

CY2010
Accident and Health Markets
Gross Annual Premium and Enrollment



Florida Office of Insurance Regulation
Market Research Unit

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

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CY2010 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	\$251,229,825	\$223,451,190	\$31,511,701	0	66,691	32,132	98,823
Individually Underwritten	\$1,178,297,500	\$703,685,470	\$228,715,838	0	362,844	150,188	513,032
Self-Employed or Sole Proprietor	\$142,982,457	\$134,153,792	\$4,154,208	14,449	14,449	5,163	19,612
2 - 5 Member Groups	\$1,014,485,469	\$752,984,214	\$61,490,903	49,801	135,874	93,183	229,057
6 - 50 Member Groups	\$2,412,667,243	\$1,682,718,182	\$226,316,145	51,870	378,710	237,334	616,044
51+ Member Groups	\$7,818,144,860	\$6,582,417,652	\$585,559,843	13,110	1,082,554	829,400	1,911,954
Short Term Major Medical	\$21,472,481	\$16,261,764	\$13,509,312	10	9,335	2,593	11,928
Conversion	\$186,778,762	\$244,326,684	\$24,665,088	0	38,846	17,010	55,856
Out-of-State Guarantee Issue	\$17,727,569	\$20,840,075	\$3,624,429	0	1,727	240	1,967
Out-of-State Individually Underwritten	\$470,538,036	\$272,315,304	\$87,981,934	4,030	105,789	69,253	175,042
Out-of-State Self-Employed or Sole Proprietor	\$523,454	\$451,282	\$115,003	64	64	70	134
Out-of-State 2 - 5 Member Groups	\$2,372,997	\$2,894,936	\$700,871	266	340	311	651
Out-of-State 6 - 50 Member Groups	\$18,626,721	\$24,247,764	\$4,967,280	634	3,633	2,608	6,241
Out-of-State 51+ Member Groups	\$225,207,074	\$194,057,659	\$12,939,031	4,479	42,660	39,557	82,217
Out-of-State Short Term Major Medical	\$6,841,408	\$1,979,960	\$5,161,089	708	4,302	1,426	5,728
Out-of-State Conversion	\$30,401	\$145,196	\$0	0	6	0	6

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$5,722,438	\$3,494,651	\$493,526	38	56,254	26,186	82,440
Discount Medical Plan	\$75,082	\$0	\$39,326	7	13,284	415	13,699
Accident Only	\$228,534,232	\$107,142,093	\$50,306,286	3,336	3,562,152	493,652	4,055,804
Accidental Death & Dismemberment	\$128,185,522	\$50,309,748	\$11,567,491	12,184	5,937,001	2,605,613	8,542,614
Blanket Accident/Sickness	\$6,024,780	\$3,919,896	\$1,761,684	1,836	137,675	111,131	248,806
Dental	\$961,811,576	\$747,111,681	\$92,505,099	36,559	2,698,369	2,705,000	5,402,976
Disability Income	\$1,121,184,357	\$1,194,357,310	\$125,181,482	32,944	3,416,966	34,778	3,451,744
Excess/Stop Loss	\$300,821,442	\$220,143,320	\$47,930,066	1,851	609,943	529,153	1,139,096
Hospital Indemnity	\$145,931,657	\$90,542,124	\$38,534,933	1,018	355,548	166,179	521,727
Limited Benefit	\$262,464,498	\$167,622,915	\$46,817,811	7,171	666,583	454,948	1,121,531
Long Term Care	\$628,030,634	\$601,758,917	\$26,406,945	4,647	349,239	43,052	392,291
Short Term Care	\$611,458	\$633,738	\$27,144	0	910	19	929
Medicare Supplement	\$1,524,237,321	\$1,202,661,633	\$111,137,626	144	644,455	1,794	646,249
Champus/Tricare Supplement	\$10,911,646	\$7,827,282	\$1,496,921	2	20,798	1,020	21,818
Prescription Drug	\$1,912,618	\$1,292,117	\$266,700	53	4,488	1,538	6,026
Sickness	\$473,068	\$484,164	\$117,653	0	2,784	1,785	4,569
Student	\$42,068,322	\$36,733,724	\$2,865,090	203	53,283	143	53,426
Travel	\$7,133,823	\$3,836,434	\$364,207	390	738,447	82,425	820,872
Vision	\$149,461,560	\$104,411,049	\$19,998,641	31,234	2,546,853	1,435,495	3,934,914

CY2010 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	\$3,672,527,495	1,009,780	26.67%
2	UNITEDHEALTHCARE INSURANCE COMPANY	79413	\$2,167,577,734	517,214	15.74%
3	AETNA HEALTH INC.	95088	\$1,607,962,030	360,870	11.68%
4	AVMED, INC.	95263	\$898,159,745	217,945	6.52%
5	HUMANA MEDICAL PLAN, INC.	95270	\$733,396,859	169,364	5.33%
6	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	62308	\$683,724,204	327,775	4.97%
7	COVENTRY HEALTH CARE OF FLORIDA, INC.	95114	\$621,598,938	152,930	4.51%
8	UNITEDHEALTHCARE OF FLORIDA, INC.	95264	\$495,178,435	133,669	3.60%
9	CAPITAL HEALTH PLAN, INC.	95112	\$457,489,468	100,526	3.32%
10	NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	95123	\$390,091,814	95,780	2.83%
11	GOLDEN RULE INSURANCE COMPANY	62286	\$318,726,319	121,772	2.31%
12	HEALTH OPTIONS, INC.	95089	\$292,792,851	66,504	2.13%
13	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	69671	\$258,540,011	88,852	1.88%
14	AETNA LIFE INSURANCE COMPANY	60054	\$230,142,165	80,885	1.67%
15	FLORIDA HEALTH CARE PLAN, INC.	13567	\$146,612,851	30,283	1.06%
16	HEALTH FIRST HEALTH PLANS, INC.	95019	\$107,876,806	25,015	0.78%
17	COVENTRY HEALTH PLAN OF FLORIDA, INC.	95266	\$84,586,373	25,985	0.61%
18	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	\$81,123,747	20,766	0.59%
19	TIME INSURANCE COMPANY	69477	\$64,425,112	21,013	0.47%
20	PREFERRED MEDICAL PLAN, INC.	95271	\$62,653,807	26,043	0.46%
21	THE PUBLIC HEALTH TRUST OF DADE COUNTY	95126	\$57,642,161	10,476	0.42%
22	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	81973	\$36,800,956	12,375	0.27%
23	QCC INSURANCE COMPANY	93688	\$36,222,610	6,664	0.26%
24	MEGA LIFE & HEALTH INSURANCE COMPANY	97055	\$22,705,182	5,566	0.16%
25	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	25178	\$21,540,131	5,151	0.16%
26	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	66087	\$20,120,490	6,088	0.15%
27	AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY	97179	\$19,551,195	3,833	0.14%
28	UNITED AMERICAN INSURANCE COMPANY	92916	\$18,578,164	10,922	0.13%
29	TOTAL HEALTH CHOICE, INC.	95134	\$17,302,413	1,863	0.13%
30	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	\$15,956,182	7,218	0.12%
31	AVAHEALTH, INC.	12316	\$14,501,591	3,094	0.11%
32	CIGNA HEALTHCARE OF FLORIDA, INC.	95136	\$12,528,345	2,622	0.09%
33	CELTIC INSURANCE COMPANY	80799	\$9,727,389	1,841	0.07%
34	NEW YORK LIFE INSURANCE COMPANY	66915	\$9,294,194	3,605	0.07%
35	MEDICA HEALTH PLANS OF FLORIDA, INC.	12756	\$7,216,632	2,225	0.05%
36	AMERICAN REPUBLIC INSURANCE COMPANY	60836	\$6,843,249	3,459	0.05%
37	WORLD INSURANCE COMPANY	70629	\$6,101,519	2,469	0.04%
38	JOHN ALDEN LIFE INSURANCE COMPANY	65080	\$5,889,874	1,473	0.04%
39	CIGNA HEALTH AND LIFE INSURANCE COMPANY	67369	\$5,782,047	14,710	0.04%
40	PRINCIPAL LIFE INSURANCE COMPANY	61271	\$4,932,431	792	0.04%
41	AMERICAN HERITAGE LIFE INSURANCE COMPANY	60534	\$4,346,460	2,892	0.03%
42	HUMANA INSURANCE COMPANY	73288	\$4,323,013	7,376	0.03%
43	AXA EQUITABLE LIFE INSURANCE COMPANY	62944	\$3,761,674	805	0.03%
44	CONTINENTAL GENERAL INSURANCE COMPANY	71404	\$3,729,122	38	0.03%

CY2010 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	\$3,170,041	1,786	0.02%
46	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	64246	\$2,763,994	815	0.02%
47	NIPPON LIFE INSURANCE COMPANY OF AMERICA	81264	\$2,563,729	307	0.02%
48	INDEPENDENCE AMERICAN INSURANCE COMPANY	26581	\$1,983,911	1,472	0.01%
49	PAN-AMERICAN LIFE INSURANCE COMPANY	67539	\$1,734,772	953	0.01%
50	GUARANTEE TRUST LIFE INSURANCE COMPANY	64211	\$1,513,565	220	0.01%
51	TRUSTMARK INSURANCE COMPANY	61425	\$1,403,144	187	0.01%
52	GREAT WEST LIFE ASSURANCE COMPANY	80705	\$1,394,558	139	0.01%
53	AMERICAN NATIONAL LIFE INS. CO. OF TEXAS	71773	\$1,282,002	197	0.01%
54	PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)	68241	\$1,041,016	776	0.01%
55	CITRUS HEALTH CARE, INC.	11836	\$879,889	173	0.01%
56	UNICARE LIFE & HEALTH INSURANCE COMPANY	80314	\$674,906	1,189	0.00%
57	ILLINOIS MUTUAL LIFE INSURANCE COMPANY	64580	\$670,534	62	0.00%
58	THRIVENT FINANCIAL FOR LUTHERANS	56014	\$617,751	56	0.00%
59	METROPOLITAN LIFE INSURANCE COMPANY	65978	\$395,823	1,690	0.00%
60	PYRAMID LIFE INSURANCE COMPANY (THE)	68284	\$342,497	21	0.00%
61	STARR INDEMNITY & LIABILITY COMPANY	38318	\$335,800	2,758	0.00%
62	AMERICAN GENERAL LIFE INSURANCE COMPANY	60488	\$330,226	0	0.00%
63	NEW ERA LIFE INSURANCE COMPANY	78743	\$300,696	182	0.00%
64	AMERICAN NATIONAL INSURANCE COMPANY	60739	\$292,205	103	0.00%
65	HCC LIFE INSURANCE COMPANY	92711	\$284,781	634	0.00%
66	AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY	66672	\$245,090	1,027	0.00%
67	BANKERS LIFE INSURANCE COMPANY	81043	\$223,441	153	0.00%
68	PHOENIX LIFE INSURANCE COMPANY	67814	\$218,546	0	0.00%
69	RESERVE NATIONAL INSURANCE COMPANY	68462	\$165,272	46	0.00%
70	CENTRAL UNITED LIFE INSURANCE COMPANY	61883	\$162,713	70	0.00%
71	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	67784	\$142,514	248	0.00%
72	EVERENCE ASSOCIATION, INC.	57991	\$142,270	11	0.00%
73	PHYSICIANS MUTUAL INSURANCE COMPANY	80578	\$142,045	27	0.00%
74	MUTUAL OF OMAHA INSURANCE COMPANY	71412	\$135,433	377	0.00%
75	ULLICO CASUALTY COMPANY	37893	\$130,981	11	0.00%
76	AMERICAN ALTERNATIVE INSURANCE CORPORATION	19720	\$120,462	76	0.00%
77	UNITED TEACHER ASSOCIATES INSURANCE COMPANY	63479	\$108,146	139	0.00%
78	WASHINGTON NATIONAL INSURANCE COMPANY	70319	\$107,526	52	0.00%
79	AEGIS SECURITY INSURANCE COMPANY	33898	\$99,267	0	0.00%
80	CONTINENTAL ASSURANCE COMPANY	62413	\$95,024	16	0.00%
81	BANKERS INSURANCE COMPANY	33162	\$86,790	69	0.00%
82	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	91472	\$81,991	107	0.00%
83	4 EVER LIFE INSURANCE COMPANY	80985	\$81,989	11	0.00%
84	METLIFE INSURANCE COMPANY OF CONNECTICUT	87726	\$71,240	163	0.00%
85	UNION LABOR LIFE INSURANCE COMPANY	69744	\$67,575	41	0.00%
86	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY	68322	\$60,503	443	0.00%
87	HEALTH NET LIFE INSURANCE COMPANY	66141	\$54,611	2	0.00%
88	UNION BANKERS INSURANCE COMPANY	69701	\$52,026	22	0.00%

CY2010 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	MONY LIFE INSURANCE COMPANY	66370	\$50,700	38	0.00%
90	PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY	67903	\$47,770	0	0.00%
91	UNIFIED LIFE INSURANCE COMPANY	11121	\$38,043	51	0.00%
92	TRUSTMARK LIFE INSURANCE COMPANY	62863	\$37,549	202	0.00%
93	CHESAPEAKE LIFE INSURANCE COMPANY	61832	\$36,618	7	0.00%
94	AMERICAN STATES INSURANCE COMPANY	19704	\$36,596	6	0.00%
95	UNITED STATES FIRE INSURANCE COMPANY	21113	\$35,104	7	0.00%
96	FIDELITY SECURITY LIFE INSURANCE COMPANY	71870	\$33,111	1	0.00%
97	NATIONAL BENEFIT LIFE INSURANCE COMPANY	61409	\$27,535	78	0.00%
98	MARKEL INSURANCE COMPANY	38970	\$26,924	114	0.00%
99	AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE	66842	\$22,385	0	0.00%
100	PRIMERICA LIFE INSURANCE COMPANY	65919	\$18,337	7	0.00%
101	LINCOLN NATIONAL LIFE INSURANCE COMPANY	65676	\$17,228	2	0.00%
102	TRANSAMERICA LIFE INSURANCE COMPANY	86231	\$11,466	31	0.00%
103	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY	86355	\$10,942	11	0.00%
104	SYMETRA LIFE INSURANCE COMPANY	68608	\$10,884	3	0.00%
105	NATIONWIDE LIFE INSURANCE COMPANY	66869	\$10,037	1	0.00%
106	UNION SECURITY INSURANCE COMPANY	70408	\$9,729	2	0.00%
107	MADISON NATIONAL LIFE INSURANCE COMPANY INC.	65781	\$9,331	1	0.00%
108	REASSURE AMERICA LIFE INSURANCE COMPANY	70211	\$9,038	98	0.00%
109	CINCINNATI LIFE INSURANCE COMPANY (THE)	76236	\$8,742	14	0.00%
110	CENTRE LIFE INSURANCE COMPANY	80896	\$7,497	66	0.00%
111	SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)	80926	\$7,159	1	0.00%
112	CONSECO LIFE INSURANCE COMPANY	65900	\$6,978	11	0.00%
113	NATIONAL CASUALTY COMPANY	11991	\$6,432	2	0.00%
114	GENERAL AMERICAN LIFE INSURANCE COMPANY	63665	\$5,691	15	0.00%
115	CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE	68500	\$5,426	3	0.00%
116	LIFESECURE INSURANCE COMPANY	77720	\$4,922	3	0.00%
117	STATE LIFE INSURANCE COMPANY	69116	\$3,459	6	0.00%
118	OHIO STATE LIFE INSURANCE COMPANY (THE)	67180	\$3,396	16	0.00%
119	LIBERTY MUTUAL INSURANCE COMPANY	23043	\$3,359	2	0.00%
120	JEFFERSON NATIONAL LIFE INSURANCE COMPANY	64017	\$3,088	14	0.00%
121	KANSAS CITY LIFE INSURANCE COMPANY	65129	\$2,919	2	0.00%
122	GREAT SOUTHERN LIFE INSURANCE COMPANY	90212	\$2,813	1	0.00%
123	UNION FIDELITY LIFE INSURANCE COMPANY	62596	\$2,404	3	0.00%
124	UNIVERSAL HEALTH CARE, INC.	11574	\$2,273	1	0.00%
125	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA	90611	\$1,995	0	0.00%
126	CUNA MUTUAL INSURANCE SOCIETY	62626	\$1,638	1	0.00%
127	WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK	66230	\$1,314	8	0.00%
128	KNIGHTS OF COLUMBUS	58033	\$1,193	4	0.00%
129	BANNER LIFE INSURANCE COMPANY	94250	\$1,095	9	0.00%
130	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK	68772	\$1,029	3	0.00%
131	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY	25135	\$683	3	0.00%
132	OHIO NATIONAL LIFE INSURANCE COMPANY	67172	\$599	2	0.00%

***CY2010 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	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	62057	\$465	5	0.00%
134	ING LIFE INSURANCE AND ANNUITY COMPANY	86509	\$269	1	0.00%
135	WORLD CORP INSURANCE COMPANY	79987	\$246	2	0.00%
136	MONUMENTAL LIFE INSURANCE COMPANY	66281	\$191	2	0.00%
137	SENTRY LIFE INSURANCE COMPANY	68810	\$48	1	0.00%
138	INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA	63487	\$22	0	0.00%

CY2010 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	\$345,987	\$168,678	\$0	29	3,166	4,384	7,550
TOTAL	\$345,987	\$168,678	\$0	29	3,166	4,384	7,550

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	\$547	\$492	\$0	0	2	0	2
Hospital Indemnity	\$567	\$32	\$0	0	2	0	2
TOTAL	\$1,114	\$524	\$0	0	4	0	4

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	\$745	\$50	\$0	0	1	0	1
Accidental Death & Dismemberment	\$168	\$0	\$0	0	5	1	6
Hospital Indemnity	\$10,156	\$3,532	\$0	0	29	19	48
Medicare Supplement	\$28,553	\$18,209	\$0	0	19	1	20
TOTAL	\$39,622	\$21,791	\$0	0	54	21	75

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

4 EVER 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	\$81,893	(\$18,110)	\$0	2	11	0	11
Out-of-State Conversion	\$96	\$0	\$0	0	0	0	0
Disability Income	\$166,415	\$30,637	\$15,561	9	1,336	0	1,336
Long Term Care	\$0	\$610	\$0	0	0	0	0
Vision	\$0	(\$34)	\$0	0	0	0	0
TOTAL	\$248,404	\$13,103	\$15,561	11	1,347	0	1,347

5 STAR 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
77879							
Limited Benefit	\$40	(\$161)	(\$104)	1	6	5	11
TOTAL	\$40	(\$161)	(\$104)	1	6	5	11

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	\$8,870,106	\$2,180,089	\$1,325,778	2	55,420	38,346	93,766
Hospital Indemnity	\$43,326	\$16,144	\$151,765	0	71	0	71
TOTAL	\$8,913,432	\$2,196,233	\$1,477,543	2	55,491	38,346	93,837

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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							
Guarantee Issue	\$0	\$8	\$0	0	0	0	0
Disability Income	\$917	(\$143)	\$0	0	0	0	0
Limited Benefit	\$4,282	(\$1,047)	\$0	0	0	0	0
Long Term Care	\$414,794	\$1,639,945	\$0	0	359	0	359
Short Term Care	\$2,043	\$1,566	\$0	0	10	0	10
Medicare Supplement	\$716,951	\$736,916	\$0	0	3	0	3
TOTAL	\$1,138,987	\$2,377,245	\$0	0	372	0	372

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	\$798	(\$428)	\$0	0	5	0	5
TOTAL	\$798	(\$428)	\$0	0	5	0	5

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ACE AMERICAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
22667							
Accident Only	\$4,644,148	\$1,070,748	\$252,060	75	501,082	0	501,082
Accidental Death & Dismemberment	\$775,044	\$181,825	\$155,830	90	119,701	0	119,701
Blanket Accident/Sickness	\$172,232	\$40,406	\$4,800	12	30,928	0	30,928
Dental	\$86,116	\$20,203	\$0	3	69	0	69
Disability Income	\$6,117	\$20,203	\$6,117	2	1	0	1
Excess/Stop Loss	\$1,463,973	\$343,448	\$0	9	8,509	0	8,509
Limited Benefit	\$861,160	\$202,028	\$0	16	367	0	367
Prescription Drug	\$258,348	\$60,608	\$278	11	134	0	134
Student	\$344,464	\$80,811	\$0	2	473	0	473
TOTAL	\$8,611,602	\$2,020,280	\$419,085	220	661,264	0	661,264

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71390							
Medicare Supplement	\$45,290	\$0	\$5,169	0	33	0	33
TOTAL	\$45,290	\$0	\$5,169	0	33	0	33

ADVANTICA, 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>
Vision	\$2,407,658	\$1,405,183	\$477,668	229	24,886	19,468	44,354
TOTAL	\$2,407,658	\$1,405,183	\$477,668	229	24,886	19,468	44,354

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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	\$99,267	\$98,908	\$99,267	0	0	0	0
Blanket Accident/Sickness	\$4,935	\$0	\$4,240	6	3,636	0	3,636
TOTAL	\$104,202	\$98,908	\$103,507	6	3,636	0	3,636

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	\$3,772,567	\$6,612,961	\$948,066	0	378	28	406
Individually Underwritten	\$103,215,735	\$63,794,689	\$17,790,121	0	31,298	12,654	43,952
Self-Employed or Sole Proprietor	\$38,746,417	\$38,720,583	\$964,183	3,544	3,544	2,683	6,227
2 - 5 Member Groups	\$189,246,803	\$144,744,468	\$12,214,006	8,381	23,646	14,478	38,124
6 - 50 Member Groups	\$323,494,440	\$239,748,842	\$45,535,016	3,907	47,549	25,190	72,739
51+ Member Groups	\$937,677,914	\$805,709,826	\$39,968,316	1,143	120,082	78,218	198,300
Conversion	\$11,808,154	\$18,875,427	\$320,009	0	940	182	1,122
TOTAL	\$1,607,962,030	\$1,318,206,796	\$117,739,717	16,975	227,437	133,433	360,870

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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	\$308,467	\$781,180	\$69,839	0	24	1	25
Individually Underwritten	\$16,779,602	\$9,232,072	\$3,550,747	0	3,666	890	4,556
Self-Employed or Sole Proprietor	\$4,585,813	\$3,909,776	\$729,617	290	290	246	536
2 - 5 Member Groups	\$10,420,014	\$9,265,515	\$1,488,540	342	820	611	1,431
6 - 50 Member Groups	\$5,878,136	\$4,137,461	\$661,206	46	396	292	688
51+ Member Groups	\$98,412,928	\$89,203,184	\$2,182,826	385	18,931	17,210	36,141
Conversion	\$2,971,052	\$4,256,221	\$506,583	0	426	99	525
Out-of-State Self-Employed or Sole Proprietor	\$523,454	\$439,138	\$115,003	64	64	70	134
Out-of-State 2 - 5 Member Groups	\$2,007,985	\$2,057,560	\$495,370	173	195	215	410
Out-of-State 6 - 50 Member Groups	\$8,499,850	\$8,926,375	\$3,290,292	580	1,177	1,294	2,471
Out-of-State 51+ Member Groups	\$79,754,864	\$70,555,118	\$10,151,232	1,133	17,793	16,175	33,968
Accidental Death & Dismemberment	\$4,663,880	\$3,141,971	\$2,377,471	1,571	275,501	1,168	276,669
Dental	\$94,161,450	\$59,180,395	\$4,455,411	4,568	161,786	147,079	308,865
Disability Income	\$43,488,447	\$33,755,006	\$22,525,487	81	218,901	0	218,901
Excess/Stop Loss	\$22,830,601	\$14,726,388	\$7,032,483	41	24,184	24,556	48,740
Long Term Care	\$1,336,405	\$3,009,236	\$0	0	1,612	1,347	2,959
Medicare Supplement	\$52,911	\$46,001	\$0	0	0	0	0
Student	\$8,506,062	\$9,832,804	\$0	6	8,010	143	8,153
TOTAL	\$405,181,921	\$326,455,401	\$59,632,107	9,280	733,776	211,396	945,172

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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	\$1,995	\$1,687	\$0	0	0	0	0
Accidental Death & Dismemberment	\$797	\$674	\$0	0	16	0	16
Hospital Indemnity	\$24,849	\$0	\$0	0	155	0	155
Long Term Care	\$11,094,451	\$2,761,937	\$0	0	5,718	0	5,718
Medicare Supplement	\$18,338	\$20,758	\$0	0	29	0	29
TOTAL	\$11,140,430	\$2,785,056	\$0	0	5,918	0	5,918

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	\$3,935,890	\$2,047,632	\$0	0	38,818	0	38,818
Disability Income	\$0	\$2,258	\$0	0	1	0	1
Hospital Indemnity	\$196,080	(\$825,146)	\$0	0	731	0	731
Long Term Care	\$293,985	\$330,786	\$0	0	149	0	149
TOTAL	\$4,425,955	\$1,555,530	\$0	0	39,699	0	39,699

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	\$120,462	(\$8,932)	\$120,462	1	58	18	76
Excess/Stop Loss	\$2,859,077	\$2,697,823	\$822,110	6	19,185	23,023	42,208
TOTAL	\$2,979,539	\$2,688,891	\$942,572	7	19,243	23,041	42,284

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AMERICAN 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
21849							
Accident Only	\$0	\$5,800	\$0	0	0	0	0
TOTAL	\$0	\$5,800	\$0	0	0	0	0

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							
Accidental Death & Dismemberment	\$237,775	\$60,583	\$0	1	1,981	0	1,981
Disability Income	\$14,866	\$3,788	\$0	1	124	0	124
TOTAL	\$252,641	\$64,371	\$0	2	2,105	0	2,105

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	\$576,147	\$12,850	\$0	0	20,704	1,606	22,310
Disability Income	\$48,803	(\$1,188)	\$0	0	2,230	147	2,377
TOTAL	\$624,950	\$11,662	\$0	0	22,934	1,753	24,687

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	(\$585)	\$1,528	\$0	0	7	0	7
TOTAL	(\$585)	\$1,528	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12321							
Medicare Supplement	\$226,398	\$273,868	\$29,546	0	155	0	155
TOTAL	\$226,398	\$273,868	\$29,546	0	155	0	155

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60380							
Accident Only	\$73,472,335	\$41,071,847	\$21,650,771	0	227,591	243,724	471,315
Dental	\$6,103,531	\$2,096,255	\$1,966,161	0	12,092	8,234	20,326
Disability Income	\$49,483,550	\$25,654,324	\$11,692,908	0	93,008		93,008
Hospital Indemnity	\$53,313,163	\$27,294,951	\$20,862,902	0	107,778	94,350	202,128
Limited Benefit	\$95,868,035	\$58,917,711	\$19,128,507	0	271,655	245,108	516,763
Long Term Care	\$2,442,187	\$1,168,748		0	1,898	209	2,107
Medicare Supplement	\$4,669,470	\$4,499,136		0	1,982		1,982
Vision	\$844,976	\$198,183	\$352,382	0	4,406	3,184	7,590
TOTAL	\$286,197,247	\$160,901,155	\$75,653,631	0	720,410	594,809	1,315,219

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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	\$1,025,973	\$431,435	\$262,891	0	3,390	1,688	5,078
Accidental Death & Dismemberment	\$116,533	\$204,974	\$768	5	15	9	24
Dental	\$7,601	\$1,966	\$204	1	8	2	10
Disability Income	\$5,728,832	\$3,233,020	\$1,131,361	39	9,099	7,539	16,638
Excess/Stop Loss	\$3,969,631	\$1,654,491	\$108,036	6	15,280	9,559	24,839
Hospital Indemnity	\$1,337,237	\$458,107	\$394,309	10	3,704	2,698	6,402
Limited Benefit	\$2,068,454	\$1,722,282	\$336,744	0	4,594	3,897	8,491
Long Term Care	\$417,319	\$545,166	\$53,558	1	329	215	544
TOTAL	\$14,671,580	\$8,251,441	\$2,287,871	62	36,419	25,607	62,026

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	\$2,395,019	\$95,565	\$603,646	3	18,300	0	18,300
Disability Income	\$18,665	(\$452)	\$2,799	0	41	0	41
Excess/Stop Loss	\$67	\$348	\$0	1	1	0	1
Limited Benefit	\$747,888	\$241,288	\$186,972	12	1,889	0	1,889
TOTAL	\$3,161,639	\$336,749	\$793,417	16	20,231	0	20,231

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66672							
Individually Underwritten	\$245,090	\$349,916	\$0	0	979	48	1,027
Accident Only	\$783,197	\$224,243	\$180,906	0	18,773	968	19,741
Accidental Death & Dismemberment	\$599,836	\$644,870	\$112,655	0	11,683	0	11,683
Disability Income	\$91,393	\$140,140	\$9,224	0	2,483	10	2,493
Hospital Indemnity	\$237,930	\$316,515	\$0	0	7,451	955	8,406
Limited Benefit	\$4,032,734	\$2,944,075	\$201,914	0	12,650	1,103	13,753
Medicare Supplement	\$619,371	\$700,105	\$0	0	312	0	312
TOTAL	\$6,609,551	\$5,319,864	\$504,699	0	54,331	3,084	57,415

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60488							
Out-of-State 51+ Member Groups	\$330,226	\$44	\$0	0	0	0	0
Accident Only	\$1,687	\$8,922	\$0	0	0	0	0
Accidental Death & Dismemberment	\$1,051,648	\$280,472	\$0	0	5,348	0	5,348
Dental	\$33,127	\$0	\$0	0	0	0	0
Disability Income	\$966,496	\$940,980	\$0	0	1,460	0	1,460
Hospital Indemnity	\$1,316	\$161	\$0	0	0	0	0
Limited Benefit	\$411,523	\$658,341	\$0	0	769	0	769
Long Term Care	\$14,244	\$0	\$0	0	6	0	6
Vision	\$1,503	\$0	\$0	0	0	0	0
TOTAL	\$2,811,770	\$1,888,920	\$0	0	7,583	0	7,583

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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	\$22,385	\$12,610	\$0	0	0	0	0
Accident Only	\$19,883	\$12,831	\$0	111	3,845	1,923	5,768
Accidental Death & Dismemberment	\$200,433	\$76,280	\$0	99	681	315	996
Dental	\$982,407	\$755,156	\$0	57	2,213	1,107	3,320
Disability Income	\$2,072,333	\$900,018	\$0	121	4,725	2,363	7,088
Excess/Stop Loss	\$308,133	\$229,676	\$0	0	0	0	0
Hospital Indemnity	\$48,270	\$86,075	\$0	44	122	59	181
Limited Benefit	\$167,638	\$65,587	\$0	186	500	252	752
Long Term Care	\$1,037,417	\$574,138	\$0	362	456	2	458
Vision	\$297,855	\$384	\$0	19	704	353	1,057
TOTAL	\$5,156,754	\$2,712,755	\$0	999	13,246	6,374	19,620

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	\$37,805	(\$13,548)	\$0	1	223	0	223
Disability Income	\$45	\$6,464	\$0	0	1	0	1
Long Term Care	\$4,730	(\$145,851)	\$0	1	8	0	8
TOTAL	\$42,580	(\$152,935)	\$0	2	232	0	232

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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	\$4,346,460	\$4,085,537	\$1,826,412	16	2,346	546	2,892
Accident Only	\$19,980,414	\$10,957,477	\$7,586,928	78	36,870	36,827	73,697
Dental	\$495,708	\$170,968	\$9,811	73	509	241	750
Disability Income	\$11,210,729	\$6,543,708	\$3,426,284	318	25,738	0	25,738
Hospital Indemnity	\$10,267,372	\$5,719,919	\$4,453,071	68	22,986	22,714	45,700
Limited Benefit	\$32,521,099	\$17,659,341	\$12,925,567	138	69,753	69,607	139,360
Long Term Care	\$1,325,107	\$2,395,755	\$49	0	700	0	700
TOTAL	\$80,146,889	\$47,532,705	\$30,228,122	691	158,902	129,935	288,837

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	\$38,159	\$19,362	\$0	4	222	0	222
Limited Benefit	\$11,243	\$0	\$0	3	2,244	0	2,244
TOTAL	\$49,402	\$19,362	\$0	7	2,466	0	2,466

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AMERICAN INCOME LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60577							
Accident Only	\$2,264,788	\$946,080	\$412,636	0	24,247	12,075	36,322
Accidental Death & Dismemberment	\$251,669	\$208,461	\$79,075	368	2,633	0	2,633
Blanket Accident/Sickness	\$66,328	\$31,234	\$65,387	173	0	0	0
Disability Income	\$3,422	\$2,247	\$0	0	12	0	12
Hospital Indemnity	\$499,374	\$243,935	\$68,312	0	5,004	160	5,164
Limited Benefit	\$286,279	\$137,619	\$31,479	0	3,182	1,745	4,927
Medicare Supplement	\$111,184	\$294,473	\$0	0	57	0	57
TOTAL	\$3,483,044	\$1,864,049	\$656,889	541	35,135	13,980	49,115

AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81418							
Limited Benefit	\$6,246,115	\$3,606,855	\$211,130	0	2,538	741	3,279
TOTAL	\$6,246,115	\$3,606,855	\$211,130	0	2,538	741	3,279

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97179							
Out-of-State Guarantee Issue	\$53,308	\$720,432	\$0	0	2	0	2
Out-of-State Individually Underwritten	\$19,491,321	\$9,381,746	\$42,320	1	2,370	1,460	3,830
Out-of-State Conversion	\$6,566	\$30,992	\$0	0	1	0	1
Dental	\$32,539	\$14,975	\$0	38	38	18	56
Disability Income	\$1,330	\$138	\$0	1	1	0	1
TOTAL	\$19,585,064	\$10,148,283	\$42,320	40	2,412	1,478	3,890

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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	\$249	\$4,668	\$0	0	1	0	1
Limited Benefit	\$11	\$0	\$0	0	2	0	2
TOTAL	\$260	\$4,668	\$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	\$174,489	\$638,277	\$0	0	74	18	92
Out-of-State Individually Underwritten	\$117,716	\$89,547	\$0	3	9	2	11
Accident Only	\$1,009	(\$28)	\$0	0	70	8	78
Accidental Death & Dismemberment	\$2,141	\$0	\$0	0	171	0	171
Disability Income	\$21,556	(\$10,714)	\$0	0	44	0	44
Limited Benefit	\$75,101	\$180,362	\$0	0	202	103	305
Medicare Supplement	\$2,423	\$11,046	\$0	0	2	0	2
TOTAL	\$394,435	\$908,490	\$0	3	572	131	703

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71773							
Individually Underwritten	\$1,339	(\$21,699)	\$0	0	1	0	1
Conversion	\$793,314	\$689,977	\$0	0	66	19	85
Out-of-State Individually Underwritten	\$487,349	\$393,032	\$0	4	81	30	111
Dental	(\$253)	\$1,147	\$0	0	0	0	0
Medicare Supplement	\$80,234	\$105,814	\$0	0	40	0	40
TOTAL	\$1,361,983	\$1,168,271	\$0	4	188	49	237

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AMERICAN PIONEER 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
60763							
Dental	\$103,476	\$46,195	\$4,956	1	204	0	204
Disability Income	\$21,173	\$111,067	\$0	0	38	0	38
Hospital Indemnity	\$710	\$21,805	\$0	0	1	0	1
Limited Benefit	\$11,838	\$9,006	\$0	0	79	0	79
Long Term Care	\$4,822,973	\$12,161,561	\$0	0	1,511	0	1,511
Medicare Supplement	\$47,833,275	\$41,617,948	\$1,918,677	1	17,953	0	17,953
TOTAL	\$52,793,445	\$53,967,582	\$1,923,633	2	19,786	0	19,786

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	\$27,613	\$50,185	\$2,285	0	116	0	116
Dental	\$36,566	\$66,456	\$11,269	21	112	280	392
Disability Income	\$76,658	\$139,321	\$14,403	47	6	0	6
Hospital Indemnity	\$290,109	\$527,252	\$220,198	140	176	350	526
Limited Benefit	\$201,553	\$366,308	\$71,628	105	299	263	562
Medicare Supplement	\$757	\$1,374	\$0	0	0	0	0
TOTAL	\$633,256	\$1,150,896	\$319,783	313	709	893	1,602

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AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60836							
Individually Underwritten	\$202,235	\$91,575	\$0	0	53	16	69
Out-of-State Individually Underwritten	\$6,641,014	\$2,443,439	\$4,000,648	1	1,804	1,586	3,390
Accident Only	\$405	(\$244)	\$0	1	11	1	12
Hospital Indemnity	\$31,777	\$2,717	\$0	0	51	7	58
Limited Benefit	\$9,412	\$5,272	\$0	1	112	34	146
Long Term Care	\$13,886	\$57,696	\$0	1	12	4	16
Medicare Supplement	\$1,599,814	\$1,001,343	\$0	1	574	28	602
TOTAL	\$8,498,543	\$3,601,798	\$4,000,648	5	2,617	1,676	4,293

AMERICAN STATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19704							
Individually Underwritten	\$36,596	(\$17,894)	\$0	0	6	0	6
Disability Income	\$16,713	(\$128,238)	\$0	0	43	0	43
TOTAL	\$53,309	(\$146,132)	\$0	0	49	0	49

AMERICAN UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60895							
Accidental Death & Dismemberment	\$260,439	\$12,636	\$65,168	99	4,686	1,242	5,928
Disability Income	\$662,685	\$1,418,096	\$23,203	31	1,460	0	1,460
Excess/Stop Loss	\$2,822,029	\$1,959,692	\$962,432	10	1,623	0	1,623
TOTAL	\$3,745,153	\$3,390,424	\$1,050,803	140	7,769	1,242	9,011

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AMERICAN ZURICH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
40142							
Accident Only	\$19	(\$28)	\$0	0	0	0	0
TOTAL	\$19	(\$28)	\$0	0	0	0	0

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61301							
Dental	\$15,928,598	\$11,893,423	\$2,164,133	257	25,647	64,118	89,765
Disability Income	\$17,214	(\$592,879)	\$0	0	20	0	20
Vision	\$3,581,522	\$1,797,422	\$1,063,558	134	27,040	67,600	94,640
TOTAL	\$19,527,334	\$13,097,966	\$3,227,691	391	52,707	131,718	184,425

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27928							
Accident Only	\$2,325,446	(\$1,020,989)	\$0	0	11,521	5,553	17,074
Accidental Death & Dismemberment	\$5,291,452	\$442,934	\$0	0	2,397,804	1,083,464	3,481,268
Hospital Indemnity	\$102,224	\$15,775	\$0	0	600	239	839
Travel	\$3,232,112	\$1,735,235	\$0	0	13,052	9,088	22,140
TOTAL	\$10,951,234	\$1,172,955	\$0	0	2,422,977	1,098,344	3,521,321

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60250							
Dental	\$7,759	\$3,054	\$7,759	2	15	15	30
Limited Benefit	\$256,022	\$135,631	\$250,390	27	500	472	972
TOTAL	\$263,781	\$138,685	\$258,149	29	515	487	1,002

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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	1	0	1
Disability Income	\$109	\$0	\$0	0	1	0	1
TOTAL	\$125	\$0	\$0	0	2	0	2

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
61069							
Discount Medical Plan	\$75,082	\$0	\$39,326	7	13,284	415	13,699
Administrative Services Only (ASO)	\$173,247	\$0	\$173,247	0	0	0	0
Dental	\$390,944	\$52,590	\$259,365	22	45,386	1,745	47,131
TOTAL	\$639,273	\$52,590	\$471,938	29	58,670	2,160	60,830

ARROWOOD 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	\$7,500	\$0	0	3	1	4
TOTAL	\$329	\$7,500	\$0	0	3	1	4

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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	\$126,653	\$15,011	\$63,948	0	1,027	0	1,027
Disability Income	\$2,011,263	\$2,706,646	\$187,250	0	2,286	0	2,286
Hospital Indemnity	\$36,575	\$116,286	\$0	0	23	0	23
Limited Benefit	\$422,887	\$103,614	\$263,429	0	917	0	917
Long Term Care	\$9,483	\$0	\$0	0	0	0	0
TOTAL	\$2,606,861	\$2,941,557	\$514,627	0	4,253	0	4,253

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
Accidental Death & Dismemberment	\$983	\$0	\$0	0	195	0	195
Hospital Indemnity	\$9,836	(\$12,960)	\$0	0	162	0	162
Limited Benefit	\$228	\$0	\$0	0	5	0	5
TOTAL	\$11,047	(\$12,960)	\$0	0	362	0	362

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$296,481	\$247,350	\$0	0	8,975	0	8,975
TOTAL	\$296,481	\$247,350	\$0	0	8,975	0	8,975

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61190							
Disability Income	\$413,133	\$151,998	\$12,314	0	422	0	422
Long Term Care	\$138,163	\$1,441	\$8,541	0	75	0	75
Medicare Supplement	\$52,788	\$75,362	\$0	0	34	0	34
TOTAL	\$604,084	\$228,801	\$20,855	0	531	0	531

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12316							
Individually Underwritten	\$12,306,451	\$6,364,872	\$1,410,647	0	2,039	930	2,969
2 - 5 Member Groups	\$324,126	\$194,992	\$92,186	3	9	1	10
6 - 50 Member Groups	\$1,871,014	\$1,728,247	\$197,327	9	80	35	115
TOTAL	\$14,501,591	\$8,288,111	\$1,700,160	12	2,128	966	3,094

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61689							
Disability Income	\$582,428	\$670,641	\$0	0	783	0	783
TOTAL	\$582,428	\$670,641	\$0	0	783	0	783

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63932							
Accident Only	\$203	\$0	\$0	0	1	0	1
Disability Income	\$8,006	\$118,463	\$0	0	18	0	18
TOTAL	\$8,209	\$118,463	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95263							
Individually Underwritten	\$4,821,611	\$2,529,826	\$2,938,871	0	3,249	1,117	4,366
Self-Employed or Sole Proprietor	\$3,663,083	\$2,353,133	\$415,984	375	375	288	663
2 - 5 Member Groups	\$42,723,188	\$37,797,882	\$14,907,452	2,684	8,644	5,506	14,150
6 - 50 Member Groups	\$150,542,945	\$135,835,968	\$58,212,531	2,476	33,964	17,487	51,451
51+ Member Groups	\$692,696,040	\$593,409,795	\$24,621,316	292	73,338	73,162	146,500
Conversion	\$3,712,878	\$6,551,838	\$0	0	518	297	815
Administrative Services Only (ASO)	\$20,264,182	\$0	\$0	0	0	0	0
TOTAL	\$918,423,927	\$778,478,442	\$101,096,154	5,827	120,088	97,857	217,945

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62944							
Individually Underwritten	\$3,722,392	\$4,977,377	\$0	0	563	224	787
Conversion	\$39,282	\$51,588	\$0	0	13	5	18
Disability Income	\$3,607,133	\$26,326,427	\$0	0	3,292	0	3,292
TOTAL	\$7,368,807	\$31,355,392	\$0	0	3,868	229	4,097

AXIS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS 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
37273							
Accidental Death & Dismemberment	\$78	\$43	\$0	1	160	0	160
TOTAL	\$78	\$43	\$0	1	160	0	160

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BALBOA 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>
68160							
Accidental Death & Dismemberment	\$233,932	\$83,598	\$0	0	21,621	0	21,621
TOTAL	\$233,932	\$83,598	\$0	0	21,621	0	21,621

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	\$139	\$0	\$0	0	16	0	16
Accidental Death & Dismemberment	\$618	\$0	\$0	1	1	0	1
Hospital Indemnity	\$1,217	\$900	\$0	0	7	0	7
Limited Benefit	\$54,815	\$10,673	\$2,928	11	198	135	333
Sickness	\$199	\$0	\$0	0	15	0	15
TOTAL	\$56,988	\$11,573	\$2,928	12	237	135	372

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	\$4,534	\$1,440	\$0	0	16	0	16
Disability Income	\$24,245	\$45,059	\$0	0	21	0	21
Hospital Indemnity	\$7,519	\$5,066	\$0	0	9	0	9
Limited Benefit	\$33,621	\$2,670	\$0	0	248	0	248
Short Term Care	\$434	(\$5)	\$0	0	1	0	1
Medicare Supplement	\$407,654	\$313,990	\$0	0	124	0	124
TOTAL	\$478,007	\$368,220	\$0	0	419	0	419

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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	\$86,790	\$121,136	\$0	0	46	23	69
Hospital Indemnity	\$768	\$499	\$0	0	0	0	0
TOTAL	\$87,558	\$121,635	\$0	0	46	23	69

BANKERS LIFE AND CASUALTY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61263							
Accident Only	\$37,825	\$46,105	\$2,129	0	311	0	311
Disability Income	\$363,231	\$678,510	\$16,215	0	561	0	561
Hospital Indemnity	\$135,825	\$165,560	\$6,721	0	284	11	295
Limited Benefit	\$157,723	\$192,251	\$5,117	0	652	259	911
Long Term Care	\$58,963,277	\$55,688,093	\$2,266,085	0	26,998	7,218	34,216
Short Term Care	\$245,760	\$331,985	\$0	0	267	17	284
Medicare Supplement	\$72,140,030	\$58,016,478	\$8,217,366	0	27,177	587	27,764
TOTAL	\$132,043,671	\$115,118,982	\$10,513,633	0	56,250	8,092	64,342

BANKERS LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81043							
Individually Underwritten	\$223,441	\$183,084	\$0	0	96	57	153
Accidental Death & Dismemberment	\$11,776	\$0	\$0	0	94	0	94
Hospital Indemnity	\$18,581	\$7,511	\$0	0	14	0	14
TOTAL	\$253,798	\$190,595	\$0	0	204	57	261

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BANNER 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
94250							
Guarantee Issue	\$1,095	\$671	\$0	0	8	1	9
Disability Income	\$82	\$0	\$0	0	1	0	1
TOTAL	\$1,177	\$671	\$0	0	9	1	10

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	\$3,115,230	\$2,769,272	\$2,604,669	5	23,874	12,231	36,105
Blanket Accident/Sickness	\$3,770,409	\$2,901,034	\$706,537	286	2,593	650	3,243
Dental	\$629,514	\$175,886	\$88,991	161	1,929	497	2,426
Excess/Stop Loss	\$1,286,266	\$574,059	\$264,715	5	4,632	0	4,632
Limited Benefit	\$36,934	\$14,145	\$36,934	3	44	9	53
Long Term Care	\$0	\$3,467	\$0	0	0	0	0
Vision	\$152,511	\$284	\$31,333	153	1,235	306	1,541
TOTAL	\$8,990,864	\$6,438,147	\$3,733,179	613	34,307	13,693	48,000

BERKLEY 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
64890							
Accident Only	\$49,896	\$24,623	\$49,896	1	74	0	74
TOTAL	\$49,896	\$24,623	\$49,896	1	74	0	74

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71714							
Disability Income	\$16,915,066	\$8,745,671	\$2,412,997	0	7,278	0	7,278
Long Term Care	\$1,689,738	\$102,630	\$480,976	0	357	0	357
TOTAL	\$18,604,804	\$8,848,301	\$2,893,973	0	7,635	0	7,635

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90638							
Individually Underwritten	\$0	\$51,226	\$0	0	0	0	0
Dental	\$250,854	\$167,369	\$21,962	52	337	229	566
Excess/Stop Loss	\$0	\$7,098	\$0	0	0	0	0
Vision	\$9,995	\$7,335	\$76	10	158	93	251
TOTAL	\$260,849	\$233,028	\$22,038	62	495	322	817

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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	\$238,581,569	\$207,030,571	\$27,730,996	0	64,656	31,612	96,268
Individually Underwritten	\$572,910,228	\$336,270,770	\$87,503,798	0	155,258	75,911	231,169
Self-Employed or Sole Proprietor	\$18,077,645	\$12,781,856	\$361,553	1,527	1,527	863	2,390
2 - 5 Member Groups	\$245,638,729	\$153,457,517	\$9,825,549	13,146	29,500	20,260	49,760
6 - 50 Member Groups	\$897,693,297	\$530,973,102	\$43,089,278	28,729	113,909	72,735	186,644
51+ Member Groups	\$1,567,444,858	\$1,334,209,642	\$68,967,574	4,562	242,219	147,995	390,214
Short Term Major Medical	\$19,163,515	\$14,748,517	\$12,168,018	0	5,193	2,539	7,732
Conversion	\$113,017,654	\$138,417,548	\$21,712,983	0	30,628	14,975	45,603
Administrative Services Only (ASO)	\$119,216,680	\$0	\$1,192,167	0	0	0	0
Excess/Stop Loss	\$23,121,193	\$18,148,241	\$0	0	40,720	30,352	71,072
Long Term Care	\$11,196,345	\$7,424,030	\$0	0	8,397	0	8,397
Medicare Supplement	\$362,102,653	\$284,285,938	\$13,397,798	0	160,960	0	160,960
TOTAL	\$4,188,164,366	\$3,037,747,732	\$285,949,714	47,964	852,967	397,242	1,250,209

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	\$333,765	\$56,556	\$114,445	0	1,016	2,253	3,269
Accidental Death & Dismemberment	\$19,971	\$0	\$0	42	943	0	943
Disability Income	\$346,963	\$489,883	\$142,097	20	593	0	593
Hospital Indemnity	\$442,655	\$368,737	\$0	2	114	130	244
Limited Benefit	\$302,886	\$700	\$141,788	0	815	272	1,087
TOTAL	\$1,446,240	\$915,876	\$398,330	64	3,481	2,655	6,136

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BROKERS NATIONAL LIFE ASSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
74900							
Accidental Death & Dismemberment	\$1,422	\$0	\$72	0	70	47	117
Dental	\$1,474,103	\$891,285	\$10,139	159	2,480	1,840	4,320
Hospital Indemnity	\$5,084	\$0	\$0	0	12	2	14
TOTAL	\$1,480,609	\$891,285	\$10,211	159	2,562	1,889	4,451

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80659							
Disability Income	\$340	\$515	\$0	0	3	0	3
Excess/Stop Loss	\$33,132	(\$292,848)	\$0	0	0	0	0
Limited Benefit	\$25,006	\$37,921	\$0	0	31	0	31
TOTAL	\$58,478	(\$254,412)	\$0	0	34	0	34

CAPITAL HEALTH PLAN, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95112							
Self-Employed or Sole Proprietor	\$3,702,556	\$3,887,361	\$54,932	325	325	270	595
2 - 5 Member Groups	\$16,723,984	\$15,211,567	\$378,132	926	1,969	1,801	3,770
6 - 50 Member Groups	\$43,879,925	\$35,851,468	\$740,013	658	5,971	4,284	10,255
51+ Member Groups	\$391,147,313	\$353,119,408	\$956,131	127	40,999	44,647	85,646
Conversion	\$2,035,690	\$2,267,340	\$0	0	191	69	260
TOTAL	\$457,489,468	\$410,337,144	\$2,129,208	2,036	49,455	51,071	100,526

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10472							
Accident Only	\$8,169	\$53,186	\$8,169	4	2,305	0	2,305
TOTAL	\$8,169	\$53,186	\$8,169	4	2,305	0	2,305

CATHOLIC ASSOCIATION 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
58130							
Hospital Indemnity	\$491	\$60	\$0	0	0	0	0
TOTAL	\$491	\$60	\$0	0	0	0	0

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56030							
Disability Income	\$140	\$973	\$0	0	5	0	5
Hospital Indemnity	\$80	(\$7,324)	\$0	0	1	0	1
TOTAL	\$220	(\$6,351)	\$0	0	6	0	6

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	\$637,992	\$2,223,943	\$110,375	0	96	17	113
Out-of-State Individually Underwritten	\$9,036,404	\$6,781,192	\$469,230	9	1,307	384	1,691
Out-of-State Short Term Major Medical	\$52,993	\$24,506	\$46,313	0	33	4	37
Medicare Supplement	\$7,529,560	\$6,973,572	\$0	0	2,699	0	2,699
TOTAL	\$17,256,949	\$16,003,213	\$625,918	9	4,135	405	4,540

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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	\$2,768	\$315	\$0	0	3	0	3
TOTAL	\$2,966	\$315	\$0	0	5	0	5

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	\$8,144	\$3,131	\$0	0	82	0	82
Hospital Indemnity	\$891	\$522	\$0	0	5	2	7
Limited Benefit	\$41,707	\$309,782	\$0	0	26	16	42
Long Term Care	\$76,378	\$15,959	\$0	0	49	0	49
Medicare Supplement	\$5,142,235	\$4,432,953	\$0	2	2,116	0	2,116
TOTAL	\$5,269,355	\$4,762,347	\$0	2	2,278	18	2,296

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	\$79,321	\$30,595	\$0	1	10,812	0	10,812
TOTAL	\$79,321	\$30,595	\$0	1	10,812	0	10,812

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CENTRAL UNITED LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61883							
Individually Underwritten	\$162,713	\$169,498	\$0	0	46	24	70
Accident Only	\$2,990	\$0	\$1,877	0	60	7	67
Dental	\$544	\$0	\$0	2	2	0	2
Disability Income	\$7,944	\$37,085	\$91	2	51	10	61
Hospital Indemnity	\$23,839	\$24,230	\$0	0	73	13	86
Limited Benefit	\$864,837	\$765,099	\$0	0	1,824	1,428	3,252
Long Term Care	\$19,606	\$0	\$0	0	15	1	16
Medicare Supplement	\$10,791	\$13,118	\$0	0	9	5	14
Champus/Tricare Supplement	\$26,119	\$40,003	\$0	0	31	29	60
TOTAL	\$1,119,383	\$1,049,033	\$1,968	4	2,111	1,517	3,628

CENTRE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80896							
Individually Underwritten	\$7,497	\$96,436	\$0	0	56	10	66
Disability Income	\$1,029,533	\$1,030,015	\$0	0	931	0	931
TOTAL	\$1,037,030	\$1,126,451	\$0	0	987	10	997

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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	\$27,797	\$9,953	\$0	0	5	1	6
Out-of-State Individually Underwritten	\$5,545	\$5,207	\$0	1	1	0	1
Out-of-State 51+ Member Groups	\$3,276	(\$2,661)	\$0	0	0	0	0
Dental	(\$36)	\$0	\$0	0	0	0	0
Hospital Indemnity	\$249	\$0	\$0	0	0	0	0
Limited Benefit	\$20	\$41	\$0	0	3	0	3
Vision	\$35	\$30	\$0	0	9	0	9
TOTAL	\$36,886	\$12,570	\$0	1	18	1	19

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	\$35,270,359	\$16,982,895	\$843,703	206	83,295	86,993	170,288
TOTAL	\$35,270,359	\$16,982,895	\$843,703	206	83,295	86,993	170,288

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	\$5,782,047	\$3,530,249	\$0	1	7,251	7,459	14,710
Accidental Death & Dismemberment	\$8,097	\$4,944	\$0	29	546	0	546
Dental	\$4,681	\$2,858	\$0	12	397	159	556
Disability Income	\$2,010,578	\$1,227,565	\$0	1	7,251	7,459	14,710
Excess/Stop Loss	\$714,490	\$436,235	\$0	29	785	308	1,093
Vision	\$17	\$10	\$0	0	0	0	0
TOTAL	\$8,519,910	\$5,201,861	\$0	72	16,230	15,385	31,615

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CIGNA HEALTHCARE OF FLORIDA, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95136							
51+ Member Groups	\$11,837,321	\$8,102,947	\$67,836	52	1,253	1,297	2,550
Conversion	\$691,024	\$969,286	\$0	0	72	0	72
TOTAL	\$12,528,345	\$9,072,233	\$67,836	52	1,325	1,297	2,622

CINCINNATI INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
10677							
Accident Only	\$1,522	\$0	\$1,522	0	0	0	0
TOTAL	\$1,522	\$0	\$1,522	0	0	0	0

CINCINNATI LIFE INSURANCE COMPANY (THE)

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76236							
Individually Underwritten	\$8,742	\$86,193	\$0	0	14	0	14
Accident Only	\$22	\$0	\$0	0	10	0	10
Disability Income	\$26,385	\$147,104	\$0	0	40	0	40
Hospital Indemnity	\$5	\$0	\$0	0	4	0	4
Limited Benefit	\$111	\$0	\$0	0	15	0	15
Long Term Care	\$139,620	\$164,976	\$0	0	65	0	65
Medicare Supplement	\$1,937	\$1,155	\$0	0	4	0	4
TOTAL	\$176,822	\$399,428	\$0	0	152	0	152

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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	\$3,884	\$4,146	\$0	0	3	0	3
Limited Benefit	\$3,866	\$117	\$0	0	19	0	19
TOTAL	\$7,750	\$4,263	\$0	0	22	0	22

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	\$39	\$0	\$0	0	1	0	1
Dental	\$53,611	\$32,808	\$5,341	5	737	711	1,448
Hospital Indemnity	\$818	\$0	\$0	0	1	0	1
Limited Benefit	\$3,332	\$171	\$0	0	4	0	4
TOTAL	\$57,800	\$32,979	\$5,341	5	743	711	1,454

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	\$879,889	\$759,325	\$0	0	126	47	173
TOTAL	\$879,889	\$759,325	\$0	0	126	47	173

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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	\$20,504,568	\$9,939,032	\$5,206,680	0	74,080	73,622	147,702
Disability Income	\$30,964,722	\$15,076,273	\$7,862,804	32	57,049	217	57,266
Hospital Indemnity	\$7,640,846	\$4,147,167	\$1,940,223	10	21,416	13,444	34,860
Limited Benefit	\$16,287,556	\$8,749,321	\$4,135,863	63	43,585	42,529	86,114
Long Term Care	\$131	\$0	\$0	0	1	0	1
Sickness	\$463,105	\$476,621	\$117,595	0	2,625	1,775	4,400
TOTAL	\$75,860,928	\$38,388,414	\$19,263,165	105	198,756	131,587	330,343

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	\$5,389	\$1,524	\$0	0	46	0	46
Accidental Death & Dismemberment	\$1,592	\$288	\$0	0	19	12	31
Disability Income	\$62,777	\$152,412	\$0	0	2	0	2
Hospital Indemnity	\$1,201	\$183	\$0	0	5	1	6
Limited Benefit	\$549	\$96	\$0	0	1	0	1
Long Term Care	\$10,604	\$0	\$0	0	13	0	13
Short Term Care	\$251	\$69	\$0	0	2	0	2
Medicare Supplement	\$2,963,264	\$2,379,302	\$0	0	3,182	0	3,182
TOTAL	\$3,045,627	\$2,533,874	\$0	0	3,270	13	3,283

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84786							
Accident Only	\$78,304	\$35,980	\$4,242	0	377	0	377
Dental	\$18,349	\$5,971	\$18,349	1	29	0	29
TOTAL	\$96,653	\$41,951	\$22,591	1	406	0	406

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76023							
Accident Only	\$1,044	\$0	\$0	0	0	0	0
Dental	\$15,986	\$8,991	\$0	0	0	0	0
TOTAL	\$17,030	\$8,991	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62103							
Accident Only	\$3,431	\$2,027	\$0	0	0	0	0
Dental	\$0	(\$1,459)	\$0	0	0	0	0
TOTAL	\$3,431	\$568	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
99937							
Disability Income	\$36,698	\$99,770	\$0	0	100	0	100
TOTAL	\$36,698	\$99,770	\$0	0	100	0	100

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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	\$4,510,330	\$1,494,168	\$2,888	0	32,778	6,594	39,372
Blanket Accident/Sickness	\$0	(\$4,444)	\$0	0	0	0	0
Disability Income	\$4,592,285	\$2,524,622	\$201,784	0	11,746	0	11,746
Hospital Indemnity	\$1,823,297	\$784,078	\$778,236	0	5,125	318	5,443
Limited Benefit	\$1,803,766	\$723,607	\$0	0	7,790	3,613	11,403
Medicare Supplement	\$1,750,595	\$1,686,033	\$0	0	692	6	698
Champus/Tricare Supplement	\$7,638	\$6,161	\$0	0	7	6	13
Sickness	\$3,095	\$7,716	\$0	0	16	4	20
Vision	\$8,074,349	\$5,775,010	\$158,757	10	77,618	54,333	131,951
TOTAL	\$22,565,355	\$12,996,951	\$1,141,665	10	135,772	64,874	200,646

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	\$287,621	\$248,011	\$0	0	3,915	1	3,916
Disability Income	\$88,657	\$58,899	\$1,637	0	290	0	290
Hospital Indemnity	\$213,195	\$347,442	\$3,317	0	992	10	1,002
Limited Benefit	\$70,970	\$74,058	\$185	0	193	106	299
TOTAL	\$660,443	\$728,410	\$5,139	0	5,390	117	5,507

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81426							
Accident Only	\$22,117	\$4,627	\$0	23	3,935	0	3,935
Accidental Death & Dismemberment	\$15,425	\$0	\$0	0	165	0	165
Disability Income	\$24,908	\$1,952	\$0	2	542	0	542
Hospital Indemnity	\$16,402	\$12,693	\$0	0	140	0	140
TOTAL	\$78,852	\$19,272	\$0	25	4,782	0	4,782

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
84824							
Guarantee Issue	(\$1,102)	\$116,294	\$0	0	15	0	15
Disability Income	\$708,914	\$2,942,161	\$0	0	542	0	542
Hospital Indemnity	\$0	\$3,243	\$0	0	0	0	0
TOTAL	\$707,812	\$3,061,698	\$0	0	557	0	557

COMPANION LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77828							
Dental	\$407,553	\$311,586	\$0	15	591	475	1,066
Disability Income	\$134,880	\$450,904	\$3,148	13	587	0	587
Excess/Stop Loss	\$11,190,433	\$7,346,743	\$4,572,418	30	23,127	7,650	30,777
Hospital Indemnity	\$10,819,789	\$8,300,705	\$249,486	3	238	183	421
Prescription Drug	\$920,082	\$757,401	\$71,814	0	1,815	483	2,298
Vision	\$11,888	\$9,904	\$898	4	148	119	267
TOTAL	\$23,484,625	\$17,177,243	\$4,897,764	65	26,506	8,910	35,416

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

COMPBENEFITS COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS 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
52015							
Administrative Services Only (ASO)	\$306,893	\$0	\$28,027	0	0	0	0
Dental	\$77,315,255	\$54,489,530	\$0	4,168	417,220	295,220	712,440
Vision	\$38,614,723	\$25,854,858	\$0	905	693,278	546,262	1,239,540
TOTAL	\$116,236,871	\$80,344,388	\$28,027	5,073	1,110,498	841,482	1,951,980

COMPBENEFITS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS 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
60984							
Dental	\$37,980,123	\$31,256,969	\$0	284	84,585	75,561	160,146
Vision	\$440,573	\$321,912	\$0	10	5,015	4,707	9,722
TOTAL	\$38,420,696	\$31,578,881	\$0	294	89,600	80,268	169,868

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List of Companies and all Health Business

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	\$2,745,440	\$4,760,849	\$2,288,200	0	442	45	487
Individually Underwritten	\$73,620,781	\$36,227,992	\$62,923,147	0	28,868	21,669	50,537
Self-Employed or Sole Proprietor	\$220,947	\$281,779	\$20,938	17	17	5	22
2 - 5 Member Groups	\$8,066,371	\$7,849,556	\$3,845,775	531	1,348	793	2,141
6 - 50 Member Groups	\$13,027,950	\$21,728,208	\$6,618,859	187	2,232	1,221	3,453
51+ Member Groups	\$583,750,880	\$472,436,751	\$152,494,182	1,031	145,680	125,145	270,825
Conversion	\$2,291,835	\$3,596,493	\$636,936	0	162	148	310
Administrative Services Only (ASO)	\$104,123,096	\$0	\$9,482,703	0	0	0	0
Dental	\$38,136,412	\$34,428,642	\$10,581,997	849	148,301	153,261	301,562
Disability Income	\$1,115,613	\$2,882,879	\$0	1	372	0	372
Excess/Stop Loss	\$50,692,270	\$41,822,994	\$10,196,640	518	15,082	11,323	26,405
Long Term Care	\$86,902	\$17,391	\$0	9	184	0	184
Medicare Supplement	\$105,958	\$124,551	\$0	69	69	2	71
Prescription Drug	\$61,489	\$75,255	\$21,266	7	50	23	73
Vision	\$1,471,131	\$832,287	\$845,251	322	17,806	15,330	33,136
TOTAL	\$879,517,075	\$627,065,627	\$259,955,894	3,541	360,613	328,965	689,578

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65900							
Individually Underwritten	\$6,978	\$37,460	\$0	0	11	0	11
Accident Only	\$1,125	\$66	\$0	0	45	6	51
Disability Income	\$27,762	\$38,751	\$0	0	60	0	60
Hospital Indemnity	\$160,142	\$487,366	\$0	0	249	27	276
Limited Benefit	\$354,241	\$407,723	\$0	0	925	1	926
Long Term Care	\$21,852	\$33,920	\$0	0	22	0	22
Medicare Supplement	\$400,191	\$551,660	\$0	0	237	5	242
TOTAL	\$972,291	\$1,556,946	\$0	0	1,549	39	1,588

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	\$21,465	\$8,373	\$2,204	0	73	0	73
Hospital Indemnity	\$148,143	\$34,171	\$75,596	0	374	0	374
Limited Benefit	\$245	\$0	\$0	0	1	0	1
Long Term Care	\$10,112	\$0	\$0	0	4	0	4
Medicare Supplement	\$5,245,361	\$3,547,349	\$21,949	0	1,736	0	1,736
TOTAL	\$5,425,326	\$3,589,893	\$99,749	0	2,188	0	2,188

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CONTINENTAL AMERICAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71730							
Accident Only	\$658,535	\$86,191	\$0	66	1,499	0	1,499
Accidental Death & Dismemberment	\$183,579	\$0	\$0	2	500	0	500
Disability Income	\$1,161,629	\$768,632	\$0	26	1,353	0	1,353
Hospital Indemnity	\$1,435,192	\$521,114	\$0	37	865	0	865
Limited Benefit	\$1,256,538	\$623,769	\$0	77	2,027	0	2,027
TOTAL	\$4,695,473	\$1,999,706	\$0	208	6,244	0	6,244

CONTINENTAL ASSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62413							
Conversion	\$95,024	\$393,453	\$0	0	15	1	16
Disability Income	\$24,512	(\$1,198,147)	\$0	0	27	0	27
TOTAL	\$119,536	(\$804,694)	\$0	0	42	1	43

CONTINENTAL CASUALTY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20443							
Accident Only	\$0	(\$913,351)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$10,999	(\$93,895)	\$0	9	89	0	89
Disability Income	\$4,039	\$3,491,774	\$0	0	10	0	10
Long Term Care	(\$1,865,967)	\$40,737,848	\$732,956	352	0	0	0
TOTAL	(\$1,850,929)	\$43,222,376	\$732,956	361	99	0	99

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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	\$9,353	\$15,012	\$0	0	2	0	2
Individually Underwritten	\$1,780,106	\$1,243,944	\$0	0	24	12	36
Out-of-State Individually Underwritten	\$1,939,663	\$894,627	\$0	0	0	0	0
Accident Only	\$10,906	\$652	\$0	0	45	0	45
Dental	\$348	\$1,525	\$0	0	8	3	11
Disability Income	\$77,622	\$107,709	\$0	0	0	0	0
Hospital Indemnity	\$5,086	\$1,152	\$0	0	8	0	8
Limited Benefit	\$15,367	\$7,575	\$3,731	0	47	28	75
Long Term Care	\$964,611	\$834,284	\$0	0	393	169	562
Medicare Supplement	\$10,757,596	\$9,204,814	\$0	0	3,493	0	3,493
TOTAL	\$15,560,658	\$12,311,294	\$3,731	0	4,020	212	4,232

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	\$5,426	\$5,267	\$0	0	3	0	3
Hospital Indemnity	\$69,667	\$43,973	\$3,143	0	188	0	188
Limited Benefit	\$3,019	\$0	\$0	0	17	0	17
Long Term Care	\$30,040	\$67,257	\$0	0	0	0	0
Medicare Supplement	\$13,891,530	\$11,070,774	\$10,243	40	6,066	0	6,066
TOTAL	\$13,999,682	\$11,187,271	\$13,386	40	6,274	0	6,274

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COUNTRY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62553							
Disability Income	\$40,468	(\$2,951)	\$0	1	54	0	54
Long Term Care	\$141,977	\$38,668	\$2,686	0	101	5	106
Medicare Supplement	\$764,295	\$677,687	\$24,787	0	327	0	327
TOTAL	\$946,740	\$713,404	\$27,473	1	482	5	487

COVENTRY HEALTH AND LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81973							
Guarantee Issue	\$6,728	\$3,084	\$0	0	6	0	6
Individually Underwritten	\$3,907,032	\$3,019,435	\$1,432,323	0	2,161	1,446	3,607
Self-Employed or Sole Proprietor	\$16,021	\$97,271	\$0	2	2	0	2
2 - 5 Member Groups	\$694,256	\$838,631	\$0	50	133	56	189
6 - 50 Member Groups	\$9,912,287	\$5,625,236	\$2,247,432	144	1,463	887	2,350
51+ Member Groups	\$22,193,873	\$20,673,980	\$3,286,071	91	4,388	1,819	6,207
Conversion	\$70,759	\$102,953	\$0	0	14	0	14
TOTAL	\$36,800,956	\$30,360,590	\$6,965,826	287	8,167	4,208	12,375

COVENTRY HEALTH CARE OF FLORIDA, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95114							
Self-Employed or Sole Proprietor	\$4,747,297	\$5,183,421	\$113,177	455	455	37	492
2 - 5 Member Groups	\$36,216,163	\$31,339,592	\$3,762,861	2,036	6,161	3,110	9,271
6 - 50 Member Groups	\$70,302,750	\$61,130,107	\$10,561,884	1,326	16,137	7,186	23,323
51+ Member Groups	\$506,919,656	\$452,063,816	\$16,315,387	244	78,743	40,664	119,407
Conversion	\$3,413,072	\$4,129,689	\$0	0	437	0	437
TOTAL	\$621,598,938	\$553,846,625	\$30,753,309	4,061	101,933	50,997	152,930

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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	\$778,509	\$451,863	\$40,393	0	0	0	0
Individually Underwritten	\$83,493,282	\$61,272,944	\$9,031,760	0	24,879	1,037	25,916
Self-Employed or Sole Proprietor	\$12,315	\$19,446	\$0	1	1	0	1
2 - 5 Member Groups	\$4,615	\$2,886	\$0	1	1	0	1
Conversion	\$297,652	\$370,687	\$0	0	67	0	67
TOTAL	\$84,586,373	\$62,117,826	\$9,072,153	2	24,948	1,037	25,985

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	\$45	\$0	\$0	0	3	0	3
TOTAL	\$45	\$0	\$0	0	3	0	3

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	\$201,060	\$694,109	\$0	0	162	0	162
TOTAL	\$201,060	\$694,109	\$0	0	162	0	162

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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	\$1,638	\$596	\$0	0	1	0	1
Accident Only	\$153,256	\$5,985	\$0	48	2,223	0	2,223
Accidental Death & Dismemberment	\$5,554,813	\$1,291,189	\$583,188	0	313,383	47,534	360,917
Dental	\$9,196	\$12,011	\$0	0	20	0	20
Disability Income	\$340,365	\$196,475	\$24,593	44	1,458	0	1,458
Hospital Indemnity	\$37,536	\$19,948	\$0	0	221	709	930
Long Term Care	\$4,689,251	\$393,174	\$732,991	0	3,446	0	3,446
Medicare Supplement	\$5,924	\$28,985	\$0	0	10	0	10
TOTAL	\$10,791,979	\$1,948,363	\$1,340,772	92	320,762	48,243	369,005

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	\$108,779,711	\$89,161,038	\$0	364	246,094	162,744	408,838
TOTAL	\$108,779,711	\$89,161,038	\$0	364	246,094	162,744	408,838

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	\$2,299,575	\$1,650,946	\$0	3	5,797	4,818	10,615
TOTAL	\$2,299,575	\$1,650,946	\$0	3	5,797	4,818	10,615

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DENTAL CONCERN, INC., THE

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
54739							
Dental	\$92,095	\$124,102	\$0	60	334	217	551
TOTAL	\$92,095	\$124,102	\$0	60	334	217	551

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62928							
Administrative Services Only (ASO)	\$481,153	\$0	\$1,327	0	0	0	0
Dental	\$29,900,880	\$31,777,136	\$0	2	311,909	310,940	622,849
TOTAL	\$30,382,033	\$31,777,136	\$1,327	2	311,909	310,940	622,849

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62928							
Disability Income	\$3,595	\$5,769	\$0	0	15	0	15
Hospital Indemnity	\$120	\$0	\$0	0	4	0	4
Limited Benefit	\$843,982	\$372,041	\$0	0	1,346	161	1,507
Medicare Supplement	\$1,563	\$597	\$0	0	2	0	2
TOTAL	\$849,260	\$378,407	\$0	0	1,367	161	1,528

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57991							
Individually Underwritten	\$142,270	\$84,608	\$0	0	9	2	11
Medicare Supplement	\$677,963	\$476,925	\$0	0	238	72	310
TOTAL	\$820,233	\$561,533	\$0	0	247	74	321

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FAIRMONT PREMIER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25518							
Blanket Accident/Sickness	\$0	\$5,889	\$0	0	0	0	0
TOTAL	\$0	\$5,889	\$0	0	0	0	0

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	\$118,503	\$6,461	\$14,283	0	254	158	412
Hospital Indemnity	\$764	\$0	\$128	0	1	0	1
Limited Benefit	\$1,509,383	\$424,590	\$137,748	0	2,264	3,435	5,699
TOTAL	\$1,628,650	\$431,051	\$152,159	0	2,519	3,593	6,112

FAMILY 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
63053							
Disability Income	\$12,868	\$0	\$12,868	1	1	1	2
TOTAL	\$12,868	\$0	\$12,868	1	1	1	2

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	\$4,501	\$0	\$0	0	37	0	37
Long Term Care	\$26	\$0	\$0	0	3	0	3
TOTAL	\$4,527	\$0	\$0	0	40	0	40

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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	\$2,953,960	\$1,938,637	\$466,000	181	38,737	0	38,737
Excess/Stop Loss	\$5,137,703	\$3,498,514	\$1,112,000	13	8,806	3,703	12,509
TOTAL	\$8,091,663	\$5,437,151	\$1,578,000	194	47,543	3,703	51,246

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	\$447	\$0	\$0	0	139	0	139
Disability Income	\$24,603	\$775	\$1,624	0	68	0	68
TOTAL	\$25,050	\$775	\$1,624	0	207	0	207

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	\$1,002,123	\$89,137	\$53,952	0	806	0	806
TOTAL	\$1,002,123	\$89,137	\$53,952	0	806	0	806

FIDELITY & GUARANTY 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
63274							
Disability Income	\$0	\$27,554	\$0	2	2	0	2
TOTAL	\$0	\$27,554	\$0	2	2	0	2

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63290							
Disability Income	\$1,772	\$3	\$1,507	0	25	0	25
Long Term Care	\$6,008	\$252	\$1,454	15	215	0	215
TOTAL	\$7,780	\$255	\$2,961	15	240	0	240

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	\$14,394	\$7,335	\$0	0	1	0	1
Out-of-State Guarantee Issue	\$495	\$784	\$0	0	0	0	0
Out-of-State Individually Underwritten	\$18,222	\$247,557	\$60,061	0	0	0	0
Out-of-State Short Term Major Medical	\$0	\$19,679	\$0	0	0	0	0
Accident Only	\$6,190	\$353	\$0	0	74	30	104
Accidental Death & Dismemberment	\$115	(\$55)	\$0	0	1	0	1
Dental	\$3,966,001	\$3,372,365	\$3,825,047	11	2,982	209	3,191
Disability Income	\$605,452	\$64,013	\$52,123	0	169	1	170
Excess/Stop Loss	\$245,139	\$209,248	\$245,139	0	0	0	0
Hospital Indemnity	\$1,388,140	\$402,348	\$896,448	69	4,076	2,107	6,183
Limited Benefit	\$293,221	\$70,840	\$1,709	2	2,713	2,809	5,522
Prescription Drug	\$642,731	\$380,825	\$169,004	33	2,374	1,009	3,383
Vision	\$17,406,387	\$13,550,973	\$3,924,197	585	147,666	0	147,666
TOTAL	\$24,586,487	\$18,326,265	\$9,173,728	700	160,056	6,165	166,221

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FIREMAN'S FUND 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>
21873							
Accident Only	\$0	(\$70)	\$0	0	0	0	0
TOTAL	\$0	(\$70)	\$0	0	0	0	0

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69140							
Guarantee Issue	(\$727)	\$9,728	\$0	0	4	0	4
Conversion	\$0	\$981,547	\$0	0	11	3	14
Disability Income	\$24,401	\$317,318	\$0	0	82	0	82
Hospital Indemnity	(\$242)	\$3,243	\$0	0	1	0	1
TOTAL	\$23,432	\$1,311,836	\$0	0	98	3	101

FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90328							
Dental	\$1,298,844	\$747,052	\$0	1	2,119	1,145	3,264
Excess/Stop Loss	\$25,041	(\$11,792)	\$0	0	0	0	0
TOTAL	\$1,323,885	\$735,260	\$0	1	2,119	1,145	3,264

FIRST INVESTORS LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63495							
Disability Income	\$774	\$3,626	\$0	0	3	0	3
Hospital Indemnity	\$215	\$0	\$0	0	2	0	2
TOTAL	\$989	\$3,626	\$0	0	5	0	5

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FLORIDA DENTAL 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
Dental	\$5,100	\$2,635	\$5,100	7	82	97	179
TOTAL	\$5,100	\$2,635	\$5,100	7	82	97	179

FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code

13567

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Self-Employed or Sole Proprietor	\$499,165	\$311,914	\$18,258	61	61	0	61
2 - 5 Member Groups	\$7,841,072	\$6,649,582	\$380,971	620	1,058	535	1,593
6 - 50 Member Groups	\$11,839,894	\$9,095,350	\$1,318,836	234	2,121	767	2,888
51+ Member Groups	\$122,603,270	\$100,257,843	\$8,200,569	47	14,879	10,336	25,215
Conversion	\$3,829,450	\$4,381,509	\$136,333	0	396	130	526
TOTAL	\$146,612,851	\$120,696,198	\$10,054,967	962	18,515	11,768	30,283

FORT DEARBORN LIFE INSURANCE COMPANY

NAIC Company Code

71129

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$112,251	\$88,355	\$0	9	278	248	526
Disability Income	\$473,996	\$620,887	\$0	66	1,332	0	1,332
TOTAL	\$586,247	\$709,242	\$0	75	1,610	248	1,858

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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	\$19,422	\$9,564	\$1,948	0	3	0	3
Out-of-State Individually Underwritten	\$15,936,760	\$9,545,343	\$7,140,001	2	3,988	3,227	7,215
Accident Only	\$956	\$471	\$0	0	8	0	8
Accidental Death & Dismemberment	\$243,573	\$145,888	\$198,985	1	102	98	200
Dental	\$51,770	\$31,008	\$28,126	0	66	42	108
Hospital Indemnity	\$9,563	\$4,709	\$0	0	2	1	3
Limited Benefit	\$318,180	\$156,678	\$0	0	1,547	196	1,743
TOTAL	\$16,580,224	\$9,893,661	\$7,369,060	3	5,716	3,564	9,280

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	\$4,056	\$0	\$0	1	21	21	42
TOTAL	\$4,056	\$0	\$0	1	21	21	42

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	\$5,691	\$27,191	\$0	0	15	0	15
Disability Income	\$715,927	\$2,010,245	\$0	0	514	0	514
TOTAL	\$721,618	\$2,037,436	\$0	0	529	0	529

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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	(\$421,844)	(\$1,289,008)	\$0	0	117	0	117
TOTAL	(\$421,844)	(\$1,289,008)	\$0	0	117	0	117

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	\$3,388	\$839	\$0	0	40	0	40
Disability Income	\$22,016	\$202,929	\$0	0	39	0	39
Hospital Indemnity	\$2,618	\$0	\$0	0	2	0	2
Limited Benefit	\$8,708	\$16,336	\$0	2	41	0	41
Long Term Care	\$45,171	\$134,780	\$0	0	6	0	6
Medicare Supplement	\$3,833,211	\$2,131,854	\$0	0	1,310	0	1,310
TOTAL	\$3,915,112	\$2,486,738	\$0	2	1,438	0	1,438

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	\$243	\$133,454	\$0	0	0	0	0
Accidental Death & Dismemberment	\$7,178	\$0	\$0	0	44	0	44
Long Term Care	\$107,561,084	\$78,265,985	\$2,566,571	0	49,209	0	49,209
Medicare Supplement	\$39,083	\$32,628	\$0	0	15	0	15
TOTAL	\$107,607,588	\$78,432,067	\$2,566,571	0	49,268	0	49,268

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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	\$256,447	\$341,321	\$0	7	3,939	2,499	6,438
Dental	\$423	\$201	\$0	1	1	0	1
Excess/Stop Loss	\$1,580,071	\$1,693,204	\$0	8	2,194	4,361	6,555
Hospital Indemnity	\$31,797	\$47,376	\$0	0	96	0	96
Limited Benefit	\$206	\$0	\$0	0	1	0	1
Long Term Care	\$7,433	\$127,879	\$0	0	12	0	12
Medicare Supplement	\$552,972	\$401,588	\$0	0	358	0	358
TOTAL	\$2,429,349	\$2,611,569	\$0	16	6,601	6,860	13,461

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	\$81,991	\$284,907	\$0	0	86	21	107
Accident Only	\$8,302	(\$9,998)	\$0	0	88	26	114
Accidental Death & Dismemberment	\$1,952,002	\$464,058	\$61,606	0	12,410	0	12,410
Hospital Indemnity	\$1,548	\$1,165	\$0	0	9	1	10
Limited Benefit	\$20,760	(\$10,119)	\$0	0	332	153	485
Medicare Supplement	\$77,676	\$237,281	\$0	0	42	1	43
TOTAL	\$2,142,279	\$967,294	\$61,606	0	12,967	202	13,169

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GOLDEN RULE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62286							
Individually Underwritten	\$1,677,672	\$876,358	\$20,848	0	204	77	281
Conversion	\$12,202	\$1,736	\$0	0	4	0	4
Out-of-State Guarantee Issue	\$16,970,306	\$19,792,906	\$3,595,431	0	1,684	239	1,923
Out-of-State Individually Underwritten	\$297,817,742	\$174,794,475	\$51,948,358	1	68,924	48,006	116,930
Out-of-State Short Term Major Medical	\$2,248,397	\$815,021	\$1,924,413	1	1,801	833	2,634
Dental	\$2,196,788	\$1,274,321	\$944,656	0	5,597	2,848	8,445
Disability Income	\$695	\$0	\$0	0	1	0	1
Hospital Indemnity	\$633	\$2,956	\$0	0	5	0	5
Medicare Supplement	\$3,226,688	\$2,800,588	\$0	0	1,169	0	1,169
TOTAL	\$324,151,123	\$200,358,361	\$58,433,706	2	79,389	52,003	131,392

GOVERNMENT EMPLOYEES INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
22063							
Accident Only	\$14,402	\$1,944	\$0	0	105	0	105
TOTAL	\$14,402	\$1,944	\$0	0	105	0	105

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63967							
Medicare Supplement	\$1,342	\$0	\$1,342	0	13	0	13
Champus/Tricare Supplement	\$199,853	\$93,488	\$0	0	263	256	519
TOTAL	\$201,195	\$93,488	\$1,342	0	276	256	532

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63312							
Accident Only	\$555	\$0	\$0	0	5	0	5
Disability Income	\$260	\$30,319	\$0	0	1	0	1
Hospital Indemnity	\$159	\$0	\$0	0	1	0	1
Long Term Care	\$760,355	\$49,160	\$0	1	218	0	218
Medicare Supplement	\$1,007,218	\$678,472	\$32,962	0	408	0	408
TOTAL	\$1,768,547	\$757,951	\$32,962	1	633	0	633

GREAT 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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90212							
Conversion	\$2,813	\$1,297	\$0	0	1	0	1
Disability Income	\$246,821	(\$87,600)	\$9,281	1	192	0	192
TOTAL	\$249,634	(\$86,303)	\$9,281	1	193	0	193

GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80705							
Out-of-State 51+ Member Groups	\$1,394,558	\$21,153	\$0	36	57	82	139
Disability Income	\$152,549	\$207,425	\$0	0	245	0	245
TOTAL	\$1,547,107	\$228,578	\$0	36	302	82	384

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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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68322							
Out-of-State 51+ Member Groups	\$60,503	\$53,832	\$0	2	303	140	443
Accidental Death & Dismemberment	\$47,400	\$42,174	\$0	34	260	0	260
Dental	\$42,526	\$37,838	\$0	16	541	445	986
Excess/Stop Loss	\$15,968,580	\$14,208,093	\$0	34	2,102	1,520	3,622
Vision	\$76	\$67	\$0	2	17	15	32
TOTAL	\$16,119,085	\$14,342,004	\$0	88	3,223	2,120	5,343

GUARANTEE TRUST LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64211							
Individually Underwritten	\$254,866	\$115,942	\$0	0	163	6	169
Out-of-State Individually Underwritten	\$1,258,699	\$1,253,560	\$0	1	44	7	51
Accident Only	\$597,270	\$293,257	\$8,849	24	3,718	2,216	5,934
Disability Income	\$5,521	\$0	\$0	0	91	0	91
Hospital Indemnity	\$2,003,999	\$466,978	\$966,750	0	3,836	45	3,881
Limited Benefit	\$117,343	\$17,356	\$45,872	0	649	9	658
Long Term Care	\$992,134	\$2,046,831	\$0	0	287	0	287
Medicare Supplement	\$1,596,910	\$1,174,355	\$6,647	0	471	0	471
Student	\$0	(\$6,247)	\$0	0	0	0	0
TOTAL	\$6,826,742	\$5,362,032	\$1,028,118	25	9,259	2,283	11,542

GUARANTY INCOME LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64238							
Long Term Care	\$186,555	\$86,939	\$0	0	123	0	123
TOTAL	\$186,555	\$86,939	\$0	0	123	0	123

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64246							
Individually Underwritten	\$178,114	\$523,950	\$0	0	201	201	402
Conversion	\$303,566	\$773,707	\$13,829	0	41	39	80
Out-of-State 51+ Member Groups	\$2,282,314	\$1,532,987	\$0	2	158	175	333
Accidental Death & Dismemberment	\$1,070,237	\$277,989	\$240,140	1,622	63,847	3,448	67,295
Dental	\$105,328,064	\$85,244,742	\$13,028,774	4,120	189,391	179,921	369,312
Disability Income	\$27,147,269	\$25,763,070	\$3,096,183	1,821	59,775	6,458	66,233
Excess/Stop Loss	\$683	\$0	\$0	0	0	0	0
Limited Benefit	\$1,615	\$0	\$1,615	1	71	0	71
Vision	\$3,231,044	\$2,103,707	\$1,011,583	726	29,187	27,728	56,915
TOTAL	\$139,542,906	\$116,220,152	\$17,392,124	8,292	342,671	217,970	560,641

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64327							
Disability Income	\$142	\$2,888	\$0	1	2	0	2
TOTAL	\$142	\$2,888	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19682							
Accidental Death & Dismemberment	\$0	\$1	\$0	0	0	0	0
Blanket Accident/Sickness	\$1,988	\$5	\$0	0	0	0	0
Disability Income	\$0	\$32,299	\$0	0	0	0	0
Excess/Stop Loss	\$0	(\$328)	\$0	0	0	0	0
TOTAL	\$1,988	\$31,977	\$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	\$37,197,315	\$13,559,077	\$570,477	729	597,224	114,935	712,159
Blanket Accident/Sickness	\$958,674	\$504,702	\$60,524	1,310	96,913	110,481	207,394
Disability Income	\$117,298,260	\$120,909,946	\$9,891,562	1,001	635,222	0	635,222
Hospital Indemnity	\$969,734	\$506,710	\$1,365	0	2,421	548	2,969
Limited Benefit	\$4,257,825	\$3,425,778	\$197,585	11	2,332	1,063	3,395
Medicare Supplement	\$1,605,207	\$1,291,524	\$74,490	4	879	401	1,280
Champus/Tricare Supplement	\$4,294,561	\$3,018,740	\$279,320	0	8,222	0	8,222
Travel	\$1,524,446	\$521,817	\$251,657	285	385,269	73,200	458,469
TOTAL	\$168,106,022	\$143,738,294	\$11,326,980	3,340	1,728,482	300,628	2,029,110

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	\$3,837	\$1,187	\$0	0	15	0	15
Hospital Indemnity	\$5,152	\$2,449	\$0	0	33	0	33
Limited Benefit	\$31,248	\$29,238	\$0	0	394	0	394
TOTAL	\$40,237	\$32,874	\$0	0	442	0	442

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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	\$1,146,057	\$775,856	\$17,151	2	26,449	3,372	29,821
Blanket Accident/Sickness	(\$114)	\$5,403	\$0	0	0	0	0
Disability Income	\$2,713,723	\$7,127,565	\$138,083	18	16,118	0	16,118
Excess/Stop Loss	\$8,428	\$0	\$0	0	0	0	0
Hospital Indemnity	\$63,238	\$135,900	\$0	0	321	73	394
Limited Benefit	\$875,387	\$623,891	\$9,266	5	317	145	462
Long Term Care	\$47,871	\$0	\$0	0	0	0	0
Medicare Supplement	\$573,241	\$408,787	\$6,068	3	208	95	303
Champus/Tricare Supplement	\$5,163,058	\$4,191,035	\$189,578	0	11,214	0	11,214
Travel	\$1,719	\$115,385	\$0	3	429	82	511
TOTAL	\$10,592,608	\$13,383,822	\$360,146	31	55,056	3,767	58,823

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	\$284,781	\$104,182	\$52,997	1	503	131	634
Disability Income	\$5,081,544	\$3,640,141	\$3,145,431	7	7	0	7
Excess/Stop Loss	\$5,997,221	\$3,520,560	\$2,191,026	30	14,823	18,313	33,136
Student	\$52,997	\$40,967	\$284,782	45	45	0	45
TOTAL	\$11,416,543	\$7,305,850	\$5,674,236	83	15,378	18,444	33,822

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	\$209,403	\$302,376	\$209,403	1	1,182	1,348	2,530
TOTAL	\$209,403	\$302,376	\$209,403	1	1,182	1,348	2,530

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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	\$2,023,069	\$3,153,637	\$0	0	659	274	933
Out-of-State 51+ Member Groups	\$79,095,404	\$66,655,581	\$0	1,891	9,995	9,836	19,831
Out-of-State Short Term Major Medical	\$5,274	\$8,381	\$0	0	1	1	2
Administrative Services Only (ASO)	\$21,185,638	\$0	\$0	0	0	0	0
Dental	\$1,128,724	\$943,577	\$0	359	1,961	1,835	3,796
Medicare Supplement	\$9,352,561	\$8,512,692	\$0	0	3,393	0	3,393
TOTAL	\$112,790,670	\$79,273,868	\$0	2,250	16,009	11,946	27,955

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	\$3,384,079	\$2,671,837	\$99,649	321	321	312	633
2 - 5 Member Groups	\$16,455,055	\$11,740,331	\$657,174	754	2,350	1,474	3,824
6 - 50 Member Groups	\$27,582,308	\$19,538,803	\$1,039,073	346	3,735	2,114	5,849
51+ Member Groups	\$59,621,605	\$49,695,186	\$3,499,969	78	7,543	7,028	14,571
Conversion	\$833,759	\$1,159,022	\$81,885	0	100	38	138
Administrative Services Only (ASO)	\$969,860	\$0	\$0	0	0	0	0
TOTAL	\$108,846,666	\$84,805,179	\$5,377,750	1,499	14,049	10,966	25,015

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	\$54,611	\$25,539	\$0	0	2	0	2
TOTAL	\$54,611	\$25,539	\$0	0	2	0	2

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HEALTH OPTIONS, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95089							
Guarantee Issue	\$884,922	\$976,989	\$2,655	0	113	24	137
Self-Employed or Sole Proprietor	\$2,017,998	\$2,171,866	\$18,162	112	112	36	148
2 - 5 Member Groups	\$10,987,415	\$6,041,565	\$10,987	309	680	416	1,096
6 - 50 Member Groups	\$18,979,261	\$9,269,170	\$0	368	1,195	712	1,907
51+ Member Groups	\$245,845,156	\$208,726,378	\$7,867,045	120	27,886	33,134	61,020
Conversion	\$14,078,099	\$17,805,038	\$703,905	0	1,806	390	2,196
TOTAL	\$292,792,851	\$244,991,006	\$8,602,754	909	31,792	34,712	66,504

HM LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
93440							
Disability Income	\$0	\$610,029	\$0	0	0	0	0
Excess/Stop Loss	\$9,523,815	\$5,094,027	\$2,117,676	16	32,828	39,394	72,222
Limited Benefit	\$1,826,274	\$378,287	\$100,459	8	1,927	2,312	4,239
Student	\$617,127	\$423,576	\$186,637	36	310	0	310
Vision	\$1,200,285	\$1,162,601	\$490,984	12	10,766	12,919	23,685
TOTAL	\$13,167,501	\$7,668,520	\$2,895,756	72	45,831	54,625	100,456

HORACE MANN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64513							
Accidental Death & Dismemberment	\$1,740	(\$6)	\$0	0	47	0	47
Disability Income	\$199,333	\$31,352	\$2,848	12	460	0	460
Hospital Indemnity	\$206	\$0	\$0	0	1	0	1
Limited Benefit	\$0	\$785	\$0	0	6	5	11
TOTAL	\$201,279	\$32,131	\$2,848	12	514	5	519

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HOUSEHOLD 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
93777							
Accidental Death & Dismemberment	\$652	\$1	\$0	1	47	0	47
TOTAL	\$652	\$1	\$0	1	47	0	47

HUMANA HEALTH INSURANCE COMPANY 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
69671							
Guarantee Issue	\$2,606,481	\$1,039,337	\$407,822	0	261	275	536
Individually Underwritten	\$149,762,645	\$60,098,137	\$32,812,275	0	41,598	25,568	67,166
Self-Employed or Sole Proprietor	\$5,297,139	\$5,201,286	\$18,520	255	255	133	388
2 - 5 Member Groups	\$11,854,351	\$11,524,419	\$33,565	271	718	422	1,140
6 - 50 Member Groups	\$8,094,938	\$7,954,909	\$81,530	53	335	1,374	1,709
51+ Member Groups	\$79,025,830	\$77,305,394	\$166,673	50	6,175	11,488	17,663
Conversion	\$1,898,627	\$8,337,201	\$310,049	0	187	63	250
Excess/Stop Loss	\$4,626,526	\$4,872,253	\$364,571	8	11,389	8,049	19,438
Medicare Supplement	\$1,692,100	\$1,748,749	\$1,242,666	0	1,081	0	1,081
TOTAL	\$264,858,637	\$178,081,685	\$35,437,671	637	61,999	47,372	109,371

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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							
Out-of-State Individually Underwritten	\$3,093,973	\$749,927	\$3,093,973	3,901	3,987	2,517	6,504
Out-of-State Short Term Major Medical	\$1,229,040	\$518,475	\$945,171	704	704	168	872
Administrative Services Only (ASO)	\$9,079,106	\$0	\$12,621	0	0	0	0
Accidental Death & Dismemberment	\$135,325	(\$9,554)	\$15,113	0	0	0	0
Dental	\$203,081	\$178,824	\$203,081	2	363	585	948
Disability Income	\$130,947	(\$1,065,824)	\$0	60	427	0	427
Vision	\$3,521,154	\$2,685,775	\$1,417,153	1,185	44,300	37,329	81,629
TOTAL	\$17,392,626	\$3,057,623	\$5,687,112	5,852	49,781	40,599	90,380

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	\$5,142,635	\$4,303,011	\$372,866	499	499	290	789
2 - 5 Member Groups	\$35,037,387	\$29,316,931	\$5,779,551	1,770	5,542	2,544	8,086
6 - 50 Member Groups	\$90,077,847	\$75,371,090	\$23,735,359	1,209	15,982	7,303	23,285
51+ Member Groups	\$601,454,064	\$503,035,032	\$165,786,047	237	81,764	55,272	137,036
Conversion	\$1,684,926	\$2,513,673	\$5,753	0	141	27	168
TOTAL	\$733,396,859	\$614,539,737	\$195,679,576	3,715	103,928	65,436	169,364

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)	\$330,457	\$0	\$269,229	0	0	0	0
Dental	\$24,367,074	\$16,170,987	\$0	1,490	49,171	38,199	87,370
TOTAL	\$24,697,531	\$16,170,987	\$269,229	1,490	49,171	38,199	87,370

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IA AMERICAN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
91693							
Accidental Death & Dismemberment	\$107	\$0	\$0	0	4	0	4
Hospital Indemnity	\$86	\$0	\$0	0	1	0	1
Limited Benefit	\$3,330	\$1,821	\$0	0	71	0	71
Travel	\$0	\$4,337	\$0	0	1,174	0	1,174
TOTAL	\$3,523	\$6,158	\$0	0	1,250	0	1,250

IDEALIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97764							
Medicare Supplement	\$1,232,124	\$842,623	\$0	0	330	0	330
TOTAL	\$1,232,124	\$842,623	\$0	0	330	0	330

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64580							
Individually Underwritten	\$670,534	\$671,133	\$0	0	49	13	62
Accident Only	\$1,636	\$750	\$541	0	15	14	29
Disability Income	\$4,545,078	\$3,950,259	\$97,880	0	6,029	0	6,029
Hospital Indemnity	\$7,379	(\$5,575)	\$0	0	14	3	17
TOTAL	\$5,224,627	\$4,616,567	\$98,421	0	6,107	30	6,137

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IMPERIUM INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$766,007	\$617,380	\$0	3	139	155	294
Travel	\$494,196	\$536,536	\$107,116	0	0	0	0
TOTAL	\$1,260,203	\$1,153,916	\$107,116	3	139	155	294

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	\$10,973	\$1,201	\$10,972	8	8	0	8
Out-of-State 51+ Member Groups	\$1,972,938	\$725,449	\$1,972,938	818	818	646	1,464
Dental	\$31,984	\$4,560	\$31,984	72	72	0	72
Hospital Indemnity	\$19	\$3	\$19	1	1	0	1
TOTAL	\$2,015,914	\$731,213	\$2,015,913	899	899	646	1,545

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	\$2,733	\$14,400	\$0	0	28	0	28
TOTAL	\$2,733	\$14,400	\$0	0	28	0	28

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	\$838	\$0	0	1	0	1
Long Term Care	\$28,886	\$5,356	\$0	0	32	0	32
Medicare Supplement	\$12,152	\$11,351	\$0	0	6	0	6
TOTAL	\$41,307	\$17,545	\$0	0	39	0	39

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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	\$1,089	\$0	0	2	0	2
Limited Benefit	\$2,051	\$556	\$0	0	411	0	411
TOTAL	\$2,188	\$1,645	\$0	0	413	0	413

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
22713							
Accident Only	\$0	\$1,144,174	\$0	0	0	0	0
TOTAL	\$0	\$1,144,174	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19429							
Limited Benefit	(\$2,442)	\$4,231	\$0	0	0	0	0
TOTAL	(\$2,442)	\$4,231	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85189							
Limited Benefit	\$612	\$0	\$0	0	5	2	7
TOTAL	\$612	\$0	\$0	0	5	2	7

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64904							
Medicare Supplement	\$1,177	\$596	\$0	0	1	0	1
TOTAL	\$1,177	\$596	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63487							
Individually Underwritten	\$22	(\$31)	\$0	0	0	0	0
Accident Only	\$34	(\$1)	\$0	0	1	0	1
Disability Income	\$1,113	\$21,968	\$0	0	4	0	4
Hospital Indemnity	\$735	(\$218)	\$0	0	4	0	4
Limited Benefit	\$167	(\$3)	\$0	0	2	0	2
Long Term Care	\$50	(\$34)	\$0	0	0	0	0
TOTAL	\$2,121	\$21,681	\$0	0	11	0	11

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65056							
Accident Only	\$16,397	\$32	\$0	0	1,201	4	1,205
Dental	\$42,577	\$30,326	\$0	0	115	0	115
Disability Income	\$24,330	\$7,051	\$0	0	480	0	480
Hospital Indemnity	\$59,518	\$10,449	\$0	0	305	6	311
Limited Benefit	\$551,883	\$390,350	\$0	0	1,669	637	2,306
Long Term Care	\$16,768	\$23,561	\$0	0	19	0	19
Medicare Supplement	\$454,900	\$487,015	\$0	0	239	0	239
Champus/Tricare Supplement	\$47,266	\$64,263	\$0	0	60	40	100
TOTAL	\$1,213,639	\$1,013,047	\$0	0	4,088	687	4,775

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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	\$3,088	(\$42)	\$0	0	14	0	14
Accident Only	\$202	\$0	\$0	0	0	0	0
Disability Income	\$44,964	\$160,230	\$0	0	30	0	30
Hospital Indemnity	\$1,082	(\$6)	\$0	0	4	0	4
Limited Benefit	\$1,516	\$507	\$0	0	17	0	17
Medicare Supplement	\$48,494	\$31,796	\$0	0	19	0	19
TOTAL	\$99,346	\$192,485	\$0	0	84	0	84

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JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65080							
Conversion	\$127,760	\$42,971	\$0	0	10	2	12
Out-of-State Guarantee Issue	\$143,153	\$57,310	\$5,284	0	6	0	6
Out-of-State Individually Underwritten	\$4,729,086	\$2,567,567	\$816,149	1	784	396	1,180
Out-of-State 2 - 5 Member Groups	\$234,535	\$81,517	\$183,287	17	49	25	74
Out-of-State 6 - 50 Member Groups	\$414,450	\$199,534	\$370,051	7	84	23	107
Out-of-State Short Term Major Medical	\$229,103	\$28,913	\$166,220	0	74	19	93
Out-of-State Conversion	\$11,787	\$23,627	\$0	0	1	0	1
Accident Only	\$37,004	\$10,007	\$716	0	101	133	234
Accidental Death & Dismemberment	\$42	\$2	\$13	0	0	0	0
Dental	\$24,045	\$20,320	\$3,539	3	34	12	46
Disability Income	\$256,569	\$152,865	\$9,411	0	419	11	430
Hospital Indemnity	\$3,116	(\$143)	\$647	0	8	1	9
Limited Benefit	\$48,747	\$9,546	\$2,882	0	110	89	199
Long Term Care	\$582,900	\$671,117	\$0	0	414	0	414
Medicare Supplement	\$531,260	\$430,564	\$0	0	199	0	199
Sickness	\$3,004	(\$180)	\$55	0	6	1	7
Travel	\$495	\$0	\$0	0	10	0	10
TOTAL	\$7,377,056	\$4,295,537	\$1,558,254	28	2,309	712	3,021

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93610							
Long Term Care	\$9,235,266	\$9,419,789	\$729,755	15	2,465	78	2,543
TOTAL	\$9,235,266	\$9,419,789	\$729,755	15	2,465	78	2,543

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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	\$701,745	\$5,291,753	\$0	0	173	0	173
Long Term Care	\$114,459,415	\$78,369,657	\$12,231,209	347	60,255	4,183	64,438
TOTAL	\$115,161,160	\$83,661,410	\$12,231,209	347	60,428	4,183	64,611

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	\$583,454	\$78,122	\$370,202	32	1,215	1,310	2,525
Accident Only	\$20,776	\$2,222	\$15,257	63	645	14	659
Accidental Death & Dismemberment	\$609,588	\$102,742	\$320,010	36	1,363	0	1,363
Dental	\$1,093	\$3,033	\$0	3	3	1	4
Disability Income	\$687,581	\$338,535	\$96,536	124	2,029	0	2,029
Excess/Stop Loss	\$1,440,230	\$2,211,521	\$797,553	3	6,749	7,424	14,173
Hospital Indemnity	\$75,376	\$4,621	\$50,408	27	289	64	353
Limited Benefit	\$1,019,099	\$1,184,697	\$168,689	123	2,294	370	2,664
Long Term Care	\$15,840,812	\$22,395,577	\$0	0	8,505	0	8,505
Medicare Supplement	\$483,943	\$683,063	\$0	0	154	0	154
TOTAL	\$20,761,952	\$27,004,133	\$1,818,655	411	23,246	9,183	32,429

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KANSAS CITY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65129							
Individually Underwritten	\$2,919	\$15,953	\$0	0	2	0	2
Dental	\$531,031	\$196,092	\$0	0	403	323	726
Disability Income	\$297,321	\$403,476	\$0	0	233	167	400
Hospital Indemnity	\$3,315	\$2,324	\$0	0	16	0	16
Limited Benefit	\$79	(\$4)	\$0	0	2	0	2
Medicare Supplement	\$775	\$55	\$0	0	1	0	1
Vision	\$3,694	\$317	\$0	0	35	28	63
TOTAL	\$839,134	\$618,213	\$0	0	692	518	1,210

KNIGHTS OF COLUMBUS

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
58033							
Individually Underwritten	\$1,193	\$258	\$0	0	2	2	4
Hospital Indemnity	\$13,854	\$6,661	\$0	0	45	6	51
Long Term Care	\$1,815,636	\$1,489,281	\$120,596	0	1,355	0	1,355
TOTAL	\$1,830,683	\$1,496,200	\$120,596	0	1,402	8	1,410

LAFAYETTE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65242							
Disability Income	\$32,986	\$31,315	\$0	0	0	0	0
TOTAL	\$32,986	\$31,315	\$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)	\$15,761,476	\$0	\$0	0	0	0	0
TOTAL	\$15,761,476	\$0	\$0	0	0	0	0

LIBERTY DENTAL 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
Dental	\$18,760	\$47,047	\$18,760	1	669	0	669
TOTAL	\$18,760	\$47,047	\$18,760	1	669	0	669

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

NAIC Company Code

65315

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$17,877,192	\$19,144,965	\$3,449,397	20	81,304	0	81,304
TOTAL	\$17,877,192	\$19,144,965	\$3,449,397	20	81,304	0	81,304

LIBERTY LIFE INSURANCE COMPANY

NAIC Company Code

61492

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$1,074,795	\$146,211	\$1,103	0	8,533	3,211	11,744
Disability Income	\$170,537	\$72,832	\$0	0	282	230	512
Hospital Indemnity	\$510	\$24	\$0	0	12	4	16
Limited Benefit	\$12,427	\$20,490	\$37	0	116	125	241
TOTAL	\$1,258,269	\$239,557	\$1,140	0	8,943	3,570	12,513

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

LIBERTY MUTUAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
23043							
Individually Underwritten	\$123	\$7,844	\$0	0	1	0	1
Conversion	\$3,236	\$2,959	\$0	0	1	0	1
TOTAL	\$3,359	\$10,803	\$0	0	2	0	2

LIBERTY NATIONAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65331							
Accident Only	\$977,972	\$127,254	\$136,993	0	26,104	0	26,104
Disability Income	\$1,398	\$0	\$0	0	10	0	10
Hospital Indemnity	\$684,550	\$182,028	\$52,413	0	4,655	0	4,655
Limited Benefit	\$11,932,698	\$6,115,200	\$373,999	0	26,059	8,860	34,919
Medicare Supplement	\$136,063	\$62,552	\$107,034	0	188	0	188
TOTAL	\$13,732,681	\$6,487,034	\$670,439	0	57,016	8,860	65,876

LIFE INSURANCE COMPANY OF ALABAMA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65412							
Accident Only	\$10,023	\$2,340	\$1,337	0	24	0	24
Accidental Death & Dismemberment	\$1,090	\$0	\$187	0	18	0	18
Disability Income	\$2,358	\$0	\$889	0	2	0	2
Hospital Indemnity	\$22,658	\$0	\$3,027	0	23	12	35
Limited Benefit	\$364,651	\$149,267	\$14,538	0	328	251	579
Sickness	\$198	\$0	\$3	0	1	0	1
TOTAL	\$400,978	\$151,607	\$19,981	0	396	263	659

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

LIFE INSURANCE COMPANY OF NORTH AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65498							
Accident Only	\$5,155,171	\$7,750,763	\$0	27	206,207	0	206,207
Accidental Death & Dismemberment	\$43,876	\$0	\$43,876	150	4,134	0	4,134
Disability Income	\$49,817,973	\$45,394,403	\$0	64	249,090	0	249,090
Hospital Indemnity	\$1,827,787	\$1,642,412	\$0	5	6,093	0	6,093
TOTAL	\$56,844,807	\$54,787,578	\$43,876	246	465,524	0	465,524

LIFE INSURANCE COMPANY OF THE SOUTHWEST

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65528							
Limited Benefit	\$389	\$0	\$0	0	3	2	5
TOTAL	\$389	\$0	\$0	0	3	2	5

LIFE OF THE SOUTH 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>
97691							
Accidental Death & Dismemberment	\$194	(\$78)	\$0	0	0	0	0
Hospital Indemnity	\$1,031	(\$45)	\$0	1	0	0	0
TOTAL	\$1,225	(\$123)	\$0	1	0	0	0

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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	\$4,542	\$0	0	3	0	3
Accidental Death & Dismemberment	\$491	(\$605)	\$0	0	4	0	4
Disability Income	\$790	\$0	\$0	0	9	0	9
Hospital Indemnity	\$9,195	\$5,673	\$66	0	31	0	31
Limited Benefit	\$8,188	\$10,938	\$0	0	112	0	112
Long Term Care	\$441,315	\$31,198	\$266,390	0	353	0	353
TOTAL	\$464,901	\$51,746	\$266,456	0	512	0	512

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65595							
Long Term Care	\$7,861,740	\$6,285,080	\$0	0	3,040	0	3,040
TOTAL	\$7,861,740	\$6,285,080	\$0	0	3,040	0	3,040

LINCOLN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65927							
Accidental Death & Dismemberment	\$565	\$0	\$33	0	5	0	5
Hospital Indemnity	\$121	\$0	\$0	0	0	0	0
Medicare Supplement	\$6,620,316	\$4,597,363	\$14,512	0	2,627	0	2,627
TOTAL	\$6,621,002	\$4,597,363	\$14,545	0	2,632	0	2,632

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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	\$465	\$80,152	\$0	0	5	0	5
Accidental Death & Dismemberment	\$0	\$371,256	\$0	0	0	0	0
Dental	\$0	\$92,814	\$0	0	0	0	0
Disability Income	\$6,532	\$154,690	\$0	0	0	0	0
TOTAL	\$6,997	\$698,912	\$0	0	5	0	5

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65676							
Conversion	\$17,228	\$53,085	\$0	0	1	1	2
Accident Only	\$6,282	\$2,058	\$6,282	9	95	0	95
Accidental Death & Dismemberment	\$4,308,472	\$1,901,470	\$908,254	1,771	304,974	0	304,974
Dental	\$17,704,905	\$14,076,039	\$5,689,477	341	29,508	0	29,508
Disability Income	\$84,933,631	\$61,987,668	\$10,854,917	2,654	318,070	0	318,070
Excess/Stop Loss	\$8,762,380	\$7,816,342	\$0	0	0	0	0
Hospital Indemnity	\$482	\$717	\$0	0	0	0	0
Limited Benefit	\$467	\$695	\$0	0	0	0	0
Long Term Care	\$315,979	\$317,176	\$0	0	160	0	160
TOTAL	\$116,049,826	\$86,155,250	\$17,458,930	4,775	652,808	1	652,809

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76694							
Excess/Stop Loss	\$0	(\$218,435)	\$0	0	0	0	0
Medicare Supplement	\$859	\$3,545	\$0	0	1	0	1
TOTAL	\$859	(\$214,890)	\$0	0	1	0	1

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

LOYAL AMERICAN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65722							
Accident Only	\$47,016	\$8,547	\$0	0	125	2	127
Disability Income	\$21,360	\$35,589	\$0	0	83	0	83
Hospital Indemnity	\$59,949	\$10,491	\$0	0	234	66	300
Limited Benefit	\$476,217	\$339,523	\$0	0	2,903	2,569	5,472
Long Term Care	\$8,245	(\$2,220)	\$0	0	4	0	4
Medicare Supplement	\$71,982	\$77,891	\$4,470	0	42	0	42
TOTAL	\$684,769	\$469,821	\$4,470	0	3,391	2,637	6,028

MADISON NATIONAL LIFE INSURANCE COMPANY INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65781							
2 - 5 Member Groups	\$9,331	\$4,108	\$0	1	1	0	1
Accident Only	\$76,055	\$46,818	\$0	1	656	0	656
Dental	\$390,334	\$197,400	\$0	373	820	0	820
Disability Income	\$390,069	\$418,888	\$0	1	4,338	0	4,338
Excess/Stop Loss	\$208,456	\$841,598	\$0	1	1,415	0	1,415
Hospital Indemnity	\$657	\$0	\$0	0	0	0	0
Limited Benefit	\$94,703	\$5,071	\$0	9	665	0	665
Student	\$28,868	\$92,292	\$0	1	656	0	656
TOTAL	\$1,198,473	\$1,606,175	\$0	387	8,551	0	8,551

MAGNA INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61018							
Disability Income	\$59	\$0	\$59	0	1	0	1
TOTAL	\$59	\$0	\$59	0	1	0	1

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MANHATTAN 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>
65870							
Disability Income	\$62	\$0	\$62	1	1	0	1
TOTAL	\$62	\$0	\$62	1	1	0	1

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67083							
Limited Benefit	\$259	\$0	\$0	0	1	0	1
Long Term Care	\$162,414	\$70,768	\$0	0	355	11	366
TOTAL	\$162,673	\$70,768	\$0	0	356	11	367

MARKEL 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>
38970							
Out-of-State Short Term Major Medical	\$26,924	\$9,142	\$0	1	97	17	114
Accident Only	\$1,224,291	\$641,294	\$216,146	0	368,453	0	368,453
Blanket Accident/Sickness	\$12,721	\$1,520	\$0	0	1,614	0	1,614
Hospital Indemnity	\$1,073,253	\$123,171	\$658,747	4	748	39	787
Student	\$1,149,815	\$1,193,495	\$244,983	0	1,197	0	1,197
TOTAL	\$3,487,004	\$1,968,622	\$1,119,876	5	372,109	56	372,165

MARQUETTE NATIONAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71072							
Medicare Supplement	\$16,605	\$15,088	\$0	0	8	0	8
TOTAL	\$16,605	\$15,088	\$0	0	8	0	8

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$16,058,078	\$11,980,357	\$920,651	0	7,478	0	7,478
Long Term Care	\$6,812,876	\$1,203,324	\$691,506	0	1,495	562	2,057
TOTAL	\$22,870,954	\$13,183,681	\$1,612,157	0	8,973	562	9,535

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	\$2,829,212	\$322,263	\$113,903	47	1,898	0	1,898
TOTAL	\$2,829,212	\$322,263	\$113,903	47	1,898	0	1,898

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	\$2,825,416	\$2,303,792	\$891,563	0	989	0	989
2 - 5 Member Groups	\$1,965,537	\$1,134,895	\$619,128	87	216	78	294
6 - 50 Member Groups	\$2,004,357	\$2,723,305	\$992,814	37	460	166	626
51+ Member Groups	\$421,322	\$620,295	\$421,322	1	152	164	316
TOTAL	\$7,216,632	\$6,782,287	\$2,924,827	125	1,817	408	2,225

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	\$1,114,140	\$256,739	\$88,860	0	6,935	0	6,935
TOTAL	\$1,114,140	\$256,739	\$88,860	0	6,935	0	6,935

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MEDICO 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>
31119							
Accident Only	\$591	\$260	\$0	0	0	0	0
Disability Income	\$22,281	\$58,726	\$0	0	38	0	38
Hospital Indemnity	\$41,414	\$80,339	\$0	0	81	633	714
Limited Benefit	\$330,975	\$483,684	\$0	0	1,264	633	1,897
Long Term Care	\$2,428,519	\$2,880,832	\$0	0	1,745	0	1,745
Short Term Care	\$67,356	\$34,426	\$0	0	243	0	243
Medicare Supplement	\$18,323,095	\$15,197,761	\$0	0	7,477	0	7,477
TOTAL	\$21,214,231	\$18,736,028	\$0	0	10,848	1,266	12,114

MEDICS SUBSCRIPTION SERVICES, 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>
Other Prepaid Health Services	\$108,385	\$79,109	\$0	1	7,854	0	7,854
TOTAL	\$108,385	\$79,109	\$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	\$185,552	\$10,561	\$0	0	34	18	52
Conversion	\$459,172	\$1,208,371	\$0	0	41	9	50
Out-of-State Guarantee Issue	\$21,246	(\$282)	\$0	0	2	0	2
Out-of-State Individually Underwritten	\$22,036,234	\$9,516,197	\$201,470	56	3,579	1,883	5,462
Out-of-State 51+ Member Groups	\$2,978	\$91,715	\$0	0	0	0	0
Accident Only	\$71,189	\$27,081	\$2,594	0	80	12	92
Dental	\$224,504	\$65,579	\$4,168	0	599	345	944
Disability Income	\$173,566	\$32,786	\$16,445	0	584	0	584
Hospital Indemnity	\$147,063	\$160,761	\$36,328	0	688	415	1,103
Limited Benefit	\$473,182	\$110,731	\$42,482	0	1,586	784	2,370
Medicare Supplement	\$4,965	\$13,952	\$0	0	0	0	0
Prescription Drug	\$25,408	\$13,019	\$0	0	42	23	65
Vision	\$118,331	\$53,251	\$7,118	0	2,057	1,386	3,443
TOTAL	\$23,943,390	\$11,303,722	\$310,605	56	9,292	4,875	14,167

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	\$121	\$0	\$0	0	2	0	2
TOTAL	\$121	\$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	\$301,295	\$70,269	\$301,295	3	16,299	3,274	19,573
TOTAL	\$301,295	\$70,269	\$301,295	3	16,299	3,274	19,573

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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	\$71,240	\$83,520	\$0	0	144	19	163
Disability Income	\$694,204	\$5,437,030	\$0	0	582	0	582
Long Term Care	\$24,172,410	\$51,601,332	\$0	0	11,534	11,534	23,068
TOTAL	\$24,937,854	\$57,121,882	\$0	0	12,260	11,553	23,813

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	\$395,823	\$762,480	\$0	0	1,394	296	1,690
51+ Member Groups	\$0	(\$48,205)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$10,759,564	\$5,272,623	\$813,830	1,226	509,124	1,120,072	1,629,196
Dental	\$150,318,444	\$139,323,393	\$18,843,538	2,219	345,257	759,565	1,104,822
Disability Income	\$102,050,537	\$107,312,385	\$1,910,131	1,017	390,833	0	390,833
Excess/Stop Loss	(\$7)	(\$206,774)	\$0	0	0	0	0
Limited Benefit	\$662,110	\$125,540	\$0	6,022	6,022	0	6,022
Long Term Care	\$51,728,275	\$17,446,738	\$0	6	25,237	0	25,237
TOTAL	\$315,914,746	\$269,988,180	\$21,567,499	10,490	1,277,867	1,879,933	3,157,800

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	\$2,143,398	\$2,774,111	\$0	5	29,321	23,457	52,778
TOTAL	\$2,143,398	\$2,774,111	\$0	5	29,321	23,457	52,778

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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	\$1,068	\$250	\$0	0	0	0	0
Disability Income	\$7,027	\$2,042	\$0	1	1	0	1
TOTAL	\$8,095	\$2,292	\$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	\$30,353	\$229	\$0	0	9	2	11
Out-of-State Guarantee Issue	\$38,525	(\$905)	\$0	0	5	0	5
Out-of-State Individually Underwritten	\$20,051,612	\$9,165,980	\$401,681	24	3,850	2,222	6,072
Accident Only	\$47,057	(\$1,942)	\$5,072	0	0	0	0
Dental	\$100,200	\$20,127	\$4,878	0	0	0	0
Disability Income	\$2,662	\$0	\$0	0	0	0	0
Hospital Indemnity	\$114,825	\$34,696	\$4,271	0	0	0	0
Limited Benefit	\$460,780	\$56,338	\$15,208	0	0	0	0
Vision	\$135,588	\$56,827	\$6,118	0	0	0	0
TOTAL	\$20,981,602	\$9,331,350	\$437,228	24	3,864	2,224	6,088

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	\$2,564	\$1,758	\$0	0	1	0	1
TOTAL	\$2,564	\$1,758	\$0	0	1	0	1

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66168							
Accidental Death & Dismemberment	\$4,111,048	\$1,003,814	\$813,417	6	49,559	0	49,559
Disability Income	\$2,692,165	\$10,955,077	\$575	1	1,150	0	1,150
Hospital Indemnity	\$120	\$0	\$0	0	1	0	1
Long Term Care	\$55,180	\$0	\$0	0	19	0	19
TOTAL	\$6,858,513	\$11,958,891	\$813,992	7	50,729	0	50,729

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66281							
Individually Underwritten	\$191	\$2,752	\$0	0	2	0	2
Accident Only	\$13,584,963	\$3,600,285	\$313,414	0	136,180	9,543	145,723
Accidental Death & Dismemberment	\$2,702,955	\$396,224	\$834,166	0	29,384	11,407	40,791
Dental	\$0	\$7,266	\$0	0	0	0	0
Disability Income	\$49,454	\$49,190	\$0	0	581	15	596
Excess/Stop Loss	\$201,015	\$0	\$201,015	1	282	367	649
Hospital Indemnity	\$1,007,188	\$869,140	\$6,878	0	4,665	619	5,284
Limited Benefit	\$6,965,224	\$5,697,123	\$777,060	0	18,271	8,447	26,718
Long Term Care	\$6,142,790	\$2,053,672	\$0	0	4,038	0	4,038
Medicare Supplement	\$6,184,674	\$5,893,269	\$26,868	0	2,814	1	2,815
Champus/Tricare Supplement	\$1,024,186	\$263,466	\$1,028,023	0	905	658	1,563
Student	\$2,528,642	\$2,653,555	\$0	1	1,953	0	1,953
TOTAL	\$40,391,282	\$21,485,942	\$3,187,424	2	199,075	31,057	230,132

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66370							
Individually Underwritten	\$50,700	\$70,923	\$0	0	36	2	38
Accidental Death & Dismemberment	\$20	\$0	\$0	0	1	0	1
Disability Income	\$2,925,191	\$3,386,646	\$0	0	2,289	0	2,289
Hospital Indemnity	\$1,911	\$734	\$0	0	19	0	19
TOTAL	\$2,977,822	\$3,458,303	\$0	0	2,345	2	2,347

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66427							
Disability Income	\$50,140	(\$76,146)	\$0	0	46	0	46
TOTAL	\$50,140	(\$76,146)	\$0	0	46	0	46

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88668							
Disability Income	\$93,400	\$425,078	\$0	23	331	0	331
TOTAL	\$93,400	\$425,078	\$0	23	331	0	331

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MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code 71412	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$131,310	\$215,534	\$0	0	325	50	375
51+ Member Groups	\$0	(\$55,270)	\$0	0	0	0	0
Conversion	\$4,123	\$7,270	\$0	0	2	0	2
Out-of-State 51+ Member Groups	\$0	(\$81)	\$0	0	0	0	0
Accident Only	\$2,503,229	\$2,153,898	\$358,631	253	452,821	313	453,134
Accidental Death & Dismemberment	\$1,514,659	\$1,006,490	\$229,429	24	19,240	6,948	26,188
Dental	\$8,507	\$4,260	\$0	1	33	5	38
Disability Income	\$2,004,589	\$1,565,873	\$186,499	23	3,793	3	3,796
Hospital Indemnity	\$725,717	\$485,232	\$173,421	0	2,408	436	2,844
Limited Benefit	\$2,236,934	\$1,059,713	\$40,554	0	19,072	5,431	24,503
Long Term Care	\$10,589,320	\$12,554,680	\$376,035	9	5,567	0	5,567
Medicare Supplement	\$38,226,996	\$29,850,077	\$25,071,852	0	20,633	0	20,633
Travel	\$40,629	(\$16,066)	\$0	0	2,341	55	2,396
TOTAL	\$57,986,013	\$48,831,610	\$26,436,421	310	526,235	13,241	539,476

MUTUAL SAVINGS LIFE INSURANCE COMPANY

NAIC Company Code 66397	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$2,832	\$0	\$0	0	174	0	174
Hospital Indemnity	\$6,404	\$0	\$0	0	122	0	122
Limited Benefit	\$27,482	\$30,274	\$0	0	308	0	308
TOTAL	\$36,718	\$30,274	\$0	0	604	0	604

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NALIC LIFE INSURANCE COMPANY (PUERTO RICO)

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
72087							
Limited Benefit	\$1,401	\$0	\$0	0	4	0	4
TOTAL	\$1,401	\$0	\$0	0	4	0	4

NATIONAL BENEFIT LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61409							
Individually Underwritten	\$27,535	(\$2,473)	\$0	0	52	26	78
Accident Only	\$77	\$0	\$0	0	2	0	2
Disability Income	\$407	\$10,958	\$0	0	2	0	2
Hospital Indemnity	\$41,361	\$22,546	\$0	0	245	0	245
Medicare Supplement	\$0	\$659	\$0	0	1	0	1
TOTAL	\$69,380	\$31,690	\$0	0	302	26	328

NATIONAL CASUALTY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11991							
Individually Underwritten	\$6,432	\$28,885	\$0	0	2	0	2
Accident Only	\$94,005	\$4,341	\$0	0	438	8	446
Disability Income	(\$10,057)	\$0	\$0	0	7	0	7
Hospital Indemnity	\$4,577	\$0	\$0	0	7	0	7
Limited Benefit	\$2,667	\$0	\$0	0	7	0	7
TOTAL	\$97,624	\$33,226	\$0	0	461	8	469

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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	\$262,310	\$166,651	\$262,310	61	399	393	399
Disability Income	\$27,561	\$12,350	\$0	0	61	0	61
Hospital Indemnity	\$324	\$0	\$0	0	1	0	1
Limited Benefit	\$42	\$0	\$0	0	1	0	1
Medicare Supplement	\$1,117	\$191	\$0	0	1	0	1
Vision	\$6,151,725	\$3,810,590	\$6,151,725	206	52,733	47,434	52,733
TOTAL	\$6,443,079	\$3,989,782	\$6,414,035	267	53,196	47,827	53,196

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	\$2,452,914	\$6,012,318	\$18,208	0	999	0	999
TOTAL	\$2,452,914	\$6,012,318	\$18,208	0	999	0	999

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	\$174,294	\$50,631	\$921	0	532	388	920
Hospital Indemnity	\$35	\$0	\$0	0	1	0	1
Limited Benefit	\$930,881	\$482,678	\$2,033	0	1,715	1,589	3,304
TOTAL	\$1,105,210	\$533,309	\$2,954	0	2,248	1,977	4,225

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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	\$25,407,370	\$8,047,507	\$11,702	992	573,740	0	573,740
Accidental Death & Dismemberment	\$403,196	\$553,386	\$0	24	9,636	0	9,636
Limited Benefit	\$1,432,281	(\$554,300)	\$0	11	6,232	0	6,232
Student	\$343,933	\$611,489	\$19,721	7	860	0	860
Travel	\$1,636,068	\$936,026	\$4,934	62	327,213	0	327,213
Vision	\$18,602	\$14,603	\$0	2	155	0	155
TOTAL	\$29,241,450	\$9,608,711	\$36,357	1,098	917,836	0	917,836

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	\$3,446	\$13,018	\$0	0	38	0	38
TOTAL	\$3,446	\$13,018	\$0	0	38	0	38

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	\$736	\$100	\$0	1	5	5	10
TOTAL	\$736	\$100	\$0	1	5	5	10

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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							
Out-of-State 51+ Member Groups	\$10,037	\$54,440	\$0	1	1	0	1
Accident Only	\$2,355,714	\$1,208,898	\$83,495	235	0	0	0
Accidental Death & Dismemberment	\$1,788	\$2,436	\$0	0	13	6	19
Dental	\$5,394	\$273	\$4,540	0	1	1	2
Disability Income	\$8,417	\$29,638	\$0	0	22	0	22
Excess/Stop Loss	\$308,449	\$565,542	\$0	1	234	119	353
Hospital Indemnity	\$2,105,406	\$703,360	\$633,922	2	1,816	570	2,386
Limited Benefit	\$2,827	\$3,423	\$0	0	12	7	19
Medicare Supplement	\$317,543	\$407,885	\$0	0	0	0	0
TOTAL	\$5,115,575	\$2,975,895	\$721,957	239	2,099	703	2,802

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95123							
2 - 5 Member Groups	\$52,132,920	\$48,861,133	\$2,831,242	384	2,748	7,153	9,901
6 - 50 Member Groups	\$172,712,349	\$161,873,169	\$15,388,666	2,606	15,449	23,499	38,948
51+ Member Groups	\$165,246,545	\$80,768,781	\$14,566,149	2,253	15,935	30,996	46,931
TOTAL	\$390,091,814	\$291,503,083	\$32,786,057	5,243	34,132	61,648	95,780

NEW ENGLAND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91626							
Disability Income	\$233,221	\$234,054	\$0	0	218	218	436
Excess/Stop Loss	\$5,639	\$37,384	\$0	0	0	0	0
TOTAL	\$238,860	\$271,438	\$0	0	218	218	436

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NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78743							
Individually Underwritten	\$300,696	\$428,332	\$0	0	81	101	182
Hospital Indemnity	\$1,155	\$71,262	\$0	0	12	3	15
Limited Benefit	\$14,747	\$10,964	\$526	0	122	53	175
Medicare Supplement	\$2,807,557	\$3,045,710	\$0	0	930	56	986
TOTAL	\$3,124,155	\$3,556,268	\$526	0	1,145	213	1,358

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	\$107,245	\$215,556	\$0	0	29	3	32
51+ Member Groups	\$0	\$11,190	\$0	0	0	0	0
Out-of-State 6 - 50 Member Groups	\$9,186,949	\$14,785,069	\$1,196,235	21	2,325	1,248	3,573
Accidental Death & Dismemberment	\$887,588	\$203,524	\$306,066	52	23,180	930	24,110
Disability Income	\$9,583,879	\$5,373,300	\$712,991	45	6,655	17	6,672
Hospital Indemnity	\$202,982	\$119,879	\$18,183	14	418	99	517
Long Term Care	\$8,562,109	\$3,415,885	\$694,652	2	4,936	0	4,936
Medicare Supplement	\$389,767	\$285,233	\$0	0	123	4	127
TOTAL	\$28,920,519	\$24,409,636	\$2,928,127	134	37,666	2,301	39,967

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
81264							
Out-of-State 2 - 5 Member Groups	\$113,892	\$18,834	\$9,453	4	4	8	12
Out-of-State 6 - 50 Member Groups	\$512,398	\$330,088	\$110,702	25	40	39	79
Out-of-State 51+ Member Groups	\$1,937,439	\$1,705,819	\$814,218	29	109	107	216
Accidental Death & Dismemberment	\$4,474	\$0	\$474	20	37	0	37
Dental	\$114,184	\$59,848	\$21,613	24	75	74	149
Disability Income	\$9,752	\$0	\$0	6	9	0	9
Vision	\$2,709	\$480	\$117	10	13	17	30
TOTAL	\$2,694,848	\$2,115,069	\$956,577	118	287	245	532

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66974							
Accident Only	\$4,001	\$34,259	\$0	1	1	0	1
Disability Income	\$1,021	\$28,729	\$0	1	1	0	1
TOTAL	\$5,022	\$62,988	\$0	2	2	0	2

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69000							
Long Term Care	\$12,134,090	\$2,958,632	\$1,735,009	0	6,366	0	6,366
TOTAL	\$12,134,090	\$2,958,632	\$1,735,009	0	6,366	0	6,366

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NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67091							
Disability Income	\$60,091,121	\$80,902,176	\$0	14,769	34,053	0	34,053
TOTAL	\$60,091,121	\$80,902,176	\$0	14,769	34,053	0	34,053

OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67148							
Accident Only	\$8,231	\$1,314	\$0	0	29	0	29
Disability Income	\$4,182	\$2,102	\$0	0	17	0	17
Hospital Indemnity	\$885	\$0	\$0	0	5	0	5
Limited Benefit	\$53,982	\$50,366	\$0	0	224	286	510
TOTAL	\$67,280	\$53,782	\$0	0	275	286	561

OHIO NATIONAL LIFE ASSURANCE CORPORATION

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
89206							
Disability Income	\$876,358	\$2,016,174	\$9,996	0	572	0	572
TOTAL	\$876,358	\$2,016,174	\$9,996	0	572	0	572

OHIO NATIONAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67172							
Individually Underwritten	\$599	\$0	\$0	0	2	0	2
Disability Income	\$770,564	\$293,458	\$36,309	0	304	0	304
TOTAL	\$771,163	\$293,458	\$36,309	0	306	0	306

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67180							
Conversion	\$3,396	\$38,981	\$0	0	12	4	16
Accident Only	\$15	\$0	\$0	0	1	0	1
Hospital Indemnity	\$30	\$0	\$0	0	1	0	1
TOTAL	\$3,441	\$38,981	\$0	0	14	4	18

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67199							
Accident Only	\$11,211	(\$5,603)	\$0	0	340	0	340
Disability Income	\$69	\$0	\$0	0	1	0	1
Hospital Indemnity	\$4,132	\$14	\$0	0	94	0	94
Limited Benefit	\$238,148	\$1,867,594	\$0	0	234	0	234
Long Term Care	\$11,295	\$9,163	\$0	0	8	0	8
Medicare Supplement	\$959	\$5,262	\$0	0	2	0	2
TOTAL	\$265,814	\$1,876,430	\$0	0	679	0	679

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24147							
Accident Only	\$890,937	\$439,663	\$890,937	0	1,803	0	1,803
TOTAL	\$890,937	\$439,663	\$890,937	0	1,803	0	1,803

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OLD REPUBLIC LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67261							
Accident Only	\$356,168	\$446,056	\$0	1	292	0	292
Accidental Death & Dismemberment	\$0	(\$40,000)	\$0	0	87,296	0	87,296
Limited Benefit	\$0	\$12,483	\$0	0	0	0	0
TOTAL	\$356,168	\$418,539	\$0	1	87,588	0	87,588

ONEBEACON AMERICA INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20621							
Accident Only	\$4,669,088	\$1,093,582	\$515,614	15	7,611	0	7,611
TOTAL	\$4,669,088	\$1,093,582	\$515,614	15	7,611	0	7,611

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA (THE)

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56383							
Accident Only	\$5,696	\$5,447	\$35	0	124	18	142
Disability Income	\$31,473	\$5,326	\$0	0	179	0	179
Hospital Indemnity	\$3,844	\$98	\$0	0	19	0	19
Medicare Supplement	\$5,473,266	\$5,331,952	\$13,157	0	2,275	0	2,275
TOTAL	\$5,514,279	\$5,342,823	\$13,192	0	2,597	18	2,615

OXFORD LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76112							
Medicare Supplement	\$1,631,638	\$3,106,440	\$0	1	2,356	0	2,356
TOTAL	\$1,631,638	\$3,106,440	\$0	1	2,356	0	2,356

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67393							
Limited Benefit	\$2,113	\$0	\$0	0	41	30	71
TOTAL	\$2,113	\$0	\$0	0	41	30	71

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97268							
2 - 5 Member Groups	\$0	(\$5,714)	\$0	0	0	0	0
6 - 50 Member Groups	\$0	(\$779)	\$0	0	0	0	0
Disability Income	\$0	\$27,807	\$0	0	0	0	0
TOTAL	\$0	\$21,314	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70785							
Other Prepaid Health Services	\$1,146,496	\$11	\$0	0	0	0	0
Dental	\$9,499	\$0	\$0	0	0	0	0
Medicare Supplement	\$968,649	\$1,011,326	\$204,367	0	427	0	427
Vision	\$1,676	\$0	\$0	0	0	0	0
TOTAL	\$2,126,320	\$1,011,337	\$204,367	0	427	0	427

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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	\$3,167	\$538	\$0	0	5	0	5
51+ Member Groups	\$1,731,605	\$1,280,424	\$140,043	35	697	251	948
Accidental Death & Dismemberment	\$6,599	\$5,172	\$6,282	27	163	24	187
Dental	\$69,509	\$52,872	\$6,206	19	55	36	91
Disability Income	\$822,997	\$530,831	\$5,156	10	354	1	355
Excess/Stop Loss	\$4,786,873	\$3,630,262	\$96,673	41	1,529	778	2,307
Limited Benefit	\$1,558,429	\$1,261,158	\$1,128,388	18	1,873	660	2,533
Student	\$31,149	\$249,466	\$31,149	2	1,830	0	1,830
Vision	\$9,169	\$1,685	\$1,517	1	7	1	8
TOTAL	\$9,019,497	\$7,012,408	\$1,415,414	153	6,513	1,751	8,264

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	\$3,368	\$0	\$0	0	9	0	9
Accidental Death & Dismemberment	\$6,761	\$0	\$0	16	542	0	542
Disability Income	\$19,903,826	\$63,297,034	\$1,415,168	91	11,807	0	11,807
Hospital Indemnity	\$55,230	\$407,196	\$0	0	250	0	250
Limited Benefit	\$3,120	\$186	\$0	0	11	0	11
TOTAL	\$19,972,305	\$63,704,416	\$1,415,168	107	12,619	0	12,619

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	\$1,436,222	\$5,268,378	\$0	0	757	0	757
TOTAL	\$1,436,222	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67660							
Accidental Death & Dismemberment	\$51,312	\$25,000	\$1,022	0	472	0	472
Dental	\$81,394	\$66,818	\$0	0	239	0	239
Disability Income	\$857,921	\$1,213,912	\$15,878	0	2,296	0	2,296
Hospital Indemnity	\$113,949	\$38,861	\$2,296	0	225	0	225
Limited Benefit	\$9,461	\$0	\$0	0	46	0	46
Long Term Care	\$31,032	\$52,128	\$0	0	249	0	249
Medicare Supplement	\$57,739	\$46,848	\$0	0	21	0	21
TOTAL	\$1,202,808	\$1,443,567	\$19,196	0	3,548	0	3,548

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85561							
Accidental Death & Dismemberment	\$3,292	(\$12,297)	\$0	0	55	13	68
Excess/Stop Loss	\$745,803	\$4,201	\$0	34	440	541	981
TOTAL	\$749,095	(\$8,096)	\$0	34	495	554	1,049

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67784							
Individually Underwritten	\$21,953	\$6,542	\$0	0	85	31	116
6 - 50 Member Groups	\$41,141	\$9,928	\$0	1	30	0	30
Conversion	\$79,420	\$176,921	\$0	0	102	0	102
Accident Only	\$23,763	\$1,848	\$0	0	37	11	48
Accidental Death & Dismemberment	\$1,605	\$0	\$0	0	74	0	74
Disability Income	\$34,482	\$137,090	\$0	0	167	0	167
Hospital Indemnity	\$810,283	\$564,131	\$0	0	4,267	0	4,267
Limited Benefit	\$2,684,322	\$2,532,341	\$0	0	2,820	1,682	4,502
Long Term Care	\$2,243	\$137,546	\$0	0	6	0	6
Medicare Supplement	\$22,099	\$38,290	\$0	0	18	2	20
Prescription Drug	\$222	\$59	\$0	0	1	0	1
TOTAL	\$3,721,533	\$3,604,696	\$0	1	7,607	1,726	9,333

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67814							
Individually Underwritten	\$218,546	\$460,439	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$0	\$39,886	\$0	0	0	0	0
TOTAL	\$218,546	\$500,325	\$0	0	0	0	0

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PHYSICIANS 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
80578							
Guarantee Issue	\$9,909	\$0	\$0	0	2	0	2
Individually Underwritten	\$132,136	\$97,901	\$0	0	22	3	25
Accident Only	\$1,601	\$200	\$0	0	13	2	15
Dental	\$210,139	\$77,585	\$66,237	1	716	103	819
Disability Income	\$3,218	\$6,813	\$0	0	9	0	9
Hospital Indemnity	\$2,561,863	\$1,902,130	\$16,026	1	6,647	1,399	8,046
Limited Benefit	\$123,527	\$116,249	\$0	1	660	145	805
Long Term Care	\$1,082,248	\$1,008,984	\$0	0	581	0	581
Short Term Care	\$10,294	\$41,569	\$0	0	21	0	21
Medicare Supplement	\$2,867,048	\$2,195,157	\$193	1	897	40	937
TOTAL	\$7,001,983	\$5,446,588	\$82,456	4	9,568	1,692	11,260

PREFERRED 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
95271							
Guarantee Issue	\$322,895	\$265,200	\$20,886	0	103	25	128
Individually Underwritten	\$59,743,060	\$42,491,311	\$5,829,581	0	20,403	4,409	24,812
51+ Member Groups	\$2,587,852	\$1,663,401	\$163,617	6	654	449	1,103
TOTAL	\$62,653,807	\$44,419,912	\$6,014,084	6	21,160	4,883	26,043

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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							
Accident Only	\$10,829	\$1,404	\$10,829	4	1,302	114	1,416
Excess/Stop Loss	\$92,038	\$307,297	\$0	1	39	13	52
Hospital Indemnity	\$52,725	\$38,567	\$52,724	2	1,082	218	1,300
TOTAL	\$155,592	\$347,268	\$63,553	7	2,423	345	2,768

PRIMERICA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65919							
Out-of-State Individually Underwritten	\$18,337	(\$1,045)	\$0	7	7	0	7
Disability Income	\$12,481	(\$122,988)	\$0	0	41	0	41
Hospital Indemnity	\$18,959	\$17,322	\$0	0	38	0	38
Long Term Care	\$24,575	\$61,514	\$0	0	34	0	34
TOTAL	\$74,352	(\$45,197)	\$0	7	120	0	120

PRINCIPAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61271							
51+ Member Groups	\$3,561,088	\$3,441,643	\$0	6	336	258	594
Conversion	\$1,371,343	\$2,971,754	\$0	0	132	66	198
Dental	\$29,341,192	\$18,926,471	\$2,499,637	2,984	46,878	40,644	87,522
Disability Income	\$25,402,744	\$12,561,224	\$2,615,836	1,693	43,931	0	43,931
Long Term Care	\$29,081	\$0	\$0	0	166	0	166
Medicare Supplement	\$14,910,885	\$12,459,937	\$0	0	4,923	416	5,339
Vision	\$512,952	\$228,148	\$12,885	149	4,104	3,650	7,754
TOTAL	\$75,129,285	\$50,589,177	\$5,128,358	4,832	100,470	45,034	145,504

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68047							
Disability Income	\$6,211,485	\$3,118,722	\$431,846	0	9,072	2,268	11,340
Hospital Indemnity	\$3,738,222	\$2,278,103	\$898,873	0	11,322	5,661	16,983
Limited Benefit	\$653,127	\$460,703	\$57,475	0	2,695	2,021	4,716
TOTAL	\$10,602,834	\$5,857,528	\$1,388,194	0	23,089	9,950	33,039

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88536							
Disability Income	\$1,442	\$4,355	\$0	0	9	0	9
TOTAL	\$1,442	\$4,355	\$0	0	9	0	9

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68136							
Accident Only	\$119	\$0	\$0	0	1	0	1
Disability Income	\$321,886	\$46,770	\$0	0	138	0	138
Hospital Indemnity	\$420	\$0	\$0	0	6	0	6
Limited Benefit	\$8,682,023	\$8,881,523	\$0	0	7,529	0	7,529
Medicare Supplement	\$15,672	\$44,763	\$0	0	16	0	16
TOTAL	\$9,020,120	\$8,973,056	\$0	0	7,690	0	7,690

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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	\$47,770	\$47,878	\$0	0	0	0	0
Medicare Supplement	\$65,056	\$36,608	\$0	0	19	0	19
TOTAL	\$112,826	\$84,486	\$0	0	19	0	19

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	\$7,451,602	\$2,304,678	\$1,053,975	0	29,664	0	29,664
Accidental Death & Dismemberment	\$87,971	\$108,713	\$0	15	4,733	0	4,733
Disability Income	\$45,720,398	\$132,304,029	\$6,479,264	49	41,578	0	41,578
Hospital Indemnity	\$70,849	\$0	\$10,021	0	390	0	390
Limited Benefit	\$5,914,711	\$2,922,208	\$836,593	14	20,560	0	20,560
Long Term Care	\$7,073,392	\$1,280,823	\$1,011	0	7,033	0	7,033
TOTAL	\$66,318,923	\$138,920,451	\$8,380,864	78	103,958	0	103,958

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	\$1,041,016	\$1,256,579	\$0	0	655	121	776
Accidental Death & Dismemberment	\$4,757,769	\$3,754,824	\$0	82	120,096	0	120,096
Dental	\$3,453	\$1,280	\$0	3	61	0	61
Disability Income	\$47,350,633	\$53,006,936	\$0	335	163,947	0	163,947
Hospital Indemnity	\$4,092	\$624	\$0	0	52	2	54
Long Term Care	\$11,751,468	\$4,788,098	\$0	3,044	3,168	0	3,168
Medicare Supplement	\$2,707	\$6,656	\$0	0	3	0	3
TOTAL	\$64,911,138	\$62,814,997	\$0	3,464	287,982	123	288,105

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PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code 68284	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$342,497	\$289,889	\$0	0	21	0	21
Dental	\$8,577	\$4,445	\$295	0	25	0	25
Disability Income	\$44	\$0	\$0	0	1	0	1
Hospital Indemnity	\$5,473	\$6,918	\$0	0	4	0	4
Limited Benefit	\$132,205	\$67,836	\$25,127	0	300	0	300
Long Term Care	\$293,440	\$475,874	\$0	0	134	0	134
Medicare Supplement	\$1,981,241	\$1,538,638	\$0	0	631	0	631
TOTAL	\$2,763,477	\$2,383,600	\$25,422	0	1,116	0	1,116

OBE INSURANCE CORPORATION

NAIC Company Code 39217	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$1,508,009	\$0	\$1,508,059	0	0	0	0
Accidental Death & Dismemberment	\$50	\$0	\$50	0	1	0	1
Blanket Accident/Sickness	\$53,508	\$3	\$0	0	0	0	0
Excess/Stop Loss	\$499,301	\$1,321,128	\$120,595	1	65	35	100
TOTAL	\$2,060,868	\$1,321,131	\$1,628,704	1	66	35	101

QCC INSURANCE COMPANY

NAIC Company Code 93688	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Out-of-State 51+ Member Groups	\$36,222,610	\$29,543,919	\$0	554	3,810	2,854	6,664
TOTAL	\$36,222,610	\$29,543,919	\$0	554	3,810	2,854	6,664

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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	\$9,038	\$16,195	\$0	0	98	0	98
Accident Only	\$14,927	\$7,558	\$0	0	124	0	124
Disability Income	\$3,068,153	\$11,823,133	\$0	0	1,929	0	1,929
Hospital Indemnity	\$9,101	\$2,706	\$0	0	51	0	51
Limited Benefit	\$473,222	\$408,626	\$0	0	2,222	0	2,222
Long Term Care	\$1,376,938	\$2,936,414	\$0	0	812	0	812
Medicare Supplement	\$331	\$8,604	\$0	0	1	0	1
Sickness	\$1,009	\$10	\$0	0	115	0	115
TOTAL	\$4,952,719	\$15,203,246	\$0	0	5,352	0	5,352

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							
Other Prepaid Health Services	\$350	\$1,772	\$0	0	15	0	15
Limited Benefit	\$24	\$0	\$0	0	2	0	2
TOTAL	\$374	\$1,772	\$0	0	17	0	17

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RELIANCE STANDARD 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>
68381							
Accident Only	\$2,095,709	\$659,084	\$2,096,042	65	46,653	0	46,653
Accidental Death & Dismemberment	\$838,574	\$532,334	\$193,675	101	152,703	0	152,703
Dental	\$6,295,892	\$4,611,926	\$2,080,223	345	14,667	0	14,667
Disability Income	\$23,181,752	\$26,988,081	\$4,742,292	909	98,084	0	98,084
Limited Benefit	\$4,065,137	\$1,469,132	\$1,597,464	71	2,949	0	2,949
Travel	\$200,264	\$0	\$500	40	8,950	0	8,950
Vision	\$385,263	\$133,057	\$60,547	58	3,087	0	3,087
TOTAL	\$37,062,591	\$34,393,614	\$10,770,743	1,589	327,093	0	327,093

RELIASTAR 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>
67105							
Accident Only	\$586,660	\$54,757	\$0	16	8,910	11,583	20,493
Disability Income	\$5,913,995	\$586,038	\$0	67	12,408	0	12,408
Excess/Stop Loss	\$31,767,399	\$18,447,508	\$0	174	42,865	13,727	56,592
Limited Benefit	\$619,765	\$55,875	\$0	0	1,845	121	1,966
TOTAL	\$38,887,819	\$19,144,178	\$0	257	66,028	25,431	91,459

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61360							
Disability Income	\$27,220	\$53,638	\$67	2	110	0	110
Excess/Stop Loss	\$983,938	\$0	\$30,893	10	455	41	496
Hospital Indemnity	\$233	(\$232)	\$0	0	3	0	3
Limited Benefit	\$214,434	\$1,125,574	\$0	0	338	283	621
TOTAL	\$1,225,825	\$1,178,980	\$30,960	12	906	324	1,230

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RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61700							
Dental	\$2,478,663	\$2,494,112	\$0	105	5,625	1,795	7,420
Disability Income	\$1,402	\$577	\$0	1	1	0	1
TOTAL	\$2,480,065	\$2,494,689	\$0	106	5,626	1,795	7,421

RESCUECARE

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61700							
Other Prepaid Health Services	\$37,128	\$4,606	\$1,106	0	809	530	1,339
TOTAL	\$37,128	\$4,606	\$1,106	0	809	530	1,339

RESERVE NATIONAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68462							
Individually Underwritten	\$157,658	\$87,411	\$0	0	31	9	40
Out-of-State Individually Underwritten	\$7,614	\$648	\$0	1	6	0	6
Accident Only	\$6,167	(\$514)	\$0	0	44	13	57
Hospital Indemnity	\$11,031	\$1,884	\$0	0	10	3	13
Limited Benefit	\$2,842	\$577	\$0	0	43	7	50
Short Term Care	\$14,253	\$5,002	\$0	0	21	2	23
Medicare Supplement	\$702,502	\$619,068	\$0	0	249	9	258
TOTAL	\$902,067	\$714,076	\$0	1	404	43	447

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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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65005							
Disability Income	\$9,217,706	\$3,684,407	\$455,387	0	7,420	0	7,420
Long Term Care	\$11,805,177	\$6,715,524	\$0	0	8,666	0	8,666
TOTAL	\$21,022,883	\$10,399,931	\$455,387	0	16,086	0	16,086

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
57657							
Medicare Supplement	\$184,170	\$101,103	\$82,416	0	82	0	82
TOTAL	\$184,170	\$101,103	\$82,416	0	82	0	82

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60183							
Accidental Death & Dismemberment	\$12,086	\$0	\$105	151	151	0	151
TOTAL	\$12,086	\$0	\$105	151	151	0	151

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
52009							
Dental	\$17,738,253	\$14,460,010	\$5,694,585	987	70,917	57,635	128,552
TOTAL	\$17,738,253	\$14,460,010	\$5,694,585	987	70,917	57,635	128,552

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SAFEHEALTH LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>		<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
79014								
Dental		\$165,918	\$190,279	\$0	8	244	154	398
Vision		\$497,754	\$285,468	\$246,972	130	5,797	3,760	9,557
TOTAL		\$663,672	\$475,747	\$246,972	138	6,041	3,914	9,955

SAGICOR LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>		<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60445								
Long Term Care		\$2,051	\$0	\$0	0	5	0	5
TOTAL		\$2,051	\$0	\$0	0	5	0	5

SEARS LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>		<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69914								
Accident Only		\$953,074	\$318,969	\$0	2	9,442	6,606	16,048
Hospital Indemnity		\$19,433	\$4,600	\$0	1	79	14	93
TOTAL		\$972,507	\$323,569	\$0	3	9,521	6,620	16,141

SECURIAN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>		<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
93742								
Accidental Death & Dismemberment		\$2,652	\$0	\$0	0	7	0	7
Dental		\$71,727	\$46,993	\$1,210	15	73	55	128
Disability Income		\$13	\$0	\$0	0	0	0	0
TOTAL		\$74,392	\$46,993	\$1,210	15	80	55	135

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SECURITY 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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68675							
Disability Income	\$0	\$2,123	\$0	0	0	0	0
TOTAL	\$0	\$2,123	\$0	0	0	0	0

SECURITY 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
68721							
Accidental Death & Dismemberment	\$0	\$721	\$0	0	0	0	0
Dental	\$188,180	\$189,211	\$4,722	0	270	144	414
Disability Income	\$4,281	\$117,538	\$0	0	16	0	16
Limited Benefit	\$1,611	\$49,742	\$0	0	6	0	6
Vision	\$240,740	\$137,417	\$566	9	2,172	1,902	4,074
TOTAL	\$434,812	\$494,629	\$5,288	9	2,464	2,046	4,510

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	\$654	\$0	\$0	0	39	0	39
Disability Income	\$4,888	\$0	\$0	0	14	2	16
Hospital Indemnity	\$3,156	\$320	\$0	0	97	0	97
Limited Benefit	\$9,340	\$89	\$0	0	34	15	49
TOTAL	\$18,038	\$409	\$0	0	184	17	201

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68772							
Individually Underwritten	\$1,029	\$2,504	\$0	0	3	0	3
Accidental Death & Dismemberment	\$6,981	\$0	\$114	7	270	0	270
Disability Income	\$64,856	\$649,017	\$0	2	354	0	354
Hospital Indemnity	\$217	\$0	\$0	0	0	0	0
Student	\$107,866	\$115,556	\$0	37	13,570	0	13,570
TOTAL	\$180,949	\$767,077	\$114	46	14,197	0	14,197

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69485							
Accident Only	\$4,741	\$610	\$835	1	337	0	337
Limited Benefit	\$6,692	\$0	\$0	0	27	0	27
TOTAL	\$11,433	\$610	\$835	1	364	0	364

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	\$22,059,600	\$26,972,589	\$0	0	15,874	0	15,874
TOTAL	\$22,059,600	\$26,972,589	\$0	0	15,874	0	15,874

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24988							
Accident Only	\$3,589	\$4,776	\$0	32	704	0	704
Disability Income	\$373	\$496	\$0	1	1	0	1
Hospital Indemnity	\$181	\$241	\$0	3	3	0	3
Long Term Care	\$32,451	\$43,180	\$0	0	218	0	218
TOTAL	\$36,594	\$48,693	\$0	36	926	0	926

SENTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68810							
Out-of-State Conversion	\$48	\$0	\$0	0	1	0	1
Accident Only	\$1,118,021	\$208,540	\$1,056,802	34	47,254	0	47,254
Dental	\$78,882	\$26,968	\$769	18	100	0	100
Disability Income	\$71,459	\$43,242	\$8,722	29	315	0	315
Hospital Indemnity	\$79	\$0	\$0	0	1	0	1
Long Term Care	\$946	\$0	\$0	0	17	0	17
TOTAL	\$1,269,435	\$278,750	\$1,066,293	81	47,688	0	47,688

SENTRY SELECT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21180							
Dental	\$0	(\$130,381)	\$0	0	0	0	0
TOTAL	\$0	(\$130,381)	\$0	0	0	0	0

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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	\$292,606	\$52,831	\$33,358	0	1,130	889	2,019
TOTAL	\$292,606	\$52,831	\$33,358	0	1,130	889	2,019

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
Administrative Services Only (ASO)	\$345,035	\$0	\$95,520	0	0	0	0
Dental	\$7,295,000	\$3,474,436	\$1,286,563	544	28,415	19,680	48,095
TOTAL	\$7,640,035	\$3,474,436	\$1,382,083	544	28,415	19,680	48,095

SONS OF NORWAY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57142							
Disability Income	\$9,616	\$0	\$0	0	14	0	14
Limited Benefit	\$535	\$0	\$0	0	8	4	12
TOTAL	\$10,151	\$0	\$0	0	22	4	26

SOUTHERN FARM BUREAU 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
68896							
Disability Income	\$71,224	\$108,978	\$0	0	365	0	365
Hospital Indemnity	\$2,607	\$0	\$0	0	45	13	58
Limited Benefit	\$20,911	\$12,979	\$0	0	699	547	1,246
Long Term Care	\$287,801	\$235,447	\$0	0	741	0	741
TOTAL	\$382,543	\$357,404	\$0	0	1,850	560	2,410

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STANDARD INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69019							
Accidental Death & Dismemberment	\$3,607,843	\$940,682	\$248,480	717	202,689	5,889	208,578
Dental	\$15,257,178	\$12,126,419	\$3,459,069	229	27,417	13,488	40,905
Disability Income	\$41,944,632	\$29,062,534	\$3,705,008	861	104,583	0	104,583
Vision	\$820,073	\$579,927	\$507,033	49	6,730	2,920	9,650
TOTAL	\$61,629,726	\$42,709,562	\$7,919,590	1,856	341,419	22,297	363,716

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	\$8,626	\$17,782	\$0	0	11	0	11
Out-of-State Individually Underwritten	\$2,316	\$0	\$0	0	0	0	0
Accident Only	\$3,596	\$26,350	\$0	0	2,169	11	2,180
Accidental Death & Dismemberment	\$0	\$3,552	\$0	0	3	0	3
Dental	\$43,689	\$15,447	\$0	4	30	26	56
Disability Income	\$337	\$67	\$0	0	3	0	3
Hospital Indemnity	\$3,886	\$11,193	\$0	0	79	2	81
Limited Benefit	\$674,883	\$395,231	\$516,345	90	1,508	1,216	2,724
Long Term Care	\$52,028	\$323,090	\$0	0	38	1	39
Short Term Care	\$15,496	\$10,683	\$0	0	41	0	41
Medicare Supplement	\$8,569,948	\$7,499,455	\$88,823	0	3,126	0	3,126
TOTAL	\$9,374,805	\$8,302,850	\$605,168	94	7,008	1,256	8,264

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STANDARD LIFE AND CASUALTY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71706							
Accident Only	\$44,052	\$1,175	\$0	0	700	0	700
Hospital Indemnity	\$1,968	\$5,731	\$0	0	4	0	4
TOTAL	\$46,020	\$6,906	\$0	0	704	0	704

STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69078							
Individually Underwritten	\$1,247,535	\$738,241	\$653,791	0	364	0	364
Short Term Major Medical	\$1,922,506	\$1,268,650	\$954,708	1	1,422	0	1,422
Blanket Accident/Sickness	\$87,654	\$3,420	\$23,784	15	559	0	559
Dental	\$70,366	\$28,356	\$27,645	1	125	0	125
Disability Income	\$7,537	\$91,848	\$0	30	30	0	30
Excess/Stop Loss	\$1,415,776	\$1,769,861	\$592,411	3	1,824	0	1,824
Hospital Indemnity	\$24,588	\$2,766	\$4,318	510	51	0	51
Limited Benefit	\$437,232	\$154,797	\$49,761	3	382	0	382
TOTAL	\$5,213,194	\$4,057,939	\$2,306,418	563	4,757	0	4,757

STARMOUNT 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>
68985							
Accident Only	\$19,373	\$0	\$33	0	251	0	251
Dental	\$1,952	\$419	\$0	0	0	0	0
Vision	\$3,149	\$1,008	\$0	1	20	18	38
TOTAL	\$24,474	\$1,427	\$33	1	271	18	289

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STARNET 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>
40045							
Accident Only	\$469,661	\$195,230	\$46,950	849	286,527	0	286,527
Excess/Stop Loss	\$1,137,974	\$2,043,154	\$64,304	448	288	160	448
TOTAL	\$1,607,635	\$2,238,384	\$111,254	1,297	286,815	160	286,975

STARR INDEMNITY & LIABILITY 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>
38318							
Short Term Major Medical	\$335,800	\$152,431	\$335,800	0	2,704	54	2,758
Accident Only	\$483,250	\$218,684	\$413,567	0	110,059	0	110,059
Accidental Death & Dismemberment	\$9,455	\$2,554	\$9,455	0	402	0	402
Limited Benefit	\$265,231	\$111,504	\$265,231	0	575	12	587
TOTAL	\$1,093,736	\$485,173	\$1,024,053	0	113,740	66	113,806

STATE AUTOMOBILE 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>
25135							
Individually Underwritten	\$683	\$280	\$0	0	2	1	3
Disability Income	\$329	\$135	\$0	0	1	0	1
TOTAL	\$1,012	\$415	\$0	0	3	1	4

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25178							
Guarantee Issue	\$22,827	(\$2,311)	\$0	0	2	0	2
Individually Underwritten	\$5,236,465	\$4,793,909	\$0	0	654	144	798
Conversion	\$53,112	\$69,046	\$0	0	8	0	8
Out-of-State 51+ Member Groups	\$16,227,727	\$18,735,028	\$0	1	2,283	2,060	4,343
Accidental Death & Dismemberment	\$219,170	\$432,415	\$0	2	3,246	4,792	8,038
Disability Income	\$6,810,011	\$2,903,188	\$421,706	0	14,803	0	14,803
Hospital Indemnity	\$12,453,514	\$11,521,563	\$1,017,896	0	74,757	10,363	85,120
Long Term Care	\$1,719,539	\$2,110,359	\$183,317	0	6,826	0	6,826
Medicare Supplement	\$26,542,385	\$33,574,776	\$1,909,800	0	7,429	26	7,455
TOTAL	\$69,284,750	\$74,137,973	\$3,532,719	3	110,008	17,385	127,393

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	\$3,459	\$1,345	\$0	0	6	0	6
Disability Income	\$14,720	\$3,797	\$0	0	36	0	36
Long Term Care	\$922,208	\$540,378	\$0	0	282	0	282
TOTAL	\$940,387	\$545,520	\$0	0	324	0	324

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	\$9,554	\$0	\$0	0	12	0	12
Medicare Supplement	\$4,887,607	\$3,636,471	\$2,426	0	1,815	0	1,815
TOTAL	\$4,897,161	\$3,636,471	\$2,426	0	1,827	0	1,827

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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	\$6,158	\$133	\$0	0	6	0	6
Medicare Supplement	\$1,062,791	\$822,183	\$107,020	0	448	0	448
TOTAL	\$1,068,949	\$822,316	\$107,020	0	454	0	454

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							
Long Term Care	\$307	\$0	\$307	0	1	0	1
Medicare Supplement	\$675,538	\$320,993	\$47,740	14	337	0	337
TOTAL	\$675,845	\$320,993	\$48,047	14	338	0	338

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65021							
Accident Only	\$2,239,273	\$786,634	\$129,751	0	18,104	15,112	33,216
Accidental Death & Dismemberment	\$14,089,568	\$5,621,158	\$739,817	0	122,763	144,335	267,098
Dental	\$1,099,115	\$0	\$247,136	0	2,490	450	2,940
Disability Income	\$286,611	\$0	\$0	0	4,070	1,300	5,370
Hospital Indemnity	\$300,787	\$400,028	\$0	0	2,055	218	2,273
Limited Benefit	\$97,993	\$88,391	\$125	0	866	360	1,226
Long Term Care	\$303,603	\$612,801	\$0	0	188	0	188
TOTAL	\$18,416,950	\$7,509,012	\$1,116,829	0	150,536	161,775	312,311

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80926							
Conversion	\$7,159	(\$14,683)	\$0	0	1	0	1
Dental	\$10,760,668	\$6,488,191	\$2,512,539	535	16,039	12,958	28,997
Disability Income	\$3,272,376	\$1,965,280	\$137,831	432	8,889	0	8,889
TOTAL	\$14,040,203	\$8,438,788	\$2,650,370	967	24,929	12,958	37,887

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80802							
Disability Income	\$31,040,273	\$12,549,026	\$4,621,051	659	156,246	0	156,246
Excess/Stop Loss	\$25,093,327	\$9,166,697	\$8,536,104	55	59,749	68,430	128,179
TOTAL	\$56,133,600	\$21,715,723	\$13,157,155	714	215,995	68,430	284,425

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69256							
Disability Income	\$6,553	\$66,275	\$0	0	26	0	26
Hospital Indemnity	\$336	\$0	\$0	0	1	1	2
TOTAL	\$6,889	\$66,275	\$0	0	27	1	28

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69310							
Disability Income	\$14,321	\$21,660	\$0	15	15	0	15
TOTAL	\$14,321	\$21,660	\$0	15	15	0	15

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SYMETRA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68608							
Conversion	\$10,884	\$43,039	\$0	0	3	0	3
Accidental Death & Dismemberment	\$19,270	\$51,090	\$132	19	1,494	0	1,494
Disability Income	\$372,121	\$38,427	\$0	13	1,681	0	1,681
Excess/Stop Loss	\$41,311,536	\$29,977,647	\$4,870,972	93	161,143	155,664	316,807
Hospital Indemnity	\$752,355	\$396,890	\$421,627	37	1,367	1,321	2,688
TOTAL	\$42,466,166	\$30,507,093	\$5,292,731	162	165,688	156,985	322,673

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69345							
Disability Income	\$0	\$49,387	\$0	0	0	0	0
Long Term Care	\$1,081,013	\$1,068,144	\$0	0	543	0	543
TOTAL	\$1,081,013	\$1,117,531	\$0	0	543	0	543

THE PUBLIC HEALTH TRUST OF DADE COUNTY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95126							
51+ Member Groups	\$57,476,016	\$53,926,534	\$0	4	6,076	4,381	10,457
Conversion	\$166,145	\$26,349	\$0	0	10	9	19
TOTAL	\$57,642,161	\$53,952,883	\$0	4	6,086	4,390	10,476

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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	\$617,751	\$1,554,920	\$0	0	44	12	56
Accident Only	\$71	\$0	\$0	0	4	0	4
Disability Income	\$1,063,711	\$609,658	\$21,904	0	1,439	4	1,443
Hospital Indemnity	\$11,478	\$198	\$0	0	89	20	109
Long Term Care	\$5,552,888	\$5,131,319	\$0	0	3,025	521	3,546
Medicare Supplement	\$585,198	\$423,122	\$4,207	0	162	0	162
TOTAL	\$7,831,097	\$7,719,217	\$26,111	0	4,763	557	5,320

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	\$945,540	\$614,133	\$0	0	509	0	509
TOTAL	\$945,540	\$614,133	\$0	0	509	0	509

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$6,234	\$19,868	\$0	0	6	3	9
Conversion	\$32,666	\$10,421	\$0	0	4	1	5
Out-of-State Guarantee Issue	\$500,536	\$269,830	\$23,714	0	28	1	29
Out-of-State Individually Underwritten	\$61,224,657	\$37,955,349	\$18,953,462	3	13,274	6,422	19,696
Out-of-State 2 - 5 Member Groups	\$16,585	(\$3,255)	\$12,761	3	7	1	8
Out-of-State Short Term Major Medical	\$2,644,434	\$460,593	\$1,905,513	0	1,031	235	1,266
Accident Only	\$39,739	\$4,880	\$23,982	0	283	199	482
Accidental Death & Dismemberment	\$13	\$4	\$13	2	4	0	4
Dental	\$298,082	\$65,998	\$183,820	0	1,021	374	1,395
Disability Income	\$44,945	\$48,914	\$13,227	0	60	3	63
Hospital Indemnity	\$282,326	\$94,628	\$271,840	0	739	198	937
Limited Benefit	\$18,294	\$12,888	\$6,243	0	40	18	58
Long Term Care	\$13,832,767	\$59,134,595	\$0	0	7,930	0	7,930
Sickness	\$2,413	(\$3)	\$0	0	3	5	8
TOTAL	\$78,943,691	\$98,074,710	\$21,394,575	8	24,430	7,460	31,890

TOTAL HEALTH CHOICE, INC.

NAIC Company Code 95134	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$13,378,514	\$11,880,798	\$0	0	1,095	366	1,461
Self-Employed or Sole Proprietor	\$37,039	\$23,744	\$0	5	5	0	5
2 - 5 Member Groups	\$245,630	\$379,887	\$0	13	25	21	46
6 - 50 Member Groups	\$298,130	\$274,143	\$0	4	11	3	14
51+ Member Groups	\$3,343,100	\$3,302,415	\$0	12	296	41	337
TOTAL	\$17,302,413	\$15,860,987	\$0	34	1,432	431	1,863

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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	\$20,441	\$2,131	\$0	0	276	62	338
Accidental Death & Dismemberment	\$342,779	\$181	\$0	0	3,280	3,836	7,116
Disability Income	\$12,037	\$115,682	\$1,355	0	86	39	125
Hospital Indemnity	\$74,553	\$33,762	\$0	0	476	89	565
Limited Benefit	\$72,799	\$53,700	\$1,083	0	36	7	43
Long Term Care	\$2,819	\$0	\$0	0	2	0	2
Medicare Supplement	\$1,343,397	\$945,935	\$7,691	0	588	0	588
TOTAL	\$1,868,825	\$1,151,391	\$10,129	0	4,744	4,033	8,777

TRANSAMERICA 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
86231							
Individually Underwritten	\$11,466	\$89,964	\$0	0	31	0	31
Out-of-State Individually Underwritten	\$0	\$91,529	\$0	0	0	0	0
Accident Only	\$77,512	\$10,490	\$10,925	25	467	564	1,031
Accidental Death & Dismemberment	\$606,596	\$320,323	\$0	0	2,934	1,396	4,330
Dental	\$15,558	\$7,242	\$4,663	3	51	64	115
Disability Income	\$364,480	\$35,615	\$67,373	27	790	852	1,642
Excess/Stop Loss	\$1,250,031	\$2,112,983	\$0	2	284	370	654
Hospital Indemnity	\$474,354	\$229,051	\$251,387	15	614	467	1,081
Limited Benefit	\$1,757,463	\$973,492	\$234,171	116	2,744	3,387	6,131
Long Term Care	\$18,353,675	\$14,936,125	\$401,212	0	10,868	0	10,868
Medicare Supplement	\$11,430,245	\$9,500,806	\$652,361	0	5,009	0	5,009
TOTAL	\$34,341,380	\$28,307,620	\$1,622,092	188	23,792	7,100	30,892

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TRANS-OCEANIC 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
69523							
Limited Benefit	\$4,191	\$0	\$0	0	81	0	81
TOTAL	\$4,191	\$0	\$0	0	81	0	81

TRAVELERS 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
25658							
Blanket Accident/Sickness	\$33	\$0	\$0	4	4	0	4
TOTAL	\$33	\$0	\$0	4	4	0	4

TRAVELERS INDEMNITY 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
25682							
Blanket Accident/Sickness	\$0	(\$368,466)	\$0	0	0	0	0
TOTAL	\$0	(\$368,466)	\$0	0	0	0	0

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	\$1,971	\$507	\$0	0	215	0	215
TOTAL	\$1,971	\$507	\$0	0	215	0	215

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	\$0	\$0	0	4	6	10
TOTAL	\$478	\$0	\$0	0	4	6	10

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61425							
Individually Underwritten	\$965,285	\$1,041,344	\$0	0	114	35	149
Self-Employed or Sole Proprietor	\$13,547	\$0	\$0	1	1	0	1
51+ Member Groups	\$0	\$537	\$0	0	0	0	0
Conversion	\$168,799	\$50,380	\$1,085	0	20	3	23
Out-of-State Individually Underwritten	\$255,513	\$563,688	\$0	13	13	1	14
Accident Only	\$561,210	\$111,113	\$409,899	2	2,090	1,787	3,877
Accidental Death & Dismemberment	\$58	\$0	\$0	0	0	0	0
Dental	\$32,244	\$69,869	\$0	1	49	23	72
Disability Income	\$2,107,444	\$3,495,752	\$156,823	5	2,457	0	2,457
Excess/Stop Loss	\$478,242	\$642,559	\$189,482	35	1,640	657	2,297
Hospital Indemnity	\$21,930	\$97,482	\$0	0	84	16	100
Limited Benefit	\$5,728,704	\$4,300,671	\$679,400	10	19,401	6,326	25,727
Long Term Care	\$9,522	\$0	\$0	3	4	0	4
Medicare Supplement	\$39,261	\$34,366	\$0	0	20	0	20
TOTAL	\$10,381,759	\$10,407,761	\$1,436,689	70	25,893	8,848	34,741

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TRUSTMARK 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>
62863							
Out-of-State Self-Employed or Sole Proprietor	\$0	\$12,144	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$0	\$700,394	\$0	69	85	62	147
Out-of-State 51+ Member Groups	\$37,549	\$739,329	\$643	8	32	23	55
Accidental Death & Dismemberment	\$13,238	\$0	\$0	16	1,718	0	1,718
Dental	\$227	\$216	\$0	1	2	5	7
Disability Income	\$2,789	\$71,471	\$0	2	7	0	7
Excess/Stop Loss	\$3,691	\$0	\$348	9	28	15	43
TOTAL	\$57,494	\$1,523,554	\$991	105	1,872	105	1,977

U.S. SPECIALTY 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>
29599							
Accident Only	\$189,855	\$345,935	\$37,850	11	155	0	155
Excess/Stop Loss	\$589,715	(\$527,876)	\$72,175	2	33,697	0	33,697
TOTAL	\$779,570	(\$181,941)	\$110,025	13	33,852	0	33,852

ULLICO CASUALTY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
37893							
Conversion	\$130,981	\$253,585	\$0	0	10	1	11
TOTAL	\$130,981	\$253,585	\$0	0	10	1	11

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UNICARE LIFE & HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80314							
Individually Underwritten	\$6,955	\$5,485	\$0	0	1	1	2
51+ Member Groups	\$667,951	\$596,786	\$0	8	788	399	1,187
Administrative Services Only (ASO)	\$2,199,013	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$420,843	\$106,218	\$0	3	28,572	0	28,572
Dental	\$57,999	\$54,193	\$0	29	61	45	106
Disability Income	\$12,142	\$7,872	\$0	2	48	0	48
TOTAL	\$3,364,903	\$770,554	\$0	42	29,470	445	29,915

UNIFIED LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11121							
Individually Underwritten	\$38,043	\$94,157	\$0	0	47	4	51
Accident Only	\$13,104	\$0	\$0	0	0	0	0
Disability Income	\$24,893	\$84,354	\$0	0	190	0	190
Hospital Indemnity	\$6,334	\$7,363	\$0	0	25	0	25
Limited Benefit	\$6,924	\$3,438	\$0	0	78	0	78
Short Term Care	\$34,206	\$156,435	\$0	0	49	0	49
Medicare Supplement	\$72,367	\$97,543	\$0	0	55	0	55
TOTAL	\$195,871	\$443,290	\$0	0	444	4	448

UNIMERICA INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
91529							
Disability Income	\$8,653	\$465,363	\$0	0	0	0	0
Excess/Stop Loss	\$3,753,041	\$1,513,082	\$175,062	42	24,632	55,570	80,202
TOTAL	\$3,761,694	\$1,978,445	\$175,062	42	24,632	55,570	80,202

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69701							
Individually Underwritten	\$52,026	\$276,289	\$0	0	22	0	22
Accident Only	\$23	\$0	\$0	0	0	0	0
Disability Income	\$2,568	\$0	\$0	0	23	0	23
Hospital Indemnity	\$12,797	\$4,680	\$0	0	46	0	46
Limited Benefit	\$1,748	\$5,359	\$0	0	66	0	66
Long Term Care	\$48,681	\$75,123	\$0	0	57	0	57
Medicare Supplement	\$1,122,795	\$1,008,024	\$0	0	472	0	472
TOTAL	\$1,240,638	\$1,369,475	\$0	0	686	0	686

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80837							
Disability Income	\$2,744,354	\$3,696,341	\$369,013	0	1,536	0	1,536
TOTAL	\$2,744,354	\$3,696,341	\$369,013	0	1,536	0	1,536

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$2,404	\$0	\$0	0	3	0	3
Accident Only	\$445,349	\$151,777	\$0	0	6,227	3,680	9,907
Accidental Death & Dismemberment	\$249,664	\$325,898	\$0	0	3,111	4,752	7,863
Dental	\$255	\$305	\$0	0	1	0	1
Disability Income	\$512	\$38,168	\$0	0	1	0	1
Hospital Indemnity	\$100,940	\$143,790	\$0	0	486	88	574
Limited Benefit	\$785,171	\$2,425,216	\$0	0	4,283	1,547	5,830
Short Term Care	\$1,961	\$21,120	\$0	0	12	0	12
Medicare Supplement	\$202,426	\$195,234	\$0	0	102	0	102
Champus/Tricare Supplement	\$1,380	\$2,662	\$0	0	2	0	2
TOTAL	\$1,790,062	\$3,304,170	\$0	0	14,228	10,067	24,295

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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	\$65,400	\$37,635	\$0	0	40	0	40
Out-of-State Conversion	\$2,175	\$27,567	\$0	0	1	0	1
Accident Only	\$1,636	\$41	\$0	0	19	4	23
Accidental Death & Dismemberment	\$75,778	\$11,235	\$13,150	80	6,786	476	7,262
Dental	\$3,577	\$4,039	\$0	3	11	3	14
Disability Income	\$3,203	\$12,485	\$0	2	9	0	9
Excess/Stop Loss	\$111,786	\$291,429	\$45,163	2	60	90	150
Hospital Indemnity	\$52,807	\$43,703	\$337	0	184	52	236
Limited Benefit	\$13,117	\$5,428	\$0	1	883	216	1,099
Long Term Care	\$318,704	\$698,132	\$0	0	108	0	108
Medicare Supplement	\$47,681	\$88,762	\$0	7	33	0	33
TOTAL	\$695,864	\$1,220,456	\$58,650	95	8,134	841	8,975

UNION 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
69779							
Accidental Death & Dismemberment	\$36	\$0	\$0	0	4	0	4
Disability Income	\$131	\$0	\$0	0	3	0	3
Hospital Indemnity	\$274	\$0	\$0	0	2	0	2
Limited Benefit	\$37	\$30,274	\$0	0	2	0	2
TOTAL	\$478	\$30,274	\$0	0	11	0	11

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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	\$718	\$0	0	0	0	0
Out-of-State Conversion	\$9,729	\$63,010	\$0	0	2	0	2
Accidental Death & Dismemberment	\$642,581	\$362,258	\$109,569	35	3,455	2,124	5,579
Dental	\$36,551,809	\$24,816,305	\$2,923,919	2,379	97,131	90,067	187,198
Disability Income	\$15,164,366	\$6,851,236	\$1,010,010	1,110	47,238	0	47,238
Hospital Indemnity	\$1,209	\$139	\$0	0	4	0	4
Limited Benefit	\$509	\$1,189	\$0	0	10	0	10
Long Term Care	\$10,295,802	\$16,251,450	\$0	0	6,414	0	6,414
Vision	\$12,192	\$2,979	\$11,750	19	518	0	518
TOTAL	\$62,678,197	\$48,349,284	\$4,055,248	3,543	154,772	92,191	246,963

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	\$90,792	\$76,009	\$2,844	0	12	0	12
Individually Underwritten	\$18,487,372	\$11,027,935	\$1,924,418	0	8,559	2,351	10,910
Disability Income	\$1,235	\$0	\$0	0	10	0	10
Hospital Indemnity	\$40,593	\$98,301	\$6,813	0	71	5	76
Limited Benefit	\$1,348,493	\$953,240	\$41,221	0	3,657	1,476	5,133
Long Term Care	\$333,229	\$612,326	\$0	0	271	0	271
Medicare Supplement	\$65,895,353	\$44,498,923	\$3,980,169	0	21,486	0	21,486
TOTAL	\$86,197,067	\$57,266,734	\$5,955,465	0	34,066	3,832	37,898

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$2,059	(\$1,134)	\$0	7	7	7	14
TOTAL	\$2,059	(\$1,134)	\$0	7	7	7	14

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	\$19,757,530	\$17,096,658	\$3,002,907	314	37,935	37,082	75,017
TOTAL	\$19,757,530	\$17,096,658	\$3,002,907	314	37,935	37,082	75,017

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	\$305	\$0	\$0	0	2	0	2
TOTAL	\$305	\$0	\$0	0	2	0	2

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	\$559,647	\$30,459	\$37,714	0	6,999	5,599	12,598
Disability Income	\$126,879	\$30,874	\$0	0	1,091	0	1,091
Hospital Indemnity	\$394,175	\$130,735	\$0	0	3,686	2,949	6,635
Limited Benefit	\$387,014	\$143,491	\$57,384	0	2,615	2,092	4,707
TOTAL	\$1,467,715	\$335,559	\$95,098	0	14,391	10,640	25,031

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$990	\$0	\$0	0	4	0	4
TOTAL	\$990	\$0	\$0	0	4	0	4

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	\$0	\$10,763	\$0	0	0	0	0
Administrative Services Only (ASO)	\$27,350	\$0	\$1,302	0	0	0	0
Accident Only	\$16,840	\$25,294	\$25,320	4	8,668	0	8,668
Accidental Death & Dismemberment	\$1,125,249	\$307,462	\$203,373	831	78,761	10,350	89,111
Dental	\$1,845,490	\$1,625,156	\$1,727,346	124	4,811	5,287	10,098
Disability Income	\$16,692,049	\$12,425,353	\$2,250,168	1,094	71,327	2	71,329
Excess/Stop Loss	\$1,460,563	\$2,546,495	\$291,083	35	1,003	1,232	2,235
Hospital Indemnity	\$59,372	\$106,137	\$0	0	3	0	3
Limited Benefit	\$1,161	\$1,700	\$0	0	52	0	52
Long Term Care	\$232,342	\$73,666	\$204,207	0	161	0	161
Medicare Supplement	\$644,828	\$471,810	\$0	0	632	0	632
Vision	\$0	(\$18)	\$0	0	0	0	0
TOTAL	\$22,105,244	\$17,593,818	\$4,702,799	2,088	165,418	16,871	182,289

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List of Companies and all Health Business

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
42129							
Hospital Indemnity	\$70,552	\$9,610	\$56,941	0	29	0	29
Long Term Care	\$2,972,766	\$481,492	\$970,145	0	1,211	0	1,211
Short Term Care	\$213,246	\$30,755	\$27,144	0	237	0	237
TOTAL	\$3,256,564	\$521,857	\$1,054,230	0	1,477	0	1,477

UNITED STATES FIDELITY AND GUARANTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS 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
25887							
Blanket Accident/Sickness	\$0	(\$63)	\$0	0	0	0	0
TOTAL	\$0	(\$63)	\$0	0	0	0	0

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21113							
Short Term Major Medical	\$35,104	\$90,834	\$35,104	1	7	0	7
Blanket Accident/Sickness	\$896,412	\$799,253	\$896,412	30	1,428	0	1,428
Dental	\$40,630	\$32,601	\$40,630	1	821	0	821
Excess/Stop Loss	\$951,300	\$1,650,501	\$951,300	4	104	0	104
Hospital Indemnity	\$2,244,073	\$1,033,719	\$2,244,073	7	2,680	0	2,680
Prescription Drug	\$4,338	\$4,950	\$4,338	2	72	0	72
Student	\$441,182	\$209,180	\$441,182	12	3,651	0	3,651
TOTAL	\$4,613,039	\$3,821,038	\$4,613,039	57	8,763	0	8,763

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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							
Out-of-State 51+ Member Groups	(\$13,669)	\$108,788	\$0	1	39	0	39
Accident Only	\$1,867	\$0	\$0	0	2	0	2
Accidental Death & Dismemberment	\$2,436,202	\$966,459	\$0	454	13,594	6,596	20,190
Dental	\$1,775,256	\$858,720	\$0	13	2,769	1,384	4,153
Disability Income	\$4,791,279	\$4,502,150	\$0	48	10,123	5,053	15,176
Excess/Stop Loss	\$4,195,754	\$6,940,252	\$0	54	11,725	5,862	17,587
Hospital Indemnity	\$864,627	\$767,685	\$0	0	1,711	851	2,562
Limited Benefit	\$729	\$0	\$0	1	1	0	1
Long Term Care	\$65,895	\$26,872	\$0	27	33	0	33
TOTAL	\$14,117,940	\$14,170,926	\$0	598	39,997	19,746	59,743

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	\$108,146	\$116,881	\$0	0	119	20	139
Accident Only	\$766	\$0	\$0	0	6	3	9
Dental	\$2,592	\$0	\$0	0	1	0	1
Disability Income	\$169,000	\$1,585,513	\$0	0	483	0	483
Hospital Indemnity	\$7,741	\$54,377	\$0	0	38	1	39
Limited Benefit	\$177,051	\$393,283	\$3,731	0	723	315	1,038
Long Term Care	\$3,453,315	\$681,187	\$0	0	1,811	0	1,811
Medicare Supplement	\$9,150,044	\$8,600,133	\$0	0	3,154	0	3,154
TOTAL	\$13,068,655	\$11,431,374	\$3,731	0	6,335	339	6,674

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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	\$17,731,115	\$11,902,653	\$0	0	6,450	0	6,450
TOTAL	\$17,731,168	\$11,902,653	\$0	0	6,451	0	6,451

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	\$52,818,761	\$52,235,508	\$966,369	6,659	6,659	0	6,659
2 - 5 Member Groups	\$325,055,030	\$231,615,052	\$4,662,363	17,351	50,218	33,704	83,922
6 - 50 Member Groups	\$553,968,420	\$341,375,808	\$15,896,321	9,464	117,157	71,603	188,760
51+ Member Groups	\$1,224,010,887	\$1,034,415,394	\$56,426,336	2,163	146,586	89,477	236,063
Conversion	\$11,724,636	\$9,965,941	\$125,363	0	1,398	412	1,810
Dental	\$50,606,689	\$41,104,486	\$3,363,632	7,386	156,490	120,685	277,175
Disability Income	\$504,106	\$413,367	\$0	331	11,919	0	11,919
Excess/Stop Loss	\$1,419,953	\$2,597,219	\$0	8	27,098	34,035	61,133
Hospital Indemnity	\$17,906,598	\$14,895,911	\$569,325	1	27,459	0	27,459
Medicare Supplement	\$682,961,798	\$513,893,214	\$52,236,987	1	295,321	0	295,321
Student	\$27,916,217	\$21,236,780	\$1,656,636	54	20,728	0	20,728
Vision	\$26,165,235	\$15,333,978	\$1,563,628	25,756	547,585	131,563	679,148
TOTAL	\$2,975,058,330	\$2,279,082,658	\$137,466,960	69,174	1,408,618	481,479	1,890,097

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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							
Individually Underwritten	\$40,082,022	\$32,702,358	\$0	0	31,810	0	31,810
2 - 5 Member Groups	\$2,843,492	\$5,019,419	\$1,421	141	87	220	307
6 - 50 Member Groups	\$10,465,854	\$18,474,647	\$0	66	534	476	1,010
51+ Member Groups	\$434,022,059	\$330,360,100	\$17,536,755	147	44,808	55,023	99,831
Conversion	\$7,765,008	\$10,418,460	\$0	0	711	0	711
TOTAL	\$495,178,435	\$396,974,984	\$17,538,176	354	77,950	55,719	133,669

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	\$2,273	\$1,977	\$0	0	1	0	1
TOTAL	\$2,273	\$1,977	\$0	0	1	0	1

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	\$3,836,098	\$1,255,674	\$351,351	1,529	182,947	13,038	195,985
Disability Income	\$105,492,221	\$120,048,581	\$11,796,065	2,576	282,201	0	282,201
Limited Benefit	\$9,820	\$918	\$0	0	20	0	20
Long Term Care	\$21,723,898	\$12,444,473	\$841,824	395	25,335	16,990	42,325
TOTAL	\$131,062,037	\$133,749,646	\$12,989,240	4,500	490,503	30,028	520,531

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USAA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69663							
Accident Only	\$11,849	\$0	\$0	1	71	0	71
Disability Income	\$384,931	\$381,570	\$0	0	344	0	344
Hospital Indemnity	\$21,128	\$18,566	\$0	0	42	0	42
Medicare Supplement	\$16,343,473	\$16,260,803	\$1,584,099	0	7,803	0	7,803
TOTAL	\$16,761,381	\$16,660,939	\$1,584,099	1	8,260	0	8,260

VISION SERVICE PLAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
32395							
Vision	\$32,769,039	\$27,896,763	\$1,654,825	509	834,435	448,686	1,283,121
TOTAL	\$32,769,039	\$27,896,763	\$1,654,825	509	834,435	448,686	1,283,121

WASHINGTON NATIONAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70319							
Individually Underwritten	\$107,526	(\$130,534)	\$0	0	52	0	52
Accident Only	\$491,074	\$374,916	\$329,407	2	10,711	763	11,474
Disability Income	\$27,957	\$46,546	\$0	0	110	0	110
Hospital Indemnity	\$71,084	(\$202,905)	\$136	4	850	65	915
Limited Benefit	\$19,222,804	\$13,814,638	\$1,450,146	6	44,660	18,767	63,427
Long Term Care	\$4,988,180	\$18,266,621	\$0	10	3,038	2	3,040
Medicare Supplement	\$5,791,040	\$6,858,310	\$1,724	0	2,266	25	2,291
Champus/Tricare Supplement	\$147,585	\$147,464	\$0	2	94	31	125
TOTAL	\$30,847,250	\$39,175,056	\$1,781,413	24	61,781	19,653	81,434

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WEST COAST LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70335							
Limited Benefit	\$173	\$2,156	\$0	0	2	0	2
TOTAL	\$173	\$2,156	\$0	0	2	0	2

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70483							
Accident Only	\$170,990	\$0	\$0	0	3,255	1,588	4,843
Limited Benefit	\$2,206,300	\$2,324,752	\$0	0	3,753	1,541	5,294
TOTAL	\$2,377,290	\$2,324,752	\$0	0	7,008	3,129	10,137

WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
91413							
Excess/Stop Loss	\$125,505	\$118,610	\$125,505	6	314	409	723
TOTAL	\$125,505	\$118,610	\$125,505	6	314	409	723

WESTPORT INSURANCE CORPORATION

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
39845							
Excess/Stop Loss	\$0	(\$20,958)	\$0	0	0	0	0
TOTAL	\$0	(\$20,958)	\$0	0	0	0	0

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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	\$1,314	\$9,288	\$0	0	8	0	8
Disability Income	\$299	\$0	\$0	0	3	0	3
TOTAL	\$1,613	\$9,288	\$0	0	11	0	11

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	\$93	\$0	\$0	0	1	0	1
Accidental Death & Dismemberment	\$171	\$0	\$0	0	2	1	3
Hospital Indemnity	\$950	\$2,250	\$0	0	6	0	6
Travel	\$3,894	\$3,164	\$0	0	9	0	9
TOTAL	\$5,108	\$5,414	\$0	0	18	1	19

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							
Medicare Supplement	\$40,581	\$65,930	\$0	0	53	0	53
TOTAL	\$40,581	\$65,930	\$0	0	53	0	53

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	\$246	\$6	\$0	0	2	0	2
Medicare Supplement	\$6,578	\$14,218	\$0	0	4	0	4
TOTAL	\$6,824	\$14,224	\$0	0	6	0	6

CY2010 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$1,747,710	\$1,680,417	\$0	0	359	258	617
Short Term Major Medical	\$4,583	\$131	\$4,710	0	1	0	1
Out-of-State Individually Underwritten	\$4,336,152	\$2,705,189	\$854,581	1	1,004	836	1,840
Out-of-State 6 - 50 Member Groups	\$13,074	\$6,698	\$0	1	7	4	11
Dental	\$38,906	\$22,846	\$0	0	58	0	58
Hospital Indemnity	\$4,667	\$5,322	\$0	0	46	10	56
Limited Benefit	\$92	\$0	\$0	0	12	4	16
Medicare Supplement	\$822,916	\$850,568	\$0	0	294	12	306
TOTAL	\$6,968,100	\$5,271,171	\$859,291	2	1,781	1,124	2,905

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	\$3,702,981	\$2,225,446	\$368,339	70	107,694	0	107,694
Accidental Death & Dismemberment	\$2,611	\$0	\$794	64	93	0	93
Disability Income	\$27,332	\$83,279	\$716	15	804	0	804
Excess/Stop Loss	\$2,341,822	\$906,168	\$570,779	18	5,690	0	5,690
Limited Benefit	\$89,008	\$0	\$1,459	3	872	0	872
TOTAL	\$6,163,754	\$3,214,893	\$942,087	170	115,153	0	115,153

***CY2010 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

1	ACCENDO INSURANCE COMPANY	63444
2	ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
3	ACE INSURANCE COMPANY OF THE MIDWEST	26417
4	ACE LIFE INSURANCE COMPANY	60348
5	AETNA HEALTH INSURANCE COMPANY	72052
6	AETNA INSURANCE COMPANY OF CONNECTICUT	36153
7	AHF MCO OF FLORIDA, INC.	12973
8	ALFA LIFE INSURANCE CORPORATION	79049
9	ALL SAVERS INSURANCE COMPANY	82406
10	ALLSTATE INSURANCE COMPANY	19232
11	ALTERRA AMERICA INSURANCE COMPANY	21296
12	AMERICA'S HEALTH CHOICE MEDICAL PLANS, INC.	11122
13	AMERICAN CAPITOL INSURANCE COMPANY	60291
14	AMERICAN COMMERCE INSURANCE COMPANY	19941
15	AMERICAN CREDITORS LIFE INSURANCE COMPANY	94439
16	AMERICAN FAMILY HOME INSURANCE COMPANY	23450
17	AMERICAN FIDELITY LIFE INSURANCE COMPANY	60429
18	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
19	AMERICAN INSURANCE COMPANY (THE)	21857
20	AMERICAN MATURITY LIFE INSURANCE COMPANY	81213
21	AMERICAN MODERN HOME INSURANCE COMPANY	23469
22	AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY	91785
23	AMERICAN RELIABLE INSURANCE COMPANY	19615
24	AMERICAN RETIREMENT LIFE INSURANCE COMPANY	88366
25	AMERICAN SECURITY INSURANCE COMPANY	42978
26	AMERICAN SENTINEL INSURANCE COMPANY	17965
27	AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
28	AMERICAN SOUTHERN INSURANCE COMPANY	10235
29	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
30	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY	61999
31	ARCH INSURANCE COMPANY	11150
32	ASSOCIATED INDEMNITY CORPORATION	21865
33	ATHENA ASSURANCE COMPANY	41769
34	ATLANTIC COAST LIFE INSURANCE COMPANY	61115
35	AURORA NATIONAL LIFE ASSURANCE COMPANY	61182
36	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT	19062
37	AVEMCO INSURANCE COMPANY	10367

***CY2010 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

38	AXIS REINSURANCE COMPANY	20370
39	AXIS SPECIALTY INSURANCE COMPANY	15610
40	BALBOA INSURANCE COMPANY	24813
41	BANKERS STANDARD INSURANCE COMPANY	18279
42	BAPTIST LIFE ASSOCIATION	57223
43	BEAZLEY INSURANCE COMPANY, INC.	37540
44	BERKLEY INSURANCE COMPANY	32603
45	BEST MERIDIAN INSURANCE COMPANY	63886
46	BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
47	BUPA INSURANCE COMPANY	81647
48	BUPA INSURANCE LIMITED COMPANY	13596
49	C.P.A. INSURANCE COMPANY	30082
50	CAREPLUS HEALTH PLANS, INC.	95092
51	CAROLINA CASUALTY INSURANCE COMPANY	10510
52	CATHOLIC HOLY FAMILY SOCIETY	57770
53	CENTRE INSURANCE COMPANY	34649
54	CHARTER NATIONAL LIFE INSURANCE COMPANY	61808
55	CHARTIS PROPERTY CASUALTY COMPANY	19402
56	CHEROKEE INSURANCE COMPANY	10642
57	CHURCH LIFE INSURANCE CORPORATION	61875
58	CINCINNATI INDEMNITY COMPANY	23280
59	CLARENDON SELECT INSURANCE COMPANY	22560
60	COLONIAL AMERICAN LIFE INSURANCE COMPANY	73326
61	CONGRESS LIFE INSURANCE COMPANY	73504
62	CONTINENTAL INSURANCE COMPANY	35289
63	CORVESTA LIFE INSURANCE COMPANY	78301
64	COTTON STATES LIFE INSURANCE COMPANY	62537
65	COVENTRY SUMMIT HEALTH PLAN, INC.	10771
66	CSA FRATERNAL LIFE	56138
67	CSI LIFE INSURANCE COMPANY	82880
68	CUMIS INSURANCE SOCIETY, INC.	10847
69	DAILY UNDERWRITERS OF AMERICA	35483
70	DELAWARE AMERICAN LIFE INSURANCE COMPANY	62634
71	DENTEGRA INSURANCE COMPANY	73474
72	DIRECT GENERAL INSURANCE COMPANY	42781
73	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY	36463
74	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA	62790

***CY2010 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

75	EMPIRE FIRE AND MARINE INSURANCE COMPANY	21326
76	EMPLOYEES LIFE COMPANY (MUTUAL)	84174
77	EMPLOYER CHOICE INSURANCE COMPANY, INC.	13663
78	EMPLOYERS FIRE INSURANCE COMPANY	20648
79	EMPLOYERS REASSURANCE CORPORATION	68276
80	ENVISION INSURANCE COMPANY	12747
81	EPIC LIFE INSURANCE COMPANY	64149
82	EVEREST REINSURANCE COMPANY	26921
83	FAIRMONT SPECIALTY INSURANCE COMPANY	24384
84	FEDERATED MUTUAL INSURANCE COMPANY	13935
85	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC.	25879
86	FINANCIAL AMERICAN PROPERTY AND CASUALTY INSURANCE COMPANY	21075
87	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
88	FIRST LIBERTY INSURANCE CORPORATION (THE)	33588
89	FIRST MEDICAL HEALTH PLAN OF FLORIDA, INC.	12985
90	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	67652
91	FLORIDA COMBINED LIFE INSURANCE COMPANY	76031
92	FLORIDA HEALTH PARTNERS, INC.	
93	FREEDOM HEALTH, INC.	10119
94	GENERAL CASUALTY COMPANY OF WISCONSIN	24414
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 AMERICAN INSURANCE COMPANY	16691
100	GREAT DIVIDE INSURANCE COMPANY	25224
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

***CY2010 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

112	HISCOX INSURANCE COMPANY INC.	10200
113	HORACE MANN INSURANCE COMPANY	22578
114	HUMANA ADVANTAGECARE PLAN, INC.	10126
115	IDS PROPERTY CASUALTY INSURANCE COMPANY	29068
116	INDEPENDENCE LIFE AND ANNUITY COMPANY	64602
117	INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT	81779
118	INSURANCE COMPANY OF THE WEST	27847
119	INTEGRITY LIFE INSURANCE COMPANY	74780
120	INVESTORS INSURANCE CORPORATION	64939
121	JOHN DEERE INSURANCE COMPANY	36781
122	LIBERTY BANKERS LIFE INSURANCE COMPANY	68543
123	LM INSURANCE CORPORATION	33600
124	LONGEVITY INSURANCE COMPANY	68446
125	LYNDON SOUTHERN INSURANCE COMPANY	10051
126	MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.	
127	MANAGED CARE OF NORTH AMERICA, INC.	
128	MARKEL AMERICAN INSURANCE COMPANY	28932
129	MARYLAND CASUALTY COMPANY	19356
130	MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
131	MEMBERS HEALTH INSURANCE COMPANY	94587
132	METLIFE INVESTORS INSURANCE COMPANY	93513
133	METLIFE INVESTORS USA INSURANCE COMPANY	61050
134	MML BAY STATE LIFE INSURANCE COMPANY	70416
135	MOLINA HEALTHCARE INSURANCE COMPANY	69647
136	MOLINA HEALTHCARE OF FLORIDA, INC.	13128
137	NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY	16217
138	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
139	NATIONAL INDEMNITY COMPANY	20087
140	NATIONAL SECURITY INSURANCE COMPANY	66788
141	NATIONAL SPECIALTY INSURANCE COMPANY	22608
142	NATIONAL SURETY CORPORATION	21881
143	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
144	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	69698
145	NEW HAMPSHIRE INSURANCE COMPANY	23841
146	NORTH AMERICAN SPECIALTY INSURANCE COMPANY	29874
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 FINANCIAL LIFE ASSURANCE COMPANY	60232
165	PHILADELPHIA-UNITED LIFE INSURANCE COMPANY	67792
166	PHL VARIABLE INSURANCE COMPANY	93548
167	PHOENIX LIFE AND ANNUITY COMPANY	93734
168	PHYSICIANS HEALTH CHOICE OF FLORIDA, INC.	13159
169	PHYSICIANS UNITED PLAN, INC.	10775
170	PIONEER AMERICAN INSURANCE COMPANY	67873
171	PREFERRED CARE PARTNERS, INC.	11176
172	PREMIER ACCESS INSURANCE COMPANY	60237
173	PROTECTIVE INSURANCE COMPANY	12416
174	PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION	86630
175	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	93629
176	QBE REINSURANCE CORPORATION	10219
177	QUALITY HEALTH PLANS, INC.	11519
178	R.V.I. NATIONAL INSURANCE COMPANY	23132
179	REGENT INSURANCE COMPANY	24449
180	RESOURCE LIFE INSURANCE COMPANY	61506
181	RIVERPORT INSURANCE COMPANY	36684
182	RLI INSURANCE COMPANY	13056
183	SCOR GLOBAL LIFE U.S. RE INSURANCE COMPANY	64688
184	SEABRIGHT INSURANCE COMPANY	15563
185	SEECHANGE HEALTH INSURANCE COMPANY	63541

***CY2010 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

NAIC Company Code

186	SENTRY CASUALTY COMPANY	28460
187	SILVERSCRIPT INSURANCE COMPANY	12575
188	SIMPLY HEALTHCARE PLANS, INC.	13726
189	SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
190	SOUTHLAND NATIONAL INSURANCE CORPORATION	79057
191	SPARTA INSURANCE COMPANY	20613
192	ST. PAUL FIRE & MARINE INSURANCE COMPANY	24767
193	ST. PAUL MERCURY INSURANCE COMPANY	24791
194	STANDARD FIRE INSURANCE COMPANY	19070
195	STAR INSURANCE COMPANY	18023
196	SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY	60941
197	SUNSET LIFE INSURANCE COMPANY OF AMERICA	69272
198	SUNSHINE STATE HEALTH PLAN, INC.	13148
199	SWISS RE LIFE & HEALTH AMERICA INC.	82627
200	TRANSPORTATION INSURANCE COMPANY	20494
201	TRAVELERS CASUALTY AND SURETY COMPANY	19038
202	TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170
203	TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
204	TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
205	U.S. FINANCIAL LIFE INSURANCE COMPANY	84530
206	UBS LIFE INSURANCE COMPANY USA	67423
207	ULLICO LIFE INSURANCE COMPANY	86371
208	UNITED INVESTORS LIFE INSURANCE COMPANY	94099
209	UNITED NATIONAL SPECIALTY INSURANCE COMPANY	41335
210	UNITED PROSPERITY LIFE INSURANCE COMPANY	80055
211	UNITY FINANCIAL LIFE INSURANCE COMPANY	63819
212	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	12577
213	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY	70173
214	USAA DIRECT LIFE INSURANCE COMPANY	72613
215	USABLE LIFE	94358
216	VALIANT INSURANCE COMPANY	26611
217	VALLEY FORGE INSURANCE COMPANY	20508
218	VIGILANT INSURANCE COMPANY	20397
219	VIRGINIA SURETY COMPANY, INC.	40827
220	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	83445
221	WELLCARE OF FLORIDA, INC.	95081
222	WELLCARE PRESCRIPTION INSURANCE, INC.	10155

*CY2010 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity*

NAIC Company Code

223	WESCO INSURANCE COMPANY	25011
224	WESTCHESTER FIRE INSURANCE COMPANY	21121
225	WESTERN NATIONAL LIFE INSURANCE COMPANY	70432
226	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY	92622
227	ZALE LIFE INSURANCE COMPANY	71323
228	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://portal.fldfs.com>) of this information is required pursuant to Rules 69O-137.004 and 69O-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</p> <p>H16I</p> <p>H15G</p> <p>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</p> <p>H16I.004</p>
<p>Conversion - Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.</p>	<p>H06</p>
<p>Other Prepaid Health Services not listed below: Pursuant to Section 636.003(5), F.S., "limited health service" also includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services. "limited health service" does not include inpatient, hospital surgical services, or emergency services except as such services are provided incident to the limited health services.</p>	
<p>Discount Medical Plan - Pursuant to Section 636.202(1), FS, is a business arrangement or contract in which a person, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical services from those providers at a discount. The term "discount medical plan" does not include any product regulated under chapter 627, chapter 641, or part I of chapter 636.</p>	
<p>Administrative Services Only (ASO) - ASO describes the contractual arrangement utilized by a self-funded employer, whereby a separate company processes claims and other administrative needs pertinent to the employer's health care plans. (Please 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</p> <p>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</p> <p>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</p> <p>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)
<p>Medicare Supplement Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.</p>	<p>MS02G MS02I MS03G MS03I MS04G MS04I MS05G MS05I MS06</p>
<p>Champus/Tricare Supplement - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.</p>	<p>H05</p>
<p>Prescription Drug - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.</p>	<p>H17G H17I</p>
<p>Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.</p>	<p>H18G H18I</p>
<p>Student - A health insurance contract that covers a class of students not individually identified in the contract.</p>	<p>H04.001</p>
<p>Travel - Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)</p>	<p>H19I H19G</p>
<p>Vision - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.</p>	<p>H20G H20I</p>
<p>Other - NOT to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business, credit (group and individual), or credit A&H (group and individual)</p>	<p>H21</p>

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

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

Column Definitions:

<p>TOTAL DIRECT PREMIUMS EARNED</p>	<p>Requested data is your company's direct premium earned from January 01 through December 31, inclusive, for the calendar reporting year. Provide only earned premium specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>DIRECT LOSSES INCURRED</p>	<p>Requested data is your company's direct losses incurred from January 01 through December 31, inclusive, for the calendar reporting year. Provide only losses specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED</p>	<p>T</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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