

**CY2011
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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CY2011 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Major Medical Lines of Business

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Guarantee Issue	\$90,461,795	\$81,259,746	\$12,797,745	0	22,078	12,407	34,485
Individually Underwritten	\$1,555,152,018	\$1,162,150,570	\$289,065,214	0	448,843	221,695	670,538
Self-Employed or Sole Proprietor	\$144,946,593	\$138,253,335	\$3,166,146	12,526	12,564	4,089	16,653
2 - 5 Member Groups	\$977,267,430	\$756,312,517	\$58,218,910	45,846	127,273	88,368	215,641
6 - 50 Member Groups	\$2,386,710,414	\$1,713,863,630	\$208,152,838	49,570	373,261	237,610	610,871
51+ Member Groups	\$7,732,637,795	\$6,443,822,943	\$446,947,106	14,081	986,553	829,081	1,815,634
Short Term Major Medical	\$4,172,953	\$3,021,695	\$2,704,567	1	1,428	420	1,848
Conversion	\$127,103,657	\$174,312,125	\$15,555,758	0	21,133	11,044	32,177
Out-of-State Guarantee Issue	\$18,785,163	\$24,432,201	\$4,160,661	0	1,717	230	1,947
Out-of-State Individually Underwritten	\$449,018,169	\$287,074,696	\$76,564,279	14,325	102,119	69,387	171,506
Out-of-State Self-Employed or Sole Proprietor	\$330,837	\$319,042	\$71,947	204	204	174	378
Out-of-State 2 - 5 Member Groups	\$1,317,117	\$1,480,386	\$76,057	147	372	262	634
Out-of-State 6 - 50 Member Groups	\$5,423,224	\$2,955,295	\$725,154	25	253	186	439
Out-of-State 51+ Member Groups	\$238,503,217	\$208,994,682	\$12,119,386	4,027	38,240	34,593	72,833
Out-of-State Short Term Major Medical	\$10,246,569	\$4,940,887	\$5,233,176	724	4,553	1,729	6,282
Out-of-State Conversion	\$575,966	\$1,076,629	\$421,673	0	1,490	54	1,544

CY2011 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	\$5,321,731	\$1,886,263	\$1,123,618	149	55,032	28,990	84,022
Discount Medical Plan	\$38,570	\$0	\$7,152	4	78	46	124
Accident Only	\$242,667,444	\$120,026,346	\$55,923,161	20,162	3,568,128	562,615	4,130,743
Accidental Death & Dismemberment	\$121,748,282	\$46,817,507	\$8,610,933	10,778	5,656,748	1,712,256	7,369,004
Blanket Accident/Sickness	\$5,439,003	\$3,374,848	\$415,183	1,529	134,562	105,550	240,112
Dental	\$997,883,928	\$749,604,732	\$103,036,539	95,880	3,406,781	2,952,608	6,359,389
Disability Income	\$1,160,912,584	\$1,182,412,438	\$109,923,386	58,089	3,386,555	11,652	3,398,207
Excess/Stop Loss	\$332,648,421	\$221,633,387	\$71,689,970	1,513	653,758	630,314	1,284,072
Hospital Indemnity	\$169,519,081	\$103,128,757	\$46,013,815	9,221	392,117	188,147	580,264
Limited Benefit	\$272,738,505	\$167,837,750	\$47,401,125	3,840	699,108	489,443	1,188,551
Long Term Care	\$600,014,086	\$611,960,662	\$19,891,961	14,597	405,012	31,748	436,760
Short Term Care	\$544,597	\$793,753	\$10,501	0	807	224	1,031
Medicare Supplement	\$1,602,576,595	\$1,341,008,396	\$79,030,111	264	655,850	1,535	657,385
Champus/Tricare Supplement	\$10,397,267	\$6,574,532	\$373,883	12	26,737	3,909	30,646
Prescription Drug	\$929,257	\$418,988	\$108,424	66	9,642	10,330	19,972
Sickness	\$528,383	\$381,746	\$190,991	0	2,822	1,896	4,718
Student	\$40,748,154	\$33,035,251	\$3,915,151	296	98,006	104	98,110
Travel	\$6,563,389	\$5,393,752	\$798,094	407	793,605	89,464	883,069
Vision	\$147,000,689	\$103,807,670	\$17,436,519	51,810	2,237,788	1,647,183	3,884,971

CY2011 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	\$3,624,571,947	1,023,308	26.37%
2	UNITEDHEALTHCARE INSURANCE COMPANY	79413	\$2,279,260,508	522,373	16.59%
3	AETNA HEALTH INC.	95088	\$1,447,112,561	323,752	10.53%
4	AVMED, INC.	95263	\$874,093,614	201,572	6.36%
5	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	62308	\$723,877,519	309,255	5.27%
6	COVENTRY HEALTH CARE OF FLORIDA, INC.	95114	\$653,190,268	150,975	4.75%
7	UNITEDHEALTHCARE OF FLORIDA, INC.	95264	\$644,900,084	175,769	4.69%
8	HUMANA MEDICAL PLAN, INC.	95270	\$632,836,953	136,611	4.60%
9	CAPITAL HEALTH PLAN, INC.	95112	\$487,108,565	103,191	3.54%
10	NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	95123	\$409,858,753	101,343	2.98%
11	GOLDEN RULE INSURANCE COMPANY	62286	\$304,718,872	116,274	2.22%
12	HEALTH OPTIONS, INC.	95089	\$271,311,579	82,210	1.97%
13	AETNA LIFE INSURANCE COMPANY	60054	\$210,387,719	72,182	1.53%
14	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	69671	\$209,347,712	59,637	1.52%
15	FLORIDA HEALTH CARE PLAN, INC.	13567	\$150,886,825	30,469	1.10%
16	THE PUBLIC HEALTH TRUST OF DADE COUNTY	95126	\$126,234,360	19,536	0.92%
17	HEALTH FIRST HEALTH PLANS, INC.	95019	\$114,542,596	23,113	0.83%
18	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	\$82,150,244	18,721	0.60%
19	COVENTRY HEALTH PLAN OF FLORIDA, INC.	95266	\$76,008,032	21,655	0.55%
20	PREFERRED MEDICAL PLAN, INC.	95271	\$58,492,372	22,818	0.43%
21	TIME INSURANCE COMPANY	69477	\$50,016,856	13,966	0.36%
22	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	81973	\$45,379,068	15,685	0.33%
23	HUMANA INSURANCE COMPANY	73288	\$38,578,392	26,141	0.28%
24	QCC INSURANCE COMPANY	93688	\$33,947,506	6,042	0.25%
25	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	25178	\$23,081,250	5,024	0.17%
26	AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY	97179	\$15,308,496	2,732	0.11%
27	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	\$15,273,744	5,121	0.11%
28	MEGA LIFE & HEALTH INSURANCE COMPANY	97055	\$14,392,646	3,685	0.10%
29	UNITED AMERICAN INSURANCE COMPANY	92916	\$13,221,579	8,065	0.10%
30	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	66087	\$12,570,278	4,258	0.09%
31	NEW YORK LIFE INSURANCE COMPANY	66915	\$11,852,981	2,917	0.09%
32	WORLD INSURANCE COMPANY	70629	\$9,243,609	1,253	0.07%
33	CIGNA HEALTHCARE OF FLORIDA, INC.	95136	\$8,638,473	1,509	0.06%
34	MEDICA HEALTH PLANS OF FLORIDA, INC.	12756	\$8,339,903	1,772	0.06%
35	CELTIC INSURANCE COMPANY	80799	\$8,085,799	1,375	0.06%
36	AVAHEALTH, INC.	12316	\$6,647,012	1,996	0.05%
37	CIGNA HEALTH AND LIFE INSURANCE COMPANY	67369	\$5,680,028	16,004	0.04%
38	JOHN ALDEN LIFE INSURANCE COMPANY	65080	\$5,007,824	1,097	0.04%
39	AMERICAN REPUBLIC INSURANCE COMPANY	60836	\$4,893,539	975	0.04%
40	STARR INDEMNITY & LIABILITY COMPANY	38318	\$3,590,153	2,463	0.03%
41	AXA EQUITABLE LIFE INSURANCE COMPANY	62944	\$3,398,037	756	0.02%
42	STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK	69078	\$3,367,789	1,079	0.02%
43	PRINCIPAL LIFE INSURANCE COMPANY	61271	\$3,122,761	151	0.02%
44	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	64246	\$2,399,532	780	0.02%

CY2011 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	INDEPENDENCE AMERICAN INSURANCE COMPANY	26581	\$1,654,552	703	0.01%
46	AMERICAN HERITAGE LIFE INSURANCE COMPANY	60534	\$1,571,158	5,803	0.01%
47	GREAT WEST LIFE ASSURANCE COMPANY	80705	\$1,153,423	126	0.01%
48	TRUSTMARK INSURANCE COMPANY	61425	\$1,144,277	150	0.01%
49	AMERICAN NATIONAL LIFE INS. CO. OF TEXAS	71773	\$1,049,638	147	0.01%
50	PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)	68241	\$949,819	708	0.01%
51	GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY	68322	\$848,713	0	0.01%
52	EMPLOYER CHOICE INSURANCE COMPANY, INC.	13663	\$719,111	860	0.01%
53	THRIVENT FINANCIAL FOR LUTHERANS	56014	\$615,204	39	0.00%
54	ILLINOIS MUTUAL LIFE INSURANCE COMPANY	64580	\$521,361	41	0.00%
55	BCS INSURANCE COMPANY	38245	\$421,673	1,462	0.00%
56	HCC LIFE INSURANCE COMPANY	92711	\$399,521	333	0.00%
57	AMERICAN GENERAL LIFE INSURANCE COMPANY	60488	\$361,835	0	0.00%
58	GUARANTEE TRUST LIFE INSURANCE COMPANY	64211	\$314,517	127	0.00%
59	AMERICAN NATIONAL INSURANCE COMPANY	60739	\$267,580	94	0.00%
60	NEW ERA LIFE INSURANCE COMPANY	78743	\$259,951	109	0.00%
61	CITRUS HEALTH CARE, INC.	11836	\$257,863	16	0.00%
62	METROPOLITAN LIFE INSURANCE COMPANY	65978	\$243,715	321	0.00%
63	AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY	66672	\$234,736	905	0.00%
64	PHOENIX LIFE INSURANCE COMPANY	67814	\$224,957	4	0.00%
65	PYRAMID LIFE INSURANCE COMPANY (THE)	68284	\$224,660	30	0.00%
66	CONTINENTAL GENERAL INSURANCE COMPANY	71404	\$199,008	21	0.00%
67	CENTRAL UNITED LIFE INSURANCE COMPANY	61883	\$180,788	60	0.00%
68	RESERVE NATIONAL INSURANCE COMPANY	68462	\$136,342	35	0.00%
69	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	67784	\$127,635	203	0.00%
70	PHYSICIANS MUTUAL INSURANCE COMPANY	80578	\$121,095	22	0.00%
71	AMERICAN ALTERNATIVE INSURANCE CORPORATION	19720	\$116,022	51	0.00%
72	ULLICO CASUALTY COMPANY	37893	\$115,190	10	0.00%
73	MUTUAL OF OMAHA INSURANCE COMPANY	71412	\$111,020	296	0.00%
74	UNITED TEACHER ASSOCIATES INSURANCE COMPANY	63479	\$94,325	134	0.00%
75	WASHINGTON NATIONAL INSURANCE COMPANY	70319	\$93,779	53	0.00%
76	UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK	70106	\$92,919	32	0.00%
77	EVERENCE ASSOCIATION, INC.	57991	\$82,689	10	0.00%
78	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	91472	\$80,287	96	0.00%
79	CONTINENTAL ASSURANCE COMPANY	62413	\$73,701	17	0.00%
80	4 EVER LIFE INSURANCE COMPANY	80985	\$62,446	17	0.00%
81	UNION LABOR LIFE INSURANCE COMPANY	69744	\$58,127	34	0.00%
82	UNION BANKERS INSURANCE COMPANY	69701	\$51,655	21	0.00%
83	MARKEL INSURANCE COMPANY	38970	\$45,235	20	0.00%
84	MONY LIFE INSURANCE COMPANY	66370	\$44,507	34	0.00%
85	UNIFIED LIFE INSURANCE COMPANY	11121	\$39,779	44	0.00%
86	BANKERS LIFE INSURANCE COMPANY	81043	\$37,710	0	0.00%
87	HEALTH NET LIFE INSURANCE COMPANY	66141	\$34,960	2	0.00%
88	PAN-AMERICAN LIFE INSURANCE COMPANY	67539	\$28,935	5	0.00%

CY2011 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	NATIONAL BENEFIT LIFE INSURANCE COMPANY	61409	\$26,894	101	0.00%
90	AMERICAN STATES INSURANCE COMPANY	19704	\$26,736	6	0.00%
91	PRIMERICA LIFE INSURANCE COMPANY	65919	\$15,470	6	0.00%
92	FIDELITY SECURITY LIFE INSURANCE COMPANY	71870	\$14,394	1	0.00%
93	CINCINNATI LIFE INSURANCE COMPANY (THE)	76236	\$12,065	14	0.00%
94	AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE	66842	\$11,747	27	0.00%
95	TRANSAMERICA LIFE INSURANCE COMPANY	86231	\$11,700	30	0.00%
96	CHESAPEAKE LIFE INSURANCE COMPANY	61832	\$11,312	2	0.00%
97	LINCOLN NATIONAL LIFE INSURANCE COMPANY	65676	\$9,979	2	0.00%
98	SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)	80926	\$9,919	1	0.00%
99	CONSECO LIFE INSURANCE COMPANY	65900	\$8,669	0	0.00%
100	UNION SECURITY INSURANCE COMPANY	70408	\$7,608	2	0.00%
101	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY	86355	\$7,595	10	0.00%
102	REASSURE AMERICA LIFE INSURANCE COMPANY	70211	\$7,529	84	0.00%
103	SYMETRA LIFE INSURANCE COMPANY	68608	\$7,270	3	0.00%
104	GENERAL AMERICAN LIFE INSURANCE COMPANY	63665	\$7,133	12	0.00%
105	CENTRE LIFE INSURANCE COMPANY	80896	\$6,890	62	0.00%
106	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY	69140	\$6,675	18	0.00%
107	COMPANION LIFE INSURANCE COMPANY	77828	\$6,018	0	0.00%
108	CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE	68500	\$5,337	6	0.00%
109	LIFESECURE INSURANCE COMPANY	77720	\$4,922	3	0.00%
110	MADISON NATIONAL LIFE INSURANCE COMPANY INC.	65781	\$4,679	3	0.00%
111	LIBERTY MUTUAL INSURANCE COMPANY	23043	\$3,269	2	0.00%
112	STATE LIFE INSURANCE COMPANY	69116	\$3,207	5	0.00%
113	KANSAS CITY LIFE INSURANCE COMPANY	65129	\$2,919	2	0.00%
114	GREAT SOUTHERN LIFE INSURANCE COMPANY	90212	\$2,577	1	0.00%
115	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	62057	\$2,533	4	0.00%
116	UNION FIDELITY LIFE INSURANCE COMPANY	62596	\$2,373	3	0.00%
117	OHIO STATE LIFE INSURANCE COMPANY (THE)	67180	\$2,086	13	0.00%
118	CONTINENTAL CASUALTY COMPANY	20443	\$2,075	12	0.00%
119	UNIVERSAL HEALTH CARE, INC.	11574	\$1,915	1	0.00%
120	UNITED STATES FIRE INSURANCE COMPANY	21113	\$1,786	0	0.00%
121	COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY	84824	\$1,403	16	0.00%
122	FAMILY LIFE INSURANCE COMPANY	63053	\$1,399	50	0.00%
123	WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK	66230	\$1,024	6	0.00%
124	SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK	68772	\$927	0	0.00%
125	BANNER LIFE INSURANCE COMPANY	94250	\$919	8	0.00%
126	TRUSTMARK LIFE INSURANCE COMPANY	62863	\$799	65	0.00%
127	KNIGHTS OF COLUMBUS	58033	\$537	4	0.00%
128	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY	25135	\$526	1	0.00%
129	METLIFE INSURANCE COMPANY OF CONNECTICUT	87726	\$512	1	0.00%
130	OHIO NATIONAL LIFE INSURANCE COMPANY	67172	\$446	2	0.00%
131	MONUMENTAL LIFE INSURANCE COMPANY	66281	\$322	4	0.00%
132	ING LIFE INSURANCE AND ANNUITY COMPANY	86509	\$269	1	0.00%

*CY2011 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	WORLD CORP INSURANCE COMPANY	79987	\$250	2	0.00%
134	JEFFERSON NATIONAL LIFE INSURANCE COMPANY	64017	\$206	7	0.00%
135	UNICARE LIFE & HEALTH INSURANCE COMPANY	80314	\$27	0	0.00%
136	SENTRY LIFE INSURANCE COMPANY	68810	\$25	0	0.00%

CY2011 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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$345,878	\$154,736	\$0	29	3,164	4,392	7,556
TOTAL	\$345,878	\$154,736	\$0	29	3,164	4,392	7,556

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$462	\$266	\$0	0	2	0	2
Hospital Indemnity	\$385	\$321	\$0	0	1	0	1
TOTAL	\$847	\$587	\$0	0	3	0	3

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$646	\$46	\$0	0	4	1	5
Hospital Indemnity	\$6,743	\$1,077	\$0	0	29	19	48
Medicare Supplement	\$19,419	\$17,309	\$0	0	12	1	13
TOTAL	\$26,808	\$18,432	\$0	0	45	21	66

4 EVER LIFE INSURANCE COMPANY

NAIC Company Code

80985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$62,446	\$23,712	\$19,387	3	17	0	17
Accidental Death & Dismemberment	\$355	\$0	\$355	1	10	0	10
Disability Income	\$143,279	\$39,114	\$0	17	880	0	880
TOTAL	\$206,080	\$62,826	\$19,742	21	907	0	907

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	(\$122)	(\$10)	\$24	2	43	3	46
TOTAL	(\$122)	(\$10)	\$24	2	43	3	46

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	\$9,392,761	\$1,674,628	\$1,309,984	2	52,122	36,009	88,131
Hospital Indemnity	\$35,827	\$10,925	\$4,157	0	98	0	98
TOTAL	\$9,428,588	\$1,685,553	\$1,314,141	2	52,220	36,009	88,229

ABILITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71471							
Disability Income	\$0	(\$10)	\$0	0	0	0	0
Limited Benefit	\$0	(\$21)	\$0	0	0	0	0
Long Term Care	\$465,586	\$867,354	\$0	0	380	0	380
Short Term Care	\$2,632	\$7,223	\$0	0	11	0	11
Medicare Supplement	\$1,613	\$2,816	\$0	0	0	0	0
TOTAL	\$469,831	\$877,362	\$0	0	391	0	391

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	\$282	\$0	\$0	0	5	0	5
TOTAL	\$282	\$0	\$0	0	5	0	5

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$6,996,317	\$867,743	\$118,887	94	158,451	0	158,451
Accidental Death & Dismemberment	\$781,624	\$682,669	\$101,971	108	116,296	0	116,296
Blanket Accident/Sickness	\$121,224	\$152,434	\$13,354	11	637	0	637
Dental	\$125,155	\$8,114	\$0	12	632	283	915
Disability Income	\$19,081	\$0	\$3,620	0	0	0	0
Excess/Stop Loss	\$4,669,638	\$703,936	\$0	4	10,398	602	11,000
Hospital Indemnity	\$10,011	\$0	\$10,011	1	20	14	34
Limited Benefit	\$1,729,060	\$133,786	\$0	29	1,197	730	1,927
Prescription Drug	\$158,033	\$1,516	\$0	17	727	454	1,181
Student	\$377,669	\$650,617	\$0	2	238	0	238
TOTAL	\$14,987,812	\$3,200,815	\$247,843	278	288,596	2,083	290,679

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	\$3,482,635	\$2,079,595	\$567,852	346	32,685	25,401	58,086
TOTAL	\$3,482,635	\$2,079,595	\$567,852	346	32,685	25,401	58,086

AEGIS SECURITY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
33898							
51+ Member Groups	\$0	(\$681)	\$0	0	0	0	0
Blanket Accident/Sickness	\$7,895	\$0	\$4,923	9	5,806	0	5,806
TOTAL	\$7,895	(\$681)	\$4,923	9	5,806	0	5,806

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AETNA HEALTH INC.

NAIC Company Code

95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Guarantee Issue	\$4,455,134	\$5,775,836	\$1,292,697	0	486	37	523
Individually Underwritten	\$106,792,867	\$72,330,001	\$15,313,157	0	27,868	12,366	40,234
Self-Employed or Sole Proprietor	\$50,217,637	\$48,842,152	\$295,977	3,174	3,174	1,311	4,485
2 - 5 Member Groups	\$165,388,702	\$134,271,549	\$3,049,896	7,510	21,939	13,140	35,079
6 - 50 Member Groups	\$294,812,752	\$204,659,094	\$9,463,424	3,580	42,961	23,710	66,671
51+ Member Groups	\$814,188,052	\$667,120,929	\$5,415,942	1,007	106,306	69,496	175,802
Conversion	\$11,257,417	\$17,610,256	\$202,036	0	809	149	958
TOTAL	\$1,447,112,561	\$1,150,609,817	\$35,033,129	15,271	203,543	120,209	323,752

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AETNA LIFE INSURANCE COMPANY

NAIC Company Code

60054	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Guarantee Issue	\$346,827	\$1,046,685	\$85,154	0	30	0	30
Individually Underwritten	\$19,615,635	\$8,701,331	\$2,234,989	0	3,295	855	4,150
Self-Employed or Sole Proprietor	\$5,753,933	\$3,604,047	\$1,251,302	553	553	472	1,025
2 - 5 Member Groups	\$9,013,476	\$7,129,424	\$540,175	396	1,004	706	1,710
6 - 50 Member Groups	\$4,164,633	\$2,260,566	\$500,367	65	667	499	1,166
51+ Member Groups	\$72,719,495	\$67,016,833	\$6,076,169	295	11,406	10,370	21,776
Conversion	\$2,905,101	\$5,095,703	\$403,173	0	379	79	458
Out-of-State Self-Employed or Sole Proprietor	\$330,837	\$331,149	\$71,947	204	204	174	378
Out-of-State 2 - 5 Member Groups	\$1,269,099	\$1,003,824	\$76,057	146	370	260	630
Out-of-State 6 - 50 Member Groups	\$5,372,129	\$2,915,995	\$645,443	24	246	184	430
Out-of-State 51+ Member Groups	\$88,896,554	\$81,925,287	\$9,034,958	1,471	21,177	19,252	40,429
Accidental Death & Dismemberment	\$4,287,750	\$988,532	\$262,262	1,523	301,818	1,200	303,018
Dental	\$90,660,283	\$57,871,760	\$7,160,478	5,995	161,336	146,669	308,005
Disability Income	\$68,936,670	\$32,654,636	\$2,644,894	99	297,702	0	297,702
Excess/Stop Loss	\$22,633,494	\$13,717,264	\$3,768,865	42	23,946	25,797	49,743
Long Term Care	\$11,809	\$3,594,281	\$0	0	1,640	1,283	2,923
Medicare Supplement	\$81,271	\$60,808	\$0	0	0	0	0
Student	\$4,921,839	\$5,931,978	\$0	7	4,212	60	4,272
TOTAL	\$401,920,835	\$295,850,103	\$34,756,233	10,820	829,985	207,860	1,037,845

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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							
Conversion	(\$1,816)	\$0	\$0	0	0	0	0
Out-of-State 51+ Member Groups	(\$380)	(\$2,050)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$1,012	\$5,462	\$0	0	17	0	17
Hospital Indemnity	\$6,023	\$32,513	\$0	0	152	0	152
Limited Benefit	\$55	\$298	\$0	0	3	0	3
Long Term Care	\$10,899,614	\$3,133,550	\$0	0	5,721	0	5,721
Medicare Supplement	\$4,943	\$39,905	\$0	0	29	0	29
TOTAL	\$10,909,451	\$3,209,678	\$0	0	5,922	0	5,922

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	\$3,501,182	\$1,469,368	\$0	0	35,184	0	35,184
Disability Income	\$0	(\$204)	\$0	0	1	0	1
Hospital Indemnity	\$166,682	\$57,947	\$0	0	636	0	636
Long Term Care	\$278,734	\$1,309,171	\$0	0	145	0	145
TOTAL	\$3,946,598	\$2,836,282	\$0	0	35,966	0	35,966

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 Guarantee Issue	\$700	\$0	\$0	0	0	0	0
Out-of-State Short Term Major Medical	\$115,322	\$47,520	\$115,322	1	41	10	51
Excess/Stop Loss	\$9,116,367	\$4,969,424	\$2,516,877	10	30,295	36,354	66,649
TOTAL	\$9,232,389	\$5,016,944	\$2,632,199	11	30,336	36,364	66,700

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AMERICAN AUTOMOBILE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
21849							
Accident Only	\$0	(\$3,366)	\$0	0	0	0	0
TOTAL	\$0	(\$3,366)	\$0	0	0	0	0

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
10111							
Accidental Death & Dismemberment	\$166,925	\$31,023	\$0	1	1,391	0	1,391
Disability Income	\$12,104	\$2,250	\$0	1	101	0	101
TOTAL	\$179,029	\$33,273	\$0	2	1,492	0	1,492

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60275							
Accidental Death & Dismemberment	\$394,398	(\$3,618)	\$0	0	18,908	1,356	20,264
Disability Income	\$42,347	\$12,870	\$0	0	122	9	131
TOTAL	\$436,745	\$9,252	\$0	0	19,030	1,365	20,395

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20427							
Disability Income	\$1,086	\$1,496	\$0	0	6	0	6
Hospital Indemnity	\$40	\$0	\$0	0	1	0	1
Limited Benefit	\$520	\$1,172	\$0	0	24	0	24
TOTAL	\$1,646	\$2,668	\$0	0	31	0	31

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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	\$335,005	\$323,972	\$0	0	196	0	196
TOTAL	\$335,005	\$323,972	\$0	0	196	0	196

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	\$75,710,514	\$40,937,295	\$22,310,316	0	227,591	243,724	471,315
Dental	\$6,838,810	\$2,155,777	\$2,203,020	0	12,092	8,234	20,326
Disability Income	\$49,523,018	\$25,898,910	\$11,713,175	0	93,008	0	93,008
Hospital Indemnity	\$59,398,513	\$31,791,848	\$23,244,266	0	107,778	94,350	202,128
Limited Benefit	\$98,757,785	\$59,236,015	\$19,780,337	0	271,655	245,108	516,763
Long Term Care	\$2,296,175	\$1,169,714	\$0	0	1,898	209	2,107
Medicare Supplement	\$4,135,689	\$3,861,143	\$0	0	1,982	0	1,982
Vision	\$950,508	\$211,976	\$396,393	0	4,406	3,184	7,590
TOTAL	\$297,611,012	\$165,262,678	\$79,647,507	0	720,410	594,809	1,315,219

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List of Companies and all Health Business

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60410							
Accident Only	\$1,191,152	\$528,679	\$340,219	0	3,728	3,023	6,751
Accidental Death & Dismemberment	\$1,646	(\$57,965)	\$168	3	12	2	14
Dental	\$1,462	(\$55)	\$0	1	1	0	1
Disability Income	\$5,693,138	\$3,623,970	\$1,152,209	37	8,726	0	8,726
Excess/Stop Loss	\$3,219,388	\$2,543,074	\$71,451	6	10,859	7,906	18,765
Hospital Indemnity	\$3,852,833	\$1,689,479	\$2,743,902	10	10,254	4,115	14,369
Limited Benefit	\$2,195,926	\$1,480,682	\$381,176	0	4,857	3,237	8,094
Long Term Care	\$428,636	\$278,174	\$54,709	1	335	48	383
TOTAL	\$16,584,181	\$10,086,038	\$4,743,834	58	38,772	18,331	57,103

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68373							
Accidental Death & Dismemberment	\$649,064	\$178,607	\$0	8	14,070	0	14,070
Disability Income	\$38,506	\$22,710	\$0	1	248	0	248
Limited Benefit	\$547,388	\$762,172	\$0	8	2,065	0	2,065
TOTAL	\$1,234,958	\$963,489	\$0	17	16,383	0	16,383

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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	\$234,736	\$485,501	\$0	0	865	40	905
Accident Only	\$680,397	\$413,201	\$143,891	0	17,251	881	18,132
Accidental Death & Dismemberment	\$591,643	\$53,305	\$114,183	0	11,391	0	11,391
Disability Income	\$77,008	\$100,492	\$1,364	0	2,142	8	2,150
Hospital Indemnity	\$208,171	\$296,039	\$0	0	7,105	941	8,046
Limited Benefit	\$3,737,216	\$2,495,258	\$174,057	0	11,544	1,024	12,568
Medicare Supplement	\$507,210	\$608,895	\$0	0	260	0	260
TOTAL	\$6,036,381	\$4,452,691	\$433,495	0	50,558	2,894	53,452

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	\$361,835	\$0	\$0	0	0	0	0
Accident Only	\$2,247	\$1,770	\$0	0	0	0	0
Accidental Death & Dismemberment	\$1,377,545	\$688,167	\$273,290	1	6,627	0	6,627
Dental	\$30,234	\$0	\$0	0	0	0	0
Disability Income	\$892,205	\$853,673	\$7,766	0	1,338	0	1,338
Hospital Indemnity	\$958	\$0	\$0	0	0	0	0
Limited Benefit	\$366,140	\$67,426	\$23,646	0	706	0	706
Long Term Care	\$18,802	\$0	\$0	0	8	0	8
Vision	\$904	\$0	\$0	0	0	0	0
TOTAL	\$3,050,870	\$1,611,036	\$304,702	1	8,679	0	8,679

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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	\$11,747	\$29,058	\$0	1	27	0	27
Accident Only	\$90,574	\$17,867	\$67,516	23	442	294	736
Accidental Death & Dismemberment	\$223,282	\$194,056	\$7,104	7	55	13,729	13,784
Dental	\$1,651,932	\$1,347,866	\$535,354	92	2,439	2,202	4,641
Disability Income	\$1,446,802	\$3,298,031	\$208,841	51	6,083	0	6,083
Hospital Indemnity	\$101,499	\$184,949	\$0	35	304	35	339
Limited Benefit	\$203,385	\$154,860	\$30,569	169	590	126	716
Long Term Care	\$1,010,181	\$973,060	\$0	1	447	0	447
Vision	\$334,582	\$0	\$30,055	19	2,379	950	3,329
TOTAL	\$5,073,984	\$6,199,747	\$879,439	398	12,766	17,336	30,102

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	\$30,470	(\$3,783)	\$0	1	186	0	186
Disability Income	\$0	\$7,184	\$0	0	1	0	1
Long Term Care	\$10,247	\$14,640	\$0	0	1	0	1
TOTAL	\$40,717	\$18,041	\$0	1	188	0	188

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60534							
51+ Member Groups	\$1,571,158	\$3,523,459	\$465,446	11	4,210	1,593	5,803
Accident Only	\$19,505,104	\$9,772,615	\$5,272,779	131	58,640	58,214	116,854
Dental	\$576,769	\$180,329	\$83,198	56	2,106	799	2,905
Disability Income	\$10,888,988	\$6,024,505	\$2,445,215	14	23,028	0	23,028
Hospital Indemnity	\$11,070,061	\$7,024,573	\$4,729,969	0	21,517	21,517	43,034
Limited Benefit	\$34,253,568	\$17,748,906	\$7,657,292	190	100,537	100,114	200,651
Long Term Care	\$1,147,923	\$2,801,272	\$0	0	649	0	649
TOTAL	\$79,013,571	\$47,075,659	\$20,653,899	402	210,687	182,237	392,924

AMERICAN HOME ASSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
19380							
Accidental Death & Dismemberment	\$35,686	\$0	\$0	4	135	0	135
Limited Benefit	\$2,646	\$0	\$0	3	2,244	0	2,244
TOTAL	\$38,332	\$0	\$0	7	2,379	0	2,379

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AMERICAN INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60577							
Accident Only	\$2,097,098	\$1,931,472	\$224,209	0	21,868	13,491	35,359
Accidental Death & Dismemberment	\$281,057	\$210,456	\$52,236	378	2,614	0	2,614
Blanket Accident/Sickness	\$69,451	\$27,560	\$69,451	165	0	0	0
Disability Income	\$3,502	\$2,374	\$0	0	11	0	11
Hospital Indemnity	\$480,791	\$485,975	\$79,474	0	4,894	5,778	10,672
Limited Benefit	\$298,435	\$182,477	\$31,035	0	3,093	783	3,876
Medicare Supplement	\$93,831	\$59,568	\$0	0	48	0	48
TOTAL	\$3,324,165	\$2,899,882	\$456,405	543	32,528	20,052	52,580

AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81418							
Limited Benefit	\$5,255,497	\$2,267,535	\$199,773	17	2,897	854	3,751
TOTAL	\$5,255,497	\$2,267,535	\$199,773	17	2,897	854	3,751

AMERICAN MEDICAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97179							
Out-of-State Guarantee Issue	\$38,164	\$464,362	\$0	0	2	0	2
Out-of-State Individually Underwritten	\$15,263,572	\$9,280,356	\$0	1	1,711	1,018	2,729
Out-of-State Conversion	\$6,760	\$198,952	\$0	0	1	0	1
Dental	\$23,785	\$9,760	\$0	29	29	7	36
Disability Income	\$1,326	\$0	\$0	1	1	0	1
TOTAL	\$15,333,607	\$9,953,430	\$0	31	1,744	1,025	2,769

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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	\$239	\$5,070	\$0	0	1	0	1
Limited Benefit	\$12	\$0	\$0	0	2	0	2
TOTAL	\$251	\$5,070	\$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	\$170,905	\$689,644	\$0	0	63	21	84
Out-of-State Individually Underwritten	\$96,675	\$78,730	\$0	0	8	2	10
Accident Only	\$5,645	\$5	\$0	0	66	8	74
Accidental Death & Dismemberment	\$1,910	\$0	\$0	0	160	0	160
Disability Income	\$19,171	(\$117,051)	\$0	0	41	0	41
Limited Benefit	\$67,470	\$377,417	\$0	0	191	92	283
Medicare Supplement	\$1,139	\$701	\$0	0	1	0	1
TOTAL	\$362,915	\$1,029,446	\$0	0	530	123	653

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	\$64	(\$104,500)	\$0	0	0	0	0
Conversion	\$629,821	\$767,399	\$0	0	50	14	64
Out-of-State Individually Underwritten	\$419,753	\$257,958	\$0	5	62	21	83
Medicare Supplement	\$77,954	\$71,213	\$0	1	35	0	35
TOTAL	\$1,127,592	\$992,070	\$0	6	147	35	182

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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	\$75,339	\$45,055	\$3,604	0	168	0	168
Disability Income	\$18,785	\$83,194	\$0	0	38	0	38
Hospital Indemnity	\$739	\$18,063	\$0	0	1	0	1
Limited Benefit	\$9,168	\$1,355	\$0	0	69	0	69
Long Term Care	\$3,970,366	\$12,781,464	\$0	0	1,387	0	1,387
Medicare Supplement	\$44,027,834	\$41,186,827	\$138,490	0	15,587	0	15,587
TOTAL	\$48,102,231	\$54,115,958	\$142,094	0	17,250	0	17,250

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	\$43,216	\$18,546	\$3,521	0	120	0	120
Dental	\$37,873	\$16,253	\$3,858	25	100	63	163
Disability Income	\$87,164	\$37,407	\$2,068	42	5	0	5
Hospital Indemnity	\$594,973	\$255,335	\$41,091	2,711	431	6,778	7,209
Limited Benefit	\$260,308	\$111,712	\$16,546	113	287	283	570
Medicare Supplement	\$756	\$324	\$0	0	1	0	1
TOTAL	\$1,024,290	\$439,577	\$67,084	2,891	944	7,124	8,068

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AMERICAN REPUBLIC INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60836							
Individually Underwritten	\$203,354	\$67,595	\$0	0	25	10	35
Short Term Major Medical	\$110	\$0	\$0	0	0	0	0
Out-of-State Individually Underwritten	\$4,690,075	\$2,317,996	\$173,159	1	581	359	940
Accident Only	\$356	\$2,140	\$0	0	10	1	11
Hospital Indemnity	\$34,013	(\$585)	\$0	0	69	5	74
Limited Benefit	\$9,230	(\$994)	\$0	1	80	28	108
Long Term Care	\$15,386	\$288,961	\$0	1	13	3	16
Medicare Supplement	\$1,716,905	\$1,180,590	\$0	1	487	14	501
TOTAL	\$6,669,429	\$3,855,703	\$173,159	4	1,265	420	1,685

AMERICAN STATES INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
19704							
Individually Underwritten	\$26,736	\$172,751	\$0	0	6	0	6
Disability Income	\$24,335	\$41,805	\$0	0	40	2	42
TOTAL	\$51,071	\$214,556	\$0	0	46	2	48

AMERICAN UNITED LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60895							
Accidental Death & Dismemberment	\$80,143	\$31,219	(\$7,204)	84	3,783	980	4,763
Disability Income	\$652,098	\$719,851	\$112,016	26	1,762	0	1,762
Excess/Stop Loss	\$1,714,774	\$1,942,874	\$462,786	4	595	0	595
TOTAL	\$2,447,015	\$2,693,944	\$567,598	114	6,140	980	7,120

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AMERITAS LIFE INSURANCE CORP.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61301							
Dental	\$16,901,695	\$11,916,346	\$2,296,752	343	27,117	37,793	64,910
Disability Income	\$18,020	(\$34,765)	\$0	0	19	0	19
Vision	\$2,646,309	\$1,418,888	\$119,893	162	21,532	58,830	80,362
TOTAL	\$19,566,024	\$13,300,469	\$2,416,645	505	48,668	96,623	145,291

AMEX ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27928							
Accident Only	\$2,078,467	\$419,940	\$0	0	10,432	4,995	15,427
Accidental Death & Dismemberment	\$5,362,946	\$116,734	\$0	0	2,470,673	293,921	2,764,594
Hospital Indemnity	\$88,155	\$4,615	\$0	0	572	196	768
Travel	\$2,586,769	\$1,258,648	\$0	0	15,934	12,549	28,483
TOTAL	\$10,116,337	\$1,799,937	\$0	0	2,497,611	311,661	2,809,272

AMFIRST INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60250							
Dental	\$56,448	\$12,558	\$48,689	1	9	22	31
Limited Benefit	\$657,789	\$355,878	\$401,767	29	686	480	1,166
TOTAL	\$714,237	\$368,436	\$450,456	30	695	502	1,197

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61069							
Disability Income	\$107	\$0	\$0	0	1	0	1
TOTAL	\$107	\$0	\$0	0	1	0	1

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ARCH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS 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
11150							
Travel	\$774	\$246	\$774	0	140	0	140
TOTAL	\$774	\$246	\$774	0	140	0	140

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Discount Medical Plan	\$38,570	\$0	\$7,152	4	78	46	124
Administrative Services Only (ASO)	\$261,201	\$0	\$0	0	0	0	0
Dental	\$1,412,652	\$484,392	\$1,180,473	29	49,022	1,435	50,457
TOTAL	\$1,712,423	\$484,392	\$1,187,625	33	49,100	1,481	50,581

ARWOOD INDEMNITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24678							
Hospital Indemnity	\$152	\$0	\$0	0	0	0	0
TOTAL	\$152	\$0	\$0	0	0	0	0

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71439							
Accident Only	\$166,001	\$250,924	\$57,771	0	1,154	0	1,154
Disability Income	\$1,844,195	\$2,581,286	\$153,869	0	2,132	0	2,132
Hospital Indemnity	\$104,360	\$156,925	\$71,459	0	360	0	360
Limited Benefit	\$475,868	\$17,085	\$167,420	0	994	0	994
Long Term Care	\$12,643	\$0	\$0	0	0	0	0
TOTAL	\$2,603,067	\$3,006,220	\$450,519	0	4,640	0	4,640

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ATHENE ANNUITY & 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
61492							
Accident Only	\$1,186,195	\$114,492	\$1,664	0	9,911	4,006	13,917
Disability Income	\$178,742	\$42,098	\$0	0	256	212	468
Hospital Indemnity	\$576	\$0	\$0	0	12	6	18
Limited Benefit	\$14,105	\$16,003	\$0	0	110	120	230
TOTAL	\$1,379,618	\$172,593	\$1,664	0	10,289	4,344	14,633

ATLANTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
Accidental Death & Dismemberment	\$918	\$0	\$0	0	176	0	176
Hospital Indemnity	\$8,865	(\$2,216)	\$0	0	141	0	141
Limited Benefit	\$220	\$0	\$0	0	4	0	4
TOTAL	\$10,003	(\$2,216)	\$0	0	321	0	321

ATLANTIC AMBULANCE SERVICES ACQUISITION, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
Other Prepaid Health Services	\$303,899	\$83,248	\$0	55	9,057	0	9,057
TOTAL	\$303,899	\$83,248	\$0	55	9,057	0	9,057

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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	\$384,844	\$484,473	\$6,613	0	387	0	387
Long Term Care	\$143,699	\$830	\$2,439	0	74	0	74
Medicare Supplement	\$54,440	\$102,103	\$0	0	33	0	33
TOTAL	\$582,983	\$587,406	\$9,052	0	494	0	494

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	\$6,197,537	\$5,198,042	\$0	0	1,364	600	1,964
2 - 5 Member Groups	\$113,383	\$218,158	\$0	3	5	3	8
6 - 50 Member Groups	\$336,092	\$594,789	\$0	2	18	6	24
TOTAL	\$6,647,012	\$6,010,989	\$0	5	1,387	609	1,996

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	\$495,407	\$538,894	\$0	0	716	0	716
TOTAL	\$495,407	\$538,894	\$0	0	716	0	716

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							
Disability Income	\$7,115	\$123,143	\$0	0	18	0	18
TOTAL	\$7,115	\$123,143	\$0	0	18	0	18

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AVMED, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95263							
Individually Underwritten	\$18,661,790	\$12,627,921	\$12,223,516	0	6,700	3,941	10,641
Self-Employed or Sole Proprietor	\$3,699,129	\$3,624,306	\$133,345	374	374	328	702
2 - 5 Member Groups	\$63,209,888	\$62,565,621	\$13,591,292	3,339	10,612	6,643	17,255
6 - 50 Member Groups	\$205,882,838	\$181,184,808	\$39,986,080	2,793	35,665	18,503	54,168
51+ Member Groups	\$578,506,761	\$514,827,552	\$6,317,969	189	56,905	61,043	117,948
Conversion	\$4,133,208	\$6,207,636	\$0	0	521	337	858
Administrative Services Only (ASO)	\$22,982,555	\$0	\$3,970,634	0	0	0	0
TOTAL	\$897,076,169	\$781,037,844	\$76,222,836	6,695	110,777	90,795	201,572

AXA EQUITABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62944							
Individually Underwritten	\$3,372,759	\$1,453,070	\$0	0	514	229	743
Conversion	\$25,278	\$49,974	\$0	0	11	2	13
Disability Income	\$3,321,868	\$21,703,936	\$0	0	2,891	0	2,891
TOTAL	\$6,719,905	\$23,206,980	\$0	0	3,416	231	3,647

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
37273							
Accident Only	\$721	\$0	\$721	1	2,766	0	2,766
Blanket Accident/Sickness	\$63,864	\$25,358	\$63,781	28	32,050	0	32,050
TOTAL	\$64,585	\$25,358	\$64,502	29	34,816	0	34,816

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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	\$269,401	\$44,495	\$41,440	0	22,778	0	22,778
TOTAL	\$269,401	\$44,495	\$41,440	0	22,778	0	22,778

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	\$127	\$0	\$0	0	16	0	16
Accidental Death & Dismemberment	\$630	\$0	\$0	1	1	0	1
Hospital Indemnity	\$1,074	\$0	\$0	0	6	0	6
Limited Benefit	\$30,763	\$0	\$1,402	11	88	64	152
Sickness	\$167	\$0	\$0	0	14	0	14
TOTAL	\$32,761	\$0	\$1,402	12	125	64	189

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	\$4,153	\$910	\$0	0	14	0	14
Disability Income	\$18,966	\$53,461	\$0	0	18	0	18
Hospital Indemnity	\$4,037	\$13,715	\$0	0	6	0	6
Limited Benefit	\$28,471	\$5,289	\$0	0	213	0	213
Short Term Care	\$432	\$0	\$0	0	1	0	1
Medicare Supplement	\$366,316	\$286,289	\$0	0	113	0	113
TOTAL	\$422,375	\$359,664	\$0	0	365	0	365

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$33,303	\$33,410	\$1,322	0	309	0	309
Disability Income	\$359,294	\$449,345	\$12,695	0	508	0	508
Hospital Indemnity	\$109,344	\$109,695	\$3,592	0	258	9	267
Limited Benefit	\$188,871	\$189,478	\$4,069	0	911	493	1,404
Long Term Care	\$55,570,107	\$57,782,207	\$2,101,703	0	25,754	6,728	32,482
Short Term Care	\$223,666	\$360,349	\$0	0	255	13	268
Medicare Supplement	\$65,645,291	\$51,231,805	\$7,411,089	0	22,969	478	23,447
TOTAL	\$122,129,876	\$110,156,289	\$9,534,470	0	50,964	7,721	58,685

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	\$37,710	\$33,895	\$0	0	0	0	0
Accidental Death & Dismemberment	\$10,310	\$0	\$0	0	84	84	168
Hospital Indemnity	\$4,517	\$993	\$0	0	0	0	0
TOTAL	\$52,537	\$34,888	\$0	0	84	84	168

BANNER LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
94250							
Guarantee Issue	\$919	\$0	\$0	0	7	1	8
Disability Income	\$82	\$0	\$0	0	1	0	1
TOTAL	\$1,001	\$0	\$0	0	8	1	9

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BCS INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
38245							
Out-of-State Conversion	\$421,673	\$306,685	\$421,673	0	1,409	53	1,462
Accident Only	\$3,874,707	\$3,531,016	\$3,874,707	16,391	52,791	23,869	76,660
Blanket Accident/Sickness	\$3,676,866	\$2,780,802	\$0	16	2,395	620	3,015
Dental	\$646,292	\$168,994	\$16,778	26	978	367	1,345
Excess/Stop Loss	\$966,823	\$210,656	\$0	3	3,665	0	3,665
Limited Benefit	\$165,819	\$118,926	\$165,819	12	508	417	925
Long Term Care	(\$25,693)	\$61,972	(\$25,693)	1	1	0	1
Vision	\$166,628	(\$609)	\$14,117	22	710	317	1,027
TOTAL	\$9,893,115	\$7,178,442	\$4,467,401	16,471	62,457	25,643	88,100

BERKLEY LIFE AND HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64890							
Accident Only	\$280,098	\$140,437	\$280,098	1	1,003	0	1,003
Excess/Stop Loss	\$947,541	\$542,145	\$947,541	1	3	0	3
TOTAL	\$1,227,639	\$682,582	\$1,227,639	2	1,006	0	1,006

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
71714							
Disability Income	\$17,958,449	\$16,848,930	\$2,563,699	0	7,804	0	7,804
Long Term Care	\$2,300,705	\$190,830	\$570,645	0	464	0	464
TOTAL	\$20,259,154	\$17,039,760	\$3,134,344	0	8,268	0	8,268

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BEST LIFE AND HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
90638							
Dental	\$217,438	\$135,654	\$7,358	39	242	162	404
Excess/Stop Loss	\$0	(\$1,462)	\$0	0	0	0	0
Vision	\$25,377	\$14,266	\$0	9	209	98	307
TOTAL	\$242,815	\$148,458	\$7,358	48	451	260	711

BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
98167							
Guarantee Issue	\$76,445,601	\$64,247,088	\$8,149,203	0	19,988	12,113	32,101
Individually Underwritten	\$908,393,736	\$697,631,253	\$167,970,948	0	237,511	143,934	381,445
Self-Employed or Sole Proprietor	\$18,753,223	\$19,747,580	\$279,024	1,401	1,439	912	2,351
2 - 5 Member Groups	\$230,076,895	\$178,274,413	\$17,833,984	11,364	27,168	18,873	46,041
6 - 50 Member Groups	\$852,537,684	\$598,086,012	\$82,905,536	26,139	113,798	72,958	186,756
51+ Member Groups	\$1,485,828,341	\$1,170,874,459	\$103,846,592	4,582	200,897	151,656	352,553
Short Term Major Medical	\$2,510,345	\$1,375,485	\$1,049,633	0	656	398	1,054
Conversion	\$50,026,122	\$70,925,256	\$8,201,601	0	13,080	7,927	21,007
Administrative Services Only (ASO)	\$105,731,991	\$0	\$4,229,280	0	0	0	0
Excess/Stop Loss	\$35,873,875	\$21,382,104	\$0	0	36,046	27,810	63,856
Long Term Care	\$7,477,299	(\$890,790)	\$0	0	7,899	0	7,899
Medicare Supplement	\$351,740,228	\$285,172,595	\$20,752,673	0	157,325	0	157,325
TOTAL	\$4,125,395,340	\$3,106,825,455	\$415,218,474	43,486	815,807	436,581	1,252,388

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BOSTON MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61476							
Accident Only	\$409,367	\$99,808	\$162,965	0	1,168	2,588	3,756
Accidental Death & Dismemberment	\$12,777	\$0	\$0	36	710	0	710
Disability Income	\$449,072	\$475,063	\$164,346	22	887	0	887
Hospital Indemnity	\$381,244	\$316,384	\$0	1	112	138	250
Limited Benefit	\$363,703	\$0	\$0	26	771	216	987
TOTAL	\$1,616,163	\$891,255	\$327,311	85	3,648	2,942	6,590

BROKERS NATIONAL LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
74900							
Accidental Death & Dismemberment	\$1,302	\$0	\$72	0	58	1	59
Dental	\$1,328,800	\$893,942	\$465,080	150	2,171	1,595	3,766
Hospital Indemnity	\$3,441	\$0	\$0	0	9	2	11
TOTAL	\$1,333,543	\$893,942	\$465,152	150	2,238	1,598	3,836

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80659							
Disability Income	\$264	\$356	\$0	0	3	0	3
Limited Benefit	\$24,875	\$33,544	\$0	0	31	0	31
TOTAL	\$25,139	\$33,900	\$0	0	34	0	34

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CAPITAL HEALTH PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95112							
Self-Employed or Sole Proprietor	\$3,514,592	\$3,430,825	\$87,865	295	295	257	552
2 - 5 Member Groups	\$16,782,345	\$14,641,812	\$555,012	1,007	1,889	1,788	3,677
6 - 50 Member Groups	\$45,637,135	\$37,435,761	\$1,048,282	647	5,878	4,352	10,230
51+ Member Groups	\$419,474,128	\$370,341,320	\$730,200	123	41,180	47,172	88,352
Conversion	\$1,700,365	\$1,977,591	\$0	0	253	127	380
TOTAL	\$487,108,565	\$427,827,309	\$2,421,359	2,072	49,495	53,696	103,191

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	\$1,895	\$7,590	\$1,895	2	5,100	0	5,100
TOTAL	\$1,895	\$7,590	\$1,895	2	5,100	0	5,100

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	\$14	\$1,638	\$0	0	4	0	4
Hospital Indemnity	\$66	\$21,214	\$0	0	2	0	2
TOTAL	\$80	\$22,852	\$0	0	6	0	6

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CELTIC INSURANCE COMPANY

NAIC Company Code

80799

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Conversion	\$693,077	\$1,114,643	\$117,101	0	100	18	118
Out-of-State Individually Underwritten	\$7,336,749	\$5,111,144	\$399,354	1	933	286	1,219
Out-of-State Short Term Major Medical	\$55,973	\$15,485	\$52,200	0	29	9	38
Medicare Supplement	\$7,561,276	\$6,371,210	\$0	0	2,403	0	2,403
TOTAL	\$15,647,075	\$12,612,482	\$568,655	1	3,465	313	3,778

CENTRAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code

61735

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$48	\$0	\$0	0	1	0	1
Hospital Indemnity	\$150	\$0	\$0	0	1	0	1
Limited Benefit	\$2,312	\$0	\$0	0	2	0	2
TOTAL	\$2,510	\$0	\$0	0	4	0	4

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

NAIC Company Code

61751

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$6,239	\$0	\$0	0	62	0	62
Hospital Indemnity	\$902	\$16	\$0	0	5	2	7
Limited Benefit	\$41,473	\$439,263	\$0	0	23	9	32
Long Term Care	\$72,896	\$124,166	\$0	0	46	0	46
Medicare Supplement	\$4,974,896	\$4,401,539	\$0	2	1,925	0	1,925
TOTAL	\$5,096,406	\$4,964,984	\$0	2	2,061	11	2,072

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CENTRAL STATES INDEMNITY COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
34274							
Disability Income	\$63,581	\$42,223	\$0	1	9,093	0	9,093
TOTAL	\$63,581	\$42,223	\$0	1	9,093	0	9,093

CENTRAL UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61883							
Individually Underwritten	\$180,788	\$304,964	\$0	0	42	18	60
Accident Only	\$1,731	\$0	\$297	0	58	4	62
Dental	\$11,762	\$4,571	\$593	2	32	4	36
Disability Income	\$21,678	\$4,238	\$7,085	0	67	9	76
Hospital Indemnity	\$36,866	\$9,671	\$0	0	132	20	152
Limited Benefit	\$1,459,381	\$985,641	\$593	0	2,909	1,552	4,461
Long Term Care	\$30,367	\$24,382	\$0	0	30	1	31
Medicare Supplement	\$376,218	\$259,170	\$0	0	204	11	215
Champus/Tricare Supplement	\$71,702	\$49,658	\$0	0	80	72	152
Vision	\$94	\$0	\$94	1	1	2	3
TOTAL	\$2,190,587	\$1,642,295	\$8,662	3	3,555	1,693	5,248

CENTRE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80896							
Individually Underwritten	\$6,890	\$82,022	\$0	0	52	10	62
Disability Income	\$940,230	(\$1,321,945)	\$0	0	842	0	842
TOTAL	\$947,120	(\$1,239,923)	\$0	0	894	10	904

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61832							
Individually Underwritten	\$6,372	\$530	\$0	0	1	0	1
Out-of-State Individually Underwritten	\$4,940	(\$25)	\$0	1	1	0	1
Accident Only	\$170	(\$2)	\$0	0	11	2	13
Dental	\$1,427	\$1,571	\$0	0	9	7	16
Disability Income	\$29	\$1	\$0	0	0	0	0
Hospital Indemnity	\$2,297	\$211	\$0	0	12	3	15
Limited Benefit	\$742	\$24	\$0	0	11	4	15
Vision	\$166	\$640	\$0	0	13	6	19
TOTAL	\$16,143	\$2,950	\$0	1	58	22	80

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52021							
Dental	\$33,934,876	\$16,345,104	\$620,789	200	80,376	83,928	164,304
TOTAL	\$33,934,876	\$16,345,104	\$620,789	200	80,376	83,928	164,304

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CIGNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code 67369	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
51+ Member Groups	\$5,673,569	\$6,904,025	\$36,624	11	7,540	8,461	16,001
Conversion	\$6,459	\$31,724	\$0	0	3	0	3
Administrative Services Only (ASO)	\$23,897,507	\$0	\$4,271,227	0	0	0	0
Accidental Death & Dismemberment	\$4,746	\$0	\$0	4	269	0	269
Dental	\$21,655	\$3,028	\$1,458	4	159	138	297
Excess/Stop Loss	\$13,584,707	\$6,982,627	\$96,819	579	12,301	9,007	21,308
Vision	\$891	\$0	\$496	1	9	15	24
TOTAL	\$43,189,534	\$13,921,404	\$4,406,624	599	20,281	17,621	37,902

CIGNA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code 95136	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
51+ Member Groups	\$7,990,748	\$5,913,999	\$249,137	44	744	706	1,450
Conversion	\$647,725	\$1,043,077	\$0	0	59	0	59
TOTAL	\$8,638,473	\$6,957,076	\$249,137	44	803	706	1,509

CINCINNATI INSURANCE COMPANY

NAIC Company Code 10677	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Travel	\$85	\$0	\$85	1	1	0	1
TOTAL	\$85	\$0	\$85	1	1	0	1

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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	\$12,065	(\$3,958)	\$0	0	14	0	14
Accident Only	\$85	\$0	\$0	0	17	0	17
Disability Income	\$34,336	(\$17,962)	\$0	0	38	0	38
Hospital Indemnity	\$13	\$0	\$0	0	2	0	2
Limited Benefit	\$999	\$1,714	\$0	0	20	0	20
Long Term Care	\$128,526	\$19,711	\$0	0	62	0	62
Medicare Supplement	\$671	(\$5,018)	\$0	0	3	0	3
TOTAL	\$176,695	(\$5,513)	\$0	0	156	0	156

CITIZENS 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>
82082							
Dental	\$2,814	\$1,922	\$0	0	0	0	0
Disability Income	\$339	\$0	\$0	0	0	0	0
Limited Benefit	\$3,323	\$0	\$0	0	0	0	0
Medicare Supplement	\$2,983	\$1,475	\$0	0	0	0	0
TOTAL	\$9,459	\$3,397	\$0	0	0	0	0

CITIZENS SECURITY LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61921							
Accident Only	\$32	\$0	\$0	0	0	0	0
Dental	\$13,514	\$29,207	\$0	0	0	0	0
Hospital Indemnity	\$697	\$0	\$0	0	0	0	0
Limited Benefit	\$2,482	\$0	\$0	0	0	0	0
TOTAL	\$16,725	\$29,207	\$0	0	0	0	0

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CITRUS HEALTH CARE, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11836							
Individually Underwritten	\$257,863	\$951,188	\$0	0	15	1	16
TOTAL	\$257,863	\$951,188	\$0	0	15	1	16

CMFG 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>
62626							
Individually Underwritten	(\$848)	(\$9,817)	\$0	0	0	0	0
Accident Only	\$143,183	\$9,999	\$0	47	2,199	0	2,199
Accidental Death & Dismemberment	\$5,525,577	\$1,154,268	\$697,201	0	315,835	40,028	355,863
Dental	\$8,165	\$12,606	\$0	0	18	0	18
Disability Income	\$331,574	\$372,996	\$715	39	1,477	0	1,477
Hospital Indemnity	\$32,365	\$13,102	\$0	0	184	382	566
Long Term Care	\$4,711,861	\$750,311	\$252,316	0	3,305	0	3,305
Medicare Supplement	\$4,380	\$11,636	\$0	0	7	0	7
TOTAL	\$10,756,257	\$2,315,101	\$950,232	86	323,025	40,410	363,435

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62049							
Accident Only	\$21,920,947	\$11,537,035	\$5,737,298	0	76,283	76,186	152,469
Disability Income	\$30,552,532	\$16,707,846	\$7,596,415	25	52,885	185	53,070
Hospital Indemnity	\$9,908,224	\$5,070,427	\$2,593,247	96	25,463	16,079	41,542
Limited Benefit	\$16,863,207	\$10,040,562	\$4,413,552	71	47,040	46,892	93,932
Long Term Care	\$134	\$0	\$0	0	1	0	1
Sickness	\$429,377	\$321,154	\$102,379	0	2,447	1,684	4,131
TOTAL	\$79,674,421	\$43,677,024	\$20,442,891	192	204,119	141,026	345,145

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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	\$4,092	\$10,822	\$0	0	35	0	35
Accidental Death & Dismemberment	\$1,344	\$296	\$0	0	18	12	30
Disability Income	\$53,041	\$182,784	\$0	0	2	0	2
Hospital Indemnity	\$1,165	\$190	\$0	0	5	1	6
Limited Benefit	\$550	\$98	\$0	0	1	0	1
Long Term Care	\$7,085	\$0	\$0	0	11	0	11
Short Term Care	\$173	\$39	\$0	0	1	0	1
Medicare Supplement	\$13,846,050	\$8,881,185	\$10,130,518	0	7,921	0	7,921
TOTAL	\$13,913,500	\$9,075,414	\$10,130,518	0	7,994	13	8,007

COLORADO BANKERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84786							
Accident Only	\$59,935	\$5,705	\$1,098	0	278	0	278
Dental	\$14,111	\$4,598	\$14,111	1	30	0	30
TOTAL	\$74,046	\$10,303	\$15,209	1	308	0	308

COLUMBIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76023							
Accident Only	\$954	\$0	\$0	0	9	0	9
Dental	\$17,267	\$4,437	\$0	0	7	8	15
TOTAL	\$18,221	\$4,437	\$0	0	16	8	24

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COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62103							
Accident Only	\$1,083	\$0	\$0	0	4	0	4
Hospital Indemnity	\$3,977	\$17,128	\$0	0	24	0	24
TOTAL	\$5,060	\$17,128	\$0	0	28	0	28

COLUMBUS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
99937							
Disability Income	\$33,093	\$120,607	\$0	0	81	0	81
TOTAL	\$33,093	\$120,607	\$0	0	81	0	81

COMBINED INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62146							
Accident Only	\$3,673,979	\$1,156,494	\$41,673	0	29,357	7,248	36,605
Disability Income	\$3,833,841	\$3,704,046	\$128,666	0	9,882	0	9,882
Hospital Indemnity	\$1,953,903	\$789,245	\$685,047	0	5,969	572	6,541
Limited Benefit	\$1,649,088	\$311,222	\$81,944	0	7,203	4,068	11,271
Medicare Supplement	\$1,582,703	\$1,565,367	\$0	0	620	0	620
Champus/Tricare Supplement	\$6,802	\$4,868	\$0	0	6	6	12
Sickness	\$2,792	(\$5,134)	\$0	0	17	0	17
Vision	\$7,586,153	\$5,539,699	\$45,892	14	69,315	48,521	117,836
TOTAL	\$20,289,261	\$13,065,807	\$983,222	14	122,369	60,415	182,784

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COMBINED LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78697							
Accident Only	\$276,171	\$89,103	\$0	0	4,062	0	4,062
Disability Income	\$89,163	\$75,030	\$4,792	0	279	0	279
Hospital Indemnity	\$212,381	\$303,258	\$4,359	0	1,006	20	1,026
Limited Benefit	\$73,681	(\$9,078)	\$612	0	208	93	301
TOTAL	\$651,396	\$458,313	\$9,763	0	5,555	113	5,668

COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81426							
Accident Only	\$25,743	\$6,400	\$0	70	9,132	0	9,132
Accidental Death & Dismemberment	\$15,026	\$6,866	\$0	0	8	0	8
Disability Income	\$30,803	\$0	\$0	0	455	0	455
Hospital Indemnity	\$17,597	\$19,776	\$0	0	73	0	73
TOTAL	\$89,169	\$33,042	\$0	70	9,668	0	9,668

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84824							
Guarantee Issue	\$1,403	\$50,516	\$0	0	15	1	16
Disability Income	\$446,571	\$1,880,052	\$0	0	63	0	63
TOTAL	\$447,974	\$1,930,568	\$0	0	78	1	79

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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							
Short Term Major Medical	\$6,018	\$0	\$0	0	0	0	0
Accident Only	\$44	\$0	\$0	0	0	0	0
Dental	\$465,781	\$339,761	\$58,467	14	679	679	1,358
Disability Income	\$153,284	\$393,583	\$18,482	11	614	614	1,228
Excess/Stop Loss	\$8,038,956	\$6,481,717	\$0	23	10,735	25,052	35,787
Hospital Indemnity	\$7,940,640	\$5,323,483	\$0	21	1,451	3,468	4,919
Limited Benefit	\$41	\$0	\$0	0	0	0	0
Prescription Drug	\$83,394	\$57,042	\$0	3	5,941	8,722	14,663
Vision	\$38,962	\$39,016	\$27,093	6	300	300	600
TOTAL	\$16,727,120	\$12,634,602	\$104,042	78	19,720	38,835	58,555

COMPBENEFITS COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
52015							
Administrative Services Only (ASO)	\$322,812	\$0	\$0	0	0	0	0
Dental	\$74,941,676	\$47,853,659	\$0	3,867	427,036	294,934	721,970
Vision	\$39,091,685	\$26,152,743	\$0	789	689,986	549,816	1,239,802
TOTAL	\$114,356,173	\$74,006,402	\$0	4,656	1,117,022	844,750	1,961,772

COMPBENEFITS INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
60984							
Dental	\$38,126,769	\$31,969,274	\$0	242	156,410	70,488	226,898
Limited Benefit	\$723,461	(\$548,851)	\$0	9	8,568	4,308	12,876
TOTAL	\$38,850,230	\$31,420,423	\$0	251	164,978	74,796	239,774

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CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62308							
Guarantee Issue	\$4,855,615	\$6,644,969	\$2,707,691	0	485	56	541
Individually Underwritten	\$131,614,582	\$79,476,915	\$70,885,783	0	33,795	24,919	58,714
Self-Employed or Sole Proprietor	\$182,016	\$108,959	\$0	0	0	0	0
2 - 5 Member Groups	\$7,170,642	\$7,535,598	\$0	155	357	215	572
6 - 50 Member Groups	\$8,944,221	\$15,717,513	\$0	53	548	277	825
51+ Member Groups	\$568,745,572	\$489,733,913	\$103,993,291	1,741	132,599	115,710	248,309
Conversion	\$2,364,871	\$3,569,921	\$0	0	154	140	294
Administrative Services Only (ASO)	\$236,290,975	\$0	\$12,703,437	0	0	0	0
Dental	\$73,265,579	\$31,237,976	\$8,873,959	849	145,468	149,515	294,983
Disability Income	\$492,361	\$3,006,048	\$0	1	334	0	334
Excess/Stop Loss	\$58,341,444	\$40,131,505	\$11,304,044	52	2,873	3,070	5,943
Long Term Care	\$87,069	\$644,793	\$0	9	176	0	176
Medicare Supplement	\$84,159	\$44,556	\$0	50	50	2	52
Prescription Drug	\$56,512	\$57,983	\$518	3	49	23	72
Vision	\$2,074,736	\$1,300,880	\$832,169	37	22,296	21,747	44,043
TOTAL	\$1,094,570,354	\$679,211,529	\$211,300,892	2,950	339,184	315,674	654,858

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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	\$8,669	\$70,859	\$0	0	0	0	0
Accident Only	\$1,874	\$201	\$0	0	14	5	19
Disability Income	\$24,448	\$70,026	\$0	0	68	0	68
Hospital Indemnity	\$125,359	\$252,588	\$0	0	201	19	220
Limited Benefit	\$333,816	\$646,979	\$0	0	902	1	903
Long Term Care	\$20,159	\$71,177	\$0	0	73	0	73
Medicare Supplement	\$392,387	\$415,874	\$0	0	194	4	198
TOTAL	\$906,712	\$1,527,704	\$0	0	1,452	29	1,481

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	\$17,825	\$10,769	\$4,570	0	88	7	95
Hospital Indemnity	\$155,274	\$35,038	\$72,183	0	664	0	664
Limited Benefit	\$1,651	\$0	\$1,240	0	4	1	5
Long Term Care	\$3,616	\$0	\$0	0	4	1	5
Medicare Supplement	\$4,238,491	\$3,255,959	\$446	0	1,403	0	1,403
TOTAL	\$4,416,857	\$3,301,766	\$78,439	0	2,163	9	2,172

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CONTINENTAL AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71730							
Accident Only	\$2,524,569	\$1,511,948	\$1,973,571	289	18,237	13,327	31,564
Accidental Death & Dismemberment	\$149,801	\$89,715	\$12,436	6	883	475	1,358
Dental	\$20,566	\$12,317	\$20,566	2	67	26	93
Disability Income	\$1,405,187	\$841,557	\$547,581	60	4,037	52	4,089
Hospital Indemnity	\$1,371,148	\$821,171	\$986,147	98	2,533	811	3,344
Limited Benefit	\$2,896,896	\$1,734,932	\$1,866,045	384	11,318	3,149	14,467
TOTAL	\$8,368,167	\$5,011,640	\$5,406,346	839	37,075	17,840	54,915

CONTINENTAL ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62413							
Individually Underwritten	\$176	\$15,053	\$0	0	1	0	1
Conversion	\$73,525	\$231,497	\$0	0	15	1	16
Disability Income	\$25,238	\$982,456	\$0	0	14	0	14
TOTAL	\$98,939	\$1,229,006	\$0	0	30	1	31

CONTINENTAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20443							
Individually Underwritten	\$2,075	\$23,943	\$0	0	12	0	12
Accident Only	\$0	\$148,866	\$0	0	0	0	0
Accidental Death & Dismemberment	\$13,279	\$59,144	\$0	9	151	0	151
Disability Income	\$2,045	\$2,874,853	\$0	0	8	0	8
Limited Benefit	\$121	\$12	\$0	0	6	0	6
Long Term Care	(\$4,530,097)	\$36,581,393	\$0	358	28,355	0	28,355
TOTAL	(\$4,512,577)	\$39,688,211	\$0	367	28,532	0	28,532

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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	\$738	\$18,263	\$0	0	0	0	0
Individually Underwritten	\$207,271	\$311,953	\$0	0	18	3	21
Out-of-State Individually Underwritten	(\$9,001)	\$1,671	\$0	0	0	0	0
Accident Only	\$11,425	\$3,284	\$0	0	41	0	41
Dental	\$5,513	\$219	\$0	0	5	1	6
Disability Income	\$65,318	\$46,875	\$0	0	97	0	97
Hospital Indemnity	\$3,863	\$4,096	\$0	0	17	0	17
Limited Benefit	\$13,223	\$12,229	\$0	0	43	27	70
Long Term Care	\$881,577	\$927,871	\$0	0	380	160	540
Medicare Supplement	\$9,744,156	\$8,679,357	\$0	0	3,239	0	3,239
TOTAL	\$10,924,083	\$10,005,818	\$0	0	3,840	191	4,031

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	\$5,337	\$0	\$0	0	6	0	6
Hospital Indemnity	\$61,399	\$38,204	\$1,061	0	156	0	156
Limited Benefit	\$4,234	\$0	\$0	0	20	0	20
Long Term Care	\$30,102	\$84,627	\$0	0	30	0	30
Medicare Supplement	\$12,715,291	\$11,135,068	\$11,076	45	5,225	0	5,225
TOTAL	\$12,816,363	\$11,257,899	\$12,137	45	5,437	0	5,437

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COUNTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62553							
Disability Income	\$41,854	\$192,168	\$1,701	1	55	0	55
Long Term Care	\$156,910	\$105,188	\$7,927	0	105	6	111
Medicare Supplement	\$784,052	\$746,304	\$16,586	0	307	0	307
TOTAL	\$982,816	\$1,043,660	\$26,214	1	467	6	473

COVENTRY HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81973							
Guarantee Issue	\$6,373	\$27,156	\$2,549	0	11	1	12
Individually Underwritten	\$9,077,761	\$7,986,667	\$4,180,407	0	3,706	2,911	6,617
Self-Employed or Sole Proprietor	\$37,423	\$54,664	\$0	4	4	2	6
2 - 5 Member Groups	\$1,035,030	\$924,940	\$256,232	67	186	99	285
6 - 50 Member Groups	\$8,564,396	\$7,965,748	\$3,333,358	185	1,764	849	2,613
51+ Member Groups	\$26,503,456	\$26,473,556	\$4,993,047	96	4,138	1,999	6,137
Conversion	\$154,629	\$242,765	\$0	0	15	0	15
TOTAL	\$45,379,068	\$43,675,496	\$12,765,593	352	9,824	5,861	15,685

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COVENTRY HEALTH CARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95114							
Self-Employed or Sole Proprietor	\$2,766,199	\$2,886,747	\$0	203	203	53	256
2 - 5 Member Groups	\$32,728,758	\$30,562,814	\$4,326,507	1,736	5,257	2,737	7,994
6 - 50 Member Groups	\$82,810,492	\$73,517,993	\$15,920,433	1,538	17,228	7,068	24,296
51+ Member Groups	\$531,411,241	\$472,365,888	\$18,582,667	236	74,235	43,792	118,027
Conversion	\$3,473,578	\$5,837,678	\$0	0	402	0	402
Administrative Services Only (ASO)	\$126,316	\$0	\$0	0	0	0	0
TOTAL	\$653,316,584	\$585,171,120	\$38,829,607	3,713	97,325	53,650	150,975

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	\$11,847	\$4,519	\$6,819	0	5	0	5
Individually Underwritten	\$75,285,145	\$54,927,916	\$5,817,553	0	19,654	1,944	21,598
Conversion	\$711,040	\$852,608	\$0	0	52	0	52
TOTAL	\$76,008,032	\$55,785,043	\$5,824,372	0	19,711	1,944	21,655

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	\$46	\$0	\$0	0	3	0	3
TOTAL	\$46	\$0	\$0	0	3	0	3

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CROWN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80675							
Disability Income	\$177,358	\$597,665	\$0	0	179	0	179
TOTAL	\$177,358	\$597,665	\$0	0	179	0	179

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	\$123,696,504	\$100,861,890	\$0	1,189	255,316	195,831	451,147
TOTAL	\$123,696,504	\$100,861,890	\$0	1,189	255,316	195,831	451,147

DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52053							
Dental	\$1,624,775	\$847,589	\$0	3	6,656	5,872	12,528
TOTAL	\$1,624,775	\$847,589	\$0	3	6,656	5,872	12,528

DENTAL CONCERN, INC., THE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
54739							
Dental	\$90,896	\$40,490	\$0	50	247	164	411
TOTAL	\$90,896	\$40,490	\$0	50	247	164	411

DENTAQUEST 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	\$26,642	\$11,845,482	\$0	22	299,453	450	299,903
Vision	\$0	\$211,748	\$0	0	0	0	0
TOTAL	\$26,642	\$12,057,230	\$0	22	299,453	450	299,903

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DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
36463							
Blanket Accident/Sickness	\$0	(\$45,522)	\$0	0	0	0	0
TOTAL	\$0	(\$45,522)	\$0	0	0	0	0

EMC NATIONAL 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
62928							
Disability Income	\$1,306	(\$5,871)	\$0	0	8	0	8
TOTAL	\$1,306	(\$5,871)	\$0	0	8	0	8

EMPIRE FIRE AND MARINE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21326							
Accident Only	\$0	\$16	\$0	0	0	0	0
TOTAL	\$0	\$16	\$0	0	0	0	0

EMPLOYER CHOICE INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13663							
2 - 5 Member Groups	\$2,083	\$0	\$2,083	1	2	2	4
6 - 50 Member Groups	\$15,040	\$741	\$15,040	3	29	17	46
51+ Member Groups	\$701,988	\$380,797	\$701,988	1	544	266	810
TOTAL	\$719,111	\$381,538	\$719,111	5	575	285	860

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EVERENCE ASSOCIATION, 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
57991							
Individually Underwritten	\$82,689	\$61,964	\$0	0	8	2	10
Medicare Supplement	\$711,488	\$488,268	\$0	0	236	63	299
TOTAL	\$794,177	\$550,232	\$0	0	244	65	309

EVEREST REINSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
26921							
Excess/Stop Loss	\$162,952	\$62,889	\$162,952	1	1,584	1,154	2,738
TOTAL	\$162,952	\$62,889	\$162,952	1	1,584	1,154	2,738

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77968							
Accident Only	\$296,951	\$22,377	\$0	0	393	656	1,049
Hospital Indemnity	\$859	\$0	\$0	0	4	0	4
Limited Benefit	\$1,741,472	\$543,615	\$0	0	3,429	3,339	6,768
TOTAL	\$2,039,282	\$565,992	\$0	0	3,826	3,995	7,821

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63053							
Individually Underwritten	\$1,399	\$0	\$291	0	50	0	50
Hospital Indemnity	\$73	\$0	\$73	0	38	13	51
TOTAL	\$1,472	\$0	\$364	0	88	13	101

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63177							
Disability Income	\$8,313	\$0	\$0	0	128	0	128
TOTAL	\$8,313	\$0	\$0	0	128	0	128

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20281							
Accident Only	\$3,038,849	\$1,006,474	\$343,000	238	188,007	192	188,199
Excess/Stop Loss	\$959,685	\$3,760,063	\$0	0	0	0	0
TOTAL	\$3,998,534	\$4,766,537	\$343,000	238	188,007	192	188,199

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63223							
Accident Only	\$379	\$0	\$0	0	127	0	127
Disability Income	\$21,952	\$10,722	\$583	0	56	0	56
TOTAL	\$22,331	\$10,722	\$583	0	183	0	183

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63258							
Disability Income	\$937,300	\$416,321	\$60,104	0	757	0	757
TOTAL	\$937,300	\$416,321	\$60,104	0	757	0	757

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FIDELITY & GUARANTY 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>
63274							
Disability Income	\$0	\$2,304	\$0	2	2	0	2
TOTAL	\$0	\$2,304	\$0	2	2	0	2

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
63290							
Disability Income	\$3,171	\$64	\$1,399	0	47	0	47
Long Term Care	\$6,691	(\$683)	\$683	42	233	0	233
TOTAL	\$9,862	(\$619)	\$2,082	42	280	0	280

FIDELITY 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>
71870							
Conversion	\$14,394	\$9,339	\$0	0	1	0	1
Out-of-State Individually Underwritten	\$0	(\$27,749)	\$0	0	0	0	0
Out-of-State Short Term Major Medical	\$0	\$697	\$0	0	0	0	0
Accident Only	\$5,485	\$8,822	\$381	0	70	114	184
Accidental Death & Dismemberment	\$115	\$0	\$0	0	1	0	1
Dental	\$7,458,570	\$4,994,007	\$4,333,481	6	3,286	97	3,383
Disability Income	\$607,858	\$137,506	\$69,610	0	160	0	160
Excess/Stop Loss	\$989,569	\$424,169	\$989,569	5	1,415	469	1,884
Hospital Indemnity	\$5,594,806	\$2,416,313	\$0	145	8,963	4,011	12,974
Limited Benefit	\$290,552	\$88,052	\$326	2	2,242	1,876	4,118
Prescription Drug	\$605,513	\$286,585	\$107,557	42	2,877	1,110	3,987
Vision	\$16,770,919	\$12,040,080	\$1,510,205	615	148,081	125,253	273,334
TOTAL	\$32,337,781	\$20,377,821	\$7,011,129	815	167,096	132,930	300,026

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FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69140							
Guarantee Issue	\$704	\$2,267	\$0	0	4	0	4
Conversion	\$5,971	\$155,564	\$0	0	11	3	14
Disability Income	\$19,094	\$809,009	\$0	0	2	0	2
Hospital Indemnity	\$235	\$756	\$0	0	1	0	1
TOTAL	\$26,004	\$967,596	\$0	0	18	3	21

FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90328							
Dental	\$1,233,744	\$751,932	\$0	1	1,968	865	2,833
Excess/Stop Loss	\$0	(\$4,315)	\$0	0	0	0	0
TOTAL	\$1,233,744	\$747,617	\$0	1	1,968	865	2,833

FIRST INVESTORS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63495							
Disability Income	\$577	\$7,219	\$0	0	3	0	3
Hospital Indemnity	\$152	\$0	\$0	0	2	0	2
TOTAL	\$729	\$7,219	\$0	0	5	0	5

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	\$32,069	\$8,117	\$4,420	12	132	131	263
TOTAL	\$32,069	\$8,117	\$4,420	12	132	131	263

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FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13567							
Individually Underwritten	\$22,434	\$14,630	\$29,789	0	22	0	22
Self-Employed or Sole Proprietor	\$500,501	\$641,381	\$15,151	54	54	0	54
2 - 5 Member Groups	\$7,803,888	\$6,476,838	\$512,892	588	1,069	452	1,521
6 - 50 Member Groups	\$14,601,123	\$10,700,286	\$1,112,778	289	2,260	843	3,103
51+ Member Groups	\$124,425,803	\$101,247,898	\$472,900	46	15,179	10,158	25,337
Conversion	\$3,533,076	\$3,552,115	\$197,406	0	327	105	432
TOTAL	\$150,886,825	\$122,633,148	\$2,340,916	977	18,911	11,558	30,469

FORT DEARBORN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71129							
Dental	\$12,481,789	\$14,059,613	\$12,372,373	19	54,277	9,362	63,639
Disability Income	\$774,435	\$828,352	\$593,606	63	2,820	0	2,820
TOTAL	\$13,256,224	\$14,887,965	\$12,965,979	82	57,097	9,362	66,459

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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	\$14,572	\$9,312	\$138	0	2	0	2
Out-of-State Individually Underwritten	\$15,259,172	\$10,539,152	\$5,138,022	2	2,841	2,278	5,119
Accident Only	\$895,464	\$618,476	\$870,012	0	441	356	797
Accidental Death & Dismemberment	\$802	\$512	\$0	0	6	0	6
Dental	\$47,184	\$32,589	\$14,250	0	60	31	91
Disability Income	\$5,444	\$3,479	\$0	0	1	0	1
Limited Benefit	\$1,995,041	\$1,362,128	\$1,689,254	0	3,604	1,106	4,710
Sickness	\$88,398	\$61,055	\$88,398	0	238	206	444
TOTAL	\$18,306,077	\$12,626,703	\$7,800,074	2	7,193	3,977	11,170

GARDEN STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63657							
Accident Only	\$5,583	\$0	\$0	1	19	18	37
TOTAL	\$5,583	\$0	\$0	1	19	18	37

GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63665							
Individually Underwritten	\$7,133	\$10,362	\$0	0	12	0	12
Disability Income	\$672,094	\$2,587,276	\$0	463	463	0	463
Hospital Indemnity	\$94	\$0	\$0	0	3	0	3
TOTAL	\$679,321	\$2,597,638	\$0	463	478	0	478

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GENESIS INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
38962							
Long Term Care	\$5,471	\$391,866	\$0	0	111	0	111
TOTAL	\$5,471	\$391,866	\$0	0	111	0	111

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65536							
Accident Only	\$2,964	\$870	\$0	0	35	0	35
Disability Income	\$19,343	\$201,826	\$0	0	42	0	42
Hospital Indemnity	\$1,261	\$906	\$0	0	0	0	0
Limited Benefit	\$5,364	\$4,002	\$0	2	38	0	38
Long Term Care	\$34,656	\$148,270	\$0	0	6	0	6
Medicare Supplement	\$3,144,350	\$2,144,334	\$0	0	1,404	0	1,404
TOTAL	\$3,207,938	\$2,500,208	\$0	2	1,525	0	1,525

GENWORTH LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70025							
Accident Only	\$225	\$181,749	\$0	0	0	0	0
Accidental Death & Dismemberment	\$7,303	\$0	\$0	0	0	0	0
Long Term Care	\$107,724,965	\$95,585,329	\$4,324,863	0	48,888	0	48,888
Medicare Supplement	\$36,187	\$37,475	\$0	0	0	0	0
TOTAL	\$107,768,680	\$95,804,553	\$4,324,863	0	48,888	0	48,888

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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	\$1,639,444	\$55,006	\$0	12	3,536	1,391	4,927
Dental	\$956	\$333	\$0	1	1	0	1
Excess/Stop Loss	\$1,939,340	\$1,090,420	\$0	7	2,436	4,871	7,307
Hospital Indemnity	\$28,324	\$64,432	\$0	0	54	0	54
Limited Benefit	\$92	\$0	\$0	0	0	0	0
Long Term Care	\$10,816	\$102,821	\$0	0	11	0	11
Medicare Supplement	\$2,656,318	\$2,014,148	\$0	0	1,853	0	1,853
TOTAL	\$6,275,290	\$3,327,160	\$0	20	7,891	6,262	14,153

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	\$80,287	\$180,957	\$0	0	77	19	96
Accident Only	\$7,761	(\$1,498)	\$0	0	79	25	104
Accidental Death & Dismemberment	\$1,780,889	\$378,868	\$53,908	0	12,132	0	12,132
Hospital Indemnity	\$1,540	\$153	\$0	0	9	1	10
Limited Benefit	\$19,307	(\$16,023)	\$0	0	294	139	433
Medicare Supplement	\$59,212	\$72,421	\$685	0	34	0	34
TOTAL	\$1,948,996	\$614,878	\$54,593	0	12,625	184	12,809

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GOLDEN RULE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62286							
Individually Underwritten	\$928,150	\$432,081	\$28,615	0	142	65	207
Conversion	\$6,581	\$159	\$0	0	1	0	1
Out-of-State Guarantee Issue	\$18,313,154	\$23,462,538	\$4,089,492	0	1,696	228	1,924
Out-of-State Individually Underwritten	\$282,189,043	\$186,485,129	\$37,437,773	1	64,838	47,182	112,020
Out-of-State Short Term Major Medical	\$3,281,944	\$1,870,998	\$2,701,336	1	1,411	711	2,122
Dental	\$3,741,003	\$2,328,692	\$1,387,350	0	8,893	5,003	13,896
Disability Income	\$29	\$0	\$0	0	0	0	0
Hospital Indemnity	\$590	\$0	\$0	0	4	0	4
Medicare Supplement	\$3,002,590	\$2,901,086	\$0	0	1,053	0	1,053
TOTAL	\$311,463,084	\$217,480,683	\$45,644,566	2	78,038	53,189	131,227

GOVERNMENT EMPLOYEES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22063							
Accident Only	\$6,412	\$6,037	\$0	0	73	0	73
TOTAL	\$6,412	\$6,037	\$0	0	73	0	73

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63967							
Medicare Supplement	\$105,009	\$84,824	\$97,268	0	88	0	88
Champus/Tricare Supplement	\$189,007	\$135,444	\$0	0	247	228	475
TOTAL	\$294,016	\$220,268	\$97,268	0	335	228	563

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63312							
Accident Only	\$577	\$0	\$0	0	5	0	5
Disability Income	\$244	\$6,799	\$0	0	1	0	1
Hospital Indemnity	\$126	\$0	\$0	0	1	0	1
Long Term Care	\$47,303	(\$1,129)	\$0	1	18	0	18
Medicare Supplement	\$791,148	\$517,673	\$0	0	327	0	327
TOTAL	\$839,398	\$523,343	\$0	1	352	0	352

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90212							
Conversion	\$2,577	\$2,780	\$0	0	1	0	1
Disability Income	\$237,092	(\$6,000)	\$0	0	172	0	172
Limited Benefit	\$2,707	\$0	\$0	0	1	0	1
TOTAL	\$242,376	(\$3,220)	\$0	0	174	0	174

GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80705							
Out-of-State 51+ Member Groups	\$1,153,423	\$6,567	\$0	38	53	73	126
Disability Income	\$182,206	\$260,270	\$0	0	155	0	155
TOTAL	\$1,335,629	\$266,837	\$0	38	208	73	281

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GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68322							
51+ Member Groups	\$848,713	\$801,910	\$0	0	0	0	0
Disability Income	\$1,130,455	\$1,381,999	\$33,913	1	1,389	0	1,389
Hospital Indemnity	\$59,498	\$65,653	\$155	1	103	244	347
TOTAL	\$2,038,666	\$2,249,562	\$34,068	2	1,492	244	1,736

GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64211							
Individually Underwritten	\$98,739	(\$21,180)	\$0	0	127	0	127
Out-of-State Individually Underwritten	\$215,778	\$416,303	\$0	0	0	0	0
Out-of-State Short Term Major Medical	\$0	(\$1,001)	\$0	0	0	0	0
Accident Only	\$1,055,530	\$333,801	\$244,395	13	4,656	2,287	6,943
Disability Income	\$4,641	\$0	\$0	0	74	0	74
Hospital Indemnity	\$2,882,560	\$814,421	\$1,101,717	0	5,021	42	5,063
Limited Benefit	\$139,878	\$49,556	\$36,356	0	688	16	704
Long Term Care	\$785,898	\$1,509,899	\$0	0	236	0	236
Medicare Supplement	\$1,305,279	\$998,564	\$0	0	363	0	363
Student	\$0	(\$420)	\$0	0	0	0	0
TOTAL	\$6,488,303	\$4,099,943	\$1,382,468	13	11,165	2,345	13,510

GUARANTY INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64238							
Long Term Care	\$180,932	\$68,272	\$20,200	0	149	0	149
TOTAL	\$180,932	\$68,272	\$20,200	0	149	0	149

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GUARDIAN 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>
64246							
Individually Underwritten	\$161,294	\$5,247,067	\$0	0	151	151	302
Conversion	\$223,675	\$1,643,427	\$8,977	0	16	20	36
Out-of-State 2 - 5 Member Groups	\$48,018	\$9,199	\$0	1	2	2	4
Out-of-State 51+ Member Groups	\$1,966,545	\$1,189,393	\$0	1	200	238	438
Accidental Death & Dismemberment	\$1,198,508	\$514,673	\$289,176	1,775	83,747	862	84,609
Dental	\$91,075,564	\$84,298,998	\$15,289,476	4,105	190,461	190,461	380,922
Disability Income	\$26,704,775	\$41,106,551	\$3,322,353	2,014	69,114	6,163	75,277
Excess/Stop Loss	\$4,035	\$0	\$0	0	0	0	0
Limited Benefit	\$42,001	\$0	\$41,123	6	304	225	529
Vision	\$4,017,285	\$2,582,484	\$1,314,306	995	37,344	37,344	74,688
TOTAL	\$125,441,700	\$136,591,792	\$20,265,411	8,897	381,339	235,466	616,805

HARLEYSVILLE 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>
64327							
Disability Income	\$140	\$0	\$0	1	1	0	1
TOTAL	\$140	\$0	\$0	1	1	0	1

HARTFORD FIRE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
19682							
Blanket Accident/Sickness	\$223	\$0	\$0	1	12	0	12
Disability Income	\$0	\$3,963	\$0	0	0	0	0
Excess/Stop Loss	\$0	(\$2,899)	\$0	0	0	0	0
TOTAL	\$223	\$1,064	\$0	1	12	0	12

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70815							
Accidental Death & Dismemberment	\$34,229,897	\$15,708,508	\$317,666	651	472,284	90,434	562,718
Blanket Accident/Sickness	\$906,099	\$519,793	\$73,089	1,277	91,540	104,355	195,895
Disability Income	\$110,449,857	\$131,298,230	\$5,828,195	906	449,701	0	449,701
Hospital Indemnity	\$1,028,490	\$565,389	\$504	0	2,566	581	3,147
Limited Benefit	\$4,703,136	\$3,302,854	\$272,742	10	2,574	1,174	3,748
Medicare Supplement	\$1,286,322	\$903,341	\$74,596	3	704	321	1,025
Champus/Tricare Supplement	\$877,075	\$660,044	\$1,696	0	13,553	0	13,553
Travel	\$1,601,671	\$1,636,212	\$222,737	256	404,529	76,859	481,388
TOTAL	\$155,082,547	\$154,594,371	\$6,791,225	3,103	1,437,451	273,724	1,711,175

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71153							
Disability Income	\$2,632	\$954	\$0	0	15	0	15
Hospital Indemnity	\$4,729	\$1,908	\$0	0	30	0	30
Limited Benefit	\$27,610	\$22,136	\$0	0	348	0	348
TOTAL	\$34,971	\$24,998	\$0	0	393	0	393

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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	\$701,124	\$1,079,556	\$7,854	3	17,233	2,647	19,880
Blanket Accident/Sickness	(\$101)	\$1,456	\$0	0	0	0	0
Disability Income	\$3,012,002	\$6,868,468	\$216,981	16	9,064	0	9,064
Excess/Stop Loss	\$9,246	\$0	\$0	0	0	0	0
Hospital Indemnity	\$26,626	\$177,815	\$63	0	321	73	394
Limited Benefit	\$880,028	\$589,989	\$22,872	7	334	152	486
Long Term Care	\$40,868	\$0	\$0	0	22	0	22
Medicare Supplement	\$588,133	\$394,875	\$15,284	5	223	102	325
Champus/Tricare Supplement	\$3,609,143	\$2,498,097	\$822	0	7,984	0	7,984
Travel	(\$3,978)	\$508,048	\$0	3	0	0	0
TOTAL	\$8,863,091	\$12,118,304	\$263,876	34	35,181	2,974	38,155

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	\$399,521	\$89,029	\$399,521	1	223	110	333
Disability Income	\$729,236	(\$1,378,386)	\$729,236	4	4	0	4
Excess/Stop Loss	\$7,700,609	\$6,285,607	\$2,078,134	37	18,999	23,476	42,475
Student	\$26,828	\$43,785	\$0	0	0	0	0
TOTAL	\$8,856,194	\$5,040,035	\$3,206,891	42	19,226	23,586	42,812

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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	\$2,146,848	\$4,769,106	\$0	0	718	283	1,001
Out-of-State 51+ Member Groups	\$80,003,396	\$69,041,183	\$0	1,935	8,996	8,724	17,720
Administrative Services Only (ASO)	\$27,363,028	\$0	\$0	0	0	0	0
Dental	\$1,023,197	\$876,538	\$0	336	1,327	1,301	2,628
Excess/Stop Loss	\$1,549,865	\$1,341,493	\$1,549,865	3	10,279	11,184	21,463
Medicare Supplement	\$10,395,149	\$6,849,834	\$0	0	3,368	0	3,368
TOTAL	\$122,481,483	\$82,878,154	\$1,549,865	2,274	24,688	21,492	46,180

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	\$3,241,736	\$2,421,458	\$78,569	278	278	281	559
2 - 5 Member Groups	\$17,451,323	\$12,585,076	\$544,471	696	2,080	1,359	3,439
6 - 50 Member Groups	\$27,012,682	\$20,051,733	\$1,332,523	328	3,431	1,855	5,286
51+ Member Groups	\$66,026,782	\$60,232,767	\$3,102,139	76	7,005	6,698	13,703
Conversion	\$810,073	\$1,026,872	\$82,713	0	84	42	126
Administrative Services Only (ASO)	\$1,675,300	\$0	\$322,036	0	0	0	0
TOTAL	\$116,217,896	\$96,317,906	\$5,462,451	1,378	12,878	10,235	23,113

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	\$34,960	(\$773)	\$0	0	2	0	2
TOTAL	\$34,960	(\$773)	\$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	\$251,878	\$241,762	\$8,213	0	22	71	93
Individually Underwritten	\$8,674,055	\$5,491,603	\$94,351	0	752	2,444	3,196
Self-Employed or Sole Proprietor	\$1,588,453	\$2,855,942	\$10,733	109	109	35	144
2 - 5 Member Groups	\$7,258,940	\$6,481,917	\$1,613,654	306	772	448	1,220
6 - 50 Member Groups	\$17,572,757	\$12,238,649	\$7,599,030	733	3,467	1,714	5,181
51+ Member Groups	\$229,084,441	\$183,308,426	\$32,275,562	480	39,172	30,668	69,840
Conversion	\$6,881,055	\$13,937,517	\$257,699	0	597	1,939	2,536
TOTAL	\$271,311,579	\$224,555,816	\$41,859,242	1,628	44,891	37,319	82,210

HEARTLAND 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>
66214							
Limited Benefit	\$278	\$0	\$0	0	0	0	0
Medicare Supplement	\$3,785	\$615	\$0	0	3	0	3
TOTAL	\$4,063	\$615	\$0	0	3	0	3

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	\$518,551	\$0	0	0	0	0
Excess/Stop Loss	\$9,855,155	\$7,080,599	\$1,309,370	50	27,303	32,764	60,067
Limited Benefit	\$1,518,188	\$339,609	\$8,715	0	0	0	0
Student	\$976,322	\$583,302	\$265,682	32	392	0	392
Vision	\$2,051,178	\$1,813,311	\$953,758	13	17,646	21,175	38,821
TOTAL	\$14,400,843	\$10,335,372	\$2,537,525	95	45,341	53,939	99,280

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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	\$1,670	(\$20)	\$0	0	40	0	40
Disability Income	\$178,248	\$41,288	\$1,008	12	394	0	394
Hospital Indemnity	\$217	\$0	\$0	0	0	0	0
Limited Benefit	\$0	\$75	\$0	0	7	6	13
TOTAL	\$180,135	\$41,343	\$1,008	12	441	6	447

HOUSEHOLD LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
93777							
Accidental Death & Dismemberment	\$432	\$1	\$0	1	45	0	45
TOTAL	\$432	\$1	\$0	1	45	0	45

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69671							
Guarantee Issue	\$2,316,223	\$1,695,230	\$185,849	0	213	9	222
Individually Underwritten	\$117,717,004	\$89,156,393	\$463,319	0	30,273	19,427	49,700
Self-Employed or Sole Proprietor	\$3,928,343	\$2,936,485	\$5,624	183	183	103	286
2 - 5 Member Groups	\$9,089,688	\$6,794,654	\$21,093	161	421	239	660
6 - 50 Member Groups	\$8,165,047	\$6,103,474	\$11,386	29	184	173	357
51+ Member Groups	\$66,317,668	\$49,603,206	\$309,940	38	3,448	4,739	8,187
Conversion	\$1,813,739	\$0	\$156,967	0	171	54	225
Excess/Stop Loss	\$3,309,171	\$737,583	\$107,518	9	31,993	0	31,993
Medicare Supplement	\$2,884,789	\$2,082,137	\$1,180,353	0	1,763	0	1,763
TOTAL	\$215,541,672	\$159,109,162	\$2,442,049	420	68,649	24,744	93,393

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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 Guarantee Issue	\$10,244	\$4,444	\$10,244	0	13	0	13
Out-of-State Individually Underwritten	\$36,719,542	\$15,928,894	\$24,418,497	14,287	15,009	10,175	25,184
Out-of-State Short Term Major Medical	\$1,848,606	\$648,085	\$0	720	720	224	944
Administrative Services Only (ASO)	\$64,552,019	\$0	\$5,131,339	0	0	0	0
Accidental Death & Dismemberment	\$165,143	\$101,163	\$25,412	0	0	0	0
Dental	\$210,589	\$131,570	\$0	2	351	525	876
Disability Income	\$127,409	\$110,458	\$0	44	427	0	427
Vision	\$5,917,082	\$3,857,275	\$1,680,285	1,731	63,695	51,234	114,929
TOTAL	\$109,550,634	\$20,781,889	\$31,265,777	16,784	80,215	62,158	142,373

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							
Individually Underwritten	\$2,578,398	\$0	\$2,578,398	0	2,626	1,840	4,466
Self-Employed or Sole Proprietor	\$5,194,867	\$4,337,714	\$286,193	467	467	335	802
2 - 5 Member Groups	\$35,954,209	\$30,021,769	\$4,100,851	1,578	4,913	2,566	7,479
6 - 50 Member Groups	\$92,932,431	\$77,598,591	\$12,369,213	1,051	14,160	7,331	21,491
51+ Member Groups	\$494,570,044	\$412,966,042	\$72,834,526	203	63,345	38,872	102,217
Conversion	\$1,607,004	\$1,341,849	\$23,212	0	132	24	156
TOTAL	\$632,836,953	\$526,265,965	\$92,192,393	3,299	85,643	50,968	136,611

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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)	\$379,242	\$0	\$0	0	0	0	0
Dental	\$29,392,556	\$19,845,939	\$4,605,499	1,649	57,103	43,936	101,039
TOTAL	\$29,771,798	\$19,845,939	\$4,605,499	1,649	57,103	43,936	101,039

IA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91693							
Accidental Death & Dismemberment	\$60	\$0	\$0	0	4	0	4
Hospital Indemnity	\$86	\$0	\$0	0	1	0	1
Limited Benefit	\$3,139	\$528	\$0	0	70	0	70
Travel	\$0	\$5,124	\$0	0	1,109	0	1,109
TOTAL	\$3,285	\$5,652	\$0	0	1,184	0	1,184

IDEALIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97764							
Medicare Supplement	\$1,006,633	\$753,755	\$0	0	274	0	274
TOTAL	\$1,006,633	\$753,755	\$0	0	274	0	274

IDS PROPERTY CASUALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
29068							
Accidental Death & Dismemberment	\$161	\$0	\$161	2	10	13	23
TOTAL	\$161	\$0	\$161	2	10	13	23

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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	\$521,361	\$580,721	\$0	0	33	8	41
Accident Only	\$14,361	\$4,975	\$10,038	0	59	55	114
Disability Income	\$4,360,263	\$3,762,909	\$103,750	0	5,685	0	5,685
Hospital Indemnity	\$5,752	\$27,915	\$0	0	9	3	12
TOTAL	\$4,901,737	\$4,376,520	\$113,788	0	5,786	66	5,852

IMPERIUM INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
35408							
Excess/Stop Loss	\$738,304	\$56,293	\$0	3	146	173	319
Travel	\$504,266	\$608,982	\$504,266	1	14,944	0	14,944
TOTAL	\$1,242,570	\$665,275	\$504,266	4	15,090	173	15,263

INDEPENDENCE 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>
26581							
Short Term Major Medical	\$22,134	\$7,873	\$22,134	1	11	22	33
Out-of-State 51+ Member Groups	\$1,632,418	\$738,353	\$1,632,418	1	330	340	670
Dental	\$32,478	\$13,723	\$32,478	1	73	75	148
Hospital Indemnity	\$312,429	\$46,914	\$312,429	1	142	146	288
Limited Benefit	\$83,432	\$32,639	\$83,432	1	79	81	160
TOTAL	\$2,082,891	\$839,502	\$2,082,891	5	635	664	1,299

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58068							
Accident Only	\$26,702	\$0	\$26,702	0	306	0	306
Disability Income	\$2,496	\$14,400	\$0	0	25	0	25
TOTAL	\$29,198	\$14,400	\$26,702	0	331	0	331

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86509							
Individually Underwritten	\$269	(\$51)	\$0	0	1	0	1
Long Term Care	\$23,266	\$81,211	\$0	0	28	0	28
Medicare Supplement	\$12,152	\$21,093	\$0	0	6	0	6
TOTAL	\$35,687	\$102,253	\$0	0	35	0	35

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80942							
Disability Income	\$137	\$3,220	\$0	0	2	0	2
Limited Benefit	\$2,122	\$587	\$0	0	345	0	345
TOTAL	\$2,259	\$3,807	\$0	0	347	0	347

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19429							
Travel	\$0	\$72,398	\$0	0	0	0	0
TOTAL	\$0	\$72,398	\$0	0	0	0	0

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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	\$513	\$271	\$0	0	5	2	7
TOTAL	\$513	\$271	\$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	\$992	\$0	0	1	0	1
TOTAL	\$1,177	\$992	\$0	0	1	0	1

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							
Accident Only	\$34	\$0	\$0	0	1	1	2
Disability Income	\$846	(\$22,717)	\$0	0	5	5	10
Hospital Indemnity	\$648	\$95	\$0	0	4	4	8
Limited Benefit	\$167	(\$3)	\$0	0	2	2	4
TOTAL	\$1,695	(\$22,625)	\$0	0	12	12	24

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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	\$15,690	\$270	\$0	0	1,027	4	1,031
Dental	\$26,862	\$17,918	\$0	0	66	0	66
Disability Income	\$27,796	(\$3,865)	\$0	0	435	0	435
Hospital Indemnity	\$38,235	\$499	\$0	0	204	1	205
Limited Benefit	\$545,763	\$339,565	\$0	0	1,438	531	1,969
Champus/Tricare Supplement	\$4,577	(\$8,189)	\$0	0	1	2	3
TOTAL	\$658,923	\$346,198	\$0	0	3,171	538	3,709

JEFFERSON 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
64017							
Individually Underwritten	\$206	\$1,170	\$0	0	7	0	7
Accident Only	\$46	\$0	\$0	0	0	0	0
Disability Income	\$39,522	\$141,944	\$0	0	30	0	30
Hospital Indemnity	\$1,387	\$137	\$0	0	5	0	5
Limited Benefit	\$1,267	\$21	\$0	0	16	0	16
Medicare Supplement	\$37,588	\$28,173	\$0	0	15	0	15
TOTAL	\$80,016	\$171,445	\$0	0	73	0	73

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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							
Individually Underwritten	\$0	(\$94)	\$0	0	0	0	0
Self-Employed or Sole Proprietor	\$12,283	\$546	\$0	1	1	0	1
2 - 5 Member Groups	\$171,059	\$35,208	\$55,205	11	25	15	40
6 - 50 Member Groups	\$536,128	\$140,388	\$160,234	7	81	38	119
51+ Member Groups	\$46,774	\$9,593	\$46,774	2	26	7	33
Conversion	\$56,400	\$277,732	\$0	0	5	2	7
Out-of-State Guarantee Issue	\$55,020	\$15,103	\$0	0	1	0	1
Out-of-State Individually Underwritten	\$3,895,770	\$1,972,082	\$310,601	1	560	275	835
Out-of-State Short Term Major Medical	\$164,293	\$2,451	\$125,219	0	46	11	57
Out-of-State Conversion	\$70,097	\$105,447	\$0	0	4	0	4
Accident Only	\$23,248	\$1,301	\$4	0	69	103	172
Accidental Death & Dismemberment	\$36	\$0	\$36	1	2	0	2
Dental	\$8,662	\$8,060	\$94	2	27	11	38
Disability Income	\$187,115	\$107,418	\$828	0	313	10	323
Hospital Indemnity	\$1,802	\$153	\$0	0	5	1	6
Limited Benefit	\$35,460	\$44,006	\$0	0	88	70	158
Long Term Care	\$561,899	\$2,246,869	\$0	0	0	0	0
Medicare Supplement	\$593,485	\$414,736	\$0	0	171	0	171
Sickness	\$2,551	\$1,744	\$0	0	4	1	5
Travel	\$145	\$1	\$0	0	10	0	10
TOTAL	\$6,422,227	\$5,382,744	\$698,995	25	1,438	544	1,982

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JOHN HANCOCK 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>
93610							
Long Term Care	\$8,287,211	\$6,799,777	\$48,253	18	2,670	103	2,773
TOTAL	\$8,287,211	\$6,799,777	\$48,253	18	2,670	103	2,773

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

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65838							
Disability Income	\$740,332	\$2,958,230	\$0	0	204	0	204
Long Term Care	\$114,306,599	\$68,668,509	\$3,169,335	368	64,686	4,204	68,890
TOTAL	\$115,046,931	\$71,626,739	\$3,169,335	368	64,890	4,204	69,094

KANAWHA INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65110							
Other Prepaid Health Services	\$1,505,433	\$255,372	\$1,004,345	91	8,455	4,482	12,937
Accident Only	\$192,977	\$58,020	\$62,607	79	1,320	0	1,320
Accidental Death & Dismemberment	\$519,811	\$96,446	\$244,932	54	1,820	0	1,820
Disability Income	\$2,246,699	\$853,441	\$1,157,578	60	5,947	0	5,947
Excess/Stop Loss	\$3,689,895	\$4,096,805	\$3,528,416	5	10,580	22,218	32,798
Hospital Indemnity	\$306,657	\$34,832	\$202,870	23	805	0	805
Limited Benefit	\$904,489	\$700,331	\$46,353	89	2,051	0	2,051
Long Term Care	\$14,867,581	\$18,215,567	\$45,171	0	8,312	0	8,312
Medicare Supplement	\$384,280	\$477,381	\$384,280	0	133	0	133
TOTAL	\$24,617,822	\$24,788,195	\$6,676,552	401	39,423	26,700	66,123

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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	\$9,412	\$0	0	2	0	2
Dental	\$225,384	\$144,093	\$0	27	277	224	501
Disability Income	\$736,190	\$420,722	\$0	93	2,067	171	2,238
Hospital Indemnity	\$53,413	\$4,695	\$0	15	15	0	15
Limited Benefit	\$79	(\$9)	\$0	2	2	0	2
Medicare Supplement	\$775	\$293	\$0	1	1	0	1
Vision	\$3,227	\$205	\$0	2	29	24	53
TOTAL	\$1,021,987	\$579,411	\$0	140	2,393	419	2,812

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	\$537	(\$688)	\$0	0	2	2	4
Accident Only	\$503	\$0	\$0	0	2	0	2
Disability Income	\$4,270	\$7,798	\$3,794	0	15	0	15
Hospital Indemnity	\$12,494	\$767	\$0	0	39	0	39
Long Term Care	\$1,887,020	\$215,111	\$145,773	0	1,411	0	1,411
TOTAL	\$1,904,824	\$222,988	\$149,567	0	1,469	2	1,471

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	\$51,137	\$221,987	\$0	0	6	0	6
TOTAL	\$51,137	\$221,987	\$0	0	6	0	6

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$15,848,744	\$0	\$0	0	0	0	0
TOTAL	\$15,848,744	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$7,828	\$165,775	\$7,828	0	0	0	0
TOTAL	\$7,828	\$165,775	\$7,828	0	0	0	0

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$27,032,397	\$27,139,371	\$0	10	108,948	0	108,948
TOTAL	\$27,032,397	\$27,139,371	\$0	10	108,948	0	108,948

LIBERTY MUTUAL INSURANCE COMPANY

NAIC Company Code

23043

	(A) DIRECT PREMIUMS 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	\$33	\$15,188	\$0	0	1	0	1
51+ Member Groups	\$0	\$3,687	\$0	0	0	0	0
Conversion	\$3,236	\$6,180	\$0	0	1	0	1
TOTAL	\$3,269	\$25,055	\$0	0	2	0	2

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

LIBERTY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65331							
Accident Only	\$575,611	\$160,657	\$133,888	0	24,613	0	24,613
Disability Income	\$1,413	\$0	\$0	0	8	0	8
Hospital Indemnity	\$694,983	\$108,756	\$65,750	0	4,611	0	4,611
Limited Benefit	\$11,705,074	\$8,376,967	\$572,773	0	26,365	8,788	35,153
Medicare Supplement	\$487,197	\$350,277	\$219,382	0	383	0	383
TOTAL	\$13,464,278	\$8,996,657	\$991,793	0	55,980	8,788	64,768

LIFE INSURANCE COMPANY OF ALABAMA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65412							
Accident Only	\$10,038	\$0	\$1,391	0	24	0	24
Accidental Death & Dismemberment	\$1,076	\$0	\$136	0	19	0	19
Disability Income	\$2,109	\$0	\$260	0	1	0	1
Hospital Indemnity	\$22,015	\$12,457	\$3,834	0	22	10	32
Limited Benefit	\$347,322	\$543,935	\$13,563	0	283	222	505
Sickness	\$418	\$0	\$214	0	1	0	1
TOTAL	\$382,978	\$556,392	\$19,398	0	350	232	582

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LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65498							
Accident Only	\$5,246,330	\$4,239,041	\$0	24	209,853	0	209,853
Accidental Death & Dismemberment	\$62,046	\$13,694	\$0	120	3,595	0	3,595
Disability Income	\$76,416,906	\$52,816,937	\$0	70	382,085	0	382,085
Hospital Indemnity	\$1,924,654	\$1,603,216	\$0	5	6,416	0	6,416
Limited Benefit	\$23	\$536,742	\$0	1	0	0	0
TOTAL	\$83,649,959	\$59,209,630	\$0	220	601,949	0	601,949

LIFE INSURANCE COMPANY OF THE SOUTHWEST

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65528							
Limited Benefit	\$389	\$0	\$0	0	4	2	6
TOTAL	\$389	\$0	\$0	0	4	2	6

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	\$556	\$0	0	3	0	3
Accidental Death & Dismemberment	\$475	\$3,731	\$0	0	4	0	4
Disability Income	\$808	\$0	\$0	0	8	0	8
Hospital Indemnity	\$14,064	\$27,649	\$6,206	0	60	0	60
Limited Benefit	\$7,793	\$3,037	\$0	0	107	0	107
Long Term Care	\$628,209	\$29,428	\$255,903	0	749	0	749
TOTAL	\$656,271	\$64,401	\$262,109	0	931	0	931

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LINCOLN BENEFIT LIFE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65595							
Long Term Care	\$7,204,549	\$9,687,909	\$0	0	2,972	0	2,972
TOTAL	\$7,204,549	\$9,687,909	\$0	0	2,972	0	2,972

LINCOLN HERITAGE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65927							
Accidental Death & Dismemberment	\$856	\$0	\$0	0	8	0	8
Medicare Supplement	\$4,798,580	\$3,621,165	\$0	0	1,640	0	1,640
TOTAL	\$4,799,436	\$3,621,165	\$0	0	1,648	0	1,648

LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62057							
Conversion	\$2,533	\$98,999	\$0	0	3	1	4
Accidental Death & Dismemberment	\$19,132	(\$65,871)	\$4,165	0	0	0	0
Dental	\$12,103	\$48,068	\$12,103	0	0	0	0
Disability Income	\$237,965	\$306,079	\$96,553	0	0	0	0
TOTAL	\$271,733	\$387,275	\$112,821	0	3	1	4

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LINCOLN 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>
65676							
Conversion	\$9,979	(\$49,880)	\$0	0	1	1	2
Accident Only	\$184,043	\$73,653	\$166,620	20	1,237	0	1,237
Accidental Death & Dismemberment	\$4,025,935	\$1,931,776	\$552,887	1,758	280,658	8,108	288,766
Dental	\$17,635,147	\$12,435,900	\$3,953,386	335	26,203	55,026	81,229
Disability Income	\$82,890,915	\$53,913,728	\$8,254,171	2,634	293,767	0	293,767
Excess/Stop Loss	\$9,383,113	\$8,306,421	\$0	138	1,153	0	1,153
Hospital Indemnity	\$151	\$438	\$0	0	0	0	0
Limited Benefit	\$146	\$424	\$0	0	0	0	0
Long Term Care	\$289,829	\$73,252	\$0	0	148	0	148
TOTAL	\$114,419,258	\$76,685,712	\$12,927,064	4,885	603,167	63,135	666,302

LONDON LIFE REINSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
76694							
Excess/Stop Loss	\$104,557	(\$30,558)	\$0	0	0	0	0
Medicare Supplement	\$891	\$6,518	\$0	0	1	0	1
TOTAL	\$105,448	(\$24,040)	\$0	0	1	0	1

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LOYAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65722							
Accident Only	\$327,501	\$204,648	\$0	0	815	343	1,158
Disability Income	\$16,809	\$13,678	\$0	0	57	0	57
Hospital Indemnity	\$9,259	\$1,220	\$0	0	93	63	156
Limited Benefit	\$379,793	\$426,670	\$0	0	2,520	2,399	4,919
Long Term Care	\$3,762	\$0	\$0	0	4	0	4
Medicare Supplement	\$129,801	\$142,129	\$13,174	0	56	0	56
TOTAL	\$866,925	\$788,345	\$13,174	0	3,545	2,805	6,350

MADISON NATIONAL LIFE INSURANCE COMPANY INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65781							
2 - 5 Member Groups	\$4,679	\$2,469	\$0	1	3	0	3
Accident Only	\$60,071	(\$2,857)	\$0	1	605	0	605
Dental	\$379,772	\$172,852	\$0	266	665	1,662	2,327
Disability Income	\$193,381	\$113,157	\$0	3	2,042	0	2,042
Excess/Stop Loss	\$1,372	(\$363,188)	\$0	0	0	0	0
Hospital Indemnity	\$2,490	\$288	\$0	6	6	0	6
Limited Benefit	\$76,743	(\$15,295)	\$0	9	613	0	613
Long Term Care	\$1,361	\$0	\$0	0	0	0	0
Medicare Supplement	\$2	\$0	\$0	0	0	0	0
Vision	\$2,511	\$1,152	\$0	2	25	0	25
TOTAL	\$722,382	(\$91,422)	\$0	288	3,959	1,662	5,621

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MANAGED CARE OF NORTH AMERICA, 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>
52014							
Dental	\$177,658	\$0	\$67,000	503	694	485	1,179
TOTAL	\$177,658	\$0	\$67,000	503	694	485	1,179

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	\$82,759	\$17,908	\$75,311	0	161	0	161
TOTAL	\$82,759	\$17,908	\$75,311	0	161	0	161

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	\$256	\$0	\$0	0	1	0	1
Long Term Care	\$204,755	\$110,342	\$0	0	365	10	375
TOTAL	\$205,011	\$110,342	\$0	0	366	10	376

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	\$45,235	\$12,250	\$2,021	0	20	0	20
Accident Only	\$1,317,874	\$1,447,882	\$215,836	0	467,950	0	467,950
Blanket Accident/Sickness	\$11,573	\$552	\$0	0	1,534	0	1,534
Hospital Indemnity	\$540,622	\$322,169	\$0	0	225	0	225
Student	\$1,039,692	\$581,817	\$0	0	0	0	0
TOTAL	\$2,954,996	\$2,364,670	\$217,857	0	469,729	0	469,729

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MARQUETTE NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71072							
Medicare Supplement	\$15,235	\$0	\$0	0	6	0	6
TOTAL	\$15,235	\$0	\$0	0	6	0	6

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	\$16,240,175	\$9,945,263	\$925,625	0	7,258	0	7,258
Long Term Care	\$6,002,850	\$780,046	\$668,394	0	1,727	554	2,281
TOTAL	\$22,243,025	\$10,725,309	\$1,594,019	0	8,985	554	9,539

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	\$3,188,979	\$604,897	\$217,891	46	2,027	0	2,027
TOTAL	\$3,188,979	\$604,897	\$217,891	46	2,027	0	2,027

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	\$3,674,325	\$3,191,255	\$845,328	0	948	0	948
2 - 5 Member Groups	\$1,236,092	\$1,148,573	\$231,525	85	242	87	329
6 - 50 Member Groups	\$2,375,202	\$1,530,124	\$305,715	38	383	112	495
51+ Member Groups	\$1,054,284	\$1,556,920	\$0	0	0	0	0
TOTAL	\$8,339,903	\$7,426,872	\$1,382,568	123	1,573	199	1,772

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MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52008							
Other Prepaid Health Services	\$1,088,536	\$295,683	\$70,065	0	6,752	0	6,752
TOTAL	\$1,088,536	\$295,683	\$70,065	0	6,752	0	6,752

MEDICO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
31119							
Accident Only	\$548	(\$143)	\$0	0	0	0	0
Disability Income	\$20,590	(\$17,086)	\$0	0	30	0	30
Hospital Indemnity	\$38,042	\$86,469	\$0	0	76	5	81
Limited Benefit	\$309,428	\$465,572	\$0	0	1,177	589	1,766
Long Term Care	\$2,123,870	\$4,002,650	\$0	0	1,593	0	1,593
Short Term Care	\$59,190	\$43,468	\$0	0	217	0	217
Medicare Supplement	\$16,701,790	\$14,421,944	\$0	0	6,224	0	6,224
TOTAL	\$19,253,458	\$19,002,874	\$0	0	9,317	594	9,911

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MEGA 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>
97055							
Individually Underwritten	\$169,967	\$545,746	\$0	0	28	10	38
Conversion	\$367,051	\$645,394	\$0	0	34	6	40
Out-of-State Guarantee Issue	\$4,669	(\$15)	\$0	0	1	0	1
Out-of-State Individually Underwritten	\$13,850,959	\$7,897,629	\$0	1	2,371	1,235	3,606
Accident Only	\$86,490	\$21,734	\$25,536	0	155	19	174
Dental	\$161,239	\$62,476	\$7,030	0	458	276	734
Disability Income	\$174,439	\$89,165	\$30,349	0	735	0	735
Hospital Indemnity	\$283,521	\$218,474	\$115,947	0	1,030	574	1,604
Limited Benefit	\$580,825	\$65,139	\$185,085	0	2,066	934	3,000
Medicare Supplement	\$3,450	\$4,605	\$0	0	4	0	4
Prescription Drug	\$20,975	\$12,201	\$0	0	39	20	59
Vision	\$106,548	\$57,988	\$17,113	0	2,049	1,389	3,438
TOTAL	\$15,810,133	\$9,620,536	\$381,060	1	8,970	4,463	13,433

MEMBERS 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>
86126							
Disability Income	\$83	\$0	\$0	0	2	0	2
TOTAL	\$83	\$0	\$0	0	2	0	2

MERIT 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>
65951							
Accidental Death & Dismemberment	\$350,569	\$21,536	\$350,569	3	17,880	3,491	21,371
TOTAL	\$350,569	\$21,536	\$350,569	3	17,880	3,491	21,371

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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	\$512	\$0	\$0	0	1	0	1
Disability Income	\$656,269	\$1,761,883	\$0	0	535	535	1,070
Hospital Indemnity	\$59,121	\$24,312	\$0	0	110	18	128
Long Term Care	\$26,171,166	\$40,464,706	\$0	0	13,821	13,821	27,642
TOTAL	\$26,887,068	\$42,250,901	\$0	0	14,467	14,374	28,841

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	\$243,715	\$502,504	\$0	0	183	138	321
51+ Member Groups	\$0	(\$330,871)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$9,403,440	\$4,373,495	\$130,997	1,125	481,630	1,059,586	1,541,216
Dental	\$150,817,021	\$139,113,536	\$18,617,121	2,058	377,338	830,144	1,207,482
Disability Income	\$97,383,384	\$88,658,835	\$1,688,253	16,098	383,759	0	383,759
Hospital Indemnity	\$105,147	\$69,276	\$0	0	852	0	852
Limited Benefit	\$784,902	\$234,359	\$0	0	8,659	0	8,659
Long Term Care	\$39,947,019	\$18,981,283	\$0	9,814	35,035	0	35,035
TOTAL	\$298,684,628	\$251,602,417	\$20,436,371	29,095	1,287,456	1,889,868	3,177,324

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	\$2,109,108	\$1,176,548	\$0	3	28,994	23,195	52,189
TOTAL	\$2,109,108	\$1,176,548	\$0	3	28,994	23,195	52,189

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66044							
Accident Only	\$204	\$0	\$0	0	0	0	0
Disability Income	\$9,238	\$8,780	\$0	1	1	0	1
TOTAL	\$9,442	\$8,780	\$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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66087							
Individually Underwritten	\$31,754	\$3,145	\$0	0	5	0	5
Out-of-State Guarantee Issue	\$4,931	(\$62)	\$0	0	2	0	2
Out-of-State Individually Underwritten	\$12,533,593	\$7,581,912	\$0	1	2,735	1,516	4,251
Accident Only	\$37,249	\$318	\$3,252	0	40	1	41
Dental	\$71,603	\$16,734	\$2,476	0	227	123	350
Disability Income	\$567	\$0	\$0	0	0	0	0
Hospital Indemnity	\$80,728	\$16,255	\$1,387	0	312	155	467
Limited Benefit	\$368,229	\$139,446	\$28,564	0	1,578	628	2,206
Prescription Drug	\$4,388	\$3,729	\$0	0	6	1	7
Vision	\$104,902	\$46,281	\$0	0	1,954	1,404	3,358
TOTAL	\$13,237,944	\$7,807,758	\$35,679	1	6,859	3,828	10,687

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MINNESOTA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66168							
Accidental Death & Dismemberment	\$7,464,146	\$2,028,147	\$2,652,224	4	45,025	0	45,025
Disability Income	\$2,579,518	\$11,202,700	\$122	1	1,086	0	1,086
Hospital Indemnity	\$120	\$0	\$0	0	1	0	1
Long Term Care	\$39,917	\$0	\$0	0	16	0	16
TOTAL	\$10,083,701	\$13,230,847	\$2,652,346	5	46,128	0	46,128

MONITOR 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>
81442							
Hospital Indemnity	\$236	\$166	\$0	0	0	0	0
TOTAL	\$236	\$166	\$0	0	0	0	0

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MONUMENTAL LIFE INSURANCE COMPANY

NAIC Company Code 66281	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$322	(\$803)	\$0	0	2	2	4
Accident Only	\$12,559,501	\$2,786,216	\$265,502	220	216,848	6,983	223,831
Accidental Death & Dismemberment	\$3,659,104	\$588,842	\$500,980	0	26,024	11,396	37,420
Dental	\$0	\$20,076	\$0	0	0	0	0
Disability Income	\$37,679	\$28,724	\$0	20	493	10	503
Excess/Stop Loss	\$512,912	\$576,734	\$512,912	2	383	498	881
Hospital Indemnity	\$1,103,170	\$736,726	\$6,033	28	4,557	557	5,114
Limited Benefit	\$5,629,145	\$5,262,421	\$279,819	185	4,502	289	4,791
Long Term Care	\$6,145,443	\$2,147,327	\$0	0	3,929	0	3,929
Medicare Supplement	\$6,258,792	\$6,362,033	\$633	58	2,542	1	2,543
Champus/Tricare Supplement	\$5,508,561	\$3,119,459	\$371,365	10	4,780	3,572	8,352
Student	\$1,941,437	\$2,862,790	\$0	86	4,314	0	4,314
TOTAL	\$43,356,066	\$24,490,545	\$1,937,244	609	268,374	23,308	291,682

MONY LIFE INSURANCE COMPANY

NAIC Company Code 66370	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$44,507	\$46,139	\$0	0	32	2	34
Accidental Death & Dismemberment	\$22	\$0	\$0	0	1	0	1
Disability Income	\$2,722,323	\$3,506,371	\$0	0	2,068	0	2,068
Hospital Indemnity	\$1,826	\$361	\$0	0	18	0	18
TOTAL	\$2,768,678	\$3,552,871	\$0	0	2,119	2	2,121

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MTL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66427							
Disability Income	\$42,883	\$193,292	\$0	0	34	0	34
TOTAL	\$42,883	\$193,292	\$0	0	34	0	34

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88668							
Disability Income	\$81,489	\$377,405	\$0	20	314	0	314
TOTAL	\$81,489	\$377,405	\$0	20	314	0	314

MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71412							
Individually Underwritten	\$106,897	\$83,828	\$0	0	258	36	294
Conversion	\$4,123	\$5,993	\$0	0	2	0	2
Accident Only	\$3,424,221	\$3,962,261	\$1,484,731	259	346,692	246	346,938
Accidental Death & Dismemberment	\$1,484,505	\$649,664	\$273,646	23	18,739	6,373	25,112
Dental	\$8,209	\$5,438	\$0	0	34	9	43
Disability Income	\$1,965,181	\$1,813,454	\$197,678	11	3,517	1	3,518
Hospital Indemnity	\$665,998	\$355,972	\$13,986	0	2,060	367	2,427
Limited Benefit	\$2,086,243	\$737,292	\$85,144	0	17,723	4,956	22,679
Long Term Care	\$9,815,033	\$12,352,351	\$799,556	8	5,717	0	5,717
Medicare Supplement	\$55,264,841	\$46,589,973	\$9,765,761	0	20,950	1	20,951
Travel	\$37,340	\$16,480	\$0	0	2,166	56	2,222
TOTAL	\$74,862,591	\$66,572,706	\$12,620,502	301	417,858	12,045	429,903

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MUTUAL SAVINGS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66397							
Accidental Death & Dismemberment	\$2,220	\$0	\$0	0	148	0	148
Hospital Indemnity	\$4,579	\$1,915	\$0	0	102	0	102
Limited Benefit	\$23,137	\$30,717	\$0	0	266	0	266
TOTAL	\$29,936	\$32,632	\$0	0	516	0	516

NALIC LIFE INSURANCE COMPANY (PUERTO RICO)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
72087							
Limited Benefit	\$3,809	\$0	\$0	0	4	0	4
TOTAL	\$3,809	\$0	\$0	0	4	0	4

NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61409							
Individually Underwritten	\$26,894	\$1,871	\$0	0	67	34	101
Accident Only	\$34	\$0	\$0	0	1	0	1
Disability Income	\$276	(\$696)	\$0	0	1	0	1
Hospital Indemnity	\$35,604	\$20,938	\$0	0	201	0	201
TOTAL	\$62,808	\$22,113	\$0	0	270	34	304

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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	(\$3,667)	\$0	\$0	0	2	0	2
Accident Only	\$59,921	\$16,169	\$52,801	98	342	4	346
Disability Income	\$435	\$2,123	\$0	0	7	0	7
Hospital Indemnity	\$822	(\$10,422)	\$0	0	5	0	5
Limited Benefit	\$532	\$0	\$0	0	6	0	6
TOTAL	\$58,043	\$7,870	\$52,801	98	362	4	366

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66583							
Accident Only	\$2,060	\$0	\$2,060	0	789	0	789
Dental	\$512,128	\$658,523	\$512,128	46	2,091	2,128	4,219
Disability Income	\$28,569	\$10,583	\$0	0	59	0	59
Hospital Indemnity	\$299	\$0	\$0	0	1	0	1
Limited Benefit	\$45	\$0	\$0	0	1	0	1
Medicare Supplement	\$1,040	\$198	\$0	0	1	0	1
Vision	\$6,479,112	\$4,054,799	\$6,479,112	293	55,937	51,874	107,811
TOTAL	\$7,023,253	\$4,724,103	\$6,993,300	339	58,879	54,002	112,881

NATIONAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66680							
Disability Income	\$2,317,219	\$6,594,345	\$14,379	0	1,101	0	1,101
TOTAL	\$2,317,219	\$6,594,345	\$14,379	0	1,101	0	1,101

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NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87963							
Disability Income	\$164,601	\$66,378	\$932	0	489	344	833
Hospital Indemnity	\$35	\$0	\$0	0	1	0	1
Limited Benefit	\$883,008	\$1,035,478	\$1,315	0	1,633	1,480	3,113
TOTAL	\$1,047,644	\$1,101,856	\$2,247	0	2,123	1,824	3,947

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	\$20,745,164	\$7,879,618	\$1,235,237	0	670,381	0	670,381
Accidental Death & Dismemberment	\$371,431	\$10,000	\$7,826	22	8,869	0	8,869
Excess/Stop Loss	\$1,925,509	\$2,256,266	\$1,925,509	8	9,144	13,718	22,862
Hospital Indemnity	\$5,593,830	\$621,010	\$14,861	0	1,971	0	1,971
Limited Benefit	\$272,429	(\$34,666)	\$37,358	12	5,283	2,126	7,409
Student	\$301,625	(\$225,318)	\$79,270	0	0	0	0
Travel	\$1,739,135	\$1,287,613	\$52,232	106	347,827	0	347,827
Vision	\$52,452	\$19,115	\$7,847	5	437	0	437
TOTAL	\$31,001,575	\$11,813,638	\$3,360,140	153	1,043,912	15,844	1,059,756

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	\$3,331	\$20,010	\$0	0	38	0	38
TOTAL	\$3,331	\$20,010	\$0	0	38	0	38

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NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92657							
Accidental Death & Dismemberment	\$735	\$0	\$0	1	5	5	10
TOTAL	\$735	\$0	\$0	1	5	5	10

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							
Accident Only	\$2,531,164	\$1,566,581	\$2,208,033	553	10	0	10
Accidental Death & Dismemberment	\$54	\$66	\$0	0	1	0	1
Dental	\$68,746	\$53,635	\$38,523	0	394	207	601
Disability Income	\$11,409	\$31,855	\$2,693	0	19	0	19
Excess/Stop Loss	\$616,016	\$407,247	\$375,557	2	511	0	511
Hospital Indemnity	\$2,433,914	\$1,197,250	\$165,450	4	2,290	518	2,808
Limited Benefit	\$1,758	\$2,165	\$0	0	8	0	8
Medicare Supplement	\$1,485,546	\$1,522,124	\$0	0	592	41	633
Student	\$0	(\$157)	\$0	0	0	0	0
TOTAL	\$7,148,607	\$4,780,766	\$2,790,256	559	3,825	766	4,591

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	\$49,289,852	\$36,423,287	\$3,600,867	404	2,533	6,511	9,044
6 - 50 Member Groups	\$167,548,559	\$123,811,878	\$15,914,650	2,402	15,188	21,879	37,067
51+ Member Groups	\$187,115,469	\$151,060,115	\$34,259,342	2,241	17,150	37,191	54,341
Conversion	\$5,904,873	\$8,203,851	\$5,904,873	0	891	0	891
TOTAL	\$409,858,753	\$319,499,131	\$59,679,732	5,047	35,762	65,581	101,343

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NEW ENGLAND 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>
91626							
Disability Income	\$221,128	\$270,370	\$0	211	211	0	211
Excess/Stop Loss	(\$1,187)	\$0	\$0	0	0	0	0
TOTAL	\$219,941	\$270,370	\$0	211	211	0	211

NEW ERA 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>
78743							
Individually Underwritten	\$259,951	\$146,069	\$0	0	69	40	109
Disability Income	\$114,711	\$53,378	\$0	568	0	0	0
Hospital Indemnity	\$59,253	\$45,372	\$0	0	11	0	11
Limited Benefit	\$19,877	\$513	\$0	0	129	38	167
Medicare Supplement	\$2,539,101	\$2,668,781	\$0	0	823	0	823
TOTAL	\$2,992,893	\$2,914,113	\$0	568	1,032	78	1,110

NEW YORK LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
66915							
Individually Underwritten	\$80,690	\$54,425	\$0	0	23	3	26
51+ Member Groups	\$0	\$5,680	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$11,772,291	\$10,422,483	\$1,432,623	18	1,731	1,160	2,891
Accidental Death & Dismemberment	\$777,683	\$467,219	\$54,620	55	28,558	962	29,520
Disability Income	\$7,946,779	\$12,965,886	\$329,751	49	6,885	22	6,907
Hospital Indemnity	\$213,798	\$127,704	\$4,789	16	520	92	612
Long Term Care	\$9,308,667	\$4,389,406	\$983,169	2	5,135	0	5,135
Medicare Supplement	\$316,846	\$218,103	\$0	0	96	3	99
TOTAL	\$30,416,754	\$28,650,906	\$2,804,952	140	42,948	2,242	45,190

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66974							
Accident Only	\$6,509	\$18,382	\$0	0	0	0	0
Disability Income	\$1,463	\$0	\$0	1	1	0	1
TOTAL	\$7,972	\$18,382	\$0	1	1	0	1

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
29874							
Excess/Stop Loss	\$1,082,105	\$3,059,763	\$1,082,105	1	8,554	10,607	19,161
TOTAL	\$1,082,105	\$3,059,763	\$1,082,105	1	8,554	10,607	19,161

NORTH CAROLINA 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
67032							
Hospital Indemnity	\$238	\$0	\$0	0	1	0	1
TOTAL	\$238	\$0	\$0	0	1	0	1

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69000							
Long Term Care	\$14,364,903	\$1,758,471	\$1,914,683	0	7,224	0	7,224
TOTAL	\$14,364,903	\$1,758,471	\$1,914,683	0	7,224	0	7,224

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67091							
Disability Income	\$62,053,114	\$69,680,097	\$12,639,363	14,465	34,395	0	34,395
TOTAL	\$62,053,114	\$69,680,097	\$12,639,363	14,465	34,395	0	34,395

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OCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67148							
Accident Only	\$6,846	\$2,007	\$0	0	23	0	23
Disability Income	\$3,484	\$2,922	\$0	0	14	0	14
Hospital Indemnity	\$459	\$0	\$0	0	4	0	4
Limited Benefit	\$51,288	\$23,898	\$0	0	209	277	486
TOTAL	\$62,077	\$28,827	\$0	0	250	277	527

OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89206							
Disability Income	\$851,298	\$2,283,997	\$9,550	0	540	0	540
TOTAL	\$851,298	\$2,283,997	\$9,550	0	540	0	540

OHIO NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67172							
Individually Underwritten	\$446	\$0	\$0	0	2	0	2
Disability Income	\$735,311	\$296,675	\$14,359	0	302	0	302
TOTAL	\$735,757	\$296,675	\$14,359	0	304	0	304

OHIO STATE LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67180							
Conversion	\$2,086	\$4,162	\$0	0	11	2	13
TOTAL	\$2,086	\$4,162	\$0	0	11	2	13

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OLD AMERICAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67199							
Accident Only	\$9,382	(\$63)	\$0	0	288	0	288
Disability Income	\$69	\$2	\$0	0	1	0	1
Hospital Indemnity	\$3,727	\$6,897	\$0	0	90	0	90
Limited Benefit	\$194,692	\$1,342,811	\$0	0	198	0	198
Long Term Care	\$11,047	\$242,398	\$0	0	8	0	8
Medicare Supplement	\$658	\$5,085	\$0	0	2	0	2
TOTAL	\$219,575	\$1,597,130	\$0	0	587	0	587

OLD REPUBLIC INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24147							
Accident Only	\$1,099,798	\$647,964	\$1,099,798	0	5,865	0	5,865
TOTAL	\$1,099,798	\$647,964	\$1,099,798	0	5,865	0	5,865

OLD REPUBLIC LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67261							
Accident Only	\$239,120	\$447,259	\$0	1	169	0	169
Accidental Death & Dismemberment	\$0	\$14,672	\$0	0	84,420	0	84,420
Limited Benefit	\$0	(\$7)	\$0	0	0	0	0
TOTAL	\$239,120	\$461,924	\$0	1	84,589	0	84,589

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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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20621							
Accident Only	\$5,352,658	\$1,886,795	\$272,901	53	14,545	0	14,545
TOTAL	\$5,352,658	\$1,886,795	\$272,901	53	14,545	0	14,545

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
56383							
Accident Only	\$5,366	\$525	\$132	0	122	17	139
Disability Income	\$28,956	\$8,858	\$0	0	158	0	158
Hospital Indemnity	\$4,252	\$2,755	\$552	0	20	15	35
Medicare Supplement	\$5,311,404	\$4,559,882	\$747	0	2,020	0	2,020
Sickness	\$1,905	\$3,020	\$0	0	8	0	8
TOTAL	\$5,351,883	\$4,575,040	\$1,431	0	2,328	32	2,360

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 INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76112							
Disability Income	\$0	\$18,040	\$0	1	5	0	5
Medicare Supplement	\$6,149,055	\$5,601,671	\$0	1	2,121	0	2,121
TOTAL	\$6,149,055	\$5,619,711	\$0	2	2,126	0	2,126

OZARK NATIONAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67393							
Limited Benefit	\$2,350	\$0	\$0	0	41	0	41
TOTAL	\$2,350	\$0	\$0	0	41	0	41

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PACIFIC INDEMNITY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
20346							
Accident Only	\$2,014	\$659	\$2,014	13	325	0	325
TOTAL	\$2,014	\$659	\$2,014	13	325	0	325

PACIFIC LIFE & ANNUITY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97268							
Out-of-State 2 - 5 Member Groups	\$0	(\$18)	\$0	0	0	0	0
Disability Income	\$0	\$27,807	\$0	0	0	0	0
TOTAL	\$0	\$27,789	\$0	0	0	0	0

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70785							
Other Prepaid Health Services	\$0	(\$1)	\$0	0	0	0	0
Medicare Supplement	\$837,203	\$647,188	\$39,973	0	358	0	358
TOTAL	\$837,203	\$647,187	\$39,973	0	358	0	358

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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	\$551	\$0	0	5	0	5
51+ Member Groups	\$25,768	\$111,965	\$0	0	0	0	0
Accidental Death & Dismemberment	\$5,026	\$0	\$4,699	28	103	138	241
Dental	\$56,870	\$31,271	\$12,917	4	12	9	21
Disability Income	\$796,534	\$728,432	\$6,975	0	338	0	338
Excess/Stop Loss	\$6,213,684	\$4,685,184	\$1,160,789	53	9,876	2,828	12,704
Limited Benefit	\$3,845,237	\$2,686,764	\$3,267,471	101	2,105	689	2,794
Student	\$905,216	\$549,385	\$0	8	7,275	44	7,319
Vision	\$7,421	\$3,362	\$760	1	21	1	22
TOTAL	\$11,858,923	\$8,796,914	\$4,453,611	195	19,735	3,709	23,444

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	\$3,449	\$0	\$0	0	15	0	15
Accidental Death & Dismemberment	\$3,912	\$0	\$0	11	249	0	249
Disability Income	\$18,805,979	\$58,755,472	\$0	84	10,981	0	10,981
Hospital Indemnity	\$60,136	\$21,983	\$0	0	263	0	263
Limited Benefit	\$3,667	\$523	\$0	0	1	0	1
TOTAL	\$18,877,143	\$58,777,978	\$0	95	11,509	0	11,509

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	\$1,404,184	\$2,182,112	\$0	0	702	0	702
TOTAL	\$1,404,184	\$2,182,112	\$0	0	702	0	702

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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	\$42,818	\$168,202	\$0	0	419	0	419
Dental	\$62,184	\$34,490	\$4,294	0	204	0	204
Disability Income	\$699,249	\$591,293	\$0	0	2,040	0	2,040
Hospital Indemnity	\$89,703	\$126,287	\$0	0	332	0	332
Limited Benefit	\$11,034	\$3,533	\$0	0	32	0	32
Long Term Care	\$34,804	\$42,205	\$0	0	36	0	36
Medicare Supplement	\$77,908	\$87,715	\$0	0	24	0	24
TOTAL	\$1,017,700	\$1,053,725	\$4,294	0	3,087	0	3,087

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	\$2,771	\$0	\$0	0	55	13	68
Excess/Stop Loss	\$827,954	\$212,816	\$298,051	5	324	399	723
Hospital Indemnity	\$7,191	\$1,862	\$0	0	0	0	0
TOTAL	\$837,916	\$214,678	\$298,051	5	379	412	791

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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	\$17,801	\$4,230	\$0	0	72	27	99
6 - 50 Member Groups	\$41,957	\$19,112	\$0	2	30	0	30
Out-of-State Conversion	\$67,877	\$173,868	\$0	0	74	0	74
Accident Only	\$10,372	\$1,873	\$0	0	29	4	33
Accidental Death & Dismemberment	\$1,919	\$0	\$0	0	72	0	72
Blanket Accident/Sickness	\$8,747	\$425	\$0	2	9	0	9
Disability Income	\$657,870	\$616,219	\$0	2,728	42	0	42
Hospital Indemnity	\$52	(\$23)	\$0	0	1	1	2
Limited Benefit	\$2,379,159	\$2,135,013	\$0	0	2,506	1,224	3,730
Long Term Care	\$1,733	\$109,319	\$0	0	4	0	4
Medicare Supplement	\$20,848	\$50,201	\$0	0	16	1	17
Prescription Drug	\$93	(\$68)	\$0	0	0	0	0
TOTAL	\$3,208,428	\$3,110,169	\$0	2,732	2,855	1,257	4,112

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	\$224,957	\$881,008	\$0	0	2	2	4
Out-of-State 2 - 5 Member Groups	\$0	\$46,295	\$0	0	0	0	0
TOTAL	\$224,957	\$927,303	\$0	0	2	2	4

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PHYSICIANS MUTUAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80578							
Guarantee Issue	\$10,863	\$0	\$0	0	2	0	2
Individually Underwritten	\$110,232	\$1,264	\$0	0	18	2	20
Accident Only	\$1,442	\$4,817	\$0	0	10	2	12
Dental	\$297,679	\$101,805	\$134,917	1	898	130	1,028
Disability Income	\$2,676	\$0	\$0	0	8	0	8
Hospital Indemnity	\$2,237,800	\$1,424,148	\$43,430	1	5,780	1,218	6,998
Limited Benefit	\$113,038	\$118,883	\$0	1	613	138	751
Long Term Care	\$1,067,418	\$1,164,302	\$0	0	590	0	590
Short Term Care	\$14,676	\$27,620	\$0	0	2	0	2
Medicare Supplement	\$2,664,287	\$2,133,237	\$43,349	1	799	36	835
TOTAL	\$6,520,111	\$4,976,076	\$221,696	4	8,720	1,526	10,246

PREFERRED MEDICAL PLAN, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95271							
Guarantee Issue	\$763,973	\$286,599	\$359,570	0	196	10	206
Individually Underwritten	\$55,321,132	\$41,989,239	\$4,526,657	0	17,826	3,688	21,514
51+ Member Groups	\$2,407,267	\$2,388,731	\$191,976	6	648	450	1,098
TOTAL	\$58,492,372	\$44,664,569	\$5,078,203	6	18,670	4,148	22,818

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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	\$77,823	\$105,886	\$0	1	2,068	0	2,068
Excess/Stop Loss	\$91,568	\$3,991	\$0	1	46	8	54
Hospital Indemnity	\$90,931	\$35,590	\$64,417	1	40	31	71
TOTAL	\$260,322	\$145,467	\$64,417	3	2,154	39	2,193

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	\$15,470	\$428	\$0	6	6	0	6
Disability Income	\$12,077	(\$17,490)	\$0	39	39	0	39
Hospital Indemnity	\$13,839	(\$12,876)	\$0	35	35	0	35
Long Term Care	\$23,202	\$136,151	\$0	29	29	0	29
TOTAL	\$64,588	\$106,213	\$0	109	109	0	109

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	\$1,921,861	\$2,037,060	\$0	1	0	0	0
Conversion	\$1,200,900	\$2,427,406	\$0	0	105	46	151
Dental	\$30,485,333	\$18,608,239	\$4,591,121	3,260	48,283	41,007	89,290
Disability Income	\$25,829,990	\$10,976,512	\$3,015,051	2,101	46,208	0	46,208
Long Term Care	\$28,485	\$0	\$0	0	68	0	68
Medicare Supplement	\$14,153,635	\$12,559,546	\$0	0	4,515	386	4,901
Vision	\$636,777	\$256,706	\$8,778	264	5,705	4,371	10,076
TOTAL	\$74,256,981	\$46,865,469	\$7,614,950	5,626	104,884	45,810	150,694

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PROFESSIONAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68047							
Disability Income	\$4,288,587	\$3,102,083	\$0	6,031	6,031	1,508	7,539
Hospital Indemnity	\$2,261,693	\$1,222,890	\$0	5,833	5,833	2,917	8,750
Limited Benefit	\$442,398	\$299,976	\$207	1,933	1,933	1,450	3,383
TOTAL	\$6,992,678	\$4,624,949	\$207	13,797	13,797	5,875	19,672

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
88536							
Disability Income	\$2,028	\$16,692	\$0	0	9	0	9
TOTAL	\$2,028	\$16,692	\$0	0	9	0	9

PROTECTIVE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
68136							
Disability Income	\$314,645	(\$24,476)	\$0	0	133	0	133
Hospital Indemnity	\$754	\$0	\$0	0	6	0	6
Limited Benefit	\$8,402,575	\$9,658,707	\$0	0	6,801	3,106	9,907
Medicare Supplement	\$11,779	\$34,856	\$0	0	15	0	15
TOTAL	\$8,729,753	\$9,669,087	\$0	0	6,955	3,106	10,061

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67903							
Medicare Supplement	\$63,896	\$26,528	\$0	0	13	0	13
TOTAL	\$63,896	\$26,528	\$0	0	13	0	13

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PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68195							
Accident Only	\$8,266,480	\$4,306,128	\$1,243,538	0	31,840	0	31,840
Accidental Death & Dismemberment	\$85,228	\$0	\$0	9	4,026	0	4,026
Disability Income	\$43,407,738	\$118,248,668	\$6,021,858	52	37,366	0	37,366
Hospital Indemnity	\$99,653	\$0	\$14,991	0	361	0	361
Limited Benefit	\$5,746,025	\$3,853,375	\$864,382	14	20,475	0	20,475
Long Term Care	\$6,477,166	\$1,021,181	\$0	0	6,462	0	6,462
TOTAL	\$64,082,290	\$127,429,352	\$8,144,769	75	100,530	0	100,530

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	\$949,819	\$1,208,151	\$0	0	600	108	708
Accidental Death & Dismemberment	\$5,944,048	\$4,104,516	\$0	107	127,091	0	127,091
Dental	\$418,687	\$378,097	\$0	23	1,106	0	1,106
Disability Income	\$49,868,697	\$55,115,090	\$0	362	171,976	0	171,976
Hospital Indemnity	\$2,997	\$115	\$0	0	40	2	42
Long Term Care	\$12,311,270	\$5,399,727	\$0	3,453	3,568	0	3,568
Medicare Supplement	\$1,814	\$27,030	\$0	0	0	0	0
TOTAL	\$69,497,332	\$66,232,726	\$0	3,945	304,381	110	304,491

PURITAN 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
71390							
Medicare Supplement	\$53,152	\$30,406	\$0	0	27	0	27
TOTAL	\$53,152	\$30,406	\$0	0	27	0	27

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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	\$224,660	\$252,188	\$0	0	16	14	30
Dental	\$6,533	\$4,748	\$0	0	22	0	22
Disability Income	\$46	\$0	\$0	0	1	0	1
Hospital Indemnity	\$78	\$0	\$0	0	4	0	4
Limited Benefit	\$127,378	\$96,504	\$10,718	0	294	128	422
Long Term Care	\$260,546	\$551,368	\$0	0	127	68	195
Medicare Supplement	\$1,732,715	\$1,461,491	\$0	0	546	0	546
TOTAL	\$2,351,956	\$2,366,299	\$10,718	0	1,010	210	1,220

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	\$1,330,916	\$703,492	\$0	301	221,234	0	221,234
Excess/Stop Loss	\$192,891	\$756,281	\$581,051	4	447	240	687
TOTAL	\$1,523,807	\$1,459,773	\$581,051	305	221,681	240	221,921

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	\$33,947,506	\$25,589,252	\$0	518	3,311	2,731	6,042
TOTAL	\$33,947,506	\$25,589,252	\$0	518	3,311	2,731	6,042

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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	\$7,529	\$10,977	\$0	0	84	0	84
Accident Only	\$13,502	\$5,942	\$0	0	111	0	111
Disability Income	\$2,792,170	\$7,377,887	\$0	0	1,737	0	1,737
Hospital Indemnity	\$7,622	\$0	\$0	0	45	0	45
Limited Benefit	\$16,562	\$376,936	\$0	0	2,031	0	2,031
Long Term Care	\$1,455,872	\$6,361,826	\$0	0	745	0	745
Medicare Supplement	\$0	\$13	\$0	0	0	0	0
Sickness	\$880	\$22	\$0	0	87	0	87
TOTAL	\$4,294,137	\$14,133,603	\$0	0	4,840	0	4,840

RELIABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68357							
Accidental Death & Dismemberment	\$549	\$0	\$0	0	15	2	17
Limited Benefit	\$26	\$0	\$0	0	2	0	2
TOTAL	\$575	\$0	\$0	0	17	2	19

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RELiance STANDARD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68381							
Accident Only	\$12,760	\$0	\$902	66	66	0	66
Accidental Death & Dismemberment	\$956,902	\$681,992	\$97,651	96	149,660	0	149,660
Dental	\$7,612,886	\$5,202,768	\$2,651,441	419	16,924	0	16,924
Disability Income	\$26,635,972	\$29,166,394	\$11,872,565	967	103,640	0	103,640
Limited Benefit	\$4,448,471	\$1,807,671	\$781,548	77	3,079	0	3,079
Student	\$2,116,670	\$1,024,756	\$2,116,670	67	47,438	0	47,438
Travel	\$93,328	\$0	\$18,000	31	6,936	0	6,936
Vision	\$434,991	\$206,811	\$97,925	77	3,696	0	3,696
TOTAL	\$42,311,980	\$38,090,392	\$17,636,702	1,800	331,439	0	331,439

RELIASTAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67105							
Accident Only	\$614,879	\$698,583	\$164,804	15	2,302	2,992	5,294
Disability Income	\$5,711,687	\$904,113	\$317,031	54	8,186	0	8,186
Excess/Stop Loss	\$27,105,097	\$11,501,685	\$13,594,504	164	35,749	8,063	43,812
Limited Benefit	\$626,381	\$238,397	\$129,372	0	1,805	130	1,935
TOTAL	\$34,058,044	\$13,342,778	\$14,205,711	233	48,042	11,185	59,227

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RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
61360							
Disability Income	\$35,909	\$35,641	\$302	2	117	0	117
Excess/Stop Loss	\$1,343,844	\$0	\$636,439	11	438	117	555
Hospital Indemnity	\$198	(\$612)	\$0	0	2	0	2
Limited Benefit	\$249,086	\$1,486,815	\$0	0	295	242	537
TOTAL	\$1,629,037	\$1,521,844	\$636,741	13	852	359	1,211

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	\$3,265,620	\$2,804,916	\$786,957	64	5,921	1,742	7,663
TOTAL	\$3,265,620	\$2,804,916	\$786,957	64	5,921	1,742	7,663

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>
Other Prepaid Health Services	\$33,664	\$7,123	\$744	0	729	498	1,227
TOTAL	\$33,664	\$7,123	\$744	0	729	498	1,227

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RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68462							
Individually Underwritten	\$128,739	\$67,094	\$0	0	25	4	29
Out-of-State Individually Underwritten	\$7,603	\$6	\$0	1	6	0	6
Accident Only	\$5,096	\$0	\$0	0	36	9	45
Hospital Indemnity	\$8,686	\$2,848	\$0	0	8	3	11
Limited Benefit	\$1,859	(\$177)	\$0	0	38	5	43
Short Term Care	\$13,006	\$258	\$0	0	20	2	22
Medicare Supplement	\$634,190	\$715,264	\$0	0	217	6	223
TOTAL	\$799,179	\$785,293	\$0	1	350	29	379

RIVERSOURCE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65005							
Disability Income	\$8,842,033	\$3,480,956	\$364,355	0	6,991	0	6,991
Long Term Care	\$11,310,795	\$8,152,640	\$0	0	8,381	0	8,381
TOTAL	\$20,152,828	\$11,633,596	\$364,355	0	15,372	0	15,372

ROYAL NEIGHBORS 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
57657							
Medicare Supplement	\$401,247	\$288,941	\$0	0	155	0	155
TOTAL	\$401,247	\$288,941	\$0	0	155	0	155

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S.USA LIFE INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60183							
Accidental Death & Dismemberment	\$12,263	\$0	\$0	130	130	0	130
TOTAL	\$12,263	\$0	\$0	130	130	0	130

SAFEGUARD HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52009							
Dental	\$18,659,051	\$14,804,300	\$1,818,860	908	64,905	53,015	117,920
TOTAL	\$18,659,051	\$14,804,300	\$1,818,860	908	64,905	53,015	117,920

SAFEHEALTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79014							
Dental	\$793	\$208	\$0	10	52	114	166
Vision	\$631,844	\$320,831	\$100,733	12,268	31,577	69,469	101,046
TOTAL	\$632,637	\$321,039	\$100,733	12,278	31,629	69,583	101,212

SAGICOR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60445							
Long Term Care	\$1,337	\$0	\$0	0	3	0	3
TOTAL	\$1,337	\$0	\$0	0	3	0	3

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SEARS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69914							
Accident Only	\$775,034	\$314,163	\$0	2	8,023	5,611	13,634
Hospital Indemnity	\$15,875	\$4,713	\$0	1	70	9	79
TOTAL	\$790,909	\$318,876	\$0	3	8,093	5,620	13,713

SECURIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93742							
Accident Only	\$4,506	\$247	\$0	0	73	0	73
Accidental Death & Dismemberment	\$2,864	\$0	\$0	0	6	0	6
Dental	\$48,978	\$36,905	\$2,980	14	63	56	119
Disability Income	\$14	\$0	\$0	0	0	0	0
TOTAL	\$56,362	\$37,152	\$2,980	14	142	56	198

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							
Dental	\$285,641	\$218,229	\$54,497	0	455	613	1,068
Disability Income	\$4,816	\$67,484	\$0	0	14	0	14
Limited Benefit	\$1,693	\$38,527	\$0	0	6	0	6
Vision	\$215,278	\$114,760	\$688	20	175	249	424
TOTAL	\$507,428	\$439,000	\$55,185	20	650	862	1,512

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SECURITY LIFE OF DENVER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68713							
Accident Only	\$653	\$0	\$0	0	34	0	34
Disability Income	\$4,896	\$0	\$0	0	13	1	14
Hospital Indemnity	\$3,307	\$0	\$0	0	89	0	89
Limited Benefit	\$8,618	\$1,692	\$0	0	32	14	46
TOTAL	\$17,474	\$1,692	\$0	0	168	15	183

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68772							
Out-of-State Individually Underwritten	\$927	\$3,492	\$0	0	0	0	0
Accidental Death & Dismemberment	\$7,084	\$0	\$0	5	238	0	238
Disability Income	\$63,408	\$474,312	\$0	2	24	0	24
Hospital Indemnity	\$194	\$1,241	\$0	0	0	0	0
Student	\$86,106	\$90,750	\$0	28	12,807	0	12,807
TOTAL	\$157,719	\$569,795	\$0	35	13,069	0	13,069

SECURITY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69485							
Accident Only	\$4,248	\$0	\$0	0	307	0	307
Accidental Death & Dismemberment	\$42	\$0	\$0	0	8	0	8
Limited Benefit	\$6,048	\$0	\$0	0	25	0	25
TOTAL	\$10,338	\$0	\$0	0	340	0	340

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SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
76325							
Long Term Care	\$19,540,687	\$63,678,641	\$0	0	14,254	0	14,254
TOTAL	\$19,540,687	\$63,678,641	\$0	0	14,254	0	14,254

SENTRY INSURANCE A MUTUAL COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
24988							
Accident Only	\$2,334	(\$126,782)	\$1,432	25	550	0	550
Disability Income	\$100	\$17,212	\$0	1	1	0	1
Hospital Indemnity	\$56	\$475	\$0	3	3	0	3
Long Term Care	\$10,000	(\$676)	\$0	5	211	0	211
TOTAL	\$12,490	(\$109,771)	\$1,432	34	765	0	765

SENTRY 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>
68810							
Out-of-State Conversion	\$25	\$0	\$0	0	0	0	0
Accident Only	\$665,942	\$869,073	\$29,361	29	8,992	0	8,992
Dental	\$64,800	\$31,310	\$2,583	16	72	0	72
Disability Income	\$71,909	\$121,542	\$24,247	29	353	0	353
Hospital Indemnity	\$78	\$19	\$0	0	1	0	1
Long Term Care	\$908	\$107	\$0	6	16	0	16
TOTAL	\$803,662	\$1,022,051	\$56,191	80	9,434	0	9,434

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52038							
Other Prepaid Health Services	\$281,091	\$68,290	\$48,464	0	1,045	815	1,860
TOTAL	\$281,091	\$68,290	\$48,464	0	1,045	815	1,860

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12341							
Administrative Services Only (ASO)	\$501,050	\$0	\$238,011	0	0	0	0
Dental	\$8,493,721	\$3,745,354	\$398,233	1,058	34,154	23,564	57,718
Vision	\$151,701	\$46,981	\$40,574	166	2,250	1,928	4,178
TOTAL	\$9,146,472	\$3,792,335	\$676,818	1,224	36,404	25,492	61,896

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57142							
Disability Income	\$8,473	\$0	\$0	0	13	0	13
Limited Benefit	\$548	\$0	\$0	0	8	4	12
TOTAL	\$9,021	\$0	\$0	0	21	4	25

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68896							
Disability Income	\$59,508	\$108,302	\$0	0	340	0	340
Hospital Indemnity	\$2,199	\$1,005	\$0	0	41	9	50
Limited Benefit	\$19,036	\$12,135	\$0	0	683	499	1,182
Long Term Care	\$265,446	\$173,025	\$0	0	707	0	707
TOTAL	\$346,189	\$294,467	\$0	0	1,771	508	2,279

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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							
Accident Only	\$3,755,618	\$1,846,127	\$346,312	725	217,304	6,601	223,905
Dental	\$15,923,323	\$12,030,547	\$1,165,408	313	28,790	13,663	42,453
Disability Income	\$44,508,547	\$36,436,033	\$5,694,107	897	120,222	0	120,222
Vision	\$1,082,840	\$812,876	\$194,458	79	8,547	3,752	12,299
TOTAL	\$65,270,328	\$51,125,583	\$7,400,285	2,014	374,863	24,016	398,879

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	\$6,749	\$300	\$0	0	10	0	10
Out-of-State Individually Underwritten	\$846	\$0	\$0	0	0	0	0
Accident Only	\$3,493	(\$21,702)	\$0	0	1,983	11	1,994
Accidental Death & Dismemberment	\$0	\$916	\$0	0	3	0	3
Dental	\$24,973	\$3,970	\$0	1	24	20	44
Disability Income	\$337	\$1	\$0	0	3	0	3
Hospital Indemnity	\$3,345	\$11,231	\$0	0	71	2	73
Limited Benefit	\$1,846,773	\$704,355	\$0	90	1,975	1,678	3,653
Long Term Care	\$41,625	(\$116,910)	\$0	0	32	3	35
Short Term Care	\$13,723	\$44,730	\$0	0	37	0	37
Medicare Supplement	\$8,329,224	\$6,679,606	\$0	0	2,867	0	2,867
TOTAL	\$10,271,088	\$7,306,497	\$0	91	7,005	1,714	8,719

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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	\$27,502	\$198	\$0	8	400	0	400
Hospital Indemnity	\$4,317	\$1,055	\$0	0	5	0	5
TOTAL	\$31,819	\$1,253	\$0	8	405	0	405

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	\$1,740,156	\$1,709,029	\$1,740,156	0	320	0	320
Short Term Major Medical	\$1,627,633	\$1,635,396	\$1,627,633	0	759	0	759
Blanket Accident/Sickness	\$121,595	\$19,680	\$121,595	16	575	575	1,150
Dental	\$73,287	\$32,517	\$73,287	1	135	0	135
Disability Income	\$6,588	\$75,600	\$0	0	27	27	54
Excess/Stop Loss	\$1,576,132	\$334,435	\$1,576,132	3	2,100	0	2,100
Hospital Indemnity	\$18,275	\$11,800	\$0	0	156	156	312
Limited Benefit	\$970,716	\$300,202	\$970,716	5	771	0	771
TOTAL	\$6,134,382	\$4,118,659	\$6,109,519	25	4,843	758	5,601

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	\$18,039	\$50,613	\$0	0	0	0	0
Dental	\$20,028	\$4,492	\$0	1	56	0	56
Vision	\$6,468	\$166	\$0	0	23	0	23
TOTAL	\$44,535	\$55,271	\$0	1	79	0	79

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STARNET INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
40045							
Accident Only	\$504,450	\$640,894	\$504,450	108	108	0	108
TOTAL	\$504,450	\$640,894	\$504,450	108	108	0	108

STARR INDEMNITY & LIABILITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38318							
Out-of-State Individually Underwritten	\$976,433	\$832,161	\$516,432	1	350	68	418
Out-of-State Short Term Major Medical	\$2,613,720	\$1,116,264	\$538,190	1	1,521	524	2,045
Accident Only	\$35,554	\$13,472	\$25,241	5	5,933	0	5,933
Blanket Accident/Sickness	\$451,531	\$308,741	\$68,990	0	0	0	0
TOTAL	\$4,077,238	\$2,270,638	\$1,148,853	7	7,804	592	8,396

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25135							
Individually Underwritten	\$526	(\$8,741)	\$0	0	1	0	1
TOTAL	\$526	(\$8,741)	\$0	0	1	0	1

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25178							
Guarantee Issue	\$2,839	(\$11,803)	\$0	0	0	0	0
Individually Underwritten	\$4,424,828	\$3,846,117	\$0	0	523	117	640
Conversion	\$51,865	\$45,481	\$0	0	8	0	8
Out-of-State 51+ Member Groups	\$18,601,718	\$19,167,232	\$0	1	2,328	2,048	4,376
Accidental Death & Dismemberment	\$209,263	\$25,225	\$0	2	3,135	4,699	7,834
Disability Income	\$6,094,310	\$2,002,770	\$108,485	0	10,861	0	10,861
Hospital Indemnity	\$12,442,043	\$13,449,275	\$950,444	0	64,761	9,086	73,847
Long Term Care	\$656,166	\$5,703,124	\$245,171	0	6,834	0	6,834
Medicare Supplement	\$22,328,082	\$26,790,565	\$490,960	0	5,938	15	5,953
TOTAL	\$64,811,114	\$71,017,986	\$1,795,060	3	94,388	15,965	110,353

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
69116							
Individually Underwritten	\$3,207	(\$3,072)	\$0	0	5	0	5
Disability Income	\$15,777	\$9,384	\$0	0	32	0	32
Long Term Care	\$889,375	\$656,143	\$0	0	276	0	276
TOTAL	\$908,359	\$662,455	\$0	0	313	0	313

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69132							
Long Term Care	\$8,220	\$0	\$0	0	4	0	4
Medicare Supplement	\$4,046,943	\$3,365,386	\$0	0	1,456	0	1,456
TOTAL	\$4,055,163	\$3,365,386	\$0	0	1,460	0	1,460

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STERLING INVESTORS LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
89184							
Short Term Care	\$4,058	\$99	\$0	0	0	0	0
Medicare Supplement	\$849,263	\$577,394	\$123,663	0	314	0	314
TOTAL	\$853,321	\$577,493	\$123,663	0	314	0	314

STERLING LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
77399							
Long Term Care	\$717	\$0	\$0	0	0	0	0
Medicare Supplement	\$640,352	\$357,970	\$33,950	4	333	0	333
TOTAL	\$641,069	\$357,970	\$33,950	4	333	0	333

STONEBRIDGE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65021							
Accident Only	\$1,954,820	\$399,353	\$60,557	0	16,280	14,287	30,567
Accidental Death & Dismemberment	\$13,167,869	\$3,851,392	\$804,284	0	116,298	134,856	251,154
Dental	\$1,219,427	\$0	\$236,167	0	2,871	486	3,357
Disability Income	\$235,808	\$0	\$0	0	3,434	1,097	4,531
Excess/Stop Loss	\$203,085	\$386,824	\$203,085	3	98	39	137
Hospital Indemnity	\$266,874	\$254,607	\$0	0	1,883	191	2,074
Limited Benefit	\$89,841	\$43,530	\$0	0	811	346	1,157
Long Term Care	\$281,424	\$922,396	\$0	0	175	0	175
TOTAL	\$17,419,148	\$5,858,102	\$1,304,093	3	141,850	151,302	293,152

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80926							
Conversion	\$9,919	\$420	\$0	0	1	0	1
Dental	\$8,525,883	\$5,507,667	\$741,672	405	11,738	9,839	21,577
Disability Income	\$2,118,181	\$550,140	\$46,235	428	8,131	0	8,131
TOTAL	\$10,653,983	\$6,058,227	\$787,907	833	19,870	9,839	29,709

SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80802							
Dental	\$44,259	\$44,215	\$44,259	6	424	394	818
Disability Income	\$32,343,239	\$14,267,425	\$3,776,685	659	128,654	0	128,654
Excess/Stop Loss	\$28,710,265	\$15,764,660	\$9,763,944	56	84,944	99,329	184,273
TOTAL	\$61,097,763	\$30,076,300	\$13,584,888	721	214,022	99,723	313,745

SUNAMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69256							
Disability Income	\$5,156	\$43,866	\$0	0	23	0	23
Hospital Indemnity	\$336	\$0	\$0	0	1	1	2
TOTAL	\$5,492	\$43,866	\$0	0	24	1	25

SURETY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69310							
Disability Income	\$11,065	\$33,405	\$0	15	15	0	15
TOTAL	\$11,065	\$33,405	\$0	15	15	0	15

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SYMETRA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68608							
Conversion	\$7,270	\$22,102	\$0	0	3	0	3
Accidental Death & Dismemberment	\$15,459	\$0	\$269	17	1,219	0	1,219
Dental	\$251,982	\$144,651	\$25,702	1	355	205	560
Disability Income	\$313,282	\$17,233	\$2,119	16	927	0	927
Excess/Stop Loss	\$44,632,489	\$34,216,914	\$5,606,422	102	183,465	189,152	372,617
Hospital Indemnity	\$492,297	\$545,667	\$194,063	49	1,401	1,444	2,845
TOTAL	\$45,712,779	\$34,946,567	\$5,828,575	185	187,370	190,801	378,171

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69345							
Disability Income	\$0	\$39,980	\$0	0	0	0	0
Long Term Care	\$972,009	\$923,633	\$0	0	521	0	521
TOTAL	\$972,009	\$963,613	\$0	0	521	0	521

THE PUBLIC HEALTH TRUST OF DADE COUNTY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95126							
51+ Member Groups	\$126,234,360	\$114,497,560	\$0	3	10,214	9,322	19,536
TOTAL	\$126,234,360	\$114,497,560	\$0	3	10,214	9,322	19,536

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$615,204	(\$169,603)	\$0	0	33	6	39
Accident Only	\$55	\$0	\$0	0	3	0	3
Disability Income	\$1,030,762	\$1,505,901	\$33,184	0	1,402	4	1,406
Hospital Indemnity	\$11,195	\$373	\$0	0	84	18	102
Long Term Care	\$5,739,187	\$6,923,933	\$0	0	2,939	501	3,440
Medicare Supplement	\$548,682	\$301,776	\$1,517	0	148	0	148
TOTAL	\$7,945,085	\$8,562,380	\$34,701	0	4,609	529	5,138

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	\$863,262	\$819,669	\$0	0	498	0	498
TOTAL	\$863,262	\$819,669	\$0	0	498	0	498

CY2011 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

TIME INSURANCE COMPANY

NAIC Company Code

69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Individually Underwritten	\$246,511	\$327,218	\$17	0	119	2	121
2 - 5 Member Groups	\$62,448	\$11,799	\$24,385	5	13	12	25
Conversion	\$32,183	\$7,639	\$0	0	4	1	5
Out-of-State Guarantee Issue	\$358,281	\$485,831	\$60,925	0	2	2	4
Out-of-State Individually Underwritten	\$47,595,478	\$30,214,602	\$8,170,441	3	8,767	4,372	13,139
Out-of-State Short Term Major Medical	\$1,721,955	\$1,139,109	\$1,299,367	0	542	130	672
Accident Only	\$275,001	\$44,177	\$251,045	0	2,062	1,200	3,262
Accidental Death & Dismemberment	\$17	\$7	\$0	2	4	0	4
Dental	\$316,337	\$153,044	\$237,267	0	2,396	1,008	3,404
Disability Income	\$39,048	\$10,896	\$383	0	50	3	53
Hospital Indemnity	\$4,737,792	\$2,025,258	\$108,906	0	3,873	1,193	5,066
Limited Benefit	\$13,922	\$13,231	\$1,060	0	36	19	55
Long Term Care	\$12,819,272	\$30,872,262	\$0	0	7,428	0	7,428
Sickness	\$1,849	(\$115)	\$0	0	3	5	8
TOTAL	\$68,220,094	\$65,304,958	\$10,153,796	10	25,299	7,947	33,246

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TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70688							
Accident Only	\$38,017	\$9,448	\$0	1	482	68	550
Accidental Death & Dismemberment	\$330,884	\$35,273	\$0	0	3,172	3,689	6,861
Disability Income	\$11,210	\$51,507	\$0	0	59	14	73
Hospital Indemnity	\$66,712	\$98,933	\$0	1	438	78	516
Limited Benefit	\$3,606	\$0	\$0	0	3	1	4
Long Term Care	\$3,403	\$0	\$0	0	5	0	5
Medicare Supplement	\$1,435,130	\$1,230,214	\$0	2	43	4	47
Champus/Tricare Supplement	\$5,160	\$783	\$0	1	4	4	8
TOTAL	\$1,894,122	\$1,426,158	\$0	5	4,206	3,858	8,064

TRANSAMERICA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
86231							
Individually Underwritten	\$11,700	\$120,355	\$0	0	30	0	30
Out-of-State Self-Employed or Sole Proprietor	\$0	(\$12,107)	\$0	0	0	0	0
Accident Only	\$228,218	\$40,230	\$180,424	59	2,349	2,938	5,287
Accidental Death & Dismemberment	\$552,821	\$109,469	\$0	0	2,674	1,278	3,952
Dental	\$39,045	\$2,828	\$33,568	7	221	279	500
Disability Income	\$215,393	\$124,225	\$58,921	27	610	646	1,256
Excess/Stop Loss	\$117,527	\$370,192	\$0	1	73	34	107
Hospital Indemnity	\$861,829	\$281,173	\$608,036	28	1,252	1,423	2,675
Limited Benefit	\$1,896,427	\$1,042,688	\$370,321	199	3,888	4,831	8,719
Long Term Care	\$19,112,427	\$16,594,536	\$1,595,325	0	11,263	0	11,263
Medicare Supplement	\$12,056,116	\$9,854,488	\$934,793	83	5,318	0	5,318
TOTAL	\$35,091,503	\$28,528,077	\$3,781,388	404	27,678	11,429	39,107

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69523							
Limited Benefit	\$6,043	\$0	\$0	0	80	0	80
TOTAL	\$6,043	\$0	\$0	0	80	0	80

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25658							
Blanket Accident/Sickness	\$36	\$0	\$0	4	4	0	4
TOTAL	\$36	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25682							
Blanket Accident/Sickness	\$0	(\$416,431)	\$0	0	0	0	0
TOTAL	\$0	(\$416,431)	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56006							
Accident Only	\$1,531	\$914	\$0	0	196	0	196
TOTAL	\$1,531	\$914	\$0	0	196	0	196

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TRUSTMARK INSURANCE COMPANY

NAIC Company Code 61425	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$754,619	\$861,929	\$0	0	88	27	115
Self-Employed or Sole Proprietor	\$14,037	\$0	\$0	1	1	0	1
Conversion	\$147,026	\$8,455	\$0	0	19	3	22
Out-of-State Individually Underwritten	\$228,595	\$433,235	\$0	11	11	1	12
Accident Only	\$949,394	\$217,090	\$446,866	1	3,862	3,471	7,333
Dental	\$2,500	\$19,921	\$0	0	0	0	0
Disability Income	\$2,199,613	\$3,264,189	\$377,960	5	3,588	0	3,588
Excess/Stop Loss	\$614,941	\$385,470	\$2,982	35	344	129	473
Hospital Indemnity	\$30,237	\$74,981	\$0	0	77	16	93
Limited Benefit	\$9,931,353	\$3,104,163	\$669,834	12	19,718	6,484	26,202
Long Term Care	\$9,609	\$0	\$0	3	4	0	4
Medicare Supplement	\$29,365	\$46,915	\$0	0	16	0	16
TOTAL	\$14,911,289	\$8,416,348	\$1,497,642	68	27,728	10,131	37,859

TRUSTMARK LIFE INSURANCE COMPANY

NAIC Company Code 62863	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$0	\$1,023	\$0	0	0	0	0
Out-of-State 2 - 5 Member Groups	\$0	\$421,086	\$0	0	0	0	0
Out-of-State 51+ Member Groups	\$799	\$516,359	\$0	8	38	27	65
Accidental Death & Dismemberment	\$12,646	\$0	\$0	21	1,631	0	1,631
Dental	\$3,578	\$6,529	\$0	0	4	10	14
Disability Income	\$1,213	\$76,787	\$0	3	7	0	7
Excess/Stop Loss	\$63,633	\$86,878	\$63,803	4	135	78	213
TOTAL	\$81,869	\$1,108,662	\$63,803	36	1,815	115	1,930

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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	\$853,243	\$1,370,798	\$221,420	20	615	0	615
TOTAL	\$853,243	\$1,370,798	\$221,420	20	615	0	615

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	\$115,190	\$241,565	\$0	0	9	1	10
TOTAL	\$115,190	\$241,565	\$0	0	9	1	10

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							
2 - 5 Member Groups	\$27	\$34	\$0	0	0	0	0
Accidental Death & Dismemberment	\$88,896	\$48,585	\$0	2	5,157	0	5,157
Dental	\$6,380	\$5,120	\$0	28	52	46	98
TOTAL	\$95,303	\$53,739	\$0	30	5,209	46	5,255

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UNIFIED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11121							
Individually Underwritten	\$39,779	\$151,042	\$0	0	44	0	44
Accident Only	\$18,951	\$0	\$0	0	496	1	497
Disability Income	\$21,808	\$67,838	\$0	0	176	0	176
Hospital Indemnity	\$8,177	\$6,417	\$0	0	46	4	50
Limited Benefit	\$6,711	\$991	\$0	0	74	0	74
Short Term Care	\$32,306	\$273,457	\$0	0	43	0	43
Medicare Supplement	\$130,729	\$225,599	\$0	0	109	20	129
TOTAL	\$258,461	\$725,344	\$0	0	988	25	1,013

UNIMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91529							
Disability Income	\$633	\$628,730	\$0	0	0	0	0
Excess/Stop Loss	\$3,233,291	\$1,803,384	\$1,216,070	43	23,533	29,557	53,090
TOTAL	\$3,233,924	\$2,432,114	\$1,216,070	43	23,533	29,557	53,090

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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	\$51,655	\$212,776	\$0	0	21	0	21
Accident Only	\$23	\$0	\$0	0	2	0	2
Disability Income	\$2,147	\$0	\$0	0	19	0	19
Hospital Indemnity	\$11,800	\$36,620	\$0	0	40	0	40
Limited Benefit	\$1,752	\$0	\$0	0	64	0	64
Long Term Care	\$43,847	\$102,728	\$0	0	51	0	51
Medicare Supplement	\$1,005,330	\$969,187	\$0	0	398	0	398
TOTAL	\$1,116,554	\$1,321,311	\$0	0	595	0	595

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	\$2,921,780	\$3,081,384	\$278,357	0	1,590	0	1,590
TOTAL	\$2,921,780	\$3,081,384	\$278,357	0	1,590	0	1,590

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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	\$2,373	\$0	\$0	0	3	0	3
Accident Only	\$382,587	\$102,926	\$0	0	5,372	3,174	8,546
Accidental Death & Dismemberment	\$229,613	\$106,995	\$0	0	2,880	4,334	7,214
Dental	\$0	\$304	\$0	0	0	0	0
Disability Income	\$606	\$44,841	\$0	0	1	0	1
Hospital Indemnity	\$89,597	\$71,063	\$0	0	434	79	513
Limited Benefit	\$719,961	\$605,957	\$0	0	4,005	1,413	5,418
Short Term Care	\$1,773	\$9,683	\$0	0	11	0	11
Medicare Supplement	\$185,354	\$163,217	\$0	0	79	0	79
Champus/Tricare Supplement	\$1,353	\$1,200	\$0	0	2	0	2
TOTAL	\$1,613,217	\$1,106,186	\$0	0	12,787	9,000	21,787

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69744							
Conversion	\$56,201	\$67,249	\$0	0	33	0	33
Out-of-State Conversion	\$1,926	\$288,489	\$0	0	1	0	1
Accident Only	\$1,812	(\$61)	\$0	0	20	3	23
Accidental Death & Dismemberment	\$80,706	(\$3,140)	\$14,763	89	7,002	622	7,624
Dental	\$3,167	\$1,611	\$0	3	11	17	28
Disability Income	\$1,629	\$8,412	\$0	2	12	0	12
Excess/Stop Loss	\$173,060	\$62,945	\$0	2	71	107	178
Hospital Indemnity	\$43,593	\$20,278	\$952	0	139	33	172
Limited Benefit	\$12,245	\$11,068	\$0	1	871	198	1,069
Long Term Care	\$295,287	\$353,141	\$0	0	96	0	96
Medicare Supplement	\$40,784	\$82,291	\$0	6	29	0	29
TOTAL	\$710,410	\$892,283	\$15,715	103	8,285	980	9,265

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69779							
Accidental Death & Dismemberment	\$141	\$0	\$0	0	4	0	4
Disability Income	\$314	\$0	\$0	0	3	0	3
Hospital Indemnity	\$656	\$0	\$0	0	2	0	2
Limited Benefit	\$48	\$0	\$0	0	1	0	1
TOTAL	\$1,159	\$0	\$0	0	10	0	10

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UNION SECURITY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
70408							
Out-of-State Individually Underwritten	\$0	(\$137)	\$0	0	0	0	0
Out-of-State Conversion	\$7,608	\$3,188	\$0	0	1	1	2
Accident Only	\$1,304	\$0	\$1,304	1	21	0	21
Accidental Death & Dismemberment	\$609,309	\$254,212	\$82,303	18	3,222	2,192	5,414
Dental	\$36,455,866	\$24,100,497	\$2,248,193	2,214	89,378	83,329	172,707
Disability Income	\$14,890,634	\$7,746,153	\$1,054,744	1,025	44,412	0	44,412
Hospital Indemnity	\$988	\$140	\$0	0	2	0	2
Limited Benefit	\$3,595	\$0	\$3,086	1	34	0	34
Long Term Care	\$9,644,923	\$14,681,440	\$0	0	6,252	0	6,252
Vision	\$334,345	\$146,012	\$274,348	161	3,728	2,068	5,796
TOTAL	\$61,948,572	\$46,931,505	\$3,663,978	3,420	147,050	87,590	234,640

UNITED AMERICAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
92916							
Guarantee Issue	\$40,015	\$17,308	\$0	0	8	0	8
Individually Underwritten	\$13,181,564	\$9,228,490	\$131,802	0	6,408	1,649	8,057
Disability Income	\$1,069	\$0	\$0	0	10	0	10
Hospital Indemnity	\$64,967	\$40,661	\$21,117	0	83	5	88
Limited Benefit	\$1,252,361	\$910,674	\$115,074	0	3,663	1,312	4,975
Long Term Care	\$319,969	\$164,923	\$0	0	241	0	241
Medicare Supplement	\$65,263,815	\$44,368,559	\$3,904,257	0	21,797	0	21,797
TOTAL	\$80,123,760	\$54,730,615	\$4,172,250	0	32,210	2,966	35,176

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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	\$2,267	\$873	\$0	0	0	0	0
TOTAL	\$2,267	\$873	\$0	0	0	0	0

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	\$17,851,922	\$15,132,656	\$764,091	318	35,161	33,888	69,049
TOTAL	\$17,851,922	\$15,132,656	\$764,091	318	35,161	33,888	69,049

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	\$131	\$0	\$0	0	1	0	1
TOTAL	\$131	\$0	\$0	0	1	0	1

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	\$513,253	\$45,315	\$26,972	0	6,363	310	6,673
Disability Income	\$114,793	\$26,928	\$0	0	952	0	952
Hospital Indemnity	\$350,687	\$107,275	\$0	0	3,245	0	3,245
Limited Benefit	\$419,962	\$194,746	\$75,847	0	2,513	1,877	4,390
TOTAL	\$1,398,695	\$374,264	\$102,819	0	13,073	2,187	15,260

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UNITED LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69973							
Disability Income	\$1,306	\$0	\$0	0	4	0	4
TOTAL	\$1,306	\$0	\$0	0	4	0	4

UNITED OF OMAHA LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69868							
Administrative Services Only (ASO)	\$35,722	\$0	\$13,971	0	0	0	0
Accident Only	\$20,078	\$13,375	\$0	3	9,715	0	9,715
Accidental Death & Dismemberment	\$1,159,291	\$487,824	\$146,356	827	83,226	9,181	92,407
Dental	\$3,445,979	\$3,003,528	\$1,029,861	120	6,310	5,672	11,982
Disability Income	\$17,114,183	\$11,980,692	\$2,215,326	1,040	75,220	0	75,220
Excess/Stop Loss	\$180,541	\$847,264	\$0	0	0	0	0
Hospital Indemnity	\$55,137	\$28,969	\$0	0	3	0	3
Limited Benefit	\$1,155	\$0	\$0	0	50	0	50
Long Term Care	\$677,337	(\$50,170)	\$554,228	0	527	0	527
Medicare Supplement	\$1,795,659	\$1,415,467	\$2,998	0	1,266	0	1,266
TOTAL	\$24,485,082	\$17,726,949	\$3,962,740	1,990	176,317	14,853	191,170

UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
42129							
Hospital Indemnity	\$73,272	\$10,374	\$47,704	0	27	27	54
Long Term Care	\$3,274,361	\$550,189	\$927,556	0	1,291	1,291	2,582
Short Term Care	\$178,962	\$26,827	\$10,501	0	209	209	418
TOTAL	\$3,526,595	\$587,390	\$985,761	0	1,527	1,527	3,054

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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	\$1,786	\$1,237	\$1,786	0	0	0	0
Accident Only	\$990,281	\$477,557	\$990,281	12	1,274	0	1,274
Dental	\$25,780	\$13,672	\$25,780	1	389	0	389
Excess/Stop Loss	\$670,101	\$292,411	\$670,101	6	247	0	247
Hospital Indemnity	\$5,288,791	\$3,203,341	\$5,288,791	12	5,069	0	5,069
Prescription Drug	\$349	\$0	\$349	1	3	0	3
Student	\$453,893	\$312,160	\$453,893	4	3,882	0	3,882
TOTAL	\$7,430,981	\$4,300,378	\$7,430,981	36	10,864	0	10,864

UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56456							
Disability Income	\$155,424	\$121,858	\$0	0	309	0	309
Hospital Indemnity	\$44,831	\$21,916	\$0	0	358	196	554
TOTAL	\$200,255	\$143,774	\$0	0	667	196	863

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UNITED STATES LIFE INSURANCE COMPANY IN THE CITY 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
70106							
Out-of-State 51+ Member Groups	\$92,919	\$347,853	\$0	32	32	0	32
Accident Only	\$923	\$0	\$0	5	7	0	7
Accidental Death & Dismemberment	\$2,093,528	\$1,035,675	\$44,193	0	42,928	0	42,928
Dental	\$861,892	\$692,619	\$682	34	1,764	1,594	3,358
Disability Income	\$2,442,611	\$5,933,835	\$0	55	10,793	0	10,793
Excess/Stop Loss	\$6,993,243	\$4,633,370	\$62,285	3	9,793	5,975	15,768
Hospital Indemnity	\$1,035,583	\$1,525,242	\$957,443	32	7,969	7,155	15,124
Limited Benefit	(\$187)	\$0	\$0	0	0	0	0
Long Term Care	\$71,553	\$51,429	\$0	0	30	0	30
TOTAL	\$13,592,065	\$14,220,023	\$1,064,603	161	73,316	14,724	88,040

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	\$94,325	\$86,440	\$0	0	114	20	134
Accident Only	\$646	\$0	\$0	0	5	3	8
Dental	\$2,592	\$0	\$0	0	1	0	1
Disability Income	\$151,514	\$516,678	\$65	0	407	0	407
Hospital Indemnity	\$6,920	\$58,077	\$0	0	30	0	30
Limited Benefit	\$175,140	\$248,435	\$3,623	0	693	294	987
Long Term Care	\$3,479,538	\$587,114	(\$2,691)	0	1,908	0	1,908
Medicare Supplement	\$8,313,595	\$8,208,803	\$0	0	2,761	0	2,761
TOTAL	\$12,224,270	\$9,705,547	\$997	0	5,919	317	6,236

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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
Hospital Indemnity	\$53	\$0	\$0	0	1	0	1
Medicare Supplement	\$15,668,330	\$11,048,638	\$0	0	5,441	0	5,441
TOTAL	\$15,668,383	\$11,048,638	\$0	0	5,442	0	5,442

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
Self-Employed or Sole Proprietor	\$45,542,221	\$42,759,506	\$722,363	5,429	5,429	0	5,429
2 - 5 Member Groups	\$309,017,508	\$209,301,993	\$3,639,654	15,767	46,290	30,495	76,785
6 - 50 Member Groups	\$537,783,159	\$329,319,415	\$12,666,398	8,963	110,155	66,329	176,484
51+ Member Groups	\$1,368,365,904	\$1,124,135,025	\$46,236,958	2,470	141,356	120,143	261,499
Conversion	\$18,551,716	\$15,768,959	\$0	0	2,176	0	2,176
Dental	\$59,261,461	\$45,739,613	\$1,095,631	64,038	696,676	538,143	1,234,819
Disability Income	\$2,726,036	\$1,685,254	\$0	577	15,612	0	15,612
Excess/Stop Loss	\$118,986	\$265,045	\$0	4	9,268	11,641	20,909
Hospital Indemnity	\$15,705,300	\$13,349,505	\$426,363	1	50,446	0	50,446
Medicare Supplement	\$762,354,768	\$648,833,911	\$21,569,321	1	318,507	0	318,507
Student	\$27,600,857	\$20,629,806	\$999,636	62	17,448	0	17,448
Vision	\$14,281,015	\$9,093,661	\$363,999	33,129	159,918	118,141	278,059
TOTAL	\$3,161,308,931	\$2,460,881,693	\$87,720,323	130,441	1,573,281	884,892	2,458,173

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UNITEDHEALTHCARE OF FLORIDA, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
95264							
Individually Underwritten	\$58,331,734	\$51,446,488	\$0	0	51,379	0	51,379
2 - 5 Member Groups	\$14,406,515	\$10,904,571	\$3,719,132	666	493	1,978	2,471
6 - 50 Member Groups	\$14,436,086	\$10,926,955	\$3,508,391	723	5,366	9,097	14,463
51+ Member Groups	\$550,878,148	\$444,711,180	\$5,807,917	179	48,306	58,569	106,875
Conversion	\$6,847,601	\$9,303,841	\$0	0	581	0	581
TOTAL	\$644,900,084	\$527,293,035	\$13,035,440	1,568	106,125	69,644	175,769

UNIVERSAL HEALTH CARE, INC.

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
11574							
Individually Underwritten	\$1,915	\$141	\$0	0	1	0	1
TOTAL	\$1,915	\$141	\$0	0	1	0	1

UNUM LIFE INSURANCE COMPANY OF AMERICA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62235							
Accidental Death & Dismemberment	\$4,001,317	\$1,950,254	\$365,888	1,560	185,078	13,884	198,962
Disability Income	\$100,615,814	\$114,470,510	\$8,754,317	2,581	247,831	0	247,831
Limited Benefit	\$7,790	\$150	\$0	0	19	0	19
Long Term Care	\$21,977,939	\$15,650,372	\$1,014,452	421	40,179	2,753	42,932
TOTAL	\$126,602,860	\$132,071,286	\$10,134,657	4,562	473,107	16,637	489,744

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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 INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69663							
Accident Only	\$11,882	\$0	\$0	1	74	0	74
Disability Income	\$344,080	\$237,578	\$0	0	323	0	323
Hospital Indemnity	\$18,900	\$21,200	\$0	0	43	1	44
Medicare Supplement	\$17,240,089	\$17,135,548	\$1,672,289	0	8,073	0	8,073
TOTAL	\$17,614,951	\$17,394,326	\$1,672,289	1	8,513	1	8,514

VIGILANT INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
20397							
Accident Only	\$11,283	\$3,702	\$11,283	68	1,700	0	1,700
TOTAL	\$11,283	\$3,702	\$11,283	68	1,700	0	1,700

VISION SERVICE PLAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
32395							
Vision	\$36,967,285	\$31,209,236	\$2,357,576	554	847,946	443,928	1,291,874
TOTAL	\$36,967,285	\$31,209,236	\$2,357,576	554	847,946	443,928	1,291,874

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WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70319							
Individually Underwritten	\$93,779	\$118,083	\$0	0	53	0	53
Accident Only	\$4,242,227	\$991,578	\$311,747	2	15,968	3,046	19,014
Disability Income	\$35,239	(\$36,634)	\$0	0	86	0	86
Hospital Indemnity	\$112,427	\$46,245	\$587	2	493	64	557
Limited Benefit	\$16,358,043	\$9,887,766	\$1,131,937	5	36,870	16,156	53,026
Long Term Care	\$4,188,008	\$16,434,430	\$0	10	2,612	1	2,613
Medicare Supplement	\$4,982,582	\$3,240,723	\$0	0	1,888	18	1,906
Champus/Tricare Supplement	\$123,887	\$113,168	\$0	1	80	25	105
TOTAL	\$30,136,192	\$30,795,359	\$1,444,271	20	58,050	19,310	77,360

WEST COAST LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70335							
Limited Benefit	\$173	\$0	\$0	0	1	0	1
TOTAL	\$173	\$0	\$0	0	1	0	1

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70483							
Accident Only	\$155,270	\$0	\$17,253	0	3,023	1,470	4,493
Limited Benefit	\$2,098,670	\$1,981,967	\$202,217	0	3,655	1,480	5,135
TOTAL	\$2,253,940	\$1,981,967	\$219,470	0	6,678	2,950	9,628

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WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91413							
Excess/Stop Loss	\$747,925	\$1,362,457	\$747,925	5	568	300	868
TOTAL	\$747,925	\$1,362,457	\$747,925	5	568	300	868

WESTPORT 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
39845							
Excess/Stop Loss	\$95,531	\$42,420	\$95,531	1	11,198	13,886	25,084
TOTAL	\$95,531	\$42,420	\$95,531	1	11,198	13,886	25,084

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	\$1,024	\$5,200	\$0	0	6	0	6
Disability Income	\$160	\$0	\$0	0	3	0	3
TOTAL	\$1,184	\$5,200	\$0	0	9	0	9

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	\$96	\$0	\$0	1	1	0	1
Accidental Death & Dismemberment	\$201	\$0	\$0	3	3	1	4
Hospital Indemnity	\$880	\$150	\$0	5	5	0	5
Travel	\$3,854	\$0	\$0	9	9	0	9
TOTAL	\$5,031	\$150	\$0	18	18	1	19

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WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
56499							
Medicare Supplement	\$117,725	\$91,321	\$0	0	72	0	72
TOTAL	\$117,725	\$91,321	\$0	0	72	0	72

WORLD CORP INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
79987							
Individually Underwritten	\$250	\$0	\$0	0	2	0	2
Medicare Supplement	\$7,222	\$14,140	\$0	0	4	0	4
TOTAL	\$7,472	\$14,140	\$0	0	6	0	6

WORLD INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
70629							
Individually Underwritten	\$3,615,767	\$1,839,683	\$0	0	287	112	399
Short Term Major Medical	\$4,927	\$1,704	\$3,381	0	2	0	2
Out-of-State Individually Underwritten	\$5,571,820	\$2,969,644	\$0	1	527	316	843
Out-of-State 6 - 50 Member Groups	\$51,095	\$39,300	\$79,711	1	7	2	9
Dental	\$28,079	\$22,868	\$0	0	50	0	50
Hospital Indemnity	\$5,875	\$8,502	\$0	0	45	11	56
Limited Benefit	\$116	\$0	\$0	0	11	2	13
Medicare Supplement	\$967,147	\$713,211	\$0	0	248	7	255
TOTAL	\$10,244,826	\$5,594,912	\$83,092	2	1,177	450	1,627

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ZURICH AMERICAN INSURANCE COMPANY

NAIC Company Code

16535

	(A) DIRECT PREMIUMS 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	\$4,489,350	\$4,104,045	\$461,668	78	79,926	18,425	98,351
Accidental Death & Dismemberment	\$4,383	\$0	\$846	67	111	0	111
Disability Income	\$23,606	\$130,204	\$0	16	1,046	0	1,046
Excess/Stop Loss	\$5,103,403	\$4,871,505	\$2,620,566	12	14,845	11,702	26,547
Limited Benefit	\$83,815	\$0	\$0	1	486	0	486
TOTAL	\$9,704,557	\$9,105,754	\$3,083,080	174	96,414	30,127	126,541

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NAIC Company Code

1	ACCENDO INSURANCE COMPANY	63444
2	ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
3	ACE LIFE INSURANCE COMPANY	60348
4	AETNA HEALTH INSURANCE COMPANY	72052
5	AETNA INSURANCE COMPANY OF CONNECTICUT	36153
6	AHF MCO OF FLORIDA, INC.	12973
7	ALFA LIFE INSURANCE CORPORATION	79049
8	ALL SAVERS INSURANCE COMPANY	82406
9	ALLSTATE INSURANCE COMPANY	19232
10	ALTERRA AMERICA INSURANCE COMPANY	21296
11	AMERICAN CAPITOL INSURANCE COMPANY	60291
12	AMERICAN COMMERCE INSURANCE COMPANY	19941
13	AMERICAN CREDITORS LIFE INSURANCE COMPANY	94439
14	AMERICAN FAMILY HOME INSURANCE COMPANY	23450
15	AMERICAN FIDELITY LIFE INSURANCE COMPANY	60429
16	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
17	AMERICAN INSURANCE COMPANY (THE)	21857
18	AMERICAN MATURITY LIFE INSURANCE COMPANY	81213
19	AMERICAN MODERN HOME INSURANCE COMPANY	23469
20	AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY	91785
21	AMERICAN RELIABLE INSURANCE COMPANY	19615
22	AMERICAN RETIREMENT LIFE INSURANCE COMPANY	88366
23	AMERICAN SECURITY INSURANCE COMPANY	42978
24	AMERICAN SENTINEL INSURANCE COMPANY	17965
25	AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
26	AMERICAN SOUTHERN INSURANCE COMPANY	10235
27	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
28	AMERICAN ZURICH INSURANCE COMPANY	40142
29	AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY	61999
30	AMERIGROUP FLORIDA, INC.	95093
31	ASSOCIATED INDEMNITY CORPORATION	21865
32	ATHENA ASSURANCE COMPANY	41769
33	ATLANTIC COAST LIFE INSURANCE COMPANY	61115
34	ATLANTIC SPECIALTY INSURANCE COMPANY	27154
35	AURORA NATIONAL LIFE ASSURANCE COMPANY	61182
36	AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT	19062
37	AVEMCO INSURANCE COMPANY	10367

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NAIC Company Code

38	AXIS REINSURANCE COMPANY	20370
39	AXIS SPECIALTY INSURANCE COMPANY	15610
40	BALBOA INSURANCE COMPANY	24813
41	BANKERS INSURANCE COMPANY	33162
42	BANKERS STANDARD INSURANCE COMPANY	18279
43	BAPTIST LIFE ASSOCIATION	57223
44	BEAZLEY INSURANCE COMPANY, INC.	37540
45	BERKLEY INSURANCE COMPANY	32603
46	BEST MERIDIAN INSURANCE COMPANY	63886
47	BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
48	BUPA INSURANCE COMPANY	81647
49	BUPA INSURANCE LIMITED COMPANY	13596
50	CAREPLUS HEALTH PLANS, INC.	95092
51	CAROLINA CASUALTY INSURANCE COMPANY	10510
52	CATALYST RX PLAN SERVICES INSURANCE COMPANY	69647
53	CATHOLIC ASSOCIATION OF FORESTERS	58130
54	CATHOLIC HOLY FAMILY SOCIETY	57770
55	CENTRE INSURANCE COMPANY	34649
56	CHARTER NATIONAL LIFE INSURANCE COMPANY	61808
57	CHARTIS PROPERTY CASUALTY COMPANY	19402
58	CHEROKEE INSURANCE COMPANY	10642
59	CHURCH LIFE INSURANCE CORPORATION	61875
60	CINCINNATI INDEMNITY COMPANY	23280
61	CLARENDON NATIONAL INSURANCE COMPANY	20532
62	CLARENDON SELECT INSURANCE COMPANY	22560
63	CONTINENTAL INSURANCE COMPANY	35289
64	CORVESTA LIFE INSURANCE COMPANY	78301
65	COTTON STATES LIFE INSURANCE COMPANY	62537
66	COVENTRY SUMMIT HEALTH PLAN, INC.	10771
67	CSA FRATERNAL LIFE	56138
68	CSI LIFE INSURANCE COMPANY	82880
69	CUMIS INSURANCE SOCIETY, INC.	10847
70	DAILY UNDERWRITERS OF AMERICA	35483
71	DELAWARE AMERICAN LIFE INSURANCE COMPANY	62634
72	DENTEGRA INSURANCE COMPANY	73474
73	DIRECT GENERAL INSURANCE COMPANY	42781
74	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA	62790

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NAIC Company Code

75	EMPLOYEES LIFE COMPANY (MUTUAL)	84174
76	EMPLOYERS FIRE INSURANCE COMPANY	20648
77	EMPLOYERS REASSURANCE CORPORATION	68276
78	ENVISION INSURANCE COMPANY	12747
79	EPIC LIFE INSURANCE COMPANY	64149
80	FAIRMONT PREMIER INSURANCE COMPANY	25518
81	FAIRMONT SPECIALTY INSURANCE COMPANY	24384
82	FEDERATED MUTUAL INSURANCE COMPANY	13935
83	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC.	25879
84	FINANCIAL AMERICAN PROPERTY AND CASUALTY INSURANCE COMPANY	21075
85	FIREMAN'S FUND INSURANCE COMPANY	21873
86	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
87	FIRST LIBERTY INSURANCE CORPORATION (THE)	33588
88	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	67652
89	FLORIDA COMBINED LIFE INSURANCE COMPANY	76031
90	FLORIDA HEALTH PARTNERS, INC.	
91	FLORIDA HEALTHCARE PLUS, INC.	14050
92	FORETHOUGHT LIFE INSURANCE COMPANY	91642
93	FREEDOM HEALTH, INC.	10119
94	GENERAL FIDELITY INSURANCE COMPANY	30007
95	GENERAL FIDELITY LIFE INSURANCE COMPANY	93521
96	GENERATION LIFE INSURANCE COMPANY	73504
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	HCSC INSURANCE SERVICES COMPANY	78611
107	HEALTH FIRST INSURANCE, INC.	14140
108	HEALTHEASE OF FLORIDA, INC.	52631
109	HEALTHMARKETS INSURANCE COMPANY	92908
110	HEALTHPLEX DENTAL SERVICES, INC.	
111	HEALTHSPRING OF FLORIDA, INC	11532

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NAIC Company Code

112	HEALTHSUN HEALTH PLANS, INC.	10122
113	HEALTHY PALM BEACHES, INC.	95827
114	HISCOX INSURANCE COMPANY INC.	10200
115	HORACE MANN INSURANCE COMPANY	22578
116	HUMANA ADVANTAGECARE PLAN, INC.	10126
117	INDEPENDENCE LIFE AND ANNUITY COMPANY	64602
118	INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT	81779
119	INSURANCE COMPANY OF NORTH AMERICA	22713
120	INSURANCE COMPANY OF THE WEST	27847
121	INTEGRITY LIFE INSURANCE COMPANY	74780
122	INVESTORS INSURANCE CORPORATION	64939
123	JOHN DEERE INSURANCE COMPANY	36781
124	LIBERTY BANKERS LIFE INSURANCE COMPANY	68543
125	LIFE OF THE SOUTH INSURANCE COMPANY	97691
126	LM INSURANCE CORPORATION	33600
127	LONGEVITY INSURANCE COMPANY	68446
128	LYNDON SOUTHERN INSURANCE COMPANY	10051
129	MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.	
130	MAGNA INSURANCE COMPANY	61018
131	MARKEL AMERICAN INSURANCE COMPANY	28932
132	MARYLAND CASUALTY COMPANY	19356
133	MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
134	MEDICA HEALTHCARE PLANS, INC.	12155
135	MEMBERS HEALTH INSURANCE COMPANY	94587
136	METLIFE INVESTORS INSURANCE COMPANY	93513
137	METLIFE INVESTORS USA INSURANCE COMPANY	61050
138	MIDWESTERN UNITED LIFE INSURANCE COMPANY	66109
139	MML BAY STATE LIFE INSURANCE COMPANY	70416
140	MOLINA HEALTHCARE OF FLORIDA, INC.	13128
141	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
142	NATIONAL INDEMNITY COMPANY	20087
143	NATIONAL SECURITY INSURANCE COMPANY	66788
144	NATIONAL SPECIALTY INSURANCE COMPANY	22608
145	NATIONAL SURETY CORPORATION	21881
146	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
147	NATIONWIDE MUTUAL INSURANCE COMPANY	23787
148	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	69698

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NAIC Company Code

149	NEW HAMPSHIRE INSURANCE COMPANY	23841
150	NIPPON LIFE INSURANCE COMPANY OF AMERICA	81264
151	NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.	
152	NORTH RIVER INSURANCE COMPANY	21105
153	NORTHERN ASSURANCE COMPANY OF AMERICA	38369
154	NORTHERN INSURANCE COMPANY OF NEW YORK	19372
155	NYLIFE INSURANCE COMPANY OF ARIZONA	81353
156	OHIO CASUALTY INSURANCE COMPANY	24074
157	ONENATION INSURANCE COMPANY	85286
158	OPTIMUM HEALTHCARE, INC.	12259
159	PACIFIC LIFE INSURANCE COMPANY	67466
160	PARIS RE AMERICA INSURANCE COMPANY	11835
161	PARK AVENUE LIFE INSURANCE COMPANY	60003
162	PARKER CENTENNIAL ASSURANCE COMPANY	71099
163	PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY	67601
164	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.	12262
165	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO	14990
166	PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY	60232
167	PHL VARIABLE INSURANCE COMPANY	93548
168	PHOENIX LIFE AND ANNUITY COMPANY	93734
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	R.V.I. NATIONAL INSURANCE COMPANY	23132
178	REGENT INSURANCE COMPANY	24449
179	RESOURCE LIFE INSURANCE COMPANY	61506
180	RIVERPORT INSURANCE COMPANY	36684
181	RLI INSURANCE COMPANY	13056
182	SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY	64688
183	SEABRIGHT INSURANCE COMPANY	15563
184	SECURITY BENEFIT LIFE INSURANCE COMPANY	68675
185	SECHANGE HEALTH INSURANCE COMPANY	63541

***CY2011 Accident and Health Report of Gross Annual Premium and Enrollment
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NAIC Company Code

186	SENTRY CASUALTY COMPANY	28460
187	SENTRY SELECT INSURANCE COMPANY	21180
188	SILVERSCRIPT INSURANCE COMPANY	12575
189	SIMPLY HEALTHCARE PLANS, INC.	13726
190	SIRIUS AMERICA INSURANCE COMPANY	38776
191	SMART INSURANCE COMPANY	80055
192	SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
193	SOUTHLAND NATIONAL INSURANCE CORPORATION	79057
194	SPARTA INSURANCE COMPANY	20613
195	ST. PAUL FIRE & MARINE INSURANCE COMPANY	24767
196	ST. PAUL MERCURY INSURANCE COMPANY	24791
197	STANDARD FIRE INSURANCE COMPANY	19070
198	STAR INSURANCE COMPANY	18023
199	SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY	60941
200	SUNSET LIFE INSURANCE COMPANY OF AMERICA	69272
201	SUNSHINE STATE HEALTH PLAN, INC.	13148
202	SWISS RE LIFE & HEALTH AMERICA INC.	82627
203	TRANSPORTATION INSURANCE COMPANY	20494
204	TRAVELERS CASUALTY AND SURETY COMPANY	19038
205	TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170
206	TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
207	TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
208	TRUASSURE INSURANCE COMPANY	92525
209	U.S. FINANCIAL LIFE INSURANCE COMPANY	84530
210	UBS LIFE INSURANCE COMPANY USA	67423
211	ULLICO LIFE INSURANCE COMPANY	86371
212	UNITED INVESTORS LIFE INSURANCE COMPANY	94099
213	UNITED NATIONAL SPECIALTY INSURANCE COMPANY	41335
214	UNITED STATES FIDELITY AND GUARANTY COMPANY	25887
215	UNITY FINANCIAL LIFE INSURANCE COMPANY	63819
216	UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	12577
217	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY	70173
218	USAA DIRECT LIFE INSURANCE COMPANY	72613
219	USABLE LIFE	94358
220	VALIANT INSURANCE COMPANY	26611
221	VALLEY FORGE INSURANCE COMPANY	20508
222	VIRGINIA SURETY COMPANY, INC.	40827

*CY2011 Accident and Health Report of Gross Annual Premium and Enrollment
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NAIC Company Code

223	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	83445
224	WELLCARE OF FLORIDA, INC.	95081
225	WELLCARE PRESCRIPTION INSURANCE, INC.	10155
226	WESCO INSURANCE COMPANY	25011
227	WESTERN NATIONAL LIFE INSURANCE COMPANY	70432
228	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY	92622
229	ZALE LIFE INSURANCE COMPANY	71323
230	ZENITH INSURANCE COMPANY	13269
231	ZURICH AMERICAN LIFE INSURANCE COMPANY	90557

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

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

Data Collection and Statistical Reporting Unit

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

Required Filers and General Reporting Definitions

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

This includes the following Florida Certification of Authority Categories:

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

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

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

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

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

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

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

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

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

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

Row Definitions:

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p>Major Medical - A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. In Florida this means insurance that is designed to cover expenses of serious illness, chronic care (excluding long-term care) and/or hospitalization. The term does NOT include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, prepaid products, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which do not duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance. Please note that short-term major medical coverages are to be reported on Line 16.</p> <p>Hospital/Surgical/Medical Expense - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.</p> <p>These definitions include the following subcategories:</p> <ul style="list-style-type: none"> • <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i> • <i>Individually Underwritten</i> • <i>Self-Employed or Sole Proprietor (FS 627.6699)</i> • <i>2 - 5 Member Groups (FS 627.6699)</i> • <i>6 - 50 Member Groups (FS 627.6699)</i> • <i>51+ Member Groups</i> 	<p>H16G</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 1 of chapter 636.</p>	
<p>Administrative Services Only (ASO) - ASO describes the contractual arrangement utilized by a self-funded employer, whereby a separate company processes claims and other administrative needs pertinent to the employer's health care plans. (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only")</p>	
<p>Accident Only - An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.</p>	<p>H02G</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)
Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness.	H11G H11I
Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) - This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount. As defined in Section 627.6482 (14), F.S., "Stop-loss coverage" means an arrangement whereby a self-insurance plan insures against the risk that any one claim will exceed a specific dollar amount or that an entire self-insurance plan's losses will exceed a specific amount.	H12
Hospital Indemnity - An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition.	H14G H14I
<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>	H07G H07I H08G H08I H09G H09I
Long Term Care - Coverage that includes long term care, nursing home, and home care contracts that provide reimbursement for these services.	LTC02G LTC02I LTC03G LTC03I LTC04G LTC04I LTC05G LTC05I LTC05.1G LTC05.1I LTC05.2G LTC05.2I LTC06
Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.	H13G H13I

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p>Medicare Supplement Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.</p>	<p>MS02G MS02I MS03G MS03I MS04G MS04I MS05G MS05I MS06</p>
<p>Champus/Tricare Supplement - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.</p>	<p>H05</p>
<p>Prescription Drug - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.</p>	<p>H17G H17I</p>
<p>Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.</p>	<p>H18G H18I</p>
<p>Student - A health insurance contract that covers a class of students not individually identified in the contract.</p>	<p>H04.001</p>
<p>Travel - Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)</p>	<p>H19I H19G</p>
<p>Vision - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.</p>	<p>H20G H20I</p>
<p>Other - NOT to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business, 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>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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