\$1,085,707	\$2,785,073	\$0	1	1,732	41	1,773

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CONSTITUTION LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62359							
Dental	\$23,789	\$10,300	\$3,058	0	78	0	78
Hospital Indemnity	\$72,655	\$15,175	\$29,084	0	226	0	226
Limited Benefit	\$39	\$0	\$39	0	1	0	1
Long Term Care	\$4,372	\$0	\$0	0	4	0	4
Medicare Supplement	\$6,543,012	\$4,494,308	\$85,273	0	2,319	0	2,319
TOTAL	\$6,643,867	\$4,519,783	\$117,454	0	2,628	0	2,628

CONTINENTAL AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71730							
Guarantee Issue	\$890,971	\$387,440	\$0	0	2,996	0	2,996
Accident Only	\$413,376	\$179,757	\$0	49	3,398	0	3,398
Accidental Death & Dismemberment	\$138,887	\$60,395	\$0	5	829	0	829
Disability Income	\$989,155	\$430,136	\$0	56	3,593	0	3,593
Hospital Indemnity	\$496,645	\$215,967	\$0	43	1,875	0	1,875
Limited Benefit	\$760,491	\$330,701	\$0	50	7,035	0	7,035
TOTAL	\$3,689,525	\$1,604,396	\$0	203	19,726	0	19,726

CONTINENTAL ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62413							
Conversion	\$108,274	\$405,649	\$0	0	15	1	16
Disability Income	\$28,572	(\$32,623)	\$0	0	29	0	29
Hospital Indemnity	\$0	\$2,651	\$0	0	0	0	0
TOTAL	\$136,846	\$375,677	\$0	0	44	1	45

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CONTINENTAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20443							
Accident Only	\$0	(\$758,258)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$163,469	\$724,173	\$0	0	1,321	0	1,321
Disability Income	(\$18,020)	\$2,172,356	\$0	0	11	0	11
Hospital Indemnity	\$275	(\$2,027)	\$0	0	1	0	1
Long Term Care	\$4,518,780	\$36,503,426	\$262,410	269	26,937	0	26,937
TOTAL	\$4,664,504	\$38,639,670	\$262,410	269	28,270	0	28,270

CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71404							
Guarantee Issue	\$24,031	\$32,715	\$0	0	11	5	16
Individually Underwritten	\$2,838,000	\$2,444,444	\$0	0	328	210	538
Out-of-State Individually Underwritten	\$4,169,878	\$4,739,624	\$0	4	472	418	890
Accidental Death & Dismemberment	\$11,729	\$0	\$0	0	47	0	47
Disability Income	\$1,935	\$1,624	\$0	0	10	4	14
Excess/Stop Loss	\$87,668	\$131,252	\$0	0	0	0	0
Hospital Indemnity	\$6,467	\$0	\$1,245	0	12	12	24
Limited Benefit	\$16,360	\$33,089	\$0	0	49	30	79
Long Term Care	\$1,026,444	\$815,212	\$0	0	413	176	589
Medicare Supplement	\$11,875,679	\$11,833,656	\$0	0	3,934	0	3,934
TOTAL	\$20,058,191	\$20,031,616	\$1,245	4	5,276	855	6,131

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CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68500							
Individually Underwritten	\$7,126	\$0	\$0	0	4	0	4
Hospital Indemnity	\$117,243	\$65,258	\$0	0	228	0	228
Limited Benefit	\$4,222	\$0	\$415	0	16	0	16
Long Term Care	\$43,577	\$79,338	\$0	0	39	0	39
Medicare Supplement	\$15,855,405	\$12,175,367	\$125,010	32	6,750	0	6,750
TOTAL	\$16,027,573	\$12,319,963	\$125,425	32	7,037	0	7,037

COUNTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62553							
Disability Income	\$37,539	\$78,491	\$396	1	55	0	55
Long Term Care	\$129,059	\$42,757	\$0	0	89	4	93
Medicare Supplement	\$765,432	\$757,033	\$5,990	0	335	1	336
TOTAL	\$932,030	\$878,281	\$6,386	1	479	5	484

COVENTRY HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81973							
Individually Underwritten	\$1,388,177	\$572,255	\$1,216,509	0	906	535	1,441
Self-Employed or Sole Proprietor	\$20,436	\$890	\$20,436	12	12	11	23
2 - 5 Member Groups	\$359,330	\$329,554	\$300,736	52	118	73	191
6 - 50 Member Groups	\$4,727,859	\$4,610,013	\$3,670,579	48	1,009	588	1,597
51+ Member Groups	\$24,112,510	\$23,334,828	\$7,433,366	50	3,150	1,705	4,855
Conversion	\$40,207	\$27,394	\$4,312	0	4	0	4
TOTAL	\$30,648,519	\$28,874,934	\$12,645,938	162	5,199	2,912	8,111

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COVENTRY HEALTH CARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95114							
Self-Employed or Sole Proprietor	\$5,339,952	\$6,526,139	\$43,754	484	484	181	665
2 - 5 Member Groups	\$36,838,648	\$32,445,108	\$5,805,083	2,056	6,363	3,088	9,451
6 - 50 Member Groups	\$63,125,353	\$55,491,672	\$14,670,779	553	14,943	6,185	21,128
51+ Member Groups	\$494,637,439	\$442,258,213	\$44,898,330	241	77,902	41,140	119,042
Conversion	\$3,397,312	\$5,855,078	\$334,031	0	488	0	488
TOTAL	\$603,338,704	\$542,576,210	\$65,751,977	3,334	100,180	50,594	150,774

COVENTRY HEALTH PLAN OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95266							
Guarantee Issue	\$915,760	\$1,273,296	\$46,346	0	101	0	101
Individually Underwritten	\$84,947,600	\$57,623,587	\$14,500,495	0	26,994	0	26,994
Self-Employed or Sole Proprietor	\$149,458	\$249,052	\$0	7	7	0	7
2 - 5 Member Groups	\$215,074	\$128,299	\$0	1	2	1	3
51+ Member Groups	\$25,263,975	\$26,576,298	\$0	3	4,007	4,052	8,059
Conversion	\$640,448	\$589,559	\$7,092	0	78	0	78
TOTAL	\$112,132,315	\$86,440,091	\$14,553,933	11	31,189	4,053	35,242

CROATIAN FRATERNAL UNION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56634							
Sickness	\$72	\$0	\$0	0	5	0	5
TOTAL	\$72	\$0	\$0	0	5	0	5

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CROWN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80675							
Disability Income	\$216,917	\$646,341	\$0	0	172	0	172
TOTAL	\$216,917	\$646,341	\$0	0	172	0	172

CSA FRATERNAL LIFE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56138							
Medicare Supplement	\$9,302	\$7,029	\$9,302	0	0	0	0
TOTAL	\$9,302	\$7,029	\$9,302	0	0	0	0

CUNA MUTUAL INSURANCE SOCIETY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62626							
Individually Underwritten	\$1,643	(\$271)	\$0	0	1	0	1
Accident Only	\$151,997	\$5,327	\$0	48	2,115	0	2,115
Accidental Death & Dismemberment	\$5,470,717	\$2,127,088	\$581,381	0	307,445	49,446	356,891
Dental	\$12,944	\$15,119	\$0	0	25	0	25
Disability Income	\$370,977	\$156,306	\$0	45	1,476	0	1,476
Hospital Indemnity	\$41,677	\$14,355	\$0	0	237	738	975
Long Term Care	\$4,154,565	\$29,896	\$737,435	0	3,170	0	3,170
Medicare Supplement	\$7,929	\$43,761	\$0	0	12	0	12
TOTAL	\$10,212,449	\$2,391,581	\$1,318,816	93	314,481	50,184	364,665

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DELAWARE AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62634							
Out-of-State 51+ Member Groups	\$330,808	\$1,470,401	\$24,748	25	100	261	361
TOTAL	\$330,808	\$1,470,401	\$24,748	25	100	261	361

DELOS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
35408							
Excess/Stop Loss	\$1,040,030	\$980,022	\$1,040,030	3	536	536	1,072
Travel	\$335,143	\$380,412	\$0	0	0	0	0
TOTAL	\$1,375,173	\$1,360,434	\$1,040,030	3	536	536	1,072

DELTA DENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81396							
Dental	\$83,446,729	\$66,966,984	\$0	422	238,151	249,964	488,115
TOTAL	\$83,446,729	\$66,966,984	\$0	422	238,151	249,964	488,115

DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52053							
Dental	\$1,655,550	\$1,539,419	\$400,678	5	14,913	0	14,913
TOTAL	\$1,655,550	\$1,539,419	\$400,678	5	14,913	0	14,913

DENTAL CONCERN, INC., THE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
54739							
Dental	\$168,873	\$153,945	\$0	88	513	316	829
TOTAL	\$168,873	\$153,945	\$0	88	513	316	829

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DENTAQUEST OF FLORIDA, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Discount Medical Plan	\$125,593	\$68,089	\$0	1	5,016	3,126	8,142
Dental	\$38,606,565	\$31,888,797	\$0	30	593,687	872	594,559
TOTAL	\$38,732,158	\$31,956,886	\$0	31	598,703	3,998	602,701

EMC NATIONAL LIFE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62928							
Disability Income	\$4,385	\$6,795	\$0	0	15	0	15
Hospital Indemnity	\$328	\$0	\$0	0	7	0	7
Limited Benefit	\$862,727	\$943,200	\$0	0	1,131	135	1,266
Medicare Supplement	\$4,358	\$2,647	\$0	0	2	0	2
TOTAL	\$871,798	\$952,642	\$0	0	1,155	135	1,290

EVERENCE ASSOCIATION, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57991							
Individually Underwritten	\$221,868	\$122,279	\$0	0	29	11	40
Medicare Supplement	\$702,257	\$484,354	\$0	0	310	72	382
TOTAL	\$924,125	\$606,633	\$0	0	339	83	422

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List of Companies and all Health Business

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77968							
Accident Only	\$136,638	\$13,422	\$44,061	0	201	92	293
Hospital Indemnity	\$498	\$0	\$0	0	2	1	3
Limited Benefit	\$1,513,514	\$390,355	\$206,472	0	2,266	2,121	4,387
TOTAL	\$1,650,650	\$403,777	\$250,533	0	2,469	2,214	4,683

FARMERS NEW WORLD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63177							
Accident Only	\$2,713	\$0	\$0	0	7	0	7
Long Term Care	\$26	\$0	\$0	0	1	0	1
TOTAL	\$2,739	\$0	\$0	0	8	0	8

FEDERAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20281							
Accident Only	\$2,762,640	\$1,987,151	\$389,000	159	37,914	0	37,914
Excess/Stop Loss	\$4,047,481	\$3,044,903	\$3,065,000	17	8,357	4,561	12,918
TOTAL	\$6,810,121	\$5,032,054	\$3,454,000	176	46,271	4,561	50,832

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63223							
Accident Only	\$529	\$0	\$0	0	155	0	155
Disability Income	\$30,345	\$17,904	\$3,892	0	81	0	81
TOTAL	\$30,874	\$17,904	\$3,892	0	236	0	236

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FEDERATED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63258							
Disability Income	\$1,127,012	\$351,183	\$59,467	0	882	0	882
TOTAL	\$1,127,012	\$351,183	\$59,467	0	882	0	882

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63290							
Disability Income	\$265	\$0	\$265	0	8	0	8
Long Term Care	\$4,554	\$692	\$4,554	0	198	0	198
TOTAL	\$4,819	\$692	\$4,819	0	206	0	206

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FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71870							
Conversion	\$13,274	\$1,303	\$0	0	2	0	2
Out-of-State Guarantee Issue	\$14,551	\$7,404	\$0	0	0	0	0
Out-of-State Individually Underwritten	\$1,818,337	\$676,539	\$319,381	1	133	83	216
Out-of-State Short Term Major Medical	\$0	\$27,740	\$0	0	0	0	0
Accident Only	\$7,506	\$729	\$0	0	91	37	128
Accidental Death & Dismemberment	\$112	\$20	\$0	0	1	0	1
Dental	\$176,942	\$110,082	\$125,917	6	490	297	787
Disability Income	\$622,116	\$169,403	\$50,778	0	170	0	170
Excess/Stop Loss	\$303,887	\$153,068	\$138,252	3	243	302	545
Hospital Indemnity	\$535,049	\$202,086	\$211,122	11	2,343	623	2,966
Limited Benefit	\$337,860	\$72,766	\$1,985	4	2,961	2,249	5,210
Prescription Drug	\$469,665	\$319,818	\$255,792	34	3,279	1,198	4,477
Vision	\$14,121,060	\$9,785,595	\$1,361,700	499	153,495	128,664	282,159
TOTAL	\$18,420,359	\$11,526,553	\$2,464,927	558	163,208	133,453	296,661

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69140							
Guarantee Issue	\$1,965	\$6,571	\$0	0	5	0	5
Conversion	\$74,330	\$1,172,061	\$0	0	14	1	15
Disability Income	\$25,493	\$299,025	\$0	0	92	0	92
Hospital Indemnity	\$655	\$2,190	\$0	0	1	0	1
TOTAL	\$102,443	\$1,479,847	\$0	0	112	1	113

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FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90328							
Accident Only	\$8	\$0	\$0	1	1	0	1
Dental	\$1,300,877	\$776,817	\$0	1	2,280	1,248	3,528
Excess/Stop Loss	\$178,694	\$112,282	\$0	2	438	438	876
TOTAL	\$1,479,579	\$889,099	\$0	4	2,719	1,686	4,405

FIRST INVESTORS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63495							
Disability Income	\$546	\$3,594	\$0	0	4	0	4
Hospital Indemnity	\$212	\$0	\$0	0	2	0	2
TOTAL	\$758	\$3,594	\$0	0	6	0	6

FLORIDA COMBINED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76031							
Dental	\$54,758,683	\$37,974,939	\$0	2,334	92,704	0	92,704
Disability Income	\$12,067,473	\$7,208,676	\$0	260	38,985	0	38,985
Hospital Indemnity	\$323,566	\$62,038	\$0	33	3,000	0	3,000
TOTAL	\$67,149,722	\$45,245,653	\$0	2,627	134,689	0	134,689

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FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13567							
Self-Employed or Sole Proprietor	\$423,294	\$316,881	\$4,375	61	61	0	61
2 - 5 Member Groups	\$7,918,618	\$7,630,363	\$321,859	621	1,127	467	1,594
6 - 50 Member Groups	\$10,842,258	\$9,019,587	\$271,762	224	1,680	575	2,255
51+ Member Groups	\$116,361,297	\$102,286,367	\$519,218	49	14,848	10,706	25,554
Conversion	\$4,527,379	\$6,566,684	\$335,525	0	479	213	692
TOTAL	\$140,072,846	\$125,819,882	\$1,452,739	955	18,195	11,961	30,156

FORT DEARBORN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71129							
Other Prepaid Health Services	\$17,924	\$10,552	\$0	1	1	0	1
Dental	\$9,518	\$4,930	\$0	3	19	19	38
Disability Income	\$518,773	\$705,635	\$0	45	732	0	732
TOTAL	\$546,215	\$721,117	\$0	49	752	19	771

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62324							
Individually Underwritten	\$17,242	\$16,160	\$1,397	0	4	0	4
Out-of-State Individually Underwritten	\$15,369,122	\$8,489,258	\$6,812,356	2	4,115	3,522	7,637
Accident Only	\$948	\$0	\$0	0	8	0	8
Accidental Death & Dismemberment	\$144,667	\$487,778	\$86,384	1	180	213	393
Dental	\$36,308	\$8,821	\$18,468	0	68	42	110
Hospital Indemnity	\$1,935	\$74	\$0	0	1	0	1
Limited Benefit	\$348,411	\$298,254	\$0	0	1,626	203	1,829
TOTAL	\$15,918,633	\$9,300,345	\$6,918,605	3	6,002	3,980	9,982

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GARDEN STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63657							
Accident Only	\$5,027	\$0	\$0	1	22	0	22
TOTAL	\$5,027	\$0	\$0	1	22	0	22

GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63665							
Individually Underwritten	\$7,144	\$13,289	\$0	0	19	0	19
Disability Income	\$813,894	\$1,755,230	\$0	0	558	0	558
TOTAL	\$821,038	\$1,768,519	\$0	0	577	0	577

GENESIS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38962							
Long Term Care	\$266,074	\$0	\$0	0	123	0	123
TOTAL	\$266,074	\$0	\$0	0	123	0	123

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65536							
Accident Only	\$3,952	\$0	\$0	0	50	0	50
Disability Income	\$25,606	\$244,065	\$0	0	47	0	47
Hospital Indemnity	\$3,650	\$971	\$0	0	15	0	15
Limited Benefit	\$12,506	\$86,539	\$0	0	47	0	47
Long Term Care	\$54,920	\$186,885	\$0	0	4	0	4
Medicare Supplement	\$4,143,477	\$2,858,032	\$357,604	0	1,612	0	1,612
TOTAL	\$4,244,111	\$3,376,492	\$357,604	0	1,775	0	1,775

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GENWORTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70025							
Accident Only	\$225	\$173,359	\$0	0	0	0	0
Accidental Death & Dismemberment	\$9,440	\$0	\$0	0	0	0	0
Long Term Care	\$104,037,991	\$68,649,441	\$5,326,556	0	49,560	0	49,560
Medicare Supplement	\$27,703	\$22,652	\$0	0	0	0	0
TOTAL	\$104,075,359	\$68,845,452	\$5,326,556	0	49,560	0	49,560

GERBER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70939							
Accidental Death & Dismemberment	\$147,790	\$0	\$0	16	2,997	2,901	5,898
Dental	\$420	\$0	\$0	1	1	0	1
Excess/Stop Loss	\$1,706,922	\$1,214,894	\$0	8	4,934	9,869	14,803
Hospital Indemnity	\$23,782	\$67,491	\$0	0	105	0	105
Limited Benefit	\$282	\$0	\$0	0	2	0	2
Long Term Care	\$10,029	\$24,773	\$0	0	14	0	14
Medicare Supplement	\$683,461	\$476,366	\$0	0	228	0	228
TOTAL	\$2,572,686	\$1,783,524	\$0	25	8,281	12,770	21,051

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GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91472							
Individually Underwritten	\$98,871	\$365,104	\$0	0	101	26	127
Accident Only	\$9,441	\$2,246	\$0	0	96	32	128
Accidental Death & Dismemberment	\$2,161,662	\$687,452	\$77,721	0	12,754	0	12,754
Hospital Indemnity	\$1,559	\$472	\$0	0	11	1	12
Limited Benefit	\$24,215	\$53,356	\$0	0	366	176	542
Medicare Supplement	\$82,864	\$146,884	\$0	0	49	1	50
TOTAL	\$2,378,612	\$1,255,514	\$77,721	0	13,377	236	13,613

GOLDEN RULE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62286							
Individually Underwritten	\$1,755,719	\$1,911,891	\$17,907	0	213	89	302
Conversion	\$17,385	\$5,387	\$0	0	5	1	6
Out-of-State Guarantee Issue	\$14,794,729	\$18,592,925	\$2,967,871	0	1,431	235	1,666
Out-of-State Individually Underwritten	\$281,016,837	\$170,271,599	\$50,911,166	1	68,742	47,968	116,710
Out-of-State Short Term Major Medical	\$1,391,354	\$1,114,980	\$1,211,787	1	1,022	423	1,445
Dental	\$1,091,394	\$590,532	\$790,363	0	3,423	1,734	5,157
Disability Income	\$1,352	\$0	\$0	0	2	0	2
Hospital Indemnity	\$700	\$1,273	\$0	0	5	0	5
Medicare Supplement	\$3,353,217	\$3,009,623	\$834	0	1,287	0	1,287
TOTAL	\$303,422,687	\$195,498,210	\$55,899,928	2	76,130	50,450	126,580

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GOVERNMENT EMPLOYEES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22063							
Accident Only	\$14,112	\$8,941	\$0	0	118	0	118
TOTAL	\$14,112	\$8,941	\$0	0	118	0	118

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63967							
Champus/Tricare Supplement	\$211,030	\$104,813	\$0	0	271	282	553
TOTAL	\$211,030	\$104,813	\$0	0	271	282	553

GREAT AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16691							
Accident Only	\$0	\$744	\$0	0	0	0	0
TOTAL	\$0	\$744	\$0	0	0	0	0

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63312							
Accident Only	\$537	\$0	\$0	0	5	0	5
Disability Income	\$252	\$10,400	\$0	0	1	0	1
Hospital Indemnity	\$154	\$0	\$0	0	1	0	1
Long Term Care	\$2,452,007	\$165,854	\$131,977	1	1,366	0	1,366
Medicare Supplement	\$896,405	\$561,007	\$430,460	0	545	0	545
TOTAL	\$3,349,355	\$737,261	\$562,437	1	1,918	0	1,918

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GREAT SOUTHERN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90212							
Conversion	\$3,259	\$6,117	\$0	0	1	0	1
Disability Income	\$260,798	\$91,500	\$8,341	209	203	0	203
Limited Benefit	\$173	\$0	\$0	0	2	0	2
TOTAL	\$264,230	\$97,617	\$8,341	209	206	0	206

GREAT WEST LIFE ASSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80705							
Disability Income	\$119,330	\$258,810	\$0	0	331	0	331
TOTAL	\$119,330	\$258,810	\$0	0	331	0	331

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68322							
Out-of-State 51+ Member Groups	\$243,038	\$145,746	\$620	8	274	118	392
Accidental Death & Dismemberment	\$158,881	\$95,278	\$10,178	230	6,912	4,718	11,630
Dental	\$340,591	\$204,248	\$13,905	197	4,881	4,357	9,238
Disability Income	\$8,908	\$5,342	\$1,425	452	14,771	10,877	25,648
Excess/Stop Loss	\$37,744,569	\$22,634,868	\$6,039,131	628	20,407	15,020	35,427
Vision	\$6,509	\$3,903	\$0	48	1,322	1,138	2,460
TOTAL	\$38,502,496	\$23,089,385	\$6,065,259	1,563	48,567	36,228	84,795

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GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64211							
Individually Underwritten	\$361,019	\$410,342	\$797	0	307	68	375
Out-of-State Guarantee Issue	\$256,189	\$141,268	\$7,219	0	108	0	108
Out-of-State Individually Underwritten	\$2,530,427	\$3,524,716	\$86,104	20	220	171	391
Out-of-State Short Term Major Medical	\$0	\$683	\$0	0	0	0	0
Accident Only	\$670,684	\$422,842	\$84,335	20	3,289	1,437	4,726
Disability Income	\$6,207	\$0	\$0	0	98	0	98
Hospital Indemnity	\$1,120,838	\$245,979	\$480,609	1	2,207	66	2,273
Limited Benefit	\$63,702	\$4,275	\$4,076	0	368	86	454
Long Term Care	\$1,361,483	\$2,659,950	\$39	0	340	0	340
Medicare Supplement	\$1,974,022	\$1,486,023	\$4,268	0	570	0	570
Student	\$0	\$74	\$0	0	0	0	0
TOTAL	\$8,344,571	\$8,896,152	\$667,447	41	7,507	1,828	9,335

GUARANTY INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64238							
Long Term Care	\$183,030	\$27,698	\$0	0	0	0	0
TOTAL	\$183,030	\$27,698	\$0	0	0	0	0

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GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64246							
Individually Underwritten	\$250,701	\$944,505	\$0	0	282	282	564
Conversion	\$298,502	\$776,923	\$22,117	0	47	46	93
Out-of-State 51+ Member Groups	\$955,527	\$485,873	\$0	1	57	64	121
Accidental Death & Dismemberment	\$1,040,404	\$730,480	\$209,850	1,616	63,452	3,617	67,069
Dental	\$111,044,752	\$91,250,395	\$15,785,629	4,419	203,394	193,224	396,618
Disability Income	\$29,172,575	\$39,452,924	\$3,229,599	1,766	55,965	6,819	62,784
Excess/Stop Loss	\$137,475	\$366	\$44,688	0	0	0	0
Vision	\$3,006,650	\$1,808,328	\$1,036,319	538	26,604	25,274	51,878
TOTAL	\$145,906,586	\$135,449,794	\$20,328,202	8,340	349,801	229,326	579,127

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64327							
Disability Income	\$153	\$3,777	\$0	1	2	0	2
TOTAL	\$153	\$3,777	\$0	1	2	0	2

HARTFORD FIRE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19682							
Accidental Death & Dismemberment	\$0	(\$1)	\$0	0	0	0	0
Blanket Accident/Sickness	(\$873)	(\$1,940)	\$0	0	0	0	0
Disability Income	\$0	\$37,154	\$0	0	0	0	0
Excess/Stop Loss	\$0	\$3,259	\$0	0	0	0	0
Hospital Indemnity	\$0	(\$1)	\$0	0	0	0	0
Travel	\$0	(\$184)	\$0	0	0	0	0
TOTAL	(\$873)	\$38,287	\$0	0	0	0	0

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70815							
Accidental Death & Dismemberment	\$36,726,636	\$16,108,979	\$870,121	48	339,952	0	339,952
Blanket Accident/Sickness	\$1,073,206	\$781,680	\$135,653	1,686	109,364	0	109,364
Disability Income	\$108,456,916	\$101,898,723	\$18,424,744	1,128	633,882	0	633,882
Excess/Stop Loss	\$1,612	\$0	\$0	0	0	0	0
Hospital Indemnity	\$849,929	\$444,308	\$13,457	0	2,139	0	2,139
Limited Benefit	\$5,867,707	\$5,144,619	\$261,544	7	6,419	0	6,419
Medicare Supplement	\$2,093,772	\$1,835,753	\$93,327	3	2,290	0	2,290
Champus/Tricare Supplement	\$4,791,750	\$4,201,254	\$213,585	6	5,242	0	5,242
Travel	\$1,910,094	\$2,214,506	\$214,552	320	486,618	0	486,618
TOTAL	\$161,771,622	\$132,629,822	\$20,226,983	3,198	1,585,906	0	1,585,906

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71153							
Disability Income	\$4,840	\$1,085	\$0	0	16	0	16
Hospital Indemnity	\$5,635	\$2,440	\$0	0	36	0	36
Limited Benefit	\$34,373	\$29,349	\$0	0	433	0	433
TOTAL	\$44,848	\$32,874	\$0	0	485	0	485

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HARTFORD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88072							
Accidental Death & Dismemberment	\$1,390,264	\$660,492	\$9,052	1	22,039	0	22,039
Blanket Accident/Sickness	\$64,650	(\$16,785)	\$240	0	5,844	0	5,844
Disability Income	\$3,898,641	\$6,247,141	\$136,316	18	18,945	0	18,945
Hospital Indemnity	\$286,466	\$317,553	\$197	0	807	0	807
Limited Benefit	\$717,178	\$420,445	\$1,307	1	1,206	0	1,206
Long Term Care	\$253,132	\$0	\$0	0	25	0	25
Medicare Supplement	\$630,073	\$369,380	\$1,148	1	1,059	0	1,059
Champus/Tricare Supplement	\$6,225,154	\$3,649,489	\$11,342	10	10,467	0	10,467
Travel	(\$1,682)	\$264,713	\$0	3	35	0	35
TOTAL	\$13,463,876	\$11,912,428	\$159,602	34	60,427	0	60,427

HCC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92711							
Out-of-State Short Term Major Medical	\$185,743	\$127,116	\$169,077	1	517	178	695
Disability Income	\$8,575,033	\$1,900,442	\$2,471,230	7	7	0	7
Excess/Stop Loss	\$5,474,554	\$2,363,944	\$852,823	24	13,582	16,782	30,364
Student	\$27,841	\$11,136	\$27,841	39	0	0	0
TOTAL	\$14,263,171	\$4,402,638	\$3,520,971	71	14,106	16,960	31,066

HCSC INSURANCE SERVICES COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78611							
Excess/Stop Loss	\$198,671	\$44,491	\$198,671	1	1,334	1,524	2,858
TOTAL	\$198,671	\$44,491	\$198,671	1	1,334	1,524	2,858

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HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70670							
Out-of-State Individually Underwritten	\$2,127,998	\$2,780,662	\$0	0	643	247	890
Out-of-State 2 - 5 Member Groups	\$598,752	\$331,959	\$0	56	59	34	93
Out-of-State 6 - 50 Member Groups	\$8,974,914	\$4,975,860	\$0	537	765	630	1,395
Out-of-State 51+ Member Groups	\$50,961,028	\$48,353,071	\$0	1,137	7,033	6,521	13,554
Out-of-State Short Term Major Medical	\$2,325	\$3,038	\$0	0	1	0	1
Administrative Services Only (ASO)	\$595,570,178	\$0	\$0	0	0	0	0
Dental	\$746,714	\$587,926	\$0	249	1,132	1,026	2,158
Medicare Supplement	\$9,460,335	\$7,248,798	\$0	0	3,454	0	3,454
TOTAL	\$668,442,244	\$64,281,314	\$0	1,979	13,087	8,458	21,545

HEALTH FIRST HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95019							
Self-Employed or Sole Proprietor	\$3,023,279	\$2,688,234	\$88,845	315	315	342	657
2 - 5 Member Groups	\$18,719,482	\$16,644,956	\$800,899	829	2,437	1,631	4,068
6 - 50 Member Groups	\$29,708,205	\$26,415,889	\$1,333,313	380	4,109	2,347	6,456
51+ Member Groups	\$64,375,302	\$53,208,964	\$1,061,119	74	6,778	6,378	13,156
Conversion	\$912,990	\$1,198,111	\$155,164	0	95	46	141
Administrative Services Only (ASO)	\$905,422	\$0	\$0	0	0	0	0
TOTAL	\$117,644,680	\$100,156,154	\$3,439,340	1,598	13,734	10,744	24,478

HEALTH NET LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66141							
Conversion	\$63,785	\$72,082	\$0	0	4	0	4
TOTAL	\$63,785	\$72,082	\$0	0	4	0	4

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HEALTH OPTIONS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95089							
Guarantee Issue	\$1,762,061	\$1,498,048	\$56,386	0	178	46	224
Self-Employed or Sole Proprietor	\$2,689,714	\$2,306,284	\$18,828	198	198	59	257
2 - 5 Member Groups	\$18,887,374	\$16,089,075	\$75,549	586	1,320	858	2,178
6 - 50 Member Groups	\$40,674,977	\$30,591,409	\$325,400	763	2,867	1,667	4,534
51+ Member Groups	\$301,410,774	\$234,313,935	\$3,918,340	179	41,496	30,409	71,905
Conversion	\$28,411,682	\$29,316,906	\$1,448,996	0	2,875	737	3,612
TOTAL	\$393,836,582	\$314,115,657	\$5,843,499	1,726	48,934	33,776	82,710

HM LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93440							
Disability Income	\$0	\$600,016	\$0	0	0	0	0
Excess/Stop Loss	\$11,445,726	\$11,122,646	\$1,142,622	27	36,362	43,635	79,997
Limited Benefit	\$1,650,608	\$401,897	\$978	7	1,738	3,820	5,558
Student	\$813,577	\$408,816	\$216,272	28	491	0	491
Travel	\$676,495	\$516,293	\$78,018	7	6,702	8,042	14,744
TOTAL	\$14,586,406	\$13,049,668	\$1,437,890	69	45,293	55,497	100,790

HORACE MANN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64513							
Accidental Death & Dismemberment	\$1,971	\$39,437	\$0	0	53	0	53
Disability Income	\$211,649	\$109,931	\$2,741	12	516	0	516
Hospital Indemnity	\$194	\$1	\$0	0	0	0	0
Limited Benefit	\$0	\$47	\$0	0	0	0	0
TOTAL	\$213,814	\$149,416	\$2,741	12	569	0	569

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HOUSEHOLD LIFE INSURANCE COMPANY

NAIC Company Code

93777

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$1,593	\$3,184	\$0	1	51	0	51
TOTAL	\$1,593	\$3,184	\$0	1	51	0	51

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code

69671

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Guarantee Issue	\$2,371,495	\$1,575,678	\$306,876	0	232	8	240
Individually Underwritten	\$145,161,161	\$95,766,549	\$27,872,932	0	50,193	31,237	81,430
Self-Employed or Sole Proprietor	\$12,758,063	\$11,921,233	\$0	616	616	359	975
2 - 5 Member Groups	\$25,505,765	\$20,423,216	\$37,228	712	2,203	1,379	3,582
6 - 50 Member Groups	\$13,456,351	\$9,229,498	\$42,752	146	1,107	795	1,902
51+ Member Groups	\$86,188,598	\$79,750,930	\$621,308	75	7,117	8,223	15,340
Conversion	\$941,966	\$1,791,776	\$906,104	0	188	63	251
Excess/Stop Loss	\$3,897,966	\$3,494,612	\$1,239,165	10	9,915	22,709	32,624
Medicare Supplement	\$226,058	\$183,870	\$226,058	279	279	0	279
TOTAL	\$290,507,423	\$224,137,362	\$31,252,423	1,838	71,850	64,773	136,623

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HUMANA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
73288							
51+ Member Groups	\$131,066	\$805,065	\$131,066	6	33	38	71
Short Term Major Medical	\$269,267	\$95,664	\$269,267	387	387	89	476
Out-of-State Individually Underwritten	\$802,046	\$563,518	\$196,665	253	253	80	333
Administrative Services Only (ASO)	\$12,345,503	\$0	\$1,475,907	0	0	0	0
Accidental Death & Dismemberment	\$160,521	\$31,060	\$37,595	904	16,939	204	17,143
Disability Income	\$150,280	\$138,630	\$0	60	484	0	484
Vision	\$1,305,714	\$633,294	\$1,168,146	1,005	17,711	13,905	31,616
TOTAL	\$15,164,397	\$2,267,231	\$3,278,646	2,615	35,807	14,316	50,123

HUMANA MEDICAL PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95270							
Self-Employed or Sole Proprietor	\$6,655,148	\$6,886,203	\$74,784	966	966	420	1,386
2 - 5 Member Groups	\$43,142,717	\$40,030,095	\$1,353,026	3,444	7,956	3,585	11,541
6 - 50 Member Groups	\$104,948,983	\$89,090,752	\$2,640,036	2,236	20,988	9,271	30,259
51+ Member Groups	\$485,308,448	\$438,070,252	\$9,846,153	481	67,953	46,930	114,883
Conversion	\$1,545,223	\$2,005,235	\$169,400	0	152	33	185
TOTAL	\$641,600,519	\$576,082,537	\$14,083,399	7,127	98,015	60,239	158,254

HUMANADENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70580							
Administrative Services Only (ASO)	\$423,267	\$0	\$270,020	0	0	0	0
Dental	\$22,291,232	\$14,306,740	\$4,784,542	1,880	40,585	41,882	82,467
TOTAL	\$22,714,499	\$14,306,740	\$5,054,562	1,880	40,585	41,882	82,467

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IA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91693							
Accidental Death & Dismemberment	\$71	\$0	\$0	0	6	0	6
Hospital Indemnity	\$86	\$0	\$0	0	1	0	1
Limited Benefit	\$3,716	\$118,279	\$0	0	73	0	73
Travel	\$0	\$1,481	\$0	0	1,194	0	1,194
TOTAL	\$3,873	\$119,760	\$0	0	1,274	0	1,274

IDEALIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97764							
Medicare Supplement	\$1,429,424	\$1,030,423	\$0	0	0	0	0
TOTAL	\$1,429,424	\$1,030,423	\$0	0	0	0	0

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64580							
Individually Underwritten	\$721,052	(\$2,299,061)	\$0	0	62	16	78
Disability Income	\$4,229,028	\$2,913,317	\$258,235	0	6,411	0	6,411
Hospital Indemnity	\$7,041	(\$168,590)	\$0	0	17	4	21
TOTAL	\$4,957,121	\$445,666	\$258,235	0	6,490	20	6,510

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INDEPENDENCE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
26581							
Short Term Major Medical	\$25,108	\$823	\$25,108	0	7	0	7
Out-of-State 51+ Member Groups	\$2,002,837	\$1,006,684	\$2,002,837	0	792	626	1,418
Dental	\$17,732	\$7,499	\$17,732	0	76	0	76
TOTAL	\$2,045,677	\$1,015,006	\$2,045,677	0	875	626	1,501

INDEPENDENT ORDER OF FORESTERS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58068							
Disability Income	\$2,947	\$14,400	\$0	0	33	0	33
TOTAL	\$2,947	\$14,400	\$0	0	33	0	33

ING LIFE INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86509							
Individually Underwritten	\$269	\$1,057	\$0	0	1	0	1
Long Term Care	\$33,113	\$14,123	\$0	0	35	0	35
Medicare Supplement	\$10,598	\$15,156	\$0	0	6	0	6
TOTAL	\$43,980	\$30,336	\$0	0	42	0	42

ING USA ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80942							
Disability Income	\$137	\$1,854	\$0	0	2	0	2
Limited Benefit	\$1,996	\$203	\$0	0	486	0	486
TOTAL	\$2,133	\$2,057	\$0	0	488	0	488

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INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22713							
Accident Only	\$0	\$2,143,661	\$0	0	0	0	0
TOTAL	\$0	\$2,143,661	\$0	0	0	0	0

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19429							
Limited Benefit	(\$19,575)	\$94,325	\$0	0	0	0	0
TOTAL	(\$19,575)	\$94,325	\$0	0	0	0	0

INVESTORS CONSOLIDATED INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85189							
Disability Income	\$646	\$0	\$0	0	8	10	18
TOTAL	\$646	\$0	\$0	0	8	10	18

INVESTORS HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64904							
Medicare Supplement	\$1,177	\$361	\$0	0	1	0	1
TOTAL	\$1,177	\$361	\$0	0	1	0	1

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INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63487							
Individually Underwritten	\$523	(\$75)	\$0	0	0	0	0
Short Term Major Medical	\$815	\$308	\$0	0	1	0	1
Accidental Death & Dismemberment	\$33	\$0	\$0	0	1	0	1
Disability Income	\$1,405	\$22,537	\$0	0	5	0	5
Hospital Indemnity	\$831	\$1,004	\$0	0	5	0	5
Limited Benefit	\$167	(\$78)	\$0	0	2	0	2
Long Term Care	\$225	(\$70)	\$0	0	1	0	1
TOTAL	\$3,999	\$23,626	\$0	0	15	0	15

JACKSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65056							
Accident Only	\$18,846	\$231	\$0	0	1,313	5	1,318
Dental	\$46,984	\$45,685	\$0	0	126	0	126
Disability Income	\$27,082	\$15,777	\$0	0	519	0	519
Hospital Indemnity	\$69,916	\$31,189	\$0	0	344	7	351
Limited Benefit	\$578,039	\$480,356	\$0	0	1,897	726	2,623
Long Term Care	\$21,891	\$65,058	\$0	0	23	0	23
Medicare Supplement	\$521,225	\$617,038	\$0	0	276	0	276
Champus/Tricare Supplement	\$51,892	\$98,404	\$0	0	72	55	127
TOTAL	\$1,335,875	\$1,353,738	\$0	0	4,570	793	5,363

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JEFFERSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

64017

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$2,548	\$5,587	\$0	0	13	0	13
Disability Income	\$46,418	\$101,751	\$0	0	31	0	31
Hospital Indemnity	\$1,864	\$4,086	\$0	0	10	0	10
Limited Benefit	\$1,025	\$2,246	\$0	0	17	0	17
Medicare Supplement	\$57,024	\$125,000	\$0	0	20	0	20
TOTAL	\$108,879	\$238,670	\$0	0	91	0	91

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JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65080							
Individually Underwritten	\$36,976	\$109,910	\$1,621	0	8	3	11
Conversion	\$139,011	\$103,805	\$0	0	11	2	13
Out-of-State Guarantee Issue	\$175,687	\$69,525	\$1,694	0	10	0	10
Out-of-State Individually Underwritten	\$5,289,158	\$4,223,052	\$656,783	1	1,012	585	1,597
Out-of-State 2 - 5 Member Groups	\$36,577	(\$3,922)	\$33,783	8	24	10	34
Out-of-State 6 - 50 Member Groups	\$40,309	(\$1,164)	\$40,309	3	24	6	30
Out-of-State Short Term Major Medical	\$353,692	\$160,671	\$96,489	0	111	42	153
Out-of-State Conversion	\$11,787	\$25,831	\$0	0	1	0	1
Accident Only	\$51,680	\$6,623	\$14,524	0	120	96	216
Dental	\$30,029	\$14,239	\$8,255	5	65	32	97
Disability Income	\$284,718	\$228,885	\$57,222	0	423	0	423
Hospital Indemnity	\$3,928	\$450	\$932	0	11	3	14
Limited Benefit	\$56,732	\$11,789	\$18,933	0	123	69	192
Long Term Care	\$616,027	\$920,536	\$0	0	420	0	420
Medicare Supplement	\$466,326	\$355,240	\$0	0	192	0	192
Sickness	\$7,101	\$450	\$4,043	0	9	1	10
Travel	\$218	\$0	\$0	0	12	0	12
TOTAL	\$7,599,956	\$6,225,920	\$934,588	17	2,576	849	3,425

JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93610							
Long Term Care	\$1,230,775	\$304,732	\$0	0	2,010	0	2,010
TOTAL	\$1,230,775	\$304,732	\$0	0	2,010	0	2,010

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65838							
Disability Income	\$895,476	\$2,924,541	\$0	0	201	0	201
Long Term Care	\$108,513,627	\$55,674,934	\$9,165,413	0	56,389	3,936	60,325
TOTAL	\$109,409,103	\$58,599,475	\$9,165,413	0	56,590	3,936	60,526

KANAWHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65110							
Other Prepaid Health Services	\$83,102	\$150	\$63,972	14	358	199	557
Accident Only	\$3,652	\$731	\$0	20	139	47	186
Accidental Death & Dismemberment	\$148,871	\$122,677	\$75,916	27	632	0	632
Dental	\$3,350	\$4,114	\$0	1	20	11	31
Disability Income	\$513,910	\$547,911	\$108,231	79	2,078	0	2,078
Excess/Stop Loss	\$900,528	\$636,534	\$0	3	2,829	3,112	5,941
Hospital Indemnity	\$19,219	\$6,189	\$5,596	11	107	7	114
Limited Benefit	\$936,403	\$526,706	\$69,141	82	4,715	3,520	8,235
Long Term Care	\$16,689,388	\$17,367,045	\$66,091	0	8,942	0	8,942
Medicare Supplement	\$497,272	\$572,332	\$0	0	165	0	165
TOTAL	\$19,795,695	\$19,784,389	\$388,947	237	19,985	6,896	26,881

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KANSAS CITY LIFE INSURANCE COMPANY

NAIC Company Code 65129	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$2,919	\$3,963	\$0	0	2	0	2
Dental	\$778,543	\$211,453	\$58,181	16	171	122	293
Disability Income	\$202,693	\$323,654	\$4,243	2	96	11	107
Hospital Indemnity	\$3,647	\$1,344	\$0	0	16	0	16
Limited Benefit	\$113	\$1,246	\$0	0	2	1	3
Medicare Supplement	\$854	\$1,523	\$0	0	1	0	1
Vision	\$4,095	\$748	\$0	1	20	15	35
TOTAL	\$992,864	\$543,931	\$62,424	19	308	149	457

KNIGHTS OF COLUMBUS

NAIC Company Code 58033	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$0	\$2,472	\$0	0	7	0	7
Hospital Indemnity	\$20,675	(\$80)	\$0	0	54	9	63
Long Term Care	\$1,718,716	\$919,642	\$124,735	0	1,309	0	1,309
TOTAL	\$1,739,391	\$922,034	\$124,735	0	1,370	9	1,379

LAFAYETTE LIFE INSURANCE COMPANY

NAIC Company Code 65242	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$11,922	\$0	\$0	0	0	0	0
Disability Income	\$56,111	\$7,683	\$0	0	0	0	0
TOTAL	\$68,033	\$7,683	\$0	0	0	0	0

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LAKEVIEW CENTER, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$11,475,560	\$0	\$0	0	0	0	0
TOTAL	\$11,475,560	\$0	\$0	0	0	0	0

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65315							
Disability Income	\$15,751,557	\$18,152,763	\$1,818,529	22	76,166	0	76,166
TOTAL	\$15,751,557	\$18,152,763	\$1,818,529	22	76,166	0	76,166

LIBERTY LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61492							
Accident Only	\$1,241,460	\$88,930	\$16,038	0	9,076	3,389	12,465
Disability Income	\$189,053	\$71,595	\$789	0	321	15	336
Hospital Indemnity	\$486	\$0	\$0	0	10	4	14
Limited Benefit	\$13,028	\$40,832	\$42	0	117	128	245
TOTAL	\$1,444,027	\$201,357	\$16,869	0	9,524	3,536	13,060

LIBERTY MUTUAL INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
23043							
Individually Underwritten	\$163	\$9,295	\$0	0	1	0	1
Conversion	\$3,834	\$2,938	\$0	0	1	0	1
TOTAL	\$3,997	\$12,233	\$0	0	2	0	2

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LIBERTY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65331							
Accident Only	\$519,540	(\$132,144)	\$90,996	0	40,224	0	40,224
Accidental Death & Dismemberment	\$448,226	\$23,772	\$83,404	0	5,839	0	5,839
Disability Income	\$1,439	\$0	\$0	0	10	0	10
Hospital Indemnity	\$100,439	\$5,305	\$0	0	358	0	358
Limited Benefit	\$13,400,660	\$7,095,691	\$791,323	0	33,861	11,521	45,382
Medicare Supplement	\$35,924	\$37,197	\$0	0	20	0	20
TOTAL	\$14,506,228	\$7,029,821	\$965,723	0	80,312	11,521	91,833

LIFE INSURANCE COMPANY OF ALABAMA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65412							
Accident Only	\$9,055	\$0	\$1,363	0	21	0	21
Accidental Death & Dismemberment	\$859	\$0	\$40	0	15	0	15
Disability Income	\$3,077	\$0	\$1,008	0	2	0	2
Hospital Indemnity	\$23,238	\$0	\$1,664	0	24	12	36
Limited Benefit	\$363,586	\$38,136	\$13,363	0	374	282	656
Sickness	\$229	\$0	\$72	0	1	0	1
TOTAL	\$400,044	\$38,136	\$17,510	0	437	294	731

LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65498							
Accidental Death & Dismemberment	\$7,317,284	\$6,699,012	\$0	26	292,691	0	292,691
Disability Income	\$47,708,149	\$37,658,366	\$0	53	238,541	0	238,541
Hospital Indemnity	\$1,873,314	\$5,816	\$0	4	6,244	0	6,244
TOTAL	\$56,898,747	\$44,363,194	\$0	83	537,476	0	537,476

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LIFE INSURANCE COMPANY OF THE SOUTHWEST

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65528							
Limited Benefit	\$368	\$0	\$0	0	4	2	6
TOTAL	\$368	\$0	\$0	0	4	2	6

LIFE OF THE SOUTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97691							
Accidental Death & Dismemberment	\$431	\$78	\$0	0	72	0	72
Hospital Indemnity	\$3,489	\$0	\$0	1	72	0	72
TOTAL	\$3,920	\$78	\$0	1	144	0	144

LIFESECURE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77720							
Individually Underwritten	\$4,922	\$25,000	\$0	0	3	0	3
Accidental Death & Dismemberment	\$588	\$1,538	\$0	0	5	0	5
Disability Income	\$1,918	\$0	\$0	0	13	0	13
Hospital Indemnity	\$10,634	\$4,769	\$0	0	36	0	36
Limited Benefit	\$9,607	\$2,745	\$0	0	130	0	130
Long Term Care	\$193,002	\$14,411	\$176,115	0	215	0	215
Medicare Supplement	\$0	\$14	\$0	0	0	0	0
TOTAL	\$220,671	\$48,477	\$176,115	0	402	0	402

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LINCOLN BENEFIT LIFE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65595							
Long Term Care	\$8,034,505	\$3,982,433	\$0	0	3,095	0	3,095
TOTAL	\$8,034,505	\$3,982,433	\$0	0	3,095	0	3,095

LINCOLN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65927							
Accidental Death & Dismemberment	\$635	\$0	\$0	0	4	0	4
Hospital Indemnity	\$182	\$0	\$0	0	1	0	1
Medicare Supplement	\$7,778,340	\$5,540,204	\$14,071	0	3,331	0	3,331
TOTAL	\$7,779,157	\$5,540,204	\$14,071	0	3,336	0	3,336

LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62057							
Conversion	\$6,262	\$30,461	\$0	0	8	1	9
Accidental Death & Dismemberment	\$0	(\$74,917)	\$0	0	0	0	0
Dental	\$0	\$48,610	\$0	0	0	0	0
Disability Income	\$122,929	\$106,595	\$0	0	28	0	28
TOTAL	\$129,191	\$110,749	\$0	0	36	1	37

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LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65676							
Conversion	\$11,179	(\$119,353)	\$0	0	2	1	3
Accident Only	\$124	\$200	\$0	0	1	0	1
Accidental Death & Dismemberment	\$4,351,832	\$837,519	\$805,447	1,759	307,916	0	307,916
Dental	\$14,994,918	\$11,767,277	\$4,176,005	322	28,194	0	28,194
Disability Income	\$84,173,344	\$54,788,557	\$10,470,047	2,673	330,482	0	330,482
Excess/Stop Loss	\$8,949,327	\$7,928,833	\$0	175	1,208	0	1,208
Hospital Indemnity	\$965	\$767	\$0	1	4	0	4
Limited Benefit	\$247	\$398	\$0	0	2	0	2
Long Term Care	\$308,211	\$237,643	\$0	0	166	0	166
TOTAL	\$112,790,147	\$75,441,841	\$15,451,499	4,930	667,975	1	667,976

LONDON LIFE REINSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76694							
Excess/Stop Loss	\$558,057	\$1,303,774	\$0	1	100	95	195
Medicare Supplement	\$1,433	\$595	\$0	2	2	0	2
TOTAL	\$559,490	\$1,304,369	\$0	3	102	95	197

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LOYAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65722							
Accident Only	\$48,521	\$12,997	\$0	0	115	2	117
Disability Income	\$25,228	\$13,689	\$0	0	93	0	93
Hospital Indemnity	\$56,977	\$16,227	\$0	0	228	67	295
Limited Benefit	\$511,787	\$484,920	\$0	0	3,140	2,803	5,943
Long Term Care	\$1,276,696	\$374,822	\$0	0	707	0	707
Medicare Supplement	\$19,467	\$16,455	\$7,260	0	18	0	18
TOTAL	\$1,938,676	\$919,110	\$7,260	0	4,301	2,872	7,173

MADISON NATIONAL LIFE INSURANCE COMPANY INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65781							
2 - 5 Member Groups	\$4,067	\$1,705	\$0	1	2	0	2
Accident Only	\$78,901	(\$49,731)	\$0	0	1,762	0	1,762
Dental	\$477,548	\$252,046	\$0	452	842	0	842
Disability Income	\$476,590	\$553,053	\$0	3	4,514	1,732	6,246
Excess/Stop Loss	\$514,158	\$870,527	\$0	2	1,407	0	1,407
Hospital Indemnity	\$1,007	\$0	\$0	0	1	0	1
Limited Benefit	\$74,360	\$71,195	\$0	0	902	0	902
Student	(\$2,212)	\$53,388	\$0	1	55	0	55
TOTAL	\$1,624,419	\$1,752,183	\$0	459	9,485	1,732	11,217

MAGNA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61018							
Disability Income	\$181	\$0	\$181	0	1	0	1
TOTAL	\$181	\$0	\$181	0	1	0	1

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MANAGED CARE OF NORTH AMERICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$186,494	\$0	\$0	0	2,376	650	3,026
TOTAL	\$186,494	\$0	\$0	0	2,376	650	3,026

MANHATTAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65870							
Hospital Indemnity	\$225	\$0	\$0	0	0	0	0
TOTAL	\$225	\$0	\$0	0	0	0	0

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67083							
Limited Benefit	\$254	\$0	\$0	0	1	0	1
Long Term Care	\$193,994	\$91,997	\$0	0	364	13	377
TOTAL	\$194,248	\$91,997	\$0	0	365	13	378

MARKEL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38970							
Out-of-State Short Term Major Medical	\$38,288	\$142,468	\$1,271	0	129	0	129
Accident Only	\$1,005,181	\$461,542	\$38,721	0	330,377	0	330,377
Blanket Accident/Sickness	\$11,731	(\$34)	\$0	0	938	0	938
Hospital Indemnity	\$31,008	\$2,335	\$11,402	0	484	0	484
Student	\$1,409,939	\$1,317,412	\$13,992	0	942	0	942
TOTAL	\$2,496,147	\$1,923,723	\$65,386	0	332,870	0	332,870

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MARQUETTE NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71072							
Medicare Supplement	\$7,677	\$7,356	\$0	0	5	0	5
TOTAL	\$7,677	\$7,356	\$0	0	5	0	5

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65935							
Disability Income	\$16,871,619	\$13,079,565	\$1,001,833	0	7,785	0	7,785
Long Term Care	\$6,336,855	\$785,565	\$569,672	0	1,334	572	1,906
TOTAL	\$23,208,474	\$13,865,130	\$1,571,505	0	9,119	572	9,691

MEDAMERICA INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12967							
Long Term Care	\$2,424,658	\$382,632	\$101,480	53	1,569	0	1,569
TOTAL	\$2,424,658	\$382,632	\$101,480	53	1,569	0	1,569

MEDICA HEALTH PLANS OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12756							
Individually Underwritten	\$1,810,989	\$1,084,418	\$998,096	0	741	0	741
2 - 5 Member Groups	\$593,154	\$710,655	\$387,118	61	188	77	265
6 - 50 Member Groups	\$1,709,963	\$1,440,300	\$708,165	30	420	254	674
TOTAL	\$4,114,106	\$3,235,373	\$2,093,379	91	1,349	331	1,680

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MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52008							
Other Prepaid Health Services	\$1,454,935	\$183,489	\$156,006	0	7,004	0	7,004
TOTAL	\$1,454,935	\$183,489	\$156,006	0	7,004	0	7,004

MEDICO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
31119							
Accident Only	\$618	(\$41)	\$0	0	0	0	0
Disability Income	\$24,371	\$1,696	\$0	0	39	0	39
Hospital Indemnity	\$46,368	\$77,234	\$0	0	100	11	111
Limited Benefit	\$362,834	\$577,340	\$0	0	1,337	692	2,029
Long Term Care	\$2,883,936	\$2,332,834	\$0	0	1,989	0	1,989
Short Term Care	\$86,547	\$115,712	\$0	0	299	0	299
Medicare Supplement	\$22,105,792	\$18,698,920	\$0	0	9,278	0	9,278
TOTAL	\$25,510,466	\$21,803,695	\$0	0	13,042	703	13,745

MEDICS SUBSCRIPTION SERVICES, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$116,632	\$77,938	\$0	1	7,854	0	7,854
TOTAL	\$116,632	\$77,938	\$0	1	7,854	0	7,854

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MEGA LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97055							
Individually Underwritten	\$220,169	\$427,929	\$0	0	42	31	73
Conversion	\$598,076	\$689,088	\$0	0	53	11	64
Out-of-State Guarantee Issue	\$37,539	(\$8,878)	\$4,558	0	2	0	2
Out-of-State Individually Underwritten	\$37,776,518	\$21,770,047	\$2,947,045	56	6,297	3,641	9,938
Accident Only	\$113,135	\$21,146	\$8,440	0	96	24	120
Dental	\$395,501	\$77,855	\$21,744	0	955	531	1,486
Disability Income	\$274,784	\$25,268	\$24,123	0	709	0	709
Hospital Indemnity	\$206,868	(\$4,068)	\$25,799	0	742	433	1,175
Limited Benefit	\$770,973	(\$10,660)	\$76,034	0	2,172	1,060	3,232
Long Term Care	\$0	\$91	\$0	0	0	0	0
Prescription Drug	\$34,629	\$18,068	\$0	0	56	30	86
Student	(\$9)	\$0	\$0	0	0	0	0
Vision	\$199,885	\$90,855	\$17,405	0	2,830	1,889	4,719
TOTAL	\$40,628,068	\$23,096,741	\$3,125,148	56	13,954	7,650	21,604

MEMBERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86126							
Disability Income	\$130	\$0	\$0	0	2	0	2
TOTAL	\$130	\$0	\$0	0	2	0	2

MERIT LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65951							
Accidental Death & Dismemberment	\$273,589	\$85,020	\$273,589	3	14,795	3,053	17,848
TOTAL	\$273,589	\$85,020	\$273,589	3	14,795	3,053	17,848

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METLIFE INSURANCE COMPANY OF CONNECTICUT

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87726							
Individually Underwritten	\$63,376	(\$54,158)	\$0	0	134	0	134
51+ Member Groups	\$23,617	\$59,966	\$0	29	1	0	1
Disability Income	\$744,745	\$3,060,960	\$0	0	645	0	645
Long Term Care	\$25,014,278	\$36,351,539	\$0	0	11,929	0	11,929
TOTAL	\$25,846,016	\$39,418,307	\$0	29	12,709	0	12,709

METROPOLITAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65978							
Individually Underwritten	\$965,293	\$1,411,611	\$0	0	6,621	14,566	21,187
Accidental Death & Dismemberment	\$10,828,215	\$9,429,104	\$163,210	1,048	573,212	1,261,066	1,834,278
Dental	\$151,149,422	\$132,387,429	\$18,603,736	1,538	634,660	1,396,252	2,030,912
Disability Income	\$104,905,416	\$83,058,701	\$2,094,276	671,174	671,174	0	671,174
Excess/Stop Loss	\$121,421	\$177,149	\$0	1	64	140	204
Long Term Care	\$49,545,098	\$16,544,389	\$0	34,668	34,668	0	34,668
TOTAL	\$317,514,865	\$243,008,383	\$20,861,222	708,429	1,920,399	2,672,024	4,592,423

MHNET OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$5,383,553	\$3,235,369	\$2,584	84	104,995	83,996	188,991
TOTAL	\$5,383,553	\$3,235,369	\$2,584	84	104,995	83,996	188,991

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MIDLAND NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66044							
Accident Only	\$1,726	\$20,768	\$0	0	0	0	0
Disability Income	\$10,180	\$2,468	\$0	1	1	0	1
TOTAL	\$11,906	\$23,236	\$0	1	1	0	1

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66087							
Individually Underwritten	\$38,144	\$15,361	\$0	0	10	3	13
Out-of-State Guarantee Issue	\$54,932	(\$1,016)	\$1,086	0	7	0	7
Out-of-State Individually Underwritten	\$25,319,393	\$12,803,256	\$2,118,023	24	5,710	3,425	9,135
Accident Only	\$56,213	\$325	\$12,675	0	73	7	80
Dental	\$123,344	\$26,038	\$17,031	0	414	229	643
Disability Income	\$2,662	\$41	\$0	0	2	0	2
Hospital Indemnity	\$130,741	\$16,850	\$31,671	0	708	359	1,067
Limited Benefit	\$529,004	\$115,508	\$88,919	0	2,592	1,052	3,644
Vision	\$167,331	\$75,734	\$32,674	0	2,786	1,974	4,760
TOTAL	\$26,421,764	\$13,052,097	\$2,302,079	24	12,302	7,049	19,351

MIDWESTERN UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66109							
Medicare Supplement	\$2,626	\$1,798	\$0	0	1	0	1
Champus/Tricare Supplement	\$923	\$2,697	\$0	0	1	1	2
TOTAL	\$3,549	\$4,495	\$0	0	2	1	3

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MINNESOTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66168							
Accidental Death & Dismemberment	\$3,646,413	\$2,064,568	\$738,135	6	52,955	0	52,955
Disability Income	\$2,788,842	\$11,574,806	\$540	1	92	0	92
Hospital Indemnity	\$120	\$0	\$0	0	0	0	0
Long Term Care	\$38,746	\$0	\$18,552	0	13	0	13
TOTAL	\$6,474,121	\$13,639,374	\$757,227	7	53,060	0	53,060

MONUMENTAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66281							
Accident Only	\$14,188,254	\$4,044,178	\$1,943,613	0	150,252	7,938	158,190
Accidental Death & Dismemberment	\$1,693,500	\$113,377	\$632,530	0	31,271	8,276	39,547
Disability Income	\$58,219	\$24,735	\$0	0	672	17	689
Excess/Stop Loss	\$24,896	\$39	\$0	0	0	0	0
Hospital Indemnity	\$1,062,034	\$978,049	\$47,390	0	5,846	748	6,594
Limited Benefit	\$6,402,190	\$5,871,547	\$1,258,439	0	11,788	4,754	16,542
Long Term Care	\$6,251,445	\$1,676,494	\$0	0	4,123	9	4,132
Medicare Supplement	\$6,478,869	\$6,236,884	\$57,147	0	3,066	1	3,067
Student	\$2,820,466	\$3,130,971	\$0	1	2,535	0	2,535
TOTAL	\$38,979,873	\$22,076,274	\$3,939,119	1	209,553	21,743	231,296

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MONY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66370							
Individually Underwritten	\$50,647	\$40,175	\$0	0	38	4	42
Accidental Death & Dismemberment	\$20	\$0	\$0	0	1	0	1
Disability Income	\$3,108,904	\$2,653,747	\$0	0	2,484	0	2,484
Hospital Indemnity	\$1,911	\$61	\$0	0	19	0	19
TOTAL	\$3,161,482	\$2,693,983	\$0	0	2,542	4	2,546

MTL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66427							
Disability Income	\$46,461	\$343,826	\$0	0	50	0	50
TOTAL	\$46,461	\$343,826	\$0	0	50	0	50

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88668							
Disability Income	\$106,281	\$400,018	\$0	25	345	0	345
TOTAL	\$106,281	\$400,018	\$0	25	345	0	345

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MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71412							
Individually Underwritten	\$154,306	(\$42,126)	\$0	0	371	62	433
51+ Member Groups	\$0	(\$3,314,478)	\$0	0	0	0	0
Conversion	\$4,123	(\$1,178)	\$0	0	2	0	2
Out-of-State 51+ Member Groups	(\$14,935)	(\$7,533)	\$0	0	0	0	0
Accident Only	\$2,418,959	\$3,027,675	\$189,302	261	453,860	393	454,253
Accidental Death & Dismemberment	\$1,598,673	(\$49,032)	\$436,332	18	20,528	7,918	28,446
Dental	\$9,782	\$5,461	\$0	0	35	4	39
Disability Income	\$2,167,165	\$2,976,454	\$163,727	14	3,957	4	3,961
Hospital Indemnity	\$703,791	\$152,218	\$228,527	0	2,530	486	3,016
Limited Benefit	\$2,493,769	\$1,331,604	\$26,644	0	20,931	6,077	27,008
Long Term Care	\$9,467,885	\$11,375,204	\$223,387	5	5,594	0	5,594
Medicare Supplement	\$22,311,219	\$15,727,717	\$13,239,967	0	12,228	0	12,228
Travel	\$44,303	\$22,116	\$0	0	2,543	57	2,600
TOTAL	\$41,359,040	\$31,204,102	\$14,507,886	298	522,579	15,001	537,580

MUTUAL SAVINGS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66397							
Accidental Death & Dismemberment	\$3,163	\$0	\$0	0	226	0	226
Hospital Indemnity	\$7,426	\$300	\$0	0	161	0	161
Limited Benefit	\$26,234	\$26,250	\$0	0	367	0	367
TOTAL	\$36,823	\$26,550	\$0	0	754	0	754

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List of Companies and all Health Business

NAIC LIFE INSURANCE COMPANY (PUERTO RICO)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
72087							
Limited Benefit	\$3,804	\$0	\$0	0	7	0	7
TOTAL	\$3,804	\$0	\$0	0	7	0	7

NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61409							
Individually Underwritten	\$26,469	\$3,439	\$0	0	50	25	75
Accident Only	\$266	\$0	\$0	0	5	0	5
Disability Income	\$829	\$46,426	\$0	0	4	0	4
Hospital Indemnity	\$44,578	\$22,821	\$0	0	264	0	264
Medicare Supplement	\$0	\$830	\$0	0	1	0	1
TOTAL	\$72,142	\$73,516	\$0	0	324	25	349

NATIONAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11991							
Accident Only	\$105,014	\$30,403	\$0	0	554	39	593
Disability Income	(\$10,057)	\$2,822	\$0	0	7	0	7
Limited Benefit	\$2,667	\$0	\$0	0	7	0	7
TOTAL	\$97,624	\$33,225	\$0	0	568	39	607

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NATIONAL GUARDIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66583							
Dental	\$180,697	\$117,338	\$180,697	24	379	0	379
Disability Income	\$30,186	\$35,174	\$0	0	65	0	65
Hospital Indemnity	\$245	\$0	\$0	0	1	0	1
Limited Benefit	\$50	\$0	\$0	0	1	0	1
Medicare Supplement	\$1,755	\$10,393	\$0	0	1	0	1
Vision	\$5,088,121	\$3,119,946	\$5,088,121	198	42,401	0	42,401
TOTAL	\$5,301,054	\$3,282,851	\$5,268,818	222	42,848	0	42,848

NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66680							
Disability Income	\$2,588,222	\$6,885,131	\$21,758	0	1,067	0	1,067
TOTAL	\$2,588,222	\$6,885,131	\$21,758	0	1,067	0	1,067

NATIONAL STATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60593							
Accident Only	\$3,220	\$0	\$2,652	0	24	0	24
Dental	\$13,353	\$8,915	\$0	0	25	0	25
Hospital Indemnity	\$573,209	\$206,447	\$219,962	0	512	0	512
Limited Benefit	\$757,352	\$196,297	\$463,336	0	675	0	675
Long Term Care	\$7,198,170	\$12,009,020	\$0	0	3,457	0	3,457
Medicare Supplement	\$7,872,867	\$7,280,356	\$145,463	0	3,023	0	3,023
Champus/Tricare Supplement	\$335,168	\$309,093	\$0	0	308	0	308
TOTAL	\$16,753,339	\$20,010,128	\$831,413	0	8,024	0	8,024

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NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87963							
Disability Income	\$192,759	\$33,553	\$9,077	0	575	430	1,005
Hospital Indemnity	\$35	\$0	\$0	0	1	0	1
Limited Benefit	\$996,726	\$556,232	\$28,510	0	1,819	1,736	3,555
TOTAL	\$1,189,520	\$589,785	\$37,587	0	2,395	2,166	4,561

NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19445							
Accident Only	\$24,138,254	\$5,761,813	\$1,656,414	1,237	534,185	0	534,185
Accidental Death & Dismemberment	\$316,805	\$139,816	\$0	19	7,433	0	7,433
Limited Benefit	\$1,800,606	(\$16,556)	\$3,108	10	4,903	0	4,903
Student	\$291,585	\$148,069	\$0	3	728	0	728
Travel	\$1,080,284	\$41,193	\$3,398	129	215,822	0	215,822
Vision	\$1,893	\$167	\$383	2	16	0	16
TOTAL	\$27,629,427	\$6,074,502	\$1,663,303	1,400	763,087	0	763,087

NATIONAL WESTERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66850							
Limited Benefit	\$4,071	\$12,156	\$0	0	41	0	41
TOTAL	\$4,071	\$12,156	\$0	0	41	0	41

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NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92657							
Accidental Death & Dismemberment	\$816	\$0	\$0	1	6	5	11
TOTAL	\$816	\$0	\$0	1	6	5	11

NATIONWIDE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66869							
Guarantee Issue	\$16,434	\$11,132	\$0	0	36	3	39
Short Term Major Medical	\$66,722	\$101,448	\$0	0	15	4	19
Out-of-State 51+ Member Groups	\$51,087	\$238,881	\$1,971	1	1	0	1
Accident Only	\$3,414,533	\$3,217,850	\$1,561,014	517	0	0	0
Accidental Death & Dismemberment	\$2,519	\$1,562	\$0	1	17	8	25
Blanket Accident/Sickness	\$453,201	\$2,994	\$0	0	0	0	0
Dental	\$854	\$273	\$854	0	3	2	5
Disability Income	\$13,134	\$24,075	\$0	0	30	0	30
Excess/Stop Loss	\$436,167	\$256,377	\$103,780	3	404	1	405
Hospital Indemnity	\$1,481,572	\$815,570	\$80,482	43	1,847	595	2,442
Limited Benefit	\$2,827	\$1,611	\$0	1	12	7	19
Medicare Supplement	\$1,833,295	\$1,657,740	\$0	0	750	56	806
Prescription Drug	\$7,241	\$5,971	\$0	0	0	0	0
TOTAL	\$7,779,586	\$6,335,484	\$1,748,101	566	3,115	676	3,791

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NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95123							
2 - 5 Member Groups	\$102,327,493	\$83,495,073	\$6,614,784	4,667	7,823	12,430	20,253
6 - 50 Member Groups	\$156,722,447	\$127,879,144	\$19,378,906	2,510	13,336	23,817	37,153
51+ Member Groups	\$172,521,369	\$126,909,519	\$27,524,656	896	10,614	39,588	50,202
TOTAL	\$431,571,309	\$338,283,736	\$53,518,346	8,073	31,773	75,835	107,608

NEW ENGLAND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91626							
6 - 50 Member Groups	\$0	(\$12,105)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$712	\$0	\$0	1	1	1	2
Dental	\$1,326	\$0	\$0	1	1	2	3
Disability Income	\$237,840	(\$1,590,190)	\$0	0	230	0	230
Excess/Stop Loss	\$154,601	\$39,207	\$0	3	155	94	249
TOTAL	\$394,479	(\$1,563,088)	\$0	5	387	97	484

NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78743							
Individually Underwritten	\$372,248	\$137,553	\$0	0	98	114	212
Accident Only	\$444	\$0	\$0	0	2	0	2
Hospital Indemnity	\$6,288	\$81,145	\$0	0	13	11	24
Limited Benefit	\$16,314	\$22,595	\$0	0	111	51	162
Medicare Supplement	\$3,072,080	\$3,020,064	\$0	0	1,041	91	1,132
TOTAL	\$3,467,374	\$3,261,357	\$0	0	1,265	267	1,532

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NEW YORK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66915							
Individually Underwritten	\$158,656	\$323,788	\$0	0	35	4	39
51+ Member Groups	\$0	\$14,320	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$9,889,655	\$13,140,040	\$803,918	25	2,402	1,262	3,664
Accidental Death & Dismemberment	\$792,088	\$210,521	\$30,944	63	23,056	1,168	24,224
Disability Income	\$9,441,461	\$16,468,039	\$757,393	50	7,105	18	7,123
Hospital Indemnity	\$170,570	\$72,491	\$8,915	12	449	111	560
Long Term Care	\$8,186,465	\$2,865,293	\$625,644	2	4,753	0	4,753
Medicare Supplement	\$431,771	\$324,695	\$0	0	150	5	155
TOTAL	\$29,070,666	\$33,419,187	\$2,226,814	152	37,950	2,568	40,518

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81264							
Out-of-State 2 - 5 Member Groups	\$106,068	\$43,024	\$1,543	3	8	9	17
Out-of-State 6 - 50 Member Groups	\$368,380	\$325,489	\$76,593	21	29	24	53
Out-of-State 51+ Member Groups	\$1,088,302	\$964,556	\$15,044	27	83	55	138
Accidental Death & Dismemberment	\$6,140	\$0	\$79	27	47	41	88
Dental	\$113,176	\$145,856	\$2,165	25	72	63	135
Disability Income	\$13,416	\$3,045	\$0	8	10	16	26
Vision	\$3,221	\$2,885	\$138	12	16	20	36
TOTAL	\$1,698,703	\$1,484,855	\$95,562	123	265	228	493

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66974							
Accident Only	\$3,764	(\$269,334)	\$0	0	1	0	1
Disability Income	\$1,016	\$54,533	\$0	1	1	0	1
TOTAL	\$4,780	(\$214,801)	\$0	1	2	0	2

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69000							
Long Term Care	\$10,271,932	\$3,590,352	\$1,389,292	0	5,432	0	5,432
TOTAL	\$10,271,932	\$3,590,352	\$1,389,292	0	5,432	0	5,432

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67091							
Disability Income	\$58,564,601	\$62,460,691	\$12,163,467	12,323	33,895	0	33,895
TOTAL	\$58,564,601	\$62,460,691	\$12,163,467	12,323	33,895	0	33,895

OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67148							
Accident Only	\$8,990	\$229	\$0	0	30	0	30
Disability Income	\$5,207	\$3,633	\$0	0	20	0	20
Hospital Indemnity	\$940	\$0	\$0	0	5	0	5
Limited Benefit	\$61,723	\$29,483	\$0	0	232	304	536
TOTAL	\$76,860	\$33,345	\$0	0	287	304	591

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OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89206							
Disability Income	\$927,640	\$1,508,226	\$10,140	0	549	0	549
TOTAL	\$927,640	\$1,508,226	\$10,140	0	549	0	549

OHIO NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67172							
Individually Underwritten	\$116	\$0	\$0	0	1	0	1
Disability Income	\$743,887	\$351,454	\$28,849	305	0	0	0
TOTAL	\$744,003	\$351,454	\$28,849	305	1	0	1

OHIO STATE LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67180							
Conversion	\$2,735	\$47,482	\$0	0	13	18	31
Accident Only	\$15	\$0	\$0	0	1	0	1
Hospital Indemnity	\$30	\$0	\$0	0	1	0	1
TOTAL	\$2,780	\$47,482	\$0	0	15	18	33

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OLD AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67199							
Accident Only	\$13,156	\$7,087	\$0	0	394	0	394
Disability Income	\$69	\$2	\$0	0	1	0	1
Hospital Indemnity	\$4,333	\$4,184	\$0	0	105	0	105
Limited Benefit	\$289,170	\$3,823,244	\$0	0	272	0	272
Long Term Care	\$11,035	\$237,726	\$0	0	8	0	8
Medicare Supplement	\$1,213	\$10,416	\$0	0	4	0	4
TOTAL	\$318,976	\$4,082,659	\$0	0	784	0	784

OLD REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24147							
Accident Only	\$2,272,123	\$2,010,913	\$2,272,123	0	7,541	0	7,541
TOTAL	\$2,272,123	\$2,010,913	\$2,272,123	0	7,541	0	7,541

OLD REPUBLIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67261							
Accident Only	\$446,295	\$37,377	\$0	2	248	0	248
Accidental Death & Dismemberment	\$0	\$40,135	\$0	0	89,839	0	89,839
Limited Benefit	\$0	\$13,110	\$0	0	0	0	0
TOTAL	\$446,295	\$90,622	\$0	2	90,087	0	90,087

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OM FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63274							
Disability Income	\$0	\$28,500	\$0	2	2	0	2
TOTAL	\$0	\$28,500	\$0	2	2	0	2

ONEBEACON AMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20621							
Accident Only	\$2,213,024	\$922,401	\$1,548,888	11	10,678	0	10,678
TOTAL	\$2,213,024	\$922,401	\$1,548,888	11	10,678	0	10,678

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56383							
Accident Only	\$6,211	\$137	\$157	0	141	19	160
Disability Income	\$34,496	\$24,133	\$0	0	202	0	202
Hospital Indemnity	\$4,666	\$1,009	\$73	0	23	11	34
Medicare Supplement	\$5,672,780	\$6,106,025	\$20,209	0	2,554	0	2,554
TOTAL	\$5,718,153	\$6,131,304	\$20,439	0	2,920	30	2,950

OXFORD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76112							
Medicare Supplement	\$255,407	\$266,764	\$0	0	97	0	97
TOTAL	\$255,407	\$266,764	\$0	0	97	0	97

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OZARK NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67393							
Limited Benefit	\$2,234	\$0	\$0	0	39	28	67
TOTAL	\$2,234	\$0	\$0	0	39	28	67

PACIFIC LIFE & ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97268							
2 - 5 Member Groups	\$0	(\$9,366)	\$0	0	0	0	0
Disability Income	\$0	\$29,136	\$0	0	0	0	0
Prescription Drug	\$0	(\$1,125)	\$0	0	0	0	0
TOTAL	\$0	\$18,645	\$0	0	0	0	0

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70785							
Other Prepaid Health Services	\$1,608,028	\$883,271	\$0	0	15,132	16,876	32,008
Medicare Supplement	\$1,353,343	\$778,174	\$221,216	0	469	0	469
TOTAL	\$2,961,371	\$1,661,445	\$221,216	0	15,601	16,876	32,477

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PAN-AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67539							
Individually Underwritten	\$4,443	\$65,267	\$0	0	7	0	7
51+ Member Groups	\$1,262,035	\$1,635,122	\$947,153	16	804	239	1,043
Accidental Death & Dismemberment	\$2,233	\$1,919	\$2,061	0	0	0	0
Dental	\$65,960	\$29,102	\$2,757	1	69	51	120
Disability Income	\$843,082	\$744,782	\$8,065	5	366	0	366
Excess/Stop Loss	\$2,864,614	\$1,666,239	\$0	32	1,568	0	1,568
Limited Benefit	\$1,023,192	\$1,284,247	\$574,393	35	2,707	100	2,807
TOTAL	\$6,065,559	\$5,426,678	\$1,534,429	89	5,521	390	5,911

PAUL REVERE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67598							
Accident Only	\$3,166	\$0	\$0	0	7	7	14
Accidental Death & Dismemberment	\$7,643	\$0	\$0	17	535	0	535
Disability Income	\$21,146,806	\$64,767,161	\$305,889	124	12,596	0	12,596
Hospital Indemnity	\$13,206	\$24,525	\$0	0	209	0	209
Limited Benefit	\$2,544	\$40	\$0	6	6	0	6
TOTAL	\$21,173,365	\$64,791,726	\$305,889	147	13,353	7	13,360

PENN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67644							
Disability Income	\$1,498,132	\$5,268,378	\$0	0	757	0	757
TOTAL	\$1,498,132	\$5,268,378	\$0	0	757	0	757

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PENNSYLVANIA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67660							
Accidental Death & Dismemberment	\$65,294	\$10,000	\$1,022	0	561	40	601
Dental	\$67,568	\$11,839	\$0	0	233	0	233
Disability Income	\$1,079,775	\$1,167,024	\$15,878	0	2,544	64	2,608
Hospital Indemnity	\$144,699	\$38,723	\$2,544	0	274	6	280
Limited Benefit	\$10,678	\$8,039	\$0	0	54	0	54
Long Term Care	\$32,381	\$0	\$0	0	29	0	29
Medicare Supplement	\$32,501	\$17,557	\$0	0	26,750	0	26,750
TOTAL	\$1,432,896	\$1,253,182	\$19,444	0	30,445	110	30,555

PERICO LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85561							
Accidental Death & Dismemberment	\$4,045	\$22,334	\$0	0	72	16	88
Excess/Stop Loss	\$855,838	\$356,904	\$265,851	48	836	1,029	1,865
Hospital Indemnity	\$9,634	\$8,930	\$0	0	0	0	0
TOTAL	\$869,517	\$388,168	\$265,851	48	908	1,045	1,953

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PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67784							
Individually Underwritten	\$28,829	\$9,926	\$0	0	107	58	165
51+ Member Groups	\$45,867	\$6,663	\$0	1	60	0	60
Conversion	\$81,260	\$147,044	\$0	0	100	0	100
Accident Only	\$39,252	\$218	\$0	0	135	9	144
Disability Income	\$50,055	\$238,459	\$0	0	349	0	349
Hospital Indemnity	\$907,633	\$591,219	\$0	0	4,130	1	4,131
Limited Benefit	\$2,728,059	\$2,328,737	\$0	0	3,224	1,646	4,870
Long Term Care	\$3,069	\$245,998	\$0	0	9	0	9
Medicare Supplement	\$24,920	\$48,862	\$0	0	20	2	22
Prescription Drug	\$222	\$0	\$0	0	1	0	1
TOTAL	\$3,909,166	\$3,617,126	\$0	1	8,135	1,716	9,851

PHOENIX LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67814							
Individually Underwritten	\$237,812	\$735,815	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$0	\$75,516	\$0	0	0	0	0
TOTAL	\$237,812	\$811,331	\$0	0	0	0	0

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PHYSICIANS MUTUAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80578							
Guarantee Issue	\$13,662	\$20,219	\$0	0	3	0	3
Individually Underwritten	\$161,113	\$246,299	\$2,004	0	29	2	31
Accident Only	\$1,246	\$23	\$30	0	15	3	18
Dental	\$146,664	\$43,975	\$41,216	1	526	88	614
Disability Income	\$4,062	\$9,221	\$0	0	10	0	10
Hospital Indemnity	\$3,018,012	\$1,904,629	\$102,012	1	7,659	1,639	9,298
Limited Benefit	\$128,640	\$119,872	\$341	1	709	158	867
Long Term Care	\$1,134,720	\$969,688	\$0	0	592	0	592
Short Term Care	\$10,213	\$45,314	\$0	0	19	0	19
Medicare Supplement	\$3,103,380	\$2,592,820	\$0	1	1,004	48	1,052
TOTAL	\$7,721,712	\$5,952,060	\$145,603	4	10,566	1,938	12,504

PREFERRED MEDICAL PLAN, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95271							
Guarantee Issue	\$356,243	\$300,197	\$25,044	0	84	20	104
Individually Underwritten	\$65,208,037	\$50,078,693	\$6,129,046	0	22,383	5,355	27,738
51+ Member Groups	\$2,531,340	\$1,604,969	\$655,372	6	654	432	1,086
TOTAL	\$68,095,620	\$51,983,859	\$6,809,462	6	23,121	5,807	28,928

PRESIDENTIAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68039							
Excess/Stop Loss	\$71,260	\$55,802	\$71,260	1	52	16	68
Hospital Indemnity	\$30,890	\$11,401	\$0	0	0	0	0
TOTAL	\$102,150	\$67,203	\$71,260	1	52	16	68

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PRIMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65919							
Out-of-State Individually Underwritten	\$18,438	\$1,514	\$0	1	8	0	8
Disability Income	\$10,703	\$261,391	\$0	0	47	0	47
Hospital Indemnity	\$19,484	\$23,887	\$0	0	47	0	47
Long Term Care	\$28,205	\$72,699	\$0	0	34	0	34
TOTAL	\$76,830	\$359,491	\$0	1	136	0	136

PRINCIPAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61271							
51+ Member Groups	\$4,143,883	\$2,241,731	\$0	6	442	0	442
Conversion	\$1,747,552	\$3,242,754	\$0	0	144	0	144
Dental	\$32,866,750	\$22,188,291	\$3,234,137	2,531	49,184	39,341	88,525
Disability Income	\$27,994,654	\$12,200,188	\$2,103,609	1,306	50,036	0	50,036
Long Term Care	\$29,960	(\$3,150)	\$0	0	171	0	171
Medicare Supplement	\$15,322,862	\$13,226,996	\$0	0	5,427	459	5,886
Vision	\$568,076	\$241,953	\$6,414	123	4,323	4,022	8,345
TOTAL	\$82,673,737	\$53,338,763	\$5,344,160	3,966	109,727	43,822	153,549

PROFESSIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68047							
Disability Income	\$6,646,468	\$3,086,720	\$797,193	10,642	10,642	2,661	13,303
Hospital Indemnity	\$3,255,803	\$1,749,642	\$980,914	11,725	11,725	5,863	17,588
Limited Benefit	\$702,867	\$473,943	\$68,277	3,114	3,114	2,336	5,450
TOTAL	\$10,605,138	\$5,310,305	\$1,846,384	25,481	25,481	10,860	36,341

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PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88536							
Disability Income	\$1,308	(\$35,887)	\$0	0	7	0	7
TOTAL	\$1,308	(\$35,887)	\$0	0	7	0	7

PROTECTIVE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68136							
Accident Only	\$119	\$0	\$0	0	1	0	1
Disability Income	\$341,472	\$63,524	\$0	0	46	0	46
Hospital Indemnity	\$520	\$0	\$0	0	13	0	13
Limited Benefit	\$9,214,259	\$10,214,163	\$0	0	8,489	0	8,489
Medicare Supplement	\$25,413	\$59,022	\$0	0	14	0	14
TOTAL	\$9,581,783	\$10,336,709	\$0	0	8,563	0	8,563

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67903							
Guarantee Issue	\$124,981	\$148,632	\$0	0	10	14	24
Medicare Supplement	\$62,313	\$44,791	\$1,685	0	21	0	21
TOTAL	\$187,294	\$193,423	\$1,685	0	31	14	45

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PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68195							
Accident Only	\$6,228,131	\$1,083,143	\$1,095,592	0	25,249	0	25,249
Accidental Death & Dismemberment	\$37,932	\$0	\$0	10	2,882	1,766	4,648
Disability Income	\$46,762,397	\$126,732,839	\$8,234,935	23	29,635	1,370	31,005
Hospital Indemnity	\$7,226	\$0	\$0	1	35	0	35
Limited Benefit	\$4,861,534	\$1,738,183	\$855,374	6	18,468	0	18,468
Long Term Care	\$7,271,646	\$900,284	\$0	0	0	0	0
TOTAL	\$65,168,866	\$130,454,449	\$10,185,901	40	76,269	3,136	79,405

PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68241							
Guarantee Issue	\$1,057,320	\$1,141,599	\$0	0	758	148	906
Accident Only	\$4,075,340	\$4,734,223	\$0	72	108,044	0	108,044
Disability Income	\$44,642,798	\$41,325,253	\$0	321	156,310	0	156,310
Hospital Indemnity	\$5,003	\$1,007	\$0	0	70	2	72
Long Term Care	\$10,841,432	\$9,647,565	\$0	2,848	2,991	0	2,991
Medicare Supplement	\$4,103	\$2,058	\$0	0	5	0	5
TOTAL	\$60,625,996	\$56,851,705	\$0	3,241	268,178	150	268,328

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PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68284							
Conversion	\$491,392	\$192,420	\$0	0	29	0	29
Dental	\$8,794	\$3,146	\$1,789	0	29	0	29
Disability Income	\$46	\$0	\$0	0	1	0	1
Hospital Indemnity	\$240	\$14,575	\$0	0	5	0	5
Limited Benefit	\$111,318	\$12,347	\$27,838	0	282	0	282
Long Term Care	\$305,972	\$451,840	\$0	0	144	0	144
Medicare Supplement	\$2,250,338	\$1,737,266	\$0	0	708	0	708
TOTAL	\$3,168,100	\$2,411,594	\$29,627	0	1,198	0	1,198

OBE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
39217							
Accident Only	\$121,232	\$1,041	\$1,041	1	244	0	244
Excess/Stop Loss	\$543,128	\$314,420	\$314,420	3	275	169	444
TOTAL	\$664,360	\$315,461	\$315,461	4	519	169	688

OCC INSURANCE COMPANY * Company was unable to precisely calculate data for 'Out of State Direct Losses Incurred' .

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93688							
Out-of-State 51+ Member Groups	\$39,442,303	\$0	\$0	741	4,407	3,350	7,757
Prescription Drug	\$0	\$281,126	\$0	0	0	0	0
TOTAL	\$39,442,303	\$281,126	\$0	741	4,407	3,350	7,757

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REASSURE AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70211							
Out-of-State Individually Underwritten	\$9,639	\$23,374	\$0	113	113	0	113
Accident Only	\$16,792	\$6,524	\$0	0	134	0	134
Disability Income	\$3,244,858	\$10,048,144	\$0	0	2,145	0	2,145
Hospital Indemnity	\$9,847	\$1,496	\$0	0	56	0	56
Limited Benefit	\$562,256	\$442,040	\$0	0	2,390	0	2,390
Long Term Care	\$1,719,500	\$3,272,341	\$0	0	882	0	882
Medicare Supplement	\$483	\$8,752	\$0	0	1	0	1
Sickness	\$1,222	\$0	\$0	0	115	0	115
TOTAL	\$5,564,597	\$13,802,671	\$0	113	5,836	0	5,836

RELIABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68357							
Accidental Death & Dismemberment	\$355	\$0	\$0	0	18	0	18
Limited Benefit	\$25	\$0	\$0	0	2	0	2
TOTAL	\$380	\$0	\$0	0	20	0	20

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List of Companies and all Health Business

RELIANCE STANDARD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68381							
Accident Only	\$2,037,274	\$849,096	\$2,022,638	61	43,179	0	43,179
Accidental Death & Dismemberment	\$953,516	\$951,753	\$67,886	101	144,053	0	144,053
Dental	\$6,058,745	\$5,199,681	\$2,155,498	305	14,199	0	14,199
Disability Income	\$24,443,491	\$24,577,418	\$3,602,291	909	83,306	0	83,306
Limited Benefit	\$3,043,643	\$1,121,446	\$1,208,814	53	3,237	0	3,237
Travel	\$107,808	\$0	\$52,982	41	9,985	0	9,985
Vision	\$387,710	\$154,095	\$148,476	60	2,889	0	2,889
TOTAL	\$37,032,187	\$32,853,489	\$9,258,585	1,530	300,848	0	300,848

RELIASTAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67105							
Accident Only	\$424,966	\$259,393	\$172,447	27	9,078	11,801	20,879
Disability Income	\$5,621,226	\$3,776,982	\$2,469,652	260	14,771	0	14,771
Excess/Stop Loss	\$27,619,645	\$21,193,988	\$14,032,991	333	93,453	121,489	214,942
Limited Benefit	\$746,111	\$167,611	\$326,074	0	2,231	157	2,388
TOTAL	\$34,411,948	\$25,397,974	\$17,001,164	620	119,533	133,447	252,980

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61360							
Disability Income	\$19,609	\$95,620	\$61	3	144	0	144
Excess/Stop Loss	\$1,071,991	\$0	\$58,754	17	6,000	7,800	13,800
Hospital Indemnity	\$133	(\$361)	\$0	0	3	0	3
Limited Benefit	\$281,020	\$1,051,189	\$0	0	498	424	922
TOTAL	\$1,372,753	\$1,146,448	\$58,815	20	6,645	8,224	14,869

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RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61700							
Dental	\$2,873,439	\$2,229,754	\$1,381,666	0	9,352	0	9,352
Disability Income	\$2,741	\$924	\$0	1	1	0	1
TOTAL	\$2,876,180	\$2,230,678	\$1,381,666	1	9,353	0	9,353

RESCUECARE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$32,647	\$0	\$783	0	859	608	1,467
TOTAL	\$32,647	\$0	\$783	0	859	608	1,467

RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68462							
Individually Underwritten	\$189,472	\$56,202	\$0	0	40	15	55
Out-of-State Individually Underwritten	\$7,634	\$652	\$0	1	6	0	6
Accident Only	\$7,468	(\$962)	\$0	0	49	20	69
Disability Income	\$5	\$0	\$0	0	0	0	0
Hospital Indemnity	\$15,318	\$5,983	\$0	0	13	5	18
Limited Benefit	\$3,338	\$0	\$0	0	44	8	52
Short Term Care	\$15,522	\$3,583	\$0	0	24	2	26
Medicare Supplement	\$790,844	\$911,380	\$0	0	290	13	303
TOTAL	\$1,029,601	\$976,838	\$0	1	466	63	529

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RIVERSOURCE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65005							
Disability Income	\$9,136,182	\$3,004,840	\$648,243	0	7,898	0	7,898
Long Term Care	\$12,554,107	\$4,530,576	\$0	0	9,001	0	9,001
TOTAL	\$21,690,289	\$7,535,416	\$648,243	0	16,899	0	16,899

ROYAL NEIGHBORS OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57657							
Medicare Supplement	\$78,745	\$74,505	\$31,812	0	54	0	54
TOTAL	\$78,745	\$74,505	\$31,812	0	54	0	54

S.USA LIFE INSURANCE COMPANY, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60183							
Accidental Death & Dismemberment	\$15,403	\$0	\$1,059	165	165	0	165
TOTAL	\$15,403	\$0	\$1,059	165	165	0	165

SAFEGUARD HEALTH PLANS, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
52009							
Dental	\$12,063,961	\$11,298,202	\$2,057,252	783	66,713	41,258	107,971
TOTAL	\$12,063,961	\$11,298,202	\$2,057,252	783	66,713	41,258	107,971

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SAFEHEALTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79014							
Dental	\$2,077,194	\$2,342,104	\$0	139	16,362	11,547	27,909
Vision	\$848,431	\$252,826	\$15,508	1,235	154,544	48,671	203,215
TOTAL	\$2,925,625	\$2,594,930	\$15,508	1,374	170,906	60,218	231,124

SAGICOR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60445							
Long Term Care	\$2,561	\$0	\$0	0	5	0	5
TOTAL	\$2,561	\$0	\$0	0	5	0	5

SEARS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69914							
Accident Only	\$1,298,315	\$455,198	\$0	2	12,659	8,850	21,509
Hospital Indemnity	\$26,615	\$17,932	\$0	1	107	24	131
TOTAL	\$1,324,930	\$473,130	\$0	3	12,766	8,874	21,640

SECURIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93742							
Accidental Death & Dismemberment	\$3,391	\$0	\$0	0	14	0	14
Dental	\$164,456	\$113,398	\$1,475	23	190	160	350
Disability Income	\$72	\$0	\$0	0	0	0	0
TOTAL	\$167,919	\$113,398	\$1,475	23	204	160	364

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SECURITY LIFE OF DENVER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68713							
Accident Only	\$675	\$0	\$0	0	40	0	40
Disability Income	\$5,144	\$4,953	\$0	0	15	2	17
Hospital Indemnity	\$3,426	\$991	\$0	0	101	0	101
Limited Benefit	\$10,167	\$0	\$0	0	38	16	54
TOTAL	\$19,412	\$5,944	\$0	0	194	18	212

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68772							
Individually Underwritten	\$1,022	\$1,486	\$0	0	3	0	3
Accidental Death & Dismemberment	\$7,316	\$0	\$50	7	284	0	284
Disability Income	\$82,462	\$724,475	\$0	2	119	0	119
Hospital Indemnity	\$176	\$639	\$0	0	2	0	2
Student	\$112,626	\$102,967	\$0	33	11,746	0	11,746
TOTAL	\$203,602	\$829,567	\$50	42	12,154	0	12,154

SECURITY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69485							
Accident Only	\$4,988	\$3,150	\$850	0	382	0	382
Disability Income	\$140	\$0	\$0	0	1	0	1
Limited Benefit	\$8,339	\$0	\$0	0	30	0	30
TOTAL	\$13,467	\$3,150	\$850	0	413	0	413

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SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76325							
Long Term Care	\$24,783,117	\$86,057,268	\$0	0	17,596	0	17,596
TOTAL	\$24,783,117	\$86,057,268	\$0	0	17,596	0	17,596

SENTRY INSURANCE A MUTUAL COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24988							
Accident Only	\$5,556	\$0	\$0	35	770	0	770
Disability Income	\$376	\$0	\$0	1	1	0	1
Hospital Indemnity	\$167	\$0	\$0	3	3	0	3
Long Term Care	\$32,683	\$52,540	\$0	0	223	0	223
TOTAL	\$38,782	\$52,540	\$0	39	997	0	997

SENTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68810							
Conversion	\$49	\$111	\$0	0	1	0	1
Accident Only	\$104,713	\$172,470	\$37,736	38	13,572	0	13,572
Dental	\$96,844	\$35,924	\$9,940	19	121	0	121
Disability Income	\$81,234	\$51,295	\$6,088	26	282	0	282
Hospital Indemnity	\$72	\$0	\$0	0	1	0	1
Long Term Care	\$1,079	\$0	\$0	0	18	0	18
TOTAL	\$283,991	\$259,800	\$53,764	83	13,995	0	13,995

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SHENANDOAH LIFE INSURANCE COMPANY

* The Office was unable to verify data.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68845							
Accidental Death & Dismemberment	\$57,738	\$0	\$5,541	80	1,799	0	1,799
Dental	\$3,002,553	\$1,960,807	\$191,574	220	3,285	3,803	7,088
Disability Income	\$539,950	\$331,916	\$43,175	40	711	0	711
Medicare Supplement	\$2,069,937	\$1,763,310	\$318,865	0	559	0	559
Vision	\$3,136	\$2,308	\$3,024	2	13	0	13
TOTAL	\$5,673,314	\$4,058,341	\$562,179	342	6,367	3,803	10,170

SKYMED INTERNATIONAL (FLORIDA) INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52038							
Other Prepaid Health Services	\$323,950	\$46,845	\$13,582	0	1,296	1,012	2,308
TOTAL	\$323,950	\$46,845	\$13,582	0	1,296	1,012	2,308

SOLSTICE BENEFITS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Discount Medical Plan	\$392,436	\$0	\$1,453	268	1,238	1,376	2,614
Administrative Services Only (ASO)	\$333,240	\$0	\$71,906	0	0	0	0
Dental	\$6,378,777	\$2,838,026	\$4,542,416	705	18,146	20,162	38,308
TOTAL	\$7,104,453	\$2,838,026	\$4,615,775	973	19,384	21,538	40,922

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List of Companies and all Health Business

SONS OF NORWAY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57142							
Disability Income	\$10,755	\$6,700	\$0	0	15	0	15
Hospital Indemnity	\$46	\$0	\$0	0	0	0	0
Limited Benefit	\$546	\$0	\$0	0	8	0	8
TOTAL	\$11,347	\$6,700	\$0	0	23	0	23

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68896							
Disability Income	\$79,475	\$121,402	\$0	0	392	0	392
Hospital Indemnity	\$3,001	\$449	\$0	0	49	13	62
Limited Benefit	\$22,202	\$49,162	\$0	0	730	596	1,326
Long Term Care	\$303,839	\$226,605	\$0	0	760	0	760
TOTAL	\$408,517	\$397,618	\$0	0	1,931	609	2,540

STANDARD INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69019							
Accidental Death & Dismemberment	\$3,954,177	\$1,923,306	\$334,929	725	207,071	5,527	212,598
Dental	\$13,402,696	\$9,992,713	\$1,229,679	221	24,227	11,928	36,155
Disability Income	\$50,126,970	\$23,428,738	\$3,491,018	966	110,790	0	110,790
Vision	\$173,965	\$109,263	\$134,416	24	1,903	710	2,613
TOTAL	\$67,657,808	\$35,454,020	\$5,190,042	1,936	343,991	18,165	362,156

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List of Companies and all Health Business

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86355							
Individually Underwritten	\$9,339	\$14,655	\$0	0	12	0	12
Accident Only	\$3,620	\$803	\$0	0	2,265	11	2,276
Accidental Death & Dismemberment	\$0	\$6,392	\$0	0	3	0	3
Dental	\$46,329	\$23,073	\$25,777	1	84	186	270
Disability Income	\$405	\$1,419	\$0	0	3	0	3
Hospital Indemnity	\$4,200	\$11,558	\$0	0	87	0	87
Limited Benefit	\$37,259	(\$9,454)	\$0	1	276	15	291
Long Term Care	\$55,370	\$16,718	\$0	0	43	2	45
Short Term Care	\$17,438	\$0	\$0	0	50	0	50
Medicare Supplement	\$9,085,311	\$7,388,093	\$108,146	0	3,384	0	3,384
TOTAL	\$9,259,271	\$7,453,257	\$133,923	2	6,207	214	6,421

STANDARD LIFE AND CASUALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71706							
Accident Only	\$29,146	\$3,421	\$0	0	500	0	500
Hospital Indemnity	\$1,607	\$4,695	\$0	0	3	0	3
TOTAL	\$30,753	\$8,116	\$0	0	503	0	503

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STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69078							
51+ Member Groups	\$454,371	\$252,299	\$454,371	2	315	0	315
Short Term Major Medical	\$2,338,171	\$1,384,500	\$514,398	1	1,115	0	1,115
Blanket Accident/Sickness	\$108,243	\$4,548	\$44,371	1	558	0	558
Dental	\$83,743	\$32,899	\$27,862	1	135	0	135
Excess/Stop Loss	\$2,784,700	\$1,636,893	\$891,104	9	5,816	0	5,816
Hospital Indemnity	\$24,624	\$22,168	\$3,496	270	270	0	270
Limited Benefit	\$437,055	\$217,407	\$314,680	4	500	0	500
TOTAL	\$6,230,907	\$3,550,714	\$2,250,282	288	8,709	0	8,709

STARMOUNT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68985							
Accident Only	\$21,694	\$0	\$0	0	324	100	424
Dental	\$1,853	\$1,085	\$0	0	0	0	0
Vision	\$4,448	\$0	\$0	1	8	14	22
TOTAL	\$27,995	\$1,085	\$0	1	332	114	446

STARNET INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
40045							
Out-of-State 6 - 50 Member Groups	\$1,847,067	\$900,328	\$324,729	3	371	0	371
TOTAL	\$1,847,067	\$900,328	\$324,729	3	371	0	371

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STARR INDEMNITY & LIABILITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38318							
Accident Only	\$194,001	\$97,481	\$194,001	0	0	0	0
TOTAL	\$194,001	\$97,481	\$194,001	0	0	0	0

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25135							
Individually Underwritten	\$683	(\$379)	\$0	0	2	1	3
Disability Income	\$329	(\$182)	\$0	0	1	0	1
TOTAL	\$1,012	(\$561)	\$0	0	3	1	4

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25178							
Guarantee Issue	\$28,631	\$808	\$0	0	4	0	4
Individually Underwritten	\$6,447,956	\$3,537,330	\$0	0	880	192	1,072
Conversion	\$68,312	\$460,027	\$0	0	11	0	11
Out-of-State 51+ Member Groups	\$16,886,976	\$15,881,713	\$0	1	2,273	1,607	3,880
Accidental Death & Dismemberment	\$309,178	\$440,803	\$0	1	3,457	3,532	6,989
Disability Income	\$7,327,070	\$4,243,580	\$426,105	0	16,287	0	16,287
Hospital Indemnity	\$13,073,072	\$11,634,101	\$1,092,732	0	83,503	11,383	94,886
Long Term Care	\$1,698,323	\$3,743,370	\$181,124	0	6,980	0	6,980
Medicare Supplement	\$17,632,101	\$15,477,502	\$1,202,554	0	7,990	33	8,023
TOTAL	\$63,471,619	\$55,419,234	\$2,902,515	2	121,385	16,747	138,132

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STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69116							
Individually Underwritten	\$3,758	\$10,310	\$0	0	7	0	7
Disability Income	\$15,802	\$25,052	\$0	0	39	0	39
Long Term Care	\$958,545	\$172,691	\$0	0	287	0	287
TOTAL	\$978,105	\$208,053	\$0	0	333	0	333

STATE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69132							
Long Term Care	\$11,311	\$0	\$0	0	15	0	15
Medicare Supplement	\$5,621,141	\$4,283,817	\$1,794	0	2,240	0	2,240
TOTAL	\$5,632,452	\$4,283,817	\$1,794	0	2,255	0	2,255

STERLING INVESTORS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89184							
Short Term Care	\$291	\$0	\$0	0	2	0	2
Medicare Supplement	\$1,112,233	\$626,449	\$415,757	0	530	0	530
TOTAL	\$1,112,524	\$626,449	\$415,757	0	532	0	532

STERLING LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77399							
Medicare Supplement	\$675,737	\$374,304	\$192,577	8	346	0	346
TOTAL	\$675,737	\$374,304	\$192,577	8	346	0	346

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STONEBRIDGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65021							
Accident Only	\$2,323,601	\$534,542	\$143,097	0	19,573	17,772	37,345
Accidental Death & Dismemberment	\$15,089,386	\$5,120,814	\$1,276,803	0	136,631	160,863	297,494
Dental	\$855,453	\$0	\$354,841	0	2,020	356	2,376
Disability Income	\$341,699	\$0	\$0	0	5,046	1,630	6,676
Hospital Indemnity	\$319,878	\$266,201	\$0	0	2,249	252	2,501
Limited Benefit	\$100,652	\$95,743	\$0	0	924	402	1,326
Long Term Care	\$300,183	\$533,391	\$0	0	201	0	201
TOTAL	\$19,330,852	\$6,550,691	\$1,774,741	0	166,644	181,275	347,919

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80926							
Conversion	\$16,926	\$12,771	\$0	0	1	0	1
Dental	\$11,459,168	\$7,295,489	\$2,131,997	593	18,698	19,165	37,863
Disability Income	\$4,639,283	\$3,120,509	\$125,847	363	10,471	0	10,471
Excess/Stop Loss	\$0	(\$3,610)	\$0	0	0	0	0
TOTAL	\$16,115,377	\$10,425,159	\$2,257,844	956	29,170	19,165	48,335

SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80802							
Disability Income	\$26,881,989	\$13,526,248	\$7,572,052	381	98,630	0	98,630
Excess/Stop Loss	\$18,898,745	\$10,041,982	\$10,387,802	45	45,875	56,151	102,026
TOTAL	\$45,780,734	\$23,568,230	\$17,959,854	426	144,505	56,151	200,656

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SUNAMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69256							
Disability Income	\$7,645	\$108,311	\$0	0	32	0	32
Hospital Indemnity	\$335	\$0	\$0	0	0	0	0
TOTAL	\$7,980	\$108,311	\$0	0	32	0	32

SURETY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69310							
Disability Income	\$14,443	\$13,175	\$0	17	17	0	17
TOTAL	\$14,443	\$13,175	\$0	17	17	0	17

SYMETRA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68608							
Conversion	\$17,010	\$79,525	\$0	0	4	5	9
Accidental Death & Dismemberment	\$35,160	\$0	\$528	21	1,578	0	1,578
Disability Income	\$423,405	\$3,181	\$1,519	17	1,847	0	1,847
Excess/Stop Loss	\$43,709,221	\$33,299,995	\$7,396,921	98	166,461	209,158	375,619
Hospital Indemnity	\$692,808	\$300,648	\$167,041	28	878	1,103	1,981
TOTAL	\$44,877,604	\$33,683,349	\$7,566,009	164	170,768	210,266	381,034

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69345							
Disability Income	\$0	\$52,661	\$0	0	11	0	11
Long Term Care	\$1,192,114	\$1,063,946	\$0	0	556	0	556
TOTAL	\$1,192,114	\$1,116,607	\$0	0	567	0	567

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THE PUBLIC HEALTH TRUST OF DADE COUNTY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95126							
51+ Member Groups	\$63,623,321	\$52,064,965	\$0	5	7,139	4,999	12,138
Conversion	\$206,113	\$167,208	\$0	0	10	13	23
TOTAL	\$63,829,434	\$52,232,173	\$0	5	7,149	5,012	12,161

THRIVENT FINANCIAL FOR LUTHERANS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56014							
Individually Underwritten	\$640,316	\$387,760	\$0	0	52	18	70
Accident Only	\$58	\$0	\$0	0	4	0	4
Disability Income	\$1,097,947	\$708,753	\$21,908	0	1,522	5	1,527
Hospital Indemnity	\$12,717	\$2,102	\$0	0	92	21	113
Long Term Care	\$5,698,389	\$5,590,421	\$0	0	3,097	545	3,642
Medicare Supplement	\$620,737	\$465,689	\$0	0	173	0	173
TOTAL	\$8,070,164	\$7,154,725	\$21,908	0	4,940	589	5,529

TIAA-CREF LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60142							
Long Term Care	\$800,361	\$478,026	\$0	0	521	0	521
TOTAL	\$800,361	\$478,026	\$0	0	521	0	521

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TIME INSURANCE COMPANY

NAIC Company Code

69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$782,383	\$1,313,010	\$141,861	0	417	36	453
Conversion	\$30,022	\$8,689	\$0	0	3	1	4
Out-of-State Guarantee Issue	\$539,329	\$423,154	\$44,730	0	35	1	36
Out-of-State Individually Underwritten	\$62,280,954	\$44,347,633	\$11,736,092	3	14,906	8,949	23,855
Out-of-State Short Term Major Medical	\$3,398,608	\$3,637,232	\$912,620	0	1,536	308	1,844
Accident Only	\$19,856	\$6,066	\$7,337	0	79	46	125
Dental	\$300,448	\$64,185	\$188,827	0	992	498	1,490
Disability Income	\$54,215	\$84,166	\$9,919	0	66	0	66
Hospital Indemnity	\$13,731	\$5,367	\$2,593	0	44	14	58
Limited Benefit	\$12,777	\$7,536	\$4,431	0	45	13	58
Long Term Care	\$14,873,515	\$37,478,481	\$0	0	8,513	0	8,513
Medicare Supplement	\$14,839	\$30,839	\$0	0	5	0	5
Sickness	\$3,790	\$0	\$144	0	4	2	6
TOTAL	\$82,324,467	\$87,406,358	\$13,048,554	3	26,645	9,868	36,513

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TOTAL HEALTH CHOICE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95134							
Guarantee Issue	\$14,732	\$131,360	\$6,827	0	15	1	16
Individually Underwritten	\$17,723,444	\$15,325,290	\$64,580	0	2,697	812	3,509
Self-Employed or Sole Proprietor	\$105,873	\$87,573	\$0	5	5	8	13
2 - 5 Member Groups	\$450,010	\$875,731	\$4,838	15	41	10	51
6 - 50 Member Groups	\$336,834	\$437,865	\$26,798	10	78	28	106
51+ Member Groups	\$4,554,924	\$5,035,453	\$188,055	15	1,320	379	1,699
Medicare Supplement	\$1,445,174	\$909,943	\$0	0	1,522	0	1,522
TOTAL	\$24,630,991	\$22,803,215	\$291,098	45	5,678	1,238	6,916

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70688							
Accident Only	\$21,825	\$6,243	\$1,469	0	298	67	365
Accidental Death & Dismemberment	\$351,591	\$138,218	\$0	0	3,354	3,926	7,280
Disability Income	\$11,729	\$8,560	\$392	0	77	40	117
Hospital Indemnity	\$79,272	\$28,882	\$0	0	506	90	596
Limited Benefit	\$72,028	\$65,363	\$8,366	0	34	6	40
Long Term Care	\$2,829	\$0	\$0	0	3	0	3
Medicare Supplement	\$1,316,679	\$1,195,775	\$0	0	611	0	611
TOTAL	\$1,855,953	\$1,443,041	\$10,227	0	4,883	4,129	9,012

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TRANSAMERICA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
86231							
Individually Underwritten	\$11,732	\$40,064	\$0	0	31	0	31
Accident Only	\$86,569	\$33,547	\$18,314	14	518	1,131	1,649
Accidental Death & Dismemberment	\$689,776	\$195,720	\$0	0	3,269	1,562	4,831
Dental	\$10,938	\$16,272	\$10,938	1	36	81	117
Disability Income	\$387,485	\$258,896	\$64,981	23	918	1,774	2,692
Excess/Stop Loss	\$1,966,169	\$2,517,294	\$276,937	9	6,090	7,917	14,007
Hospital Indemnity	\$474,567	\$649,849	\$371,823	8	513	513	1,026
Limited Benefit	\$1,339,328	\$2,049,607	\$176,570	75	2,808	6,200	9,008
Long Term Care	\$18,722,392	\$13,778,218	\$150,217	0	10,768	241	11,009
Medicare Supplement	\$11,768,997	\$9,254,961	\$543,885	0	4,887	0	4,887
TOTAL	\$35,457,953	\$28,794,428	\$1,613,665	130	29,838	19,419	49,257

TRANS-OCEANIC LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69523							
Limited Benefit	\$8,645	\$0	\$0	0	168	0	168
TOTAL	\$8,645	\$0	\$0	0	168	0	168

TRAVELERS INDEMNITY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
25658							
Blanket Accident/Sickness	\$31	\$0	\$0	0	0	0	0
TOTAL	\$31	\$0	\$0	0	0	0	0

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TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56006							
Accident Only	\$2,053	\$927	\$0	0	0	0	0
TOTAL	\$2,053	\$927	\$0	0	0	0	0

TRUASSURE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92525							
Dental	\$478	\$459	\$0	0	4	0	4
TOTAL	\$478	\$459	\$0	0	4	0	4

TRUSTMARK INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61425							
Individually Underwritten	\$1,201,971	\$726,950	\$0	0	145	49	194
Self-Employed or Sole Proprietor	\$10,322	\$460	\$0	1	1	0	1
Conversion	\$170,071	\$70,427	\$0	0	21	3	24
Out-of-State Individually Underwritten	\$265,663	\$393,192	\$0	18	17	1	18
Accident Only	\$91,284	\$4,241	\$78,024	1	636	393	1,029
Accidental Death & Dismemberment	\$186	\$0	\$0	1	8	0	8
Dental	\$60,465	\$41,458	\$0	1	91	43	134
Disability Income	\$1,895,988	\$188,507	\$0	5	2,321	0	2,321
Excess/Stop Loss	\$653,550	\$552,385	\$0	1	263	184	447
Hospital Indemnity	\$34,144	\$88,662	\$0	0	87	17	104
Limited Benefit	\$4,529,714	\$2,413,225	\$1,232,519	12	18,949	4,618	23,567
Long Term Care	\$7,994	\$0	\$0	1	7	0	7
Medicare Supplement	\$48,476	\$75,353	\$0	0	27	0	27
TOTAL	\$8,969,828	\$4,554,860	\$1,310,543	41	22,573	5,308	27,881

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TRUSTMARK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62863							
51+ Member Groups	\$0	\$2,351	\$0	0	0	0	0
Out-of-State Self-Employed or Sole Proprietor	\$11,629	\$106,394	\$11,629	1	1	0	1
Out-of-State 2 - 5 Member Groups	\$0	\$434,663	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$475,088	\$1,173,388	\$9	16	130	98	228
Accidental Death & Dismemberment	\$12,404	\$33,232	\$562	20	1,739	0	1,739
Dental	\$341	\$11,084	\$0	8	11	10	21
Disability Income	\$2,185	\$119,190	\$0	4	30	0	30
Excess/Stop Loss	\$1,934	\$6,093	\$5	8	21	10	31
TOTAL	\$503,581	\$1,886,395	\$12,205	57	1,932	118	2,050

U.S. SPECIALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
29599							
Accident Only	\$544,154	\$113,801	\$161,794	18	310	0	310
Excess/Stop Loss	\$2,478,924	\$518,422	\$872,030	4	58,814	0	58,814
TOTAL	\$3,023,078	\$632,223	\$1,033,824	22	59,124	0	59,124

ULLICO CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
37893							
Conversion	\$165,651	\$298,586	\$0	0	14	4	18
TOTAL	\$165,651	\$298,586	\$0	0	14	4	18

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UNICARE LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80314							
Individually Underwritten	\$450	\$319,501	\$0	0	7	2	9
6 - 50 Member Groups	\$397,045	\$180,253	\$29,186	10	13	7	20
51+ Member Groups	\$27,581,926	\$10,049,279	\$55,750	81	1,232	814	2,046
Administrative Services Only (ASO)	\$7,448,973	\$0	\$44,181	0	0	0	0
Accidental Death & Dismemberment	\$168,205	\$24,770	\$0	5	31,513	0	31,513
Dental	\$1,037,234	\$141,015	\$0	66	323	302	625
Disability Income	\$62,325	\$6,614	\$0	3	109	0	109
Excess/Stop Loss	\$100,877	\$76,989	\$596	3	37	41	78
Prescription Drug	\$1,522,284	\$352,753	\$7,279	77	633	539	1,172
TOTAL	\$38,319,319	\$11,151,174	\$136,992	245	33,867	1,705	35,572

UNIFIED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11121							
Individually Underwritten	\$37,696	\$34,161	\$0	0	61	5	66
Accident Only	\$21,726	\$0	\$0	0	702	0	702
Disability Income	\$30,165	\$71,073	\$0	0	84	0	84
Hospital Indemnity	\$7,178	\$11,552	\$0	0	28	0	28
Limited Benefit	\$9,024	\$13,594	\$0	0	93	0	93
Short Term Care	\$58,241	\$130,768	\$0	0	54	4	58
Medicare Supplement	\$99,776	\$182,722	\$0	0	68	0	68
TOTAL	\$263,806	\$443,870	\$0	0	1,090	9	1,099

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UNIMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91529							
Excess/Stop Loss	\$4,474,016	\$2,675,029	\$2,036,251	43	25,722	32,307	58,029
TOTAL	\$4,474,016	\$2,675,029	\$2,036,251	43	25,722	32,307	58,029

UNION BANKERS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69701							
Individually Underwritten	\$53,582	\$322,229	\$0	0	29	0	29
Disability Income	(\$956)	\$0	\$0	0	20	0	20
Hospital Indemnity	\$16,179	\$4,520	\$0	0	131	0	131
Limited Benefit	\$224	\$0	\$0	0	6	0	6
Long Term Care	\$53,845	\$59,786	\$0	0	61	0	61
Medicare Supplement	\$1,285,420	\$1,003,111	\$0	0	514	0	514
TOTAL	\$1,408,294	\$1,389,646	\$0	0	761	0	761

UNION CENTRAL LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80837							
Disability Income	\$2,514,494	\$4,041,084	\$337,773	1,514	1,514	0	1,514
TOTAL	\$2,514,494	\$4,041,084	\$337,773	1,514	1,514	0	1,514

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UNION FIDELITY LIFE INSURANCE COMPANY

NAIC Company Code

62596

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$2,382	\$555	\$0	0	3	0	3
Accident Only	\$502,052	\$43,669	\$0	0	7,154	4,263	11,417
Accidental Death & Dismemberment	\$274,072	\$142,269	\$0	0	3,422	5,253	8,675
Dental	\$259	\$226	\$0	0	1	0	1
Disability Income	\$959	\$54,109	\$0	0	1	0	1
Hospital Indemnity	\$114,293	\$134,323	\$0	0	547	118	665
Limited Benefit	\$845,948	\$2,359,679	\$0	0	4,636	6,508	11,144
Short Term Care	\$3,111	\$5,482	\$0	0	17	1	18
Medicare Supplement	\$262,586	\$219,417	\$0	0	138	0	138
Champus/Tricare Supplement	\$2,373	\$4,500	\$0	0	5	2	7
TOTAL	\$2,008,035	\$2,964,229	\$0	0	15,924	16,145	32,069

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UNION LABOR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69744							
Conversion	\$59,308	\$72,027	\$0	0	42	0	42
Out-of-State 51+ Member Groups	\$0	(\$83)	\$0	0	0	0	0
Out-of-State Conversion	\$2,312	\$792	\$0	0	1	0	1
Accident Only	\$1,941	(\$4)	\$0	0	20	7	27
Accidental Death & Dismemberment	\$67,848	\$204,986	\$5,510	69	10,835	431	11,266
Dental	\$4,315	\$3,181	\$0	3	11	17	28
Disability Income	\$8,582	\$19,562	\$0	4	31	0	31
Hospital Indemnity	\$54,281	\$42,320	\$0	0	190	46	236
Limited Benefit	\$14,501	\$8,787	\$0	1	899	246	1,145
Long Term Care	\$390,276	\$825,464	\$0	0	124	0	124
Medicare Supplement	\$2,153,797	(\$226,588)	\$0	9	43	0	43
TOTAL	\$2,757,161	\$950,444	\$5,510	86	12,196	747	12,943

UNION SECURITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70408							
Out-of-State Individually Underwritten	\$0	\$3	\$0	0	0	0	0
Out-of-State Conversion	\$10,328	\$30,794	\$0	0	2	0	2
Accident Only	\$619,270	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$49	\$0	\$0	0	0	0	0
Blanket Accident/Sickness	\$34,779,461	\$24,689,469	\$3,381,703	2,333	96,720	90,076	186,796
Dental	\$15,630,723	\$9,381,274	\$1,302,429	1,115	47,948	0	47,948
Disability Income	\$9,531	\$0	\$0	0	0	0	0
Long Term Care	\$10,538,154	\$8,306,753	\$0	0	6,557	0	6,557
TOTAL	\$61,587,516	\$42,408,293	\$4,684,132	3,448	151,227	90,076	241,303

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UNITED AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92916							
Guarantee Issue	\$185,993	\$83,414	\$57,654	0	29	3	32
Individually Underwritten	\$27,143,694	\$15,126,885	\$2,495,991	0	10,575	3,509	14,084
Disability Income	\$1,370	\$0	\$0	0	13	0	13
Hospital Indemnity	\$48,109	\$79,207	\$3,228	0	68	5	73
Limited Benefit	\$1,704,531	\$1,007,941	\$62,313	0	4,366	1,663	6,029
Long Term Care	\$365,484	\$140,452	\$0	0	306	0	306
Medicare Supplement	\$66,367,622	\$47,308,007	\$2,234,800	0	22,512	0	22,512
TOTAL	\$95,816,803	\$63,745,906	\$4,853,986	0	37,869	5,180	43,049

UNITED CONCORDIA DENTAL PLANS OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52020							
Dental	\$3,073	\$1,613	\$0	8	9	13	22
TOTAL	\$3,073	\$1,613	\$0	8	9	13	22

UNITED CONCORDIA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85766							
Dental	\$26,820,325	\$22,331,272	\$0	303	47,173	54,035	101,208
TOTAL	\$26,820,325	\$22,331,272	\$0	303	47,173	54,035	101,208

UNITED HOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69922							
Limited Benefit	\$326	\$0	\$0	0	2	0	2
TOTAL	\$326	\$0	\$0	0	2	0	2

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UNITED INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69930							
Accidental Death & Dismemberment	\$600,593	\$66,288	\$28,960	0	7,679	6,143	13,822
Disability Income	\$141,656	\$52,517	\$0	0	1,248	0	1,248
Hospital Indemnity	\$442,307	\$148,881	\$0	0	4,119	3,296	7,415
Limited Benefit	\$383,795	\$135,976	\$53,010	0	2,416	1,933	4,349
TOTAL	\$1,568,351	\$403,662	\$81,970	0	15,462	11,372	26,834

UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69973							
Disability Income	\$1,183	\$0	\$0	0	0	0	0
TOTAL	\$1,183	\$0	\$0	0	0	0	0

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UNITED OF OMAHA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69868							
Out-of-State 51+ Member Groups	(\$23,930)	\$32,756	\$0	0	0	0	0
Administrative Services Only (ASO)	\$31,716	\$0	\$668	0	0	0	0
Accident Only	\$21,621	\$44,589	\$1,044	4	13,212	0	13,212
Accidental Death & Dismemberment	\$1,002,115	\$1,117,723	\$248,129	725	64,770	10,339	75,109
Dental	(\$1,686)	(\$117)	\$0	0	0	0	0
Disability Income	\$14,393,575	\$10,809,196	\$4,014,496	868	64,538	0	64,538
Excess/Stop Loss	\$725,386	\$1,836,042	\$530,420	20	522	639	1,161
Hospital Indemnity	\$73,379	\$118,678	\$0	0	53	0	53
Limited Benefit	\$2,233	\$4,660	\$0	0	3	0	3
Long Term Care	\$92,268	\$1,309	\$76,572	0	70	0	70
Medicare Supplement	\$137,471	\$93,930	\$6,492	0	175	0	175
Vision	(\$178)	\$151	\$0	0	0	0	0
TOTAL	\$16,453,970	\$14,058,917	\$4,877,821	1,617	143,343	10,978	154,321

UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
42129							
Hospital Indemnity	\$40,200	\$10,685	\$20,848	0	16	0	16
Long Term Care	\$2,592,265	\$821,101	\$850,825	0	1,072	0	1,072
Short Term Care	\$273,726	\$77,040	\$38,327	0	284	0	284
TOTAL	\$2,906,191	\$908,826	\$910,000	0	1,372	0	1,372

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List of Companies and all Health Business

UNITED STATES FIRE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21113							
Accident Only	\$28,665	\$22,979	\$28,665	6	187	0	187
Blanket Accident/Sickness	\$501,540	\$255,892	\$501,540	20	1,000	0	1,000
Dental	\$56,345	\$36,395	\$56,345	1	87	0	87
Excess/Stop Loss	\$1,531,410	\$1,730,432	\$1,531,410	5	2,165	0	2,165
Hospital Indemnity	\$611,769	\$241,546	\$611,769	5	869	0	869
Short Term Care	\$78,308	\$45,458	\$78,308	24	24	0	24
Prescription Drug	\$39,980	(\$4,499)	\$39,980	2	133	0	133
Student	\$276,138	\$259,473	\$276,138	4	138	0	138
Travel	\$0	\$568,391	\$0	0	0	0	0
TOTAL	\$3,124,155	\$3,156,067	\$3,124,155	67	4,603	0	4,603

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70106							
Accidental Death & Dismemberment	\$1,692,120	\$882,348	\$423,030	278	14,748	18,435	33,183
Dental	\$1,204,275	\$430,714	\$301,069	111	3,718	4,647	8,365
Disability Income	\$4,006,138	\$3,522,050	\$1,001,691	165	10,610	13,262	23,872
Excess/Stop Loss	\$7,069,841	\$5,023,470	\$1,762,230	5	12,354	18,506	30,860
Hospital Indemnity	\$571,907	\$602,806	\$142,977	2	2,986	3,732	6,718
TOTAL	\$14,544,281	\$10,461,388	\$3,630,997	561	44,416	58,582	102,998

CY2009 Accident and Health Report of Gross Annual Premium and Enrollment

List of Companies and all Health Business

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63479							
Individually Underwritten	\$139,446	\$262,083	\$0	0	136	25	161
Accident Only	\$478	\$0	\$102	0	6	0	6
Dental	\$2,592	\$0	\$0	0	1	0	1
Disability Income	\$195,028	\$536,930	\$0	0	526	1	527
Hospital Indemnity	\$8,525	\$43,512	\$0	0	42	1	43
Limited Benefit	\$199,415	\$466,401	\$2,090	0	809	343	1,152
Long Term Care	\$57,175	\$38,973	\$0	0	58	0	58
Medicare Supplement	\$7,835,351	\$9,279,585	\$1,485	0	3,588	0	3,588
TOTAL	\$8,438,010	\$10,627,484	\$3,677	0	5,166	370	5,536

UNITED WORLD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
72850							
Accident Only	\$53	\$0	\$0	0	1	0	1
Medicare Supplement	\$19,766,633	\$13,875,050	\$70,324	0	7,721	0	7,721
TOTAL	\$19,766,686	\$13,875,050	\$70,324	0	7,722	0	7,722

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UNITEDHEALTHCARE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79413							
Self-Employed or Sole Proprietor	\$55,065,410	\$61,740,089	\$1,039,229	7,342	7,342	0	7,342
2 - 5 Member Groups	\$341,985,868	\$283,020,582	\$6,551,047	19,336	55,786	38,363	94,149
6 - 50 Member Groups	\$851,700,064	\$636,979,748	\$24,322,221	12,672	187,157	121,736	308,893
51+ Member Groups	\$954,591,672	\$944,277,795	\$94,859,724	2,652	177,080	101,736	278,816
Conversion	\$6,408,660	\$5,460,178	\$0	0	1,316	435	1,751
Dental	\$55,792,805	\$40,593,873	\$5,236,987	7,326	140,439	117,447	257,886
Disability Income	\$3,056,692	\$1,825,285	\$0	350	14,957	0	14,957
Excess/Stop Loss	\$1,363,801	\$990,780	\$48,774	6	24,265	30,477	54,742
Medicare Supplement	\$581,493,947	\$491,871,968	\$59,573,167	1	280,813	0	280,813
Student	\$22,872,666	\$13,360,978	\$1,622,336	49	15,543	0	15,543
Vision	\$22,841,368	\$12,069,123	\$1,836,936	14,658	134,274	568,059	702,333
TOTAL	\$2,897,172,953	\$2,492,190,399	\$195,090,421	64,392	1,038,972	978,253	2,017,225

UNITEDHEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95264							
2 - 5 Member Groups	\$11,307,514	\$8,114,072	\$71,940	343	428	636	1,064
6 - 50 Member Groups	\$10,969,017	\$7,871,172	\$5,989	43	492	550	1,042
51+ Member Groups	\$622,904,743	\$559,002,084	\$7,765,691	161	50,334	74,125	124,459
Conversion	\$9,235,890	\$12,003,038	\$0	0	879	0	879
TOTAL	\$654,417,164	\$586,990,366	\$7,843,620	547	52,133	75,311	127,444

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UNIVERSAL HEALTH CARE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11574							
Individually Underwritten	\$8,491	\$12,628	\$0	0	2	0	2
TOTAL	\$8,491	\$12,628	\$0	0	2	0	2

UNUM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62235							
Accidental Death & Dismemberment	\$3,492,140	\$1,628,211	\$0	1,355	107,464	65,865	173,329
Disability Income	\$106,461,052	\$112,705,628	\$3,279,911	2,458	175,503	101,856	277,359
Limited Benefit	\$141,892	\$21,367	\$0	142	2,870	1,744	4,614
Long Term Care	\$26,166,522	\$12,487,096	\$0	360	28,304	13,848	42,152
TOTAL	\$136,261,606	\$126,842,302	\$3,279,911	4,315	314,141	183,313	497,454

USAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69663							
Accident Only	\$12,443	\$0	\$0	1	73	0	73
Disability Income	\$407,805	\$263,157	\$0	0	364	0	364
Hospital Indemnity	\$29,489	\$15,395	\$0	0	51	0	51
Medicare Supplement	\$14,850,909	\$12,499,829	\$829,319	0	7,437	0	7,437
TOTAL	\$15,300,646	\$12,778,381	\$829,319	1	7,925	0	7,925

VISION SERVICE PLAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
32395							
Vision	\$30,349,806	\$25,535,145	\$1,402,805	460	886,031	483,625	1,369,656
TOTAL	\$30,349,806	\$25,535,145	\$1,402,805	460	886,031	483,625	1,369,656

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WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70319							
Individually Underwritten	\$117,572	\$669,642	\$0	0	59	1	60
Accident Only	\$241,136	\$515,042	\$0	1	10,934	815	11,749
Disability Income	\$21,039	\$126,703	\$0	0	45	0	45
Hospital Indemnity	\$129,706	\$762,420	\$0	4	446	174	620
Limited Benefit	\$61,557	\$342,575	\$0	2	380	56	436
Long Term Care	\$5,769,855	\$16,610,567	\$0	11	3,405	0	3,405
Medicare Supplement	\$6,131,187	\$5,873,677	\$0	0	2,460	0	2,460
Champus/Tricare Supplement	\$103,750	\$130,597	\$0	2	115	119	234
TOTAL	\$12,575,802	\$25,031,223	\$0	20	17,844	1,165	19,009

WEST COAST LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70335							
Limited Benefit	\$200	\$0	\$0	0	2	0	2
Long Term Care	(\$20,446)	\$0	\$0	0	6	0	6
TOTAL	(\$20,246)	\$0	\$0	0	8	0	8

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70483							
Accident Only	\$178,243	\$25,000	\$0	0	3,573	1,771	5,344
Limited Benefit	\$2,426,088	\$2,528,934	\$0	0	3,870	1,560	5,430
TOTAL	\$2,604,331	\$2,553,934	\$0	0	7,443	3,331	10,774

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WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91413							
Excess/Stop Loss	\$134,350	\$57,577	\$134,350	3	216	281	497
TOTAL	\$134,350	\$57,577	\$134,350	3	216	281	497

WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66230							
Guarantee Issue	\$2,189	\$10,123	\$0	0	16	0	16
TOTAL	\$2,189	\$10,123	\$0	0	16	0	16

WILTON REASSURANCE LIFE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60704							
Accident Only	\$90	\$0	\$0	1	1	0	1
Accidental Death & Dismemberment	\$165	\$0	\$0	2	2	1	3
Hospital Indemnity	\$924	\$0	\$0	6	6	0	6
Travel	\$5,766	\$0	\$0	10	10	0	10
TOTAL	\$6,945	\$0	\$0	19	19	1	20

WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

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

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WORLD CORP INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79987							
Individually Underwritten	\$234	\$0	\$0	0	2	0	2
Medicare Supplement	\$5,299	\$5,992	\$0	0	4	0	4
TOTAL	\$5,533	\$5,992	\$0	0	6	0	6

WORLD INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70629							
Individually Underwritten	\$1,113,657	\$1,231,678	\$0	0	131	93	224
Short Term Major Medical	\$6,186	\$0	\$0	0	3	0	3
Out-of-State Individually Underwritten	\$3,868,815	\$1,911,978	\$1,007,472	1	886	304	1,190
Dental	\$35,784	\$20,911	\$0	0	65	0	65
Hospital Indemnity	\$5,139	\$4,888	\$0	0	59	12	71
Limited Benefit	\$101	\$0	\$0	0	15	4	19
Medicare Supplement	\$845,141	\$920,081	\$0	0	333	14	347
TOTAL	\$5,874,823	\$4,089,536	\$1,007,472	1	1,492	427	1,919

ZURICH AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16535							
Accident Only	\$3,067,044	\$997,925	\$140,488	2,843	2,843	0	2,843
Accidental Death & Dismemberment	\$1,129,159	\$1,374,864	\$157,354	128,555	128,555	0	128,555
Disability Income	\$134,927	\$39,196	\$54,009	2,346	2,346	0	2,346
Excess/Stop Loss	\$2,585,896	\$1,883,821	\$1,451,097	3,692	12,123	0	12,123
TOTAL	\$6,917,026	\$4,295,806	\$1,802,948	137,436	145,867	0	145,867

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NAIC Company Code

1	ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
2	ACE INSURANCE COMPANY OF THE MIDWEST	26417
3	ACE LIFE INSURANCE COMPANY	60348
4	ADVANTA LIFE INSURANCE COMPANY	80055
5	AETNA HEALTH INSURANCE COMPANY	72052
6	AETNA INSURANCE COMPANY OF CONNECTICUT	36153
7	AGL LIFE ASSURANCE COMPANY	60232
8	AHF MCO OF FLORIDA, INC.	12973
9	ALL SAVERS INSURANCE COMPANY	82406
10	ALLSTATE INSURANCE COMPANY	19232
11	AMERICAN AUTOMOBILE INSURANCE COMPANY	21849
12	AMERICAN CAPITOL INSURANCE COMPANY	60291
13	AMERICAN COMMERCE INSURANCE COMPANY	19941
14	AMERICAN CREDITORS LIFE INSURANCE COMPANY	94439
15	AMERICAN FAMILY HOME INSURANCE COMPANY	23450
16	AMERICAN FIDELITY LIFE INSURANCE COMPANY	60429
17	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
18	AMERICAN INSURANCE COMPANY (THE)	21857
19	AMERICAN MATURITY LIFE INSURANCE COMPANY	81213
20	AMERICAN MODERN HOME INSURANCE COMPANY	23469
21	AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY	91785
22	AMERICAN RELIABLE INSURANCE COMPANY	19615
23	AMERICAN RETIREMENT LIFE INSURANCE COMPANY	88366
24	AMERICAN SECURITY INSURANCE COMPANY	42978
25	AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
26	AMERICAN SOUTHERN INSURANCE COMPANY	10235
27	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
28	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY	61999
29	AMERIGROUP FLORIDA, INC.	95093
30	ARCH INSURANCE COMPANY	11150
31	ASSOCIATED INDEMNITY CORPORATION	21865
32	ATHENA ASSURANCE COMPANY	41769
33	ATLANTIC COAST LIFE INSURANCE COMPANY	61115
34	AURORA NATIONAL LIFE ASSURANCE COMPANY	61182
35	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT	19062
36	AVEMCO INSURANCE COMPANY	10367
37	AXIS INSURANCE COMPANY	37273

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NAIC Company Code

38	AXIS REINSURANCE COMPANY	20370
39	BALBOA INSURANCE COMPANY	24813
40	BANKERS STANDARD INSURANCE COMPANY	18279
41	BAPTIST LIFE ASSOCIATION	57223
42	BEAZLEY INSURANCE COMPANY, INC.	37540
43	BERKLEY INSURANCE COMPANY	32603
44	BEST MERIDIAN INSURANCE COMPANY	63886
45	BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
46	BUPA INSURANCE COMPANY	81647
47	BUPA INSURANCE LIMITED COMPANY	13596
48	C.P.A. INSURANCE COMPANY	30082
49	CARDIF PROPERTY AND CASUALTY INSURANCE COMPANY	21075
50	CAREPLUS HEALTH PLANS, INC.	95092
51	CAROLINA CASUALTY INSURANCE COMPANY	10510
52	CATHOLIC ASSOCIATION OF FORESTERS	58130
53	CATHOLIC HOLY FAMILY SOCIETY	57770
54	CENTRE INSURANCE COMPANY	34649
55	CHARTER NATIONAL LIFE INSURANCE COMPANY	61808
56	CHARTIS PROPERTY CASUALTY COMPANY	19402
57	CHEROKEE INSURANCE COMPANY	10642
58	CHURCH LIFE INSURANCE CORPORATION	61875
59	CINCINNATI INDEMNITY COMPANY	23280
60	CLARENDON SELECT INSURANCE COMPANY	22560
61	COLONIAL AMERICAN LIFE INSURANCE COMPANY	73326
62	CONGRESS LIFE INSURANCE COMPANY	73504
63	CONTINENTAL INSURANCE COMPANY	35289
64	COTTON STATES LIFE INSURANCE COMPANY	62537
65	COVENTRY SUMMIT HEALTH PLAN, INC.	10771
66	CSI LIFE INSURANCE COMPANY	82880
67	CUMIS INSURANCE SOCIETY, INC.	10847
68	DAILY UNDERWRITERS OF AMERICA	35483
69	DENTEGRA INSURANCE COMPANY	73474
70	DIRECT GENERAL INSURANCE COMPANY	42781
71	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY	36463
72	EASTERN LIFE AND HEALTH INSURANCE COMPANY	62804
73	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA	62790
74	EMPIRE FIRE AND MARINE INSURANCE COMPANY	21326

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NAIC Company Code

75	EMPLOYEES LIFE COMPANY (MUTUAL)	84174
76	EMPLOYER CHOICE INSURANCE COMPANY, INC.	13663
77	EMPLOYERS FIRE INSURANCE COMPANY	20648
78	EMPLOYERS INSURANCE COMPANY OF WAUSAU	21458
79	EMPLOYERS REASSURANCE CORPORATION	68276
80	ENVISION INSURANCE COMPANY	12747
81	EPIC LIFE INSURANCE COMPANY	64149
82	EVEREST REINSURANCE COMPANY	26921
83	FAIRMONT PREMIER INSURANCE COMPANY	25518
84	FAIRMONT SPECIALTY INSURANCE COMPANY	24384
85	FAMILY LIFE INSURANCE COMPANY	63053
86	FEDERATED MUTUAL INSURANCE COMPANY	13935
87	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC.	25879
88	FIREMAN'S FUND INSURANCE COMPANY	21873
89	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
90	FIRST LIBERTY INSURANCE CORPORATION (THE)	33588
91	FIRST MEDICAL HEALTH PLAN OF FLORIDA, INC.	12985
92	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	67652
93	FLORIDA HEALTH PARTNERS, INC.	
94	FREEDOM HEALTH, INC.	10119
95	GENERAL FIDELITY INSURANCE COMPANY	30007
96	GENERAL FIDELITY LIFE INSURANCE COMPANY	93521
97	GRAMERCY INSURANCE COMPANY	43265
98	GRANITE STATE INSURANCE COMPANY	23809
99	GREAT DIVIDE INSURANCE COMPANY	25224
100	GUARANTEE INSURANCE COMPANY	11398
101	GUIDEONE MUTUAL INSURANCE COMPANY	15032
102	HARLEYSVILLE-ATLANTIC INSURANCE COMPANY	13382
103	HARTFORD ACCIDENT AND INDEMNITY COMPANY	22357
104	HARTFORD CASUALTY INSURANCE COMPANY	29424
105	HARTFORD UNDERWRITERS INSURANCE COMPANY	30104
106	HEALTHSEASE OF FLORIDA, INC.	52631
107	HEALTHMARKETS INSURANCE COMPANY	92908
108	HEALTHSPRING OF FLORIDA, INC	11532
109	HEALTHSUN HEALTH PLANS, INC.	10122
110	HEALTHY PALM BEACHES, INC.	95827
111	HEARTLAND NATIONAL LIFE INSURANCE COMPANY	66214

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NAIC Company Code

112	HORACE MANN INSURANCE COMPANY	22578
113	HUMANA ADVANTAGECARE PLAN, INC.	10126
114	IDS PROPERTY CASUALTY INSURANCE COMPANY	29068
115	INDEPENDENCE LIFE AND ANNUITY COMPANY	64602
116	INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT	81779
117	INSURANCE COMPANY OF THE WEST	27847
118	INTEGRITY LIFE INSURANCE COMPANY	74780
119	INVESTORS INSURANCE CORPORATION	64939
120	JOHN DEERE INSURANCE COMPANY	36781
121	LIBERTY BANKERS LIFE INSURANCE COMPANY	68543
122	LM INSURANCE CORPORATION	33600
123	LONGEVITY INSURANCE COMPANY	68446
124	LYNDON SOUTHERN INSURANCE COMPANY	10051
125	MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.	
126	MARKEL AMERICAN INSURANCE COMPANY	28932
127	MARYLAND CASUALTY COMPANY	19356
128	MAX AMERICA INSURANCE COMPANY	21296
129	MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
130	MEMBERS HEALTH INSURANCE COMPANY	94587
131	METLIFE INVESTORS INSURANCE COMPANY	93513
132	METLIFE INVESTORS USA INSURANCE COMPANY	61050
133	MML BAY STATE LIFE INSURANCE COMPANY	70416
134	MOLINA HEALTHCARE INSURANCE COMPANY	69647
135	MOLINA HEALTHCARE OF FLORIDA, INC.	13128
136	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
137	NATIONAL INDEMNITY COMPANY	20087
138	NATIONAL SECURITY INSURANCE COMPANY	66788
139	NATIONAL SPECIALTY INSURANCE COMPANY	22608
140	NATIONAL SURETY CORPORATION	21881
141	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
142	NATIONWIDE MUTUAL INSURANCE COMPANY	23787
143	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	69698
144	NEW HAMPSHIRE INSURANCE COMPANY	23841
145	NORTH AMERICAN SPECIALTY INSURANCE COMPANY	29874
146	NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY	67032
147	NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.	
148	NORTH RIVER INSURANCE COMPANY	21105

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NAIC Company Code

149	NORTH STAR REINSURANCE CORPORATION	22047
150	NORTHERN ASSURANCE COMPANY OF AMERICA	38369
151	NORTHERN INSURANCE COMPANY OF NEW YORK	19372
152	NYLIFE INSURANCE COMPANY OF ARIZONA	81353
153	OHIO CASUALTY INSURANCE COMPANY	24074
154	ONENATION INSURANCE COMPANY	85286
155	OPTIMUM HEALTHCARE, INC.	12259
156	PACIFIC INDEMNITY COMPANY	20346
157	PACIFIC LIFE INSURANCE COMPANY	67466
158	PARIS RE AMERICA INSURANCE COMPANY	11835
159	PARK AVENUE LIFE INSURANCE COMPANY	60003
160	PARKER CENTENNIAL ASSURANCE COMPANY	71099
161	PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY	67601
162	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.	12262
163	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO	14990
164	PHILADELPHIA-UNITED LIFE INSURANCE COMPANY	67792
165	PHOENIX LIFE AND ANNUITY COMPANY	93734
166	PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.	13159
167	PHYSICIANS UNITED PLAN, INC.	10775
168	PIONEER AMERICAN INSURANCE COMPANY	67873
169	PREFERRED CARE PARTNERS, INC.	11176
170	PREMIER ACCESS INSURANCE COMPANY	60237
171	PROTECTIVE INSURANCE COMPANY	12416
172	PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION	86630
173	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	93629
174	QBE REINSURANCE CORPORATION	10219
175	QUALITY HEALTH PLANS, INC.	11519
176	R.V.I. NATIONAL INSURANCE COMPANY	23132
177	REGENT INSURANCE COMPANY	24449
178	RESOURCE LIFE INSURANCE COMPANY	61506
179	RIVERPORT INSURANCE COMPANY	36684
180	RLI INSURANCE COMPANY	13056
181	SCOR GLOBAL LIFE U.S. RE INSURANCE COMPANY	64688
182	SEABRIGHT INSURANCE COMPANY	15563
183	SECURITY BENEFIT LIFE INSURANCE COMPANY	68675
184	SEECCHANGE HEALTH INSURANCE COMPANY	63541
185	SENTRY CASUALTY COMPANY	28460

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NAIC Company Code

186	SENTRY SELECT INSURANCE COMPANY	21180
187	SILVERSCRIPT INSURANCE COMPANY	12575
188	SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
189	SOUTHLAND NATIONAL INSURANCE CORPORATION	79057
190	SPARTA INSURANCE COMPANY	20613
191	ST. PAUL FIRE & MARINE INSURANCE COMPANY	24767
192	ST. PAUL MERCURY INSURANCE COMPANY	24791
193	STANDARD FIRE INSURANCE COMPANY	19070
194	STAR INSURANCE COMPANY	18023
195	SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY	60941
196	SUNSET LIFE INSURANCE COMPANY OF AMERICA	69272
197	SUNSHINE STATE HEALTH PLAN, INC.	13148
198	SWISS RE LIFE & HEALTH AMERICA INC.	82627
199	TRANSPORTATION INSURANCE COMPANY	20494
200	TRAVELERS CASUALTY AND SURETY COMPANY	19038
201	TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170
202	TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
203	TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
204	TRAVELERS INDEMNITY COMPANY OF CONNECTICUT	25682
205	U.S. FINANCIAL LIFE INSURANCE COMPANY	84530
206	UBS LIFE INSURANCE COMPANY USA	67423
207	ULLICO LIFE INSURANCE COMPANY	86371
208	UNION NATIONAL LIFE INSURANCE COMPANY	69779
209	UNITED INVESTORS LIFE INSURANCE COMPANY	94099
210	UNITED NATIONAL SPECIALTY INSURANCE COMPANY	41335
211	UNITED STATES FIDELITY AND GUARANTY COMPANY	25887
212	UNITY FINANCIAL LIFE INSURANCE COMPANY	63819
213	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	12577
214	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY	70173
215	USAA DIRECT LIFE INSURANCE COMPANY	72613
216	USABLE LIFE	94358
217	VALIANT INSURANCE COMPANY	26611
218	VALLEY FORGE INSURANCE COMPANY	20508
219	VIGILANT INSURANCE COMPANY	20397
220	VIRGINIA SURETY COMPANY, INC.	40827
221	WAUSAU UNDERWRITERS INSURANCE COMPANY	26042
222	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	83445

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Carriers Reporting No Activity*

NAIC Company Code

223	WELLCARE OF FLORIDA, INC.	95081
224	WELLCARE PRESCRIPTION INSURANCE, INC.	10155
225	WESCO INSURANCE COMPANY	25011
226	WESTCHESTER FIRE INSURANCE COMPANY	21121
227	WESTERN NATIONAL LIFE INSURANCE COMPANY	70432
228	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY	92622
229	WESTPORT INSURANCE CORPORATION	39845
230	WESTWARD LIFE INSURANCE COMPANY	78301
231	ZALE LIFE INSURANCE COMPANY	71323
232	ZENITH INSURANCE COMPANY	13269

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

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

Data Collection and Statistical Reporting Unit

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

Required Filers and General Reporting Definitions

Section 627.9175, F.S., reads, in part, "Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state."

This includes the following Florida Certification of Authority Categories:

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

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

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

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

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

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

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

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

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

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

Row Definitions:

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p>Major Medical - A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. In Florida this means insurance that is designed to cover expenses of serious illness, chronic care (excluding long-term care) and/or hospitalization. The term does NOT include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, prepaid products, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which do not duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance. Please note that short-term major medical coverages are to be reported on Line 16.</p> <p>Hospital/Surgical/Medical Expense - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.</p> <p>These definitions include the following subcategories:</p> <ul style="list-style-type: none"> • <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i> • <i>Individually Underwritten</i> • <i>Self-Employed or Sole Proprietor (FS 627.6699)</i> • <i>2 - 5 Member Groups (FS 627.6699)</i> • <i>6 - 50 Member Groups (FS 627.6699)</i> • <i>51+ Member Groups</i> 	<p>H16G H16I H15G H15I</p>
<p>Short Term Major Medical - A major medical policy or plan designed to provide coverage during a "gap" in coverage. Short term policies generally have pre-existing condition exclusions and are not renewable.</p>	<p>H16G.004 H16I.004</p>
<p>Conversion - Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.</p>	<p>H06</p>
<p>Other Prepaid Health Services not listed below: Pursuant to Section 636.003(5), F.S., "Limited health service" also includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services. "Limited health service" does not include inpatient, hospital surgical services, or emergency services except as such services are provided incident to the limited health services.</p>	
<p>Discount Medical Plan - Pursuant to Section 636.202(1), FS, is a business arrangement or contract in which a person, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. The term "discount medical plan" does not include any product regulated under chapter 627, chapter 641, or part 1 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 report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only")</p>	
<p>Accident Only - An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.</p>	<p>H02G H02I</p>
<p>Accidental Death & Dismemberment - An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.</p>	<p>H03G H03I</p>
<p>Blanket Accident/Sickness - A health insurance contract that covers all of a class of persons not individually identified in the contract.</p>	<p>H04</p>
<p>Dental - Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.</p>	<p>H10G H10I</p>

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<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 H11I</p>
<p>Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) - This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount. As defined in Section 627.6482 (14), F.S., "Stop-loss coverage" means an arrangement whereby a self-insurance plan insures against the risk that any one claim will exceed a specific dollar amount or that an entire self-insurance plan's losses will exceed a specific amount.</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 H14I</p>
<p>Limited Benefit (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & 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 H07I H08G H08I H09G 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 LTC02I LTC03G LTC03I LTC04G LTC04I LTC05G LTC05I LTC05.1G LTC05.1I LTC05.2G LTC05.2I LTC06</p>
<p>Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.</p>	<p>H13G H13I</p>

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 MS02I MS03G MS03I MS04G MS04I MS05G MS05I 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 H17I
Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.	H18G 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 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 H20I
Other - NOT to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business, credit (group and individual), or credit A&H (group and individual)	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>TOTAL DIRECT PREMIUMS EARNED</p>	<p>Requested data is your company’s direct premium earned from January 01 through December 31, inclusive, for the calendar reporting year. Provide only earned premium specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>DIRECT LOSSES INCURRED</p>	<p>Requested data is your company’s direct losses incurred from January 01 through December 31, inclusive, for the calendar reporting year. Provide only losses specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED</p>	<p>This is an auto-calculation field. It divides [DIRECT LOSSES INCURRED] by [TOTAL DIRECT PREMIUMS EARNED].</p>
<p>WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?</p>	<p>This cell is used to indicate whether or not your company is conducting active insurance transaction in the associated coverage in each row.</p> <p>Section 624.10, FS, defines an insurance transaction as:</p> <ul style="list-style-type: none"> • Solicitation or inducement. • Preliminary negotiations. • Effectuation of a contract of insurance. • Transaction of matters subsequent to effectuation of a contract of insurance and arising out of it. <p>Responding “YES” means active transactions did occur during the calendar reporting year.</p> <p>Responding “NO” means no active transaction occurred during the calendar reporting year.</p>
<p>DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</p>	<p>Requested data is your company’s direct premium earned for new business only from January 01 through December 31, inclusive, for the calendar reporting year. Provide earned premium specific to covered Florida residents.</p> <p>The data contained in this cell should be included in the total reported for “TOTAL DIRECT PREMIUMS EARNED (E).”</p> <p>This cell should contain a whole number or zero.</p> <p>If the coverage associated with this cell was actively transacted during the calendar reporting year, this cell should be entered as a whole number or zero. Otherwise, please enter zero.</p>
<p>PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS</p>	<p>This is an auto-calculation field. It divides [DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY] by [TOTAL DIRECT PREMIUMS EARNED]. Then multiplies the result by 100 to convert it to a percentage.</p>
<p>EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY</p>	<p>For all group categories, provide the number of employers who covered Florida resident employees, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>

PRIMARY ENROLLEES AT END OF REPORTING CY	<p>Provide the total number of resident individual policyholders or resident group employee/member certificateholders, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>
COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY	<p>Provide the total number of individuals who are covered by the primary insured's plan and who receive coverage due to his/her dependent relationship to the primary insured, as of December 31 for the calendar reporting year</p> <p>This cell should contain a positive, whole number or zero.</p>
COVERED LIVES AT END OF REPORTING CY	<p>This is an auto-calculation field. It adds [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AT END OF REPORTING CY]</p>
AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	<p>Provide a simple average ([the total number of days from the date of receipt to the date of payment for each claim received] divided by [the total of number of claims received]). The data provided should specific to covered Florida residents and only include claims where there is a date of payment between January 01 through December 31, inclusive, for the calendar reporting year.</p> <p style="padding-left: 40px;">Where claim is defined by Section 627.6131(2) and 641.3155(1), F.S. Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S. Where date of payment is defined by Section 627.6131(7) and 641.3155 (6), F.S</p> <p>This cell should contain a positive, whole number or zero.</p>

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

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

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

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

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

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

Data Submission Validation Process

Computerized Validations:

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

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

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

AnnualA&HReporting_1094-1386@fldfs.com

Reviewer Validations:

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

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

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

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

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

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