

# CY 2013

## Accident and Health Markets Gross Annual Premium and Enrollment



Florida Office of Insurance Regulation  
Market Research and Technology Unit

November 12, 2014

*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.*

# GAP Report Summary of Changes Since CY2012

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## Changes to the CY2013 GAP Report from the CY2012 GAP Report:

Driven by changes in the health care market and the Federal healthcare laws, this Accident and Health Gross Annual Premium and Enrollment (GAP) Report underwent changes to better capture Florida's accident and health market in 2013. Although no rates or coverages in this report are attributable to the new Federal laws, the secondary effect of upcoming changes to the market cannot be understated. Anticipating change, the following changes are presented in the CY2013 GAP report (compared to the CY2012 GAP report):

- Major Medical Small Group Lines were changed. The 2-5 and 6-50 Member Groups for both In State and Out-of-State Major Medical were consolidated into a 2-50 Member Group line. This provides consistent alignment with the Federal health guidelines beginning in 2014.
- Major Medical Large Group Lines were changed. The 51+ Member Groups for both In State and Out-of-State Major Medical was changed to 51-100 Member Groups and 101+ Member Groups. This provides consistent alignment with the Federal health guidelines beginning in 2014.
- The Short Term Major Medical line was removed for both In State and Out-of-State Major Medical.
- The Discount Medical Plan Line was removed from the template.
- Long Term Care was divided into three specific lines: Comprehensive, Facility Only, and Non-Facility Only care. An auto-calculation line was added to provide the total for Long Term Care.
- Long Term Care-Accelerated Benefit Rider was added.
- Some new cells were added at the bottom of the template to report totals from NAIC reporting and from individual amounts shown on the template (for comparison purposes).

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## *CY2013 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Major Medical Lines of Business*

|   | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER GROUPS</i> | <i>(E) PRIMARY INSURED</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---|--|---------------------------------------|---|----------------------------|----------------------------|-------------------------------|--------------------------|
| Guarantee Issue                               | \$46,058,218   | \$47,366,632                          | \$4,048,688   | 0                          | 4,593                      | 1,007                         | 5,600                    |
| Individually Underwritten                     | \$1,678,536,461  | \$1,275,442,203                       | \$247,938,702   | 0                          | 387,449                    | 220,578                       | 608,027                  |
| Self-Employed or Sole Proprietor              | \$82,496,172   | \$118,534,875                         | \$1,872,912   | 6,034                      | 6,034                      | 3,714                         | 9,748                    |
| 2 - 50 Member Groups                          | \$3,405,315,940  | \$2,587,825,277                       | \$286,125,834   | 72,907                     | 442,910                    | 262,295                       | 705,205                  |
| 51-100 Member Groups                          | \$1,081,414,711  | \$876,753,419                         | \$139,863,239   | 6,347                      | 160,568                    | 92,554                        | 253,122                  |
| 101+ Member Groups                            | \$4,992,664,787  | \$4,129,993,658                       | \$487,618,955   | 7,724                      | 687,142                    | 488,501                       | 1,175,643                |
| Conversion                                    | \$98,888,407   | \$133,786,777                         | \$7,429,076   | 0                          | 7,925                      | 1,542                         | 9,467                    |
| Out-of-State Guarantee Issue                  | \$17,360,280   | \$18,385,035                          | \$2,288,131   | 0                          | 1,552                      | 473                           | 2,025                    |
| Out-of-State Individually Underwritten        | \$471,673,583  | \$325,405,779                         | \$58,121,052  | 0                          | 110,178                    | 77,388                        | 187,566                  |
| Out-of-State Self-Employed or Sole Proprietor | \$8,373,521  | \$10,397,659                          | \$507,869   | 868                        | 868                        | 340                           | 1,208                    |
| Out-of-State 2 - 50 Member Groups             | \$178,533,665  | \$172,810,051                         | \$16,871,861  | 6,869                      | 17,697                     | 12,550                        | 30,247                   |
| Out-of-State 51-100 Member Groups             | \$41,437,215   | \$34,741,889                          | \$4,579,550   | 545                        | 5,824                      | 4,034                         | 9,858                    |
| Out-of-State 101+ Member Groups               | \$459,598,964  | \$403,425,899                         | \$34,094,831  | 4,705                      | 80,049                     | 57,187                        | 137,236                  |
| Out-of-State Conversion                       | \$14,716,145   | \$30,182,417                          | \$0   | 0                          | 1,411                      | 435                           | 1,846                    |

## *CY2013 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business*

|  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|---------------------|---------------------|------------------------|-------------------|
| Other Prepaid Health Services            | \$6,633,376   | \$3,055,508                   | \$892,805  | 175                 | 56,327              | 18,220                 | 74,547            |
| Administrative Services Only (ASO)       | \$477,706,410   | \$0                           | \$43,827,934   | 3,507               | 1,041,489           | 1,109,877              | 2,151,366         |
| Accident Only                            | \$249,899,314   | \$126,375,400                 | \$55,561,353   | 137,369             | 4,328,746           | 636,686                | 4,965,432         |
| Accidental Death & Dismemberment         | \$137,404,810   | \$61,536,771                  | \$14,069,882   | 22,703              | 6,341,583           | 410,218                | 6,751,801         |
| Blanket Accident/Sickness                | \$7,147,235   | \$1,820,470                   | \$579,808  | 1,428               | 142,403             | 135,483                | 277,886           |
| Dental                                   | \$1,122,861,945   | \$974,066,919                 | \$178,746,732  | 121,676             | 2,721,324           | 2,565,152              | 5,286,476         |
| Disability Income                        | \$1,193,501,356   | \$1,242,584,767               | \$122,943,178  | 35,221              | 3,423,432           | 9,061                  | 3,432,493         |
| Excess/Stop Loss                         | \$410,203,606   | \$274,128,609                 | \$88,148,971   | 6,883               | 1,010,060           | 874,642                | 1,884,702         |
| Hospital Indemnity                       | \$211,031,418   | \$120,917,507                 | \$52,362,610   | 9,906               | 433,170             | 231,524                | 664,694           |
| Limited Benefit                          | \$300,957,032   | \$191,144,076                 | \$55,971,709   | 15,136              | 767,141             | 503,019                | 1,270,160         |
| Long Term Care-Comprehensive             | \$548,979,054   | \$562,117,331                 | \$15,882,659   | 12,073              | 364,913             | 30,366                 | 395,279           |
| Long Term Care-Facility Only             | \$34,327,047  | \$52,225,905                  | \$69,817   | 564                 | 23,979              | 3,243                  | 27,222            |
| Long Term Care-Non-Facility Only         | \$37,735,519  | \$79,345,321                  | \$1,918,764  | 0                   | 21,922              | 2,299                  | 24,221            |
| Long Term Care-Accelerated Benefit Rider | \$5,175,706   | \$1,947,369                   | \$501,680  | 57                  | 3,676               | 22                     | 3,698             |
| Short Term Care                          | \$578,508   | \$1,769,160                   | \$7,513  | 101                 | 640                 | 15                     | 655               |
| Medicare Supplement                      | \$1,692,978,842   | \$1,341,872,486               | \$141,603,716  | 616                 | 686,081             | 1,434                  | 687,515           |
| Champus/Tricare Supplement               | \$9,275,245   | \$6,144,061                   | \$422,653  | 1                   | 13,632              | 3,551                  | 17,183            |
| Prescription Drug                        | \$5,342,540   | \$5,663,379                   | \$4,767,784  | 108                 | 8,588               | 2,660                  | 11,248            |
| Sickness                                 | \$21,923,091  | \$14,851,655                  | \$5,944,636  | 3                   | 25,953              | 4,804                  | 30,757            |
| Student                                  | \$65,417,887  | \$55,952,962                  | \$7,422,609  | 276                 | 209,497             | 3,422                  | 212,919           |
| Travel                                   | \$48,389,552  | \$29,355,960                  | \$1,215,927  | 271                 | 710,294             | 117,094                | 827,388           |
| Vision                                   | \$181,559,039   | \$126,564,690                 | \$27,222,002   | 16,025              | 1,670,781           | 1,778,247              | 3,449,028         |

## *CY2013 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                    | \$3,872,109,336               | 957,216              | 30.79%                           |
| 2           | UNITEDHEALTHCARE INSURANCE COMPANY                              | 79413                    | \$1,562,507,296               | 320,860              | 12.42%                           |
| 3           | AETNA HEALTH INC.   | 95088                    | \$1,159,323,805               | 258,254              | 9.22%                            |
| 4           | HEALTH OPTIONS, INC.  | 95089                    | \$847,329,498                 | 213,076              | 6.74%                            |
| 5           | HUMANA MEDICAL PLAN, INC.                                       | 95270                    | \$624,539,757                 | 154,281              | 4.97%                            |
| 6           | NEIGHBORHOOD HEALTH PARTNERSHIP, INC.                           | 95123                    | \$477,419,470                 | 107,281              | 3.80%                            |
| 7           | CAPITAL HEALTH PLAN, INC.                                       | 95112                    | \$469,978,735                 | 107,865              | 3.74%                            |
| 8           | UNITEDHEALTHCARE OF FLORIDA, INC.                               | 95264                    | \$456,914,903                 | 99,154               | 3.63%                            |
| 9           | CONNECTICUT GENERAL LIFE INSURANCE COMPANY                      | 62308                    | \$437,811,958                 | 137,862              | 3.48%                            |
| 10          | CIGNA HEALTH AND LIFE INSURANCE COMPANY                         | 67369                    | \$399,802,944                 | 94,693               | 3.18%                            |
| 11          | AVMED, INC.   | 95263                    | \$335,753,878                 | 75,368               | 2.67%                            |
| 12          | GOLDEN RULE INSURANCE COMPANY                                   | 62286                    | \$334,450,107                 | 125,769              | 2.66%                            |
| 13          | COVENTRY HEALTH CARE OF FLORIDA, INC.                           | 95114                    | \$309,327,632                 | 72,504               | 2.46%                            |
| 14          | AETNA LIFE INSURANCE COMPANY                                    | 60054                    | \$308,863,699                 | 81,868               | 2.46%                            |
| 15          | HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.                | 69671                    | \$160,679,510                 | 83,537               | 1.28%                            |
| 16          | FLORIDA HEALTH CARE PLAN, INC.                                  | 13567                    | \$158,634,216                 | 31,629               | 1.26%                            |
| 17          | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | 70670                    | \$124,039,859                 | 28,196               | 0.99%                            |
| 18          | HEALTH FIRST HEALTH PLANS, INC.                                 | 95019                    | \$97,498,912                  | 20,515               | 0.78%                            |
| 19          | COVENTRY HEALTH PLAN OF FLORIDA, INC.                           | 95266                    | \$76,125,082                  | 22,890               | 0.61%                            |
| 20          | HUMANA INSURANCE COMPANY  | 73288                    | \$63,534,812                  | 35,610               | 0.51%                            |
| 21          | PREFERRED MEDICAL PLAN, INC.                                    | 95271                    | \$54,847,407                  | 19,658               | 0.44%                            |
| 22          | TIME INSURANCE COMPANY  | 69477                    | \$45,337,925                  | 17,507               | 0.36%                            |
| 23          | COVENTRY HEALTH AND LIFE INSURANCE COMPANY                      | 81973                    | \$44,488,126                  | 15,940               | 0.35%                            |
| 24          | QCC INSURANCE COMPANY   | 93688                    | \$31,179,037                  | 5,606                | 0.25%                            |
| 25          | STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY                  | 25178                    | \$20,594,689                  | 3,493                | 0.16%                            |
| 26          | UNITEDHEALTHCARE LIFE INSURANCE COMPANY                         | 97179                    | \$10,732,441                  | 1,562                | 0.09%                            |
| 27          | NEW YORK LIFE INSURANCE COMPANY                                 | 66915                    | \$10,642,302                  | 2,482                | 0.08%                            |
| 28          | MEGA LIFE & HEALTH INSURANCE COMPANY                            | 97055                    | \$8,698,372                   | 2,148                | 0.07%                            |
| 29          | CELTIC INSURANCE COMPANY  | 80799                    | \$8,053,115                   | 989                  | 0.06%                            |
| 30          | UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK    | 70106                    | \$7,741,066                   | 14,811               | 0.06%                            |
| 31          | MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN                  | 66087                    | \$7,668,892                   | 2,534                | 0.06%                            |
| 32          | UNITED AMERICAN INSURANCE COMPANY                               | 92916                    | \$7,496,398                   | 4,769                | 0.06%                            |
| 33          | ALL SAVERS INSURANCE COMPANY                                    | 82406                    | \$7,321,858                   | 4,201                | 0.06%                            |
| 34          | FREEDOM LIFE INSURANCE COMPANY OF AMERICA                       | 62324                    | \$6,855,299                   | 1,741                | 0.05%                            |
| 35          | MEDICA HEALTH PLANS OF FLORIDA, INC.                            | 12756                    | \$5,139,325                   | 577                  | 0.04%                            |
| 36          | 4 EVER LIFE INSURANCE COMPANY                                   | 80985                    | \$3,505,843                   | 1,014                | 0.03%                            |
| 37          | JOHN ALDEN LIFE INSURANCE COMPANY                               | 65080                    | \$3,304,832                   | 577                  | 0.03%                            |
| 38          | AXA EQUITABLE LIFE INSURANCE COMPANY                            | 62944                    | \$2,290,775                   | 609                  | 0.02%                            |
| 39          | EMPLOYER CHOICE INSURANCE COMPANY, INC.                         | 13663                    | \$2,240,917                   | 968                  | 0.02%                            |
| 40          | STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK                | 69078                    | \$1,553,292                   | 443                  | 0.01%                            |
| 41          | CIGNA HEALTHCARE OF FLORIDA, INC.                               | 95136                    | \$1,257,368                   | 238                  | 0.01%                            |
| 42          | HEALTH FIRST INSURANCE, INC.                                    | 14140                    | \$906,978                     | 1,164                | 0.01%                            |
| 43          | GREAT WEST LIFE ASSURANCE COMPANY                               | 80705                    | \$832,061                     | 74                   | 0.01%                            |
| 44          | TRUSTMARK INSURANCE COMPANY                                     | 61425                    | \$787,357                     | 97                   | 0.01%                            |

## *CY2013 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                    | \$759,869                     | 224                  | 0.01%                            |
| 46          | AMERICAN NATIONAL LIFE INS. CO. OF TEXAS         | 71773                    | \$681,349                     | 93                   | 0.01%                            |
| 47          | AMERICAN HERITAGE LIFE INSURANCE COMPANY         | 60534                    | \$660,587                     | 945                  | 0.01%                            |
| 48          | THRIVENT FINANCIAL FOR LUTHERANS                 | 56014                    | \$588,558                     | 26                   | 0.00%                            |
| 49          | MADISON NATIONAL LIFE INSURANCE COMPANY INC.     | 65781                    | \$568,228                     | 364                  | 0.00%                            |
| 50          | PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)    | 68241                    | \$440,243                     | 572                  | 0.00%                            |
| 51          | ILLINOIS MUTUAL LIFE INSURANCE COMPANY           | 64580                    | \$359,504                     | 27                   | 0.00%                            |
| 52          | AMERICAN NATIONAL INSURANCE COMPANY              | 60739                    | \$267,228                     | 85                   | 0.00%                            |
| 53          | METROPOLITAN LIFE INSURANCE COMPANY              | 65978                    | \$246,097                     | 213                  | 0.00%                            |
| 54          | AMERICAN GENERAL LIFE INSURANCE COMPANY          | 60488                    | \$209,355                     | 1,046                | 0.00%                            |
| 55          | NEW ERA LIFE INSURANCE COMPANY                   | 78743                    | \$194,348                     | 125                  | 0.00%                            |
| 56          | THE PUBLIC HEALTH TRUST OF DADE COUNTY           | 95126                    | \$172,597                     | 20                   | 0.00%                            |
| 57          | CENTRAL UNITED LIFE INSURANCE COMPANY            | 61883                    | \$137,030                     | 122                  | 0.00%                            |
| 58          | PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY     | 67784                    | \$119,331                     | 159                  | 0.00%                            |
| 59          | PENNSYLVANIA LIFE INSURANCE COMPANY              | 67660                    | \$107,058                     | 10                   | 0.00%                            |
| 60          | PYRAMID LIFE INSURANCE COMPANY (THE)             | 68284                    | \$107,058                     | 10                   | 0.00%                            |
| 61          | RESERVE NATIONAL INSURANCE COMPANY               | 68462                    | \$105,612                     | 28                   | 0.00%                            |
| 62          | WASHINGTON NATIONAL INSURANCE COMPANY            | 70319                    | \$105,547                     | 72                   | 0.00%                            |
| 63          | CONTINENTAL GENERAL INSURANCE COMPANY            | 71404                    | \$85,893                      | 11                   | 0.00%                            |
| 64          | AMERICAN REPUBLIC INSURANCE COMPANY              | 60836                    | \$84,716                      | 7                    | 0.00%                            |
| 65          | MUTUAL OF OMAHA INSURANCE COMPANY                | 71412                    | \$82,583                      | 230                  | 0.00%                            |
| 66          | UNITED TEACHER ASSOCIATES INSURANCE COMPANY      | 63479                    | \$73,680                      | 116                  | 0.00%                            |
| 67          | UNION LABOR LIFE INSURANCE COMPANY               | 69744                    | \$71,647                      | 32                   | 0.00%                            |
| 68          | GLOBE LIFE AND ACCIDENT INSURANCE COMPANY        | 91472                    | \$60,249                      | 62                   | 0.00%                            |
| 69          | GUARDIAN LIFE INSURANCE COMPANY OF AMERICA       | 64246                    | \$54,432                      | 42                   | 0.00%                            |
| 70          | STARR INDEMNITY & LIABILITY COMPANY              | 38318                    | \$54,058                      | 0                    | 0.00%                            |
| 71          | PHYSICIANS MUTUAL INSURANCE COMPANY              | 80578                    | \$53,430                      | 9                    | 0.00%                            |
| 72          | GUARANTEE TRUST LIFE INSURANCE COMPANY           | 64211                    | \$51,118                      | 96                   | 0.00%                            |
| 73          | CONTINENTAL ASSURANCE COMPANY                    | 62413                    | \$48,985                      | 10                   | 0.00%                            |
| 74          | CONSTITUTION LIFE INSURANCE COMPANY              | 62359                    | \$44,937                      | 27                   | 0.00%                            |
| 75          | MONY LIFE INSURANCE COMPANY                      | 66370                    | \$42,151                      | 32                   | 0.00%                            |
| 76          | UNIFIED LIFE INSURANCE COMPANY                   | 11121                    | \$38,257                      | 40                   | 0.00%                            |
| 77          | FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY | 69140                    | \$38,070                      | 9                    | 0.00%                            |
| 78          | DELAWARE AMERICAN LIFE INSURANCE COMPANY         | 62634                    | \$29,189                      | 10                   | 0.00%                            |
| 79          | AMERICAN STATES INSURANCE COMPANY                | 19704                    | \$28,333                      | 4                    | 0.00%                            |
| 80          | NATIONAL BENEFIT LIFE INSURANCE COMPANY          | 61409                    | \$21,515                      | 54                   | 0.00%                            |
| 81          | HEALTH NET LIFE INSURANCE COMPANY                | 66141                    | \$17,923                      | 2                    | 0.00%                            |
| 82          | CHESAPEAKE LIFE INSURANCE COMPANY                | 61832                    | \$14,823                      | 4                    | 0.00%                            |
| 83          | ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA  | 90611                    | \$12,578                      | 2                    | 0.00%                            |
| 84          | FIDELITY SECURITY LIFE INSURANCE COMPANY         | 71870                    | \$11,995                      | 0                    | 0.00%                            |
| 85          | PRIMERICA LIFE INSURANCE COMPANY                 | 65919                    | \$10,510                      | 5                    | 0.00%                            |
| 86          | TRANSAMERICA LIFE INSURANCE COMPANY              | 86231                    | \$9,786                       | 25                   | 0.00%                            |
| 87          | LINCOLN NATIONAL LIFE INSURANCE COMPANY          | 65676                    | \$8,308                       | 2                    | 0.00%                            |
| 88          | CINCINNATI LIFE INSURANCE COMPANY (THE)          | 76236                    | \$7,649                       | 11                   | 0.00%                            |

## *CY2013 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          | STANDARD LIFE AND ACCIDENT INSURANCE COMPANY       | 86355                    | \$6,355                       | 8                    | 0.00%                            |
| 90          | JACKSON NATIONAL LIFE INSURANCE COMPANY            | 65056                    | \$6,004                       | 61                   | 0.00%                            |
| 91          | GENERAL AMERICAN LIFE INSURANCE COMPANY            | 63665                    | \$5,953                       | 8                    | 0.00%                            |
| 92          | CENTRE LIFE INSURANCE COMPANY                      | 80896                    | \$4,873                       | 55                   | 0.00%                            |
| 93          | CONSECO LIFE INSURANCE COMPANY                     | 65900                    | \$4,826                       | 2                    | 0.00%                            |
| 94          | LIFESECURE INSURANCE COMPANY                       | 77720                    | \$3,654                       | 1                    | 0.00%                            |
| 95          | CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE  | 68500                    | \$3,539                       | 1                    | 0.00%                            |
| 96          | NATIONWIDE LIFE INSURANCE COMPANY                  | 66869                    | \$3,019                       | 0                    | 0.00%                            |
| 97          | PAN-AMERICAN LIFE INSURANCE COMPANY                | 67539                    | \$2,976                       | 4                    | 0.00%                            |
| 98          | STATE LIFE INSURANCE COMPANY                       | 69116                    | \$2,958                       | 4                    | 0.00%                            |
| 99          | KANSAS CITY LIFE INSURANCE COMPANY                 | 65129                    | \$2,919                       | 2                    | 0.00%                            |
| 100         | SYMETRA LIFE INSURANCE COMPANY                     | 68608                    | \$2,106                       | 2                    | 0.00%                            |
| 101         | LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK         | 62057                    | \$1,820                       | 3                    | 0.00%                            |
| 102         | UNION FIDELITY LIFE INSURANCE COMPANY              | 62596                    | \$1,813                       | 2                    | 0.00%                            |
| 103         | CONTINENTAL CASUALTY COMPANY                       | 20443                    | \$1,741                       | 7                    | 0.00%                            |
| 104         | UNION SECURITY INSURANCE COMPANY                   | 70408                    | \$1,344                       | 1                    | 0.00%                            |
| 105         | PRINCIPAL LIFE INSURANCE COMPANY                   | 61271                    | \$1,314                       | 1                    | 0.00%                            |
| 106         | SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK | 68772                    | \$828                         | 2                    | 0.00%                            |
| 107         | WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK    | 66230                    | \$683                         | 5                    | 0.00%                            |
| 108         | JEFFERSON NATIONAL LIFE INSURANCE COMPANY          | 64017                    | \$578                         | 2                    | 0.00%                            |
| 109         | METLIFE INSURANCE COMPANY OF CONNECTICUT           | 87726                    | \$512                         | 1                    | 0.00%                            |
| 110         | BANNER LIFE INSURANCE COMPANY                      | 94250                    | \$430                         | 3                    | 0.00%                            |
| 111         | NATIONAL CASUALTY COMPANY                          | 11991                    | \$409                         | 1                    | 0.00%                            |
| 112         | ING LIFE INSURANCE AND ANNUITY COMPANY             | 86509                    | \$269                         | 1                    | 0.00%                            |
| 113         | STATE AUTOMOBILE MUTUAL INSURANCE COMPANY          | 25135                    | \$249                         | 1                    | 0.00%                            |
| 114         | ASSURITY LIFE INSURANCE COMPANY                    | 71439                    | \$205                         | 1                    | 0.00%                            |
| 115         | TRANSAMERICA PREMIER LIFE INSURANCE COMPANY        | 66281                    | \$106                         | 1                    | 0.00%                            |
| 116         | OHIO STATE LIFE INSURANCE COMPANY (THE)            | 67180                    | \$6                           | 0                    | 0.00%                            |
| 117         | SENTRY LIFE INSURANCE COMPANY                      | 68810                    | \$2                           | 0                    | 0.00%                            |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Vision       | \$320,558   | \$164,655                     | \$0  | 21                     | 5,655                | 1,321                  | 6,976             |
| <b>TOTAL</b> | <b>\$320,558</b>  | <b>\$164,655</b>              | <b>\$0</b>   | <b>21</b>              | <b>5,655</b>         | <b>1,321</b>           | <b>6,976</b>      |

## 21ST CENTURY CENTENNIAL INSURANCE COMPANY

### NAIC Company Code

34789

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$423   | \$77                          | \$0  | 0                      | 1                    | 0                      | 1                 |
| Hospital Indemnity               | \$354   | (\$18)                        | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>                     | <b>\$777</b>  | <b>\$59</b>                   | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

## 21ST CENTURY PREMIER INSURANCE COMPANY

### NAIC Company Code

20796

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$1,485   | \$30                          | \$0  | 0                      | 14                   | 14                     | 28                |
| Hospital Indemnity               | \$4,793   | \$841                         | \$0  | 0                      | 10                   | 8                      | 18                |
| Medicare Supplement              | \$13,556  | \$10,007                      | \$0  | 0                      | 7                    | 7                      | 14                |
| <b>TOTAL</b>                     | <b>\$19,834</b>   | <b>\$10,878</b>               | <b>\$0</b>   | <b>0</b>               | <b>31</b>            | <b>29</b>              | <b>60</b>         |

## 4 EVER LIFE INSURANCE COMPANY

### NAIC Company Code

80985

|                           | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 101+ Member Groups        | \$3,505,843   | \$2,058,425                   | \$1,852,377  | 88                     | 820                  | 194                    | 1,014             |
| Blanket Accident/Sickness | \$64,453  | \$1,973                       | \$30,653   | 12                     | 12                   | 0                      | 12                |
| Disability Income         | \$178,473   | \$50,112                      | \$54,670   | 27                     | 858                  | 0                      | 858               |
| <b>TOTAL</b>              | <b>\$3,748,769</b>  | <b>\$2,110,510</b>            | <b>\$1,937,700</b>                                     | <b>127</b>             | <b>1,690</b>         | <b>194</b>             | <b>1,884</b>      |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 77879             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$2,560   | \$0                           | \$580  | 2                      | 41                   | 5                      | 46                |
| <b>TOTAL</b>      | <b>\$2,560</b>  | <b>\$0</b>                    | <b>\$580</b>   | <b>2</b>               | <b>41</b>            | <b>5</b>               | <b>46</b>         |

## AAA LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71854              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$10,020,870  | \$1,889,669                   | \$1,790,019  | 2                      | 49,215               | 36,515                 | 85,730            |
| Hospital Indemnity | \$51,407  | \$17,704                      | \$0  | 0                      | 103                  | 0                      | 103               |
| <b>TOTAL</b>       | <b>\$10,072,277</b>   | <b>\$1,907,373</b>            | <b>\$1,790,019</b>                                     | <b>2</b>               | <b>49,318</b>        | <b>36,515</b>          | <b>85,833</b>     |

## ABILITY INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71471                            |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive     | \$2,269,788   | \$3,955,165                   | \$0  | 0                      | 1,681                | 0                      | 1,681             |
| Long Term Care-Facility Only     | \$29,192  | (\$3,522)                     | \$0  | 0                      | 139                  | 0                      | 139               |
| Long Term Care-Non-Facility Only | \$114,235   | \$547,120                     | \$0  | 0                      | 130                  | 0                      | 130               |
| <b>TOTAL</b>                     | <b>\$2,413,215</b>  | <b>\$4,498,763</b>            | <b>\$0</b>   | <b>0</b>               | <b>1,950</b>         | <b>0</b>               | <b>1,950</b>      |

## ACACIA LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60038             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$205   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>      | <b>\$205</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>1</b>             | <b>0</b>               | <b>1</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ACE AMERICAN INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 22667                     |   |                               |  |                        |                      |                        |                   |
| Accident Only             | \$12,247,070  | \$965,244                     | \$303,640  | 316                    | 144,145              | 72,073                 | 216,218           |
| Blanket Accident/Sickness | \$4,136,050   | \$146,309                     | \$349,343  | 32                     | 7,509                | 3,755                  | 11,264            |
| Dental                    | \$74,658  | \$11,065                      | \$0  | 3                      | 155                  | 77                     | 232               |
| Excess/Stop Loss          | \$3,632,039   | \$3,095,067                   | \$0  | 5                      | 10,251               | 5,125                  | 15,376            |
| Hospital Indemnity        | \$27,294  | \$0                           | \$0  | 5                      | 55                   | 28                     | 83                |
| Limited Benefit           | \$1,148,472   | \$202,805                     | \$0  | 6                      | 417                  | 209                    | 626               |
| Travel                    | \$204,845   | \$0                           | \$0  | 3                      | 103                  | 52                     | 155               |
| <b>TOTAL</b>              | <b>\$21,470,428</b>   | <b>\$4,420,490</b>            | <b>\$652,983</b>                                       | <b>370</b>             | <b>162,635</b>       | <b>81,319</b>          | <b>243,954</b>    |

## ADVANTICA, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Vision            | \$3,333,562   | \$2,377,157                   | \$8,159  | 198                    | 14,417               | 56,912                 | 71,329            |
| <b>TOTAL</b>      | <b>\$3,333,562</b>  | <b>\$2,377,157</b>            | <b>\$8,159</b>   | <b>198</b>             | <b>14,417</b>        | <b>56,912</b>          | <b>71,329</b>     |

## AEGIS SECURITY INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 33898             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$125,429   | \$94,232                      | \$123,321  | 23                     | 3,483                | 0                      | 3,483             |
| <b>TOTAL</b>      | <b>\$125,429</b>  | <b>\$94,232</b>               | <b>\$123,321</b>                                       | <b>23</b>              | <b>3,483</b>         | <b>0</b>               | <b>3,483</b>      |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Guarantee Issue                  | \$5,043,604   | \$8,071,218                   | \$16,834   | 0                      | 357                  | 30                     | 387               |
| Individually Underwritten        | \$112,535,706   | \$83,039,926                  | \$19,442,338   | 0                      | 34,076               | 17,026                 | 51,102            |
| Self-Employed or Sole Proprietor | \$27,079,289  | \$30,597,419                  | \$265,207  | 2,094                  | 2,094                | 1,917                  | 4,011             |
| 2 - 50 Member Groups             | \$418,253,889   | \$324,606,956                 | \$24,581,788   | 8,601                  | 56,523               | 28,550                 | 85,073            |
| 51-100 Member Groups             | \$104,556,945   | \$88,379,517                  | \$13,075,157   | 88                     | 12,834               | 7,986                  | 20,820            |
| 101+ Member Groups               | \$484,088,839   | \$409,188,867                 | \$45,567,556   | 408                    | 59,421               | 36,972                 | 96,393            |
| Conversion                       | \$7,765,533   | \$9,471,821                   | \$269,555  | 0                      | 400                  | 68                     | 468               |
| <b>TOTAL</b>                     | <b>\$1,159,323,805</b>  | <b>\$953,355,724</b>          | <b>\$103,218,435</b>                                   | <b>11,191</b>          | <b>165,705</b>       | <b>92,549</b>          | <b>258,254</b>    |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Guarantee Issue                               | \$575,138   | \$1,314,419                   | \$0  | 0                      | 41                  | 0                      | 41                |
| Individually Underwritten                     | \$20,936,067  | \$10,035,137                  | \$3,261,127  | 0                      | 3,297               | 1,009                  | 4,306             |
| Self-Employed or Sole Proprietor              | \$5,083,425   | \$5,109,442                   | \$266,246  | 418                    | 418                 | 348                    | 766               |
| 2 - 50 Member Groups                          | \$26,445,780  | \$20,268,230                  | \$2,394,044  | 670                    | 3,753               | 2,331                  | 6,084             |
| 51-100 Member Groups                          | \$6,950,251   | \$7,656,690                   | \$1,718,363  | 86                     | 889                 | 477                    | 1,366             |
| 101+ Member Groups                            | \$90,569,758  | \$86,350,553                  | \$14,203,543   | 256                    | 11,625              | 6,485                  | 18,110            |
| Conversion                                    | \$3,447,419   | \$3,536,091                   | \$688,315  | 0                      | 259                 | 29                     | 288               |
| Out-of-State Self-Employed or Sole Proprietor | \$1,119,374   | \$1,125,103                   | \$58,628   | 313                    | 313                 | 260                    | 573               |
| Out-of-State 2 - 50 Member Groups             | \$22,470,355  | \$17,697,957                  | \$2,396,010  | 569                    | 3,189               | 1,981                  | 5,170             |
| Out-of-State 51-100 Member Groups             | \$8,479,571   | \$8,396,051                   | \$3,093,870  | 296                    | 1,067               | 814                    | 1,881             |
| Out-of-State 101+ Member Groups               | \$122,786,561   | \$117,066,534                 | \$27,520,837   | 1,322                  | 26,590              | 16,693                 | 43,283            |
| Accidental Death & Dismemberment              | \$4,768,596   | \$5,249,005                   | \$0  | 1,263                  | 344,765             | 1,007                  | 345,772           |
| Dental  | \$87,501,718  | \$46,770,332                  | \$4,491,295  | 4,265                  | 158,591             | 138,843                | 297,434           |
| Disability Income                             | \$77,680,640  | \$46,957,576                  | \$7,307,488  | 130                    | 347,908             | 0                      | 347,908           |
| Excess/Stop Loss                              | \$29,381,825  | \$21,538,537                  | \$301,403  | 50                     | 41,207              | 40,743                 | 81,950            |
| Long Term Care-Comprehensive                  | \$2,759,810   | \$4,012,873                   | \$0  | 0                      | 1,611               | 1,178                  | 2,789             |
| Medicare Supplement                           | \$292,034   | \$194,900                     | \$0  | 255                    | 255                 | 0                      | 255               |
| Student                                       | \$1,420,731   | \$1,647,138                   | \$341,595  | 6                      | 2,296               | 6                      | 2,302             |
| <b>TOTAL</b>                                  | <b>\$512,669,053</b>  | <b>\$404,926,568</b>          | <b>\$68,042,764</b>                                    | <b>9,899</b>           | <b>948,074</b>      | <b>212,204</b>         | <b>1,160,278</b>  |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ALL SAVERS INSURANCE COMPANY

| NAIC Company Code    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 82406                |   |                               |  |                        |                     |                        |                   |
| 2 - 50 Member Groups | \$6,914,270   | \$4,497,921                   | \$6,914,270  | 330                    | 2,763               | 1,291                  | 4,054             |
| 51-100 Member Groups | \$397,433   | \$374,420                     | \$397,433  | 1                      | 63                  | 77                     | 140               |
| Conversion           | \$10,155  | \$287,323                     | \$10,155   | 0                      | 4                   | 3                      | 7                 |
| <b>TOTAL</b>         | <b>\$7,321,858</b>  | <b>\$5,159,664</b>            | <b>\$7,321,858</b>                                     | <b>331</b>             | <b>2,830</b>        | <b>1,371</b>           | <b>4,201</b>      |

## ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

| NAIC Company Code                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 90611                             |   |                               |  |                        |                     |                        |                   |
| Conversion                        | \$11,128  | \$6,318                       | \$0  | 0                      | 1                   | 0                      | 1                 |
| Out-of-State 51-100 Member Groups | \$1,450   | \$24,863                      | \$0  | 1                      | 1                   | 0                      | 1                 |
| Accidental Death & Dismemberment  | \$681   | \$0                           | \$0  | 0                      | 11                  | 0                      | 11                |
| Disability Income                 | \$736   | \$1,200                       | \$0  | 0                      | 0                   | 0                      | 0                 |
| Hospital Indemnity                | \$15,913  | \$18,253                      | \$0  | 0                      | 100                 | 0                      | 100               |
| Limited Benefit                   | \$107   | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Long Term Care-Comprehensive      | \$9,981,163   | \$4,134,454                   | \$0  | 0                      | 6,091               | 0                      | 6,091             |
| Medicare Supplement               | \$8,554   | \$36,973                      | \$0  | 0                      | 7                   | 0                      | 7                 |
| <b>TOTAL</b>                      | <b>\$10,019,732</b>   | <b>\$4,222,061</b>            | <b>\$0</b>   | <b>1</b>               | <b>6,212</b>        | <b>0</b>               | <b>6,212</b>      |

## ALLSTATE LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 60186                            |   |                               |  |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$2,916,011   | \$1,983,524                   | \$0  | 0                      | 85                  | 0                      | 85                |
| Disability Income                | \$0   | (\$246)                       | \$0  | 0                      | 29,137              | 0                      | 29,137            |
| Hospital Indemnity               | \$130,145   | \$109,233                     | \$0  | 0                      | 0                   | 0                      | 0                 |
| Long Term Care-Comprehensive     | \$229,990   | \$455,048                     | \$0  | 0                      | 0                   | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$3,276,146</b>  | <b>\$2,547,559</b>            | <b>\$0</b>   | <b>0</b>               | <b>29,222</b>       | <b>0</b>               | <b>29,222</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMALGAMATED LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60216             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$1,521   | \$0                           | \$1,521  | 0                      | 4                    | 0                      | 4                 |
| Excess/Stop Loss  | \$259,063   | \$26,204                      | \$0  | 1                      | 777                  | 0                      | 777               |
| <b>TOTAL</b>      | <b>\$260,584</b>  | <b>\$26,204</b>               | <b>\$1,521</b>   | <b>1</b>               | <b>781</b>           | <b>0</b>               | <b>781</b>        |

## AMERICAN ALTERNATIVE INSURANCE CORPORATION

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 19720             |   |                               |  |                        |                      |                        |                   |
| Excess/Stop Loss  | \$2,797,351   | (\$748,777)                   | \$1,064,839  | 5                      | 13,751               | 2,576                  | 16,327            |
| <b>TOTAL</b>      | <b>\$2,797,351</b>  | <b>(\$748,777)</b>            | <b>\$1,064,839</b>                                     | <b>5</b>               | <b>13,751</b>        | <b>2,576</b>           | <b>16,327</b>     |

## AMERICAN AUTOMOBILE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 21849             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$0   | (\$3,904)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$0</b>  | <b>(\$3,904)</b>              | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 10111                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$122,392   | \$6,167                       | \$0  | 1                      | 1,020                | 0                      | 1,020             |
| Disability Income                | \$9,216   | \$464                         | \$0  | 1                      | 77                   | 0                      | 77                |
| <b>TOTAL</b>                     | <b>\$131,608</b>  | <b>\$6,631</b>                | <b>\$0</b>   | <b>2</b>               | <b>1,097</b>         | <b>0</b>               | <b>1,097</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

NAIC Company Code

60275

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$259,586   | \$9,860                       | \$0  | 1                      | 15,635               | 1,065                  | 16,700            |
| Disability Income                | \$31,389  | (\$913)                       | \$0  | 1                      | 93                   | 9                      | 102               |
| <b>TOTAL</b>                     | <b>\$290,975</b>  | <b>\$8,947</b>                | <b>\$0</b>   | <b>2</b>               | <b>15,728</b>        | <b>1,074</b>           | <b>16,802</b>     |

## AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

NAIC Company Code

20427

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Disability Income  | \$132   | \$0                           | \$0  | 0                      | 5                    | 0                      | 5                 |
| Hospital Indemnity | \$40  | \$17                          | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit    | \$251   | \$106                         | \$0  | 0                      | 22                   | 0                      | 22                |
| <b>TOTAL</b>       | <b>\$423</b>  | <b>\$123</b>                  | <b>\$0</b>   | <b>0</b>               | <b>28</b>            | <b>0</b>               | <b>28</b>         |

## AMERICAN CONTINENTAL INSURANCE COMPANY

NAIC Company Code

12321

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Medicare Supplement | \$713,696   | \$506,724                     | \$90,656   | 0                      | 439                  | 0                      | 439               |
| <b>TOTAL</b>        | <b>\$713,696</b>  | <b>\$506,724</b>              | <b>\$90,656</b>  | <b>0</b>               | <b>439</b>           | <b>0</b>               | <b>439</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60380                        |   |                               |  |                        |                      |                        |                   |
| Accident Only                | \$74,680,366  | \$41,306,255                  | \$17,618,073   | 0                      | 219,093              | 234,932                | 454,025           |
| Dental                       | \$7,954,748   | \$3,227,968                   | \$2,555,509  | 0                      | 15,831               | 10,844                 | 26,675            |
| Disability Income            | \$55,293,010  | \$26,049,464                  | \$15,939,056   | 0                      | 107,231              | 0                      | 107,231           |
| Hospital Indemnity           | \$64,374,869  | \$33,040,565                  | \$18,201,038   | 0                      | 114,285              | 102,062                | 216,347           |
| Limited Benefit              | \$101,104,351   | \$61,397,375                  | \$16,297,058   | 0                      | 260,398              | 238,444                | 498,842           |
| Long Term Care-Comprehensive | \$2,033,749   | \$1,433,690                   | \$3,737  | 0                      | 1,587                | 165                    | 1,752             |
| Medicare Supplement          | \$3,316,790   | \$3,174,808                   | \$0  | 0                      | 1,352                | 0                      | 1,352             |
| Vision                       | \$1,252,081   | \$404,452                     | \$611,193  | 0                      | 7,004                | 5,350                  | 12,354            |
| <b>TOTAL</b>                 | <b>\$310,009,964</b>  | <b>\$170,034,577</b>          | <b>\$71,225,664</b>                                    | <b>0</b>               | <b>726,781</b>       | <b>591,797</b>         | <b>1,318,578</b>  |

## AMERICAN FIDELITY ASSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60410                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$1,703,657   | \$935,581                     | \$522,766  | 0                      | 5,388                | 2,186                  | 7,574             |
| Accidental Death & Dismemberment | \$833   | (\$5,629)                     | \$0  | 2                      | 9                    | 2                      | 11                |
| Dental                           | \$1,000   | \$37                          | \$0  | 1                      | 2                    | 0                      | 2                 |
| Disability Income                | \$6,436,781   | \$3,914,891                   | \$1,302,888  | 49                     | 10,312               | 0                      | 10,312            |
| Excess/Stop Loss                 | \$1,329,031   | (\$457,165)                   | \$25,302   | 3                      | 2,271                | 753                    | 3,024             |
| Hospital Indemnity               | \$5,636,009   | \$2,446,862                   | \$1,920,826  | 12                     | 9,885                | 1,887                  | 11,772            |
| Limited Benefit                  | \$2,525,049   | \$1,778,048                   | \$413,327  | 2                      | 5,774                | 2,781                  | 8,555             |
| Long Term Care-Comprehensive     | \$408,432   | \$345,640                     | \$13,874   | 0                      | 310                  | 48                     | 358               |
| <b>TOTAL</b>                     | <b>\$18,040,792</b>   | <b>\$8,958,265</b>            | <b>\$4,198,983</b>                                     | <b>69</b>              | <b>33,951</b>        | <b>7,657</b>           | <b>41,608</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN GENERAL LIFE INSURANCE COMPANY

### NAIC Company Code

| 60488                            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Out-of-State 101+ Member Groups  | \$209,355   | \$284,564                     | \$0  | 692                    | 1,046                | 0                      | 1,046             |
| Accident Only                    | \$1,286,439   | \$486,674                     | \$0  | 26,327                 | 32,580               | 5                      | 32,585            |
| Accidental Death & Dismemberment | \$2,547,128   | \$1,397,538                   | \$0  | 8,296                  | 8,251                | 16,849                 | 25,100            |
| Dental                           | \$1,287,981   | \$899,112                     | \$0  | 64                     | 1,854                | 1,680                  | 3,534             |
| Disability Income                | \$2,659,816   | \$2,286,911                   | \$0  | 2,775                  | 11,621               | 75                     | 11,696            |
| Hospital Indemnity               | \$572,280   | \$187,791                     | \$0  | 6,570                  | 8,291                | 39                     | 8,330             |
| Limited Benefit                  | \$3,673,087   | \$3,097,073                   | \$0  | 10,288                 | 14,040               | 187                    | 14,227            |
| Long Term Care-Comprehensive     | \$953,905   | \$1,837,464                   | \$0  | 327                    | 414                  | 0                      | 414               |
| Medicare Supplement              | \$400,062   | \$421,741                     | \$0  | 202                    | 238                  | 0                      | 238               |
| Vision                           | \$445,401   | \$328,033                     | \$0  | 15                     | 3,352                | 1,347                  | 4,699             |
| <b>TOTAL</b>                     | <b>\$14,035,454</b>   | <b>\$11,226,901</b>           | <b>\$0</b>   | <b>55,556</b>          | <b>81,687</b>        | <b>20,182</b>          | <b>101,869</b>    |

## AMERICAN HEALTH AND LIFE INSURANCE COMPANY

### NAIC Company Code

| 60518                                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accident Only                            | \$22,520  | \$4,461                       | \$0  | 1                      | 144                  | 0                      | 144               |
| Disability Income                        | \$0   | \$4,648                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Long Term Care-Accelerated Benefit Rider | \$2,681   | (\$23,398)                    | \$0  | 1                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>                             | <b>\$25,201</b>   | <b>(\$14,289)</b>             | <b>\$0</b>   | <b>2</b>               | <b>147</b>           | <b>0</b>               | <b>147</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60534                        |   |                               |  |                        |                      |                        |                   |
| 101+ Member Groups           | \$660,587   | \$1,907,381                   | \$0  | 9                      | 816                  | 129                    | 945               |
| Accident Only                | \$23,570,190  | \$13,048,481                  | \$7,825,106  | 338                    | 55,222               | 54,815                 | 110,037           |
| Dental                       | \$398,013   | \$121,134                     | \$20,852   | 22                     | 384                  | 237                    | 621               |
| Disability Income            | \$11,063,513  | \$6,675,395                   | \$2,789,206  | 59                     | 16,760               | 0                      | 16,760            |
| Hospital Indemnity           | \$10,748,790  | \$7,955,920                   | \$3,392,572  | 62                     | 21,927               | 21,268                 | 43,195            |
| Limited Benefit              | \$34,177,913  | \$20,868,241                  | \$6,343,110  | 390                    | 76,404               | 76,236                 | 152,640           |
| Long Term Care-Comprehensive | \$849,512   | \$2,577,444                   | \$0  | 0                      | 513                  | 0                      | 513               |
| <b>TOTAL</b>                 | <b>\$81,468,518</b>   | <b>\$53,153,996</b>           | <b>\$20,370,846</b>                                    | <b>880</b>             | <b>172,026</b>       | <b>152,685</b>         | <b>324,711</b>    |

## AMERICAN HOME ASSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 19380                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$33,846  | (\$3,730)                     | \$0  | 0                      | 78                   | 0                      | 78                |
| Travel                           | \$6   | (\$240)                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$33,852</b>   | <b>(\$3,970)</b>              | <b>\$0</b>   | <b>0</b>               | <b>78</b>            | <b>0</b>               | <b>78</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN INCOME LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60577                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$1,918,424   | \$938,923                     | \$166,398  | 0                      | 23,294               | 18,710                 | 42,004            |
| Accidental Death & Dismemberment | \$234,870   | \$192,000                     | \$10,291   | 331                    | 393,844              | 0                      | 393,844           |
| Blanket Accident/Sickness        | \$61,796  | \$20,912                      | \$61,796   | 236                    | 0                    | 0                      | 0                 |
| Disability Income                | \$2,459   | \$1,280                       | \$0  | 0                      | 5                    | 0                      | 5                 |
| Hospital Indemnity               | \$474,417   | \$398,176                     | \$26,296   | 0                      | 4,630                | 8,456                  | 13,086            |
| Limited Benefit                  | \$288,326   | \$104,244                     | \$27,135   | 0                      | 2,958                | 1,062                  | 4,020             |
| Medicare Supplement              | \$82,516  | \$22,241                      | \$0  | 0                      | 39                   | 0                      | 39                |
| <b>TOTAL</b>                     | <b>\$3,062,808</b>  | <b>\$1,677,776</b>            | <b>\$291,916</b>                                       | <b>567</b>             | <b>424,770</b>       | <b>28,228</b>          | <b>452,998</b>    |

## AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 81418             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$1,966,155   | \$1,518,130                   | \$0  | 8                      | 802                  | 187                    | 989               |
| <b>TOTAL</b>      | <b>\$1,966,155</b>  | <b>\$1,518,130</b>            | <b>\$0</b>   | <b>8</b>               | <b>802</b>           | <b>187</b>             | <b>989</b>        |

## AMERICAN MEMORIAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67989             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$0   | \$4,849                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit   | \$11  | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>      | <b>\$11</b>   | <b>\$4,849</b>                | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN NATIONAL INSURANCE COMPANY

### NAIC Company Code

60739

|  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten              | \$173,087   | \$639,434                     | \$0  | 0                      | 55                   | 20                     | 75                |
| Out-of-State Individually Underwritten | \$94,141  | \$6,194                       | \$0  | 0                      | 8                    | 2                      | 10                |
| Accident Only                          | \$5,156   | (\$2)                         | \$0  | 0                      | 59                   | 10                     | 69                |
| Accidental Death & Dismemberment       | \$1,412   | \$0                           | \$0  | 0                      | 124                  | 0                      | 124               |
| Disability Income                      | \$15,963  | (\$322,989)                   | \$0  | 0                      | 35                   | 0                      | 35                |
| Limited Benefit                        | \$57,123  | \$84,519                      | \$0  | 0                      | 168                  | 86                     | 254               |
| Medicare Supplement                    | \$736   | \$290                         | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>                           | <b>\$347,618</b>  | <b>\$407,446</b>              | <b>\$0</b>   | <b>0</b>               | <b>450</b>           | <b>118</b>             | <b>568</b>        |

## AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

### NAIC Company Code

71773

|  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten              | \$0   | (\$27,686)                    | \$0  | 0                      | 0                    | 0                      | 0                 |
| Conversion                             | \$425,223   | \$889,414                     | \$0  | 0                      | 31                   | 11                     | 42                |
| Out-of-State Individually Underwritten | \$256,126   | \$94,260                      | \$0  | 0                      | 37                   | 14                     | 51                |
| Accident Only                          | \$65  | \$37                          | \$65   | 0                      | 1                    | 0                      | 1                 |
| Dental                                 | \$481   | \$317                         | \$0  | 1                      | 1                    | 0                      | 1                 |
| Medicare Supplement                    | \$73,996  | \$65,678                      | \$0  | 0                      | 26                   | 0                      | 26                |
| <b>TOTAL</b>                           | <b>\$755,891</b>  | <b>\$1,022,020</b>            | <b>\$65</b>  | <b>1</b>               | <b>96</b>            | <b>25</b>              | <b>121</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN PIONEER LIFE INSURANCE COMPANY

### NAIC Company Code

|  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60763                                    |   |                               |  |                        |                      |                        |                   |
| Dental                                   | \$42,445  | \$29,414                      | \$0  | 0                      | 117                  | 0                      | 117               |
| Disability Income                        | \$15,415  | \$75,601                      | \$0  | 0                      | 33                   | 0                      | 33                |
| Hospital Indemnity                       | \$732   | \$16,840                      | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit                          | \$8,194   | \$782                         | \$0  | 0                      | 61                   | 1                      | 62                |
| Long Term Care-Comprehensive             | \$1,221,891   | \$1,806,576                   | \$0  | 0                      | 702                  | 36                     | 738               |
| Long Term Care-Non-Facility Only         | \$2,448,100   | \$10,861,141                  | \$0  | 0                      | 681                  | 27                     | 708               |
| Long Term Care-Accelerated Benefit Rider | \$531   | \$289                         | \$0  | 0                      | 66                   | 0                      | 66                |
| Medicare Supplement                      | \$35,124,955  | \$34,158,265                  | \$218,862  | 0                      | 12,478               | 0                      | 12,478            |
| <b>TOTAL</b>                             | <b>\$38,862,263</b>   | <b>\$46,948,908</b>           | <b>\$218,862</b>                                       | <b>0</b>               | <b>14,139</b>        | <b>64</b>              | <b>14,203</b>     |

## AMERICAN PUBLIC LIFE INSURANCE COMPANY

### NAIC Company Code

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60801              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$54,519  | \$42,378                      | \$0  | 21                     | 853                  | 1,341                  | 2,194             |
| Dental             | \$73,254  | \$22,076                      | \$0  | 4                      | 99                   | 132                    | 231               |
| Disability Income  | \$73,090  | \$26,136                      | \$0  | 3                      | 75                   | 75                     | 150               |
| Hospital Indemnity | \$8,764,193   | \$4,475,795                   | \$0  | 1,562                  | 26,021               | 39,066                 | 65,087            |
| Limited Benefit    | \$314,452   | \$381,092                     | \$0  | 12                     | 679                  | 298                    | 977               |
| <b>TOTAL</b>       | <b>\$9,279,508</b>  | <b>\$4,947,477</b>            | <b>\$0</b>   | <b>1,602</b>           | <b>27,727</b>        | <b>40,912</b>          | <b>68,639</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN REPUBLIC INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 60836                                  |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten              | \$36,360  | \$602,227                     | \$0  | 0                      | 5                   | 2                      | 7                 |
| Out-of-State Individually Underwritten | \$48,356  | \$171,914                     | \$0  | 0                      | 0                   | 0                      | 0                 |
| Accident Only                          | \$198   | \$32                          | \$0  | 1                      | 5                   | 0                      | 5                 |
| Dental                                 | \$20,808  | \$24,241                      | \$0  | 1                      | 50                  | 0                      | 50                |
| Hospital Indemnity                     | \$24,929  | \$13,195                      | \$0  | 1                      | 57                  | 6                      | 63                |
| Limited Benefit                        | \$5,392   | \$864                         | \$0  | 1                      | 77                  | 24                     | 101               |
| Long Term Care-Comprehensive           | \$11,671  | (\$4,554)                     | \$0  | 1                      | 12                  | 0                      | 12                |
| Medicare Supplement                    | \$1,849,761   | \$1,393,065                   | \$0  | 1                      | 547                 | 16                     | 563               |
| <b>TOTAL</b>                           | <b>\$1,997,475</b>  | <b>\$2,200,984</b>            | <b>\$0</b>   | <b>6</b>               | <b>753</b>          | <b>48</b>              | <b>801</b>        |

## AMERICAN RETIREMENT LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 88366               |   |                               |  |                        |                     |                        |                   |
| Medicare Supplement | \$11,643  | \$10,344                      | \$11,643   | 0                      | 19                  | 0                      | 19                |
| <b>TOTAL</b>        | <b>\$11,643</b>   | <b>\$10,344</b>               | <b>\$11,643</b>  | <b>0</b>               | <b>19</b>           | <b>0</b>               | <b>19</b>         |

## AMERICAN STATES INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 19704                     |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten | \$28,333  | \$143,493                     | \$0  | 0                      | 4                   | 0                      | 4                 |
| Disability Income         | \$19,587  | \$20,808                      | \$0  | 0                      | 32                  | 0                      | 32                |
| <b>TOTAL</b>              | <b>\$47,920</b>   | <b>\$164,301</b>              | <b>\$0</b>   | <b>0</b>               | <b>36</b>           | <b>0</b>               | <b>36</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMERICAN UNITED LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60895                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$47,993  | \$213,475                     | \$2,845  | 66                     | 1,707                | 360                    | 2,067             |
| Disability Income                | \$500,529   | \$489,653                     | \$19,568   | 16                     | 1,287                | 0                      | 1,287             |
| Excess/Stop Loss                 | \$0   | \$60                          | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$548,522</b>  | <b>\$703,188</b>              | <b>\$22,413</b>  | <b>82</b>              | <b>2,994</b>         | <b>360</b>             | <b>3,354</b>      |

## AMERITAS LIFE INSURANCE CORP.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61301             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$19,683,225  | \$13,594,887                  | \$3,190,040  | 894                    | 29,636               | 74,090                 | 103,726           |
| Disability Income | \$577,388   | \$186,566                     | \$459,308  | 0                      | 255                  | 0                      | 255               |
| Vision            | \$3,049,266   | \$1,690,080                   | \$357,286  | 373                    | 24,143               | 60,358                 | 84,501            |
| <b>TOTAL</b>      | <b>\$23,309,879</b>   | <b>\$15,471,533</b>           | <b>\$4,006,634</b>                                     | <b>1,267</b>           | <b>54,034</b>        | <b>134,448</b>         | <b>188,482</b>    |

## AMEX ASSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 27928                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$1,006,778   | \$574,076                     | \$0  | 0                      | 5,192                | 2,100                  | 7,292             |
| Accidental Death & Dismemberment | \$2,619,073   | \$46,314                      | \$0  | 0                      | 2,603,867            | 20,664                 | 2,624,531         |
| Hospital Indemnity               | \$70,286  | \$9,997                       | \$0  | 0                      | 489                  | 228                    | 717               |
| Travel                           | \$2,251,946   | \$862,018                     | \$0  | 0                      | 64,407               | 52,261                 | 116,668           |
| <b>TOTAL</b>                     | <b>\$5,948,083</b>  | <b>\$1,492,405</b>            | <b>\$0</b>   | <b>0</b>               | <b>2,673,955</b>     | <b>75,253</b>          | <b>2,749,208</b>  |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AMFIRST INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60250             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$29,591  | \$112                         | \$6,421  | 2                      | 95                   | 60                     | 155               |
| Limited Benefit   | \$341,706   | \$159,031                     | \$0  | 3                      | 172                  | 254                    | 426               |
| <b>TOTAL</b>      | <b>\$371,297</b>  | <b>\$159,143</b>              | <b>\$6,421</b>   | <b>5</b>               | <b>267</b>           | <b>314</b>             | <b>581</b>        |

## ARCH INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 11150             |   |                               |  |                        |                      |                        |                   |
| Travel            | \$1,189,952   | \$498,143                     | \$1,189,952  | 0                      | 14,537               | 0                      | 14,537            |
| <b>TOTAL</b>      | <b>\$1,189,952</b>  | <b>\$498,143</b>              | <b>\$1,189,952</b>                                     | <b>0</b>               | <b>14,537</b>        | <b>0</b>               | <b>14,537</b>     |

## ARGUS DENTAL & VISION, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Dental            | \$6,767,091   | \$4,562,520                   | \$486,298  | 41                     | 83,080               | 2,486                  | 85,566            |
| <b>TOTAL</b>      | <b>\$6,767,091</b>  | <b>\$4,562,520</b>            | <b>\$486,298</b>                                       | <b>41</b>              | <b>83,080</b>        | <b>2,486</b>           | <b>85,566</b>     |

## ARROWOOD INDEMNITY COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 24678              |   |                               |  |                        |                      |                        |                   |
| Hospital Indemnity | \$178   | \$0                           | \$0  | 0                      | 1                    | 1                      | 2                 |
| <b>TOTAL</b>       | <b>\$178</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>1</b>             | <b>1</b>               | <b>2</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ASSURITY LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71439                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$205   | \$22                          | \$0  | 0                      | 1                    | 0                      | 1                 |
| Accident Only                    | \$9,828   | \$408                         | \$1,480  | 0                      | 23                   | 12                     | 35                |
| Accidental Death & Dismemberment | \$165,184   | (\$5)                         | \$32,122   | 0                      | 1,053                | 0                      | 1,053             |
| Disability Income                | \$1,661,218   | \$945,032                     | \$115,454  | 0                      | 1,877                | 0                      | 1,877             |
| Hospital Indemnity               | \$103,061   | \$111,675                     | \$15,038   | 0                      | 192                  | 101                    | 293               |
| Limited Benefit                  | \$529,266   | \$58,325                      | \$133,070  | 0                      | 1,167                | 458                    | 1,625             |
| Long Term Care-Comprehensive     | \$12,643  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$2,481,405</b>  | <b>\$1,115,457</b>            | <b>\$297,164</b>                                       | <b>0</b>               | <b>4,313</b>         | <b>571</b>             | <b>4,884</b>      |

## ATHENE ANNUITY & LIFE ASSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61492              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$465,163   | \$154,315                     | \$0  | 0                      | 4,373                | 1,501                  | 5,874             |
| Disability Income  | \$136,476   | \$113,739                     | \$0  | 0                      | 23                   | 9                      | 32                |
| Hospital Indemnity | \$497   | \$0                           | \$0  | 0                      | 11                   | 5                      | 16                |
| Limited Benefit    | \$234   | \$0                           | \$0  | 0                      | 121                  | 147                    | 268               |
| <b>TOTAL</b>       | <b>\$602,370</b>  | <b>\$268,054</b>              | <b>\$0</b>   | <b>0</b>               | <b>4,528</b>         | <b>1,662</b>           | <b>6,190</b>      |

## ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68039             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$0   | \$1,000                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Excess/Stop Loss  | \$25,657  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$25,657</b>   | <b>\$1,000</b>                | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ATHENE ANNUITY AND LIFE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61689                    |  |                                       |   |                               |                             |                               |                          |
| Disability Income        | \$423,370  | \$664,119                             | \$0   | 0                             | 587                         | 0                             | 587                      |
| <b>TOTAL</b>             | <b>\$423,370</b>   | <b>\$664,119</b>                      | <b>\$0</b>  | <b>0</b>                      | <b>587</b>                  | <b>0</b>                      | <b>587</b>               |

## ATHENE LIFE INSURANCE COMPANY OF NEW YORK

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 63932                    |  |                                       |   |                               |                             |                               |                          |
| Disability Income        | \$7,239  | \$416,690                             | \$0   | 0                             | 14                          | 0                             | 14                       |
| <b>TOTAL</b>             | <b>\$7,239</b>   | <b>\$416,690</b>                      | <b>\$0</b>  | <b>0</b>                      | <b>14</b>                   | <b>0</b>                      | <b>14</b>                |

## ATLANTA LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61093                            |  |                                       |   |                               |                             |                               |                          |
| Accidental Death & Dismemberment | \$667  | \$3,023                               | \$0   | 0                             | 137                         | 0                             | 137                      |
| Hospital Indemnity               | \$7,293  | \$1,773                               | \$0   | 0                             | 113                         | 0                             | 113                      |
| Limited Benefit                  | \$63   | \$0                                   | \$0   | 0                             | 2                           | 0                             | 2                        |
| <b>TOTAL</b>                     | <b>\$8,023</b>   | <b>\$4,796</b>                        | <b>\$0</b>  | <b>0</b>                      | <b>252</b>                  | <b>0</b>                      | <b>252</b>               |

## ATLANTIC AMBULANCE SERVICES ACQUISITION, INC.

| <i>NAIC Company Code</i>      | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|-------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 61093                         |  |                                       |   |                               |                             |                               |                          |
| Other Prepaid Health Services | \$291,859  | \$180,657                             | \$0   | 56                            | 16,911                      | 0                             | 16,911                   |
| <b>TOTAL</b>                  | <b>\$291,859</b>   | <b>\$180,657</b>                      | <b>\$0</b>  | <b>56</b>                     | <b>16,911</b>               | <b>0</b>                      | <b>16,911</b>            |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ATLANTIC SPECIALTY INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 27154             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$4,050,377   | \$460,657                     | \$14,554   | 67                     | 18,271               | 0                      | 18,271            |
| <b>TOTAL</b>      | <b>\$4,050,377</b>  | <b>\$460,657</b>              | <b>\$14,554</b>  | <b>67</b>              | <b>18,271</b>        | <b>0</b>               | <b>18,271</b>     |

## AURIGEN REINSURANCE COMPANY OF AMERICA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 74900                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$1,612   | \$668                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Dental                           | \$13,024  | \$5,260                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$14,636</b>   | <b>\$5,928</b>                | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## AUTO-OWNERS LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61190                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$311,427   | \$82,518                      | \$4,995  | 0                      | 362                  | 0                      | 362               |
| Long Term Care-Comprehensive | \$140,447   | \$45,009                      | \$0  | 0                      | 70                   | 0                      | 70                |
| Medicare Supplement          | \$44,224  | \$62,109                      | \$0  | 0                      | 25                   | 0                      | 25                |
| <b>TOTAL</b>                 | <b>\$496,098</b>  | <b>\$189,636</b>              | <b>\$4,995</b>   | <b>0</b>               | <b>457</b>           | <b>0</b>               | <b>457</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AVMED, INC.

### NAIC Company Code

|                                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95263                              |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue                    | \$38,168  | \$25,338                      | \$513  | 0                      | 5                    | 2                      | 7                 |
| Individually Underwritten          | \$24,831,202  | \$16,484,202                  | \$4,224,515  | 0                      | 6,602                | 3,878                  | 10,480            |
| Self-Employed or Sole Proprietor   | \$1,119,143   | \$999,304                     | \$2,559  | 71                     | 71                   | 29                     | 100               |
| 2 - 50 Member Groups               | \$186,078,485   | \$142,311,461                 | \$12,002,834   | 4,250                  | 25,086               | 13,113                 | 38,199            |
| 51-100 Member Groups               | \$6,499,219   | \$5,512,182                   | \$625,781  | 19                     | 1,011                | 405                    | 1,416             |
| 101+ Member Groups                 | \$112,758,323   | \$87,937,349                  | \$2,195,437  | 41                     | 13,195               | 11,326                 | 24,521            |
| Conversion                         | \$4,429,338   | \$4,527,523                   | \$0  | 0                      | 379                  | 266                    | 645               |
| Administrative Services Only (ASO) | \$47,404,574  | \$0                           | \$389,748  | 9                      | 91,014               | 98,067                 | 189,081           |
| <b>TOTAL</b>                       | <b>\$383,158,452</b>  | <b>\$257,797,359</b>          | <b>\$19,441,387</b>                                    | <b>4,390</b>           | <b>137,363</b>       | <b>127,086</b>         | <b>264,449</b>    |

## AXA EQUITABLE LIFE INSURANCE COMPANY

### NAIC Company Code

|                           | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62944                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$2,267,692   | \$3,211,891                   | \$0  | 0                      | 378                  | 220                    | 598               |
| Conversion                | \$23,083  | \$1,558                       | \$0  | 0                      | 6                    | 5                      | 11                |
| Out-of-State Conversion   | \$0   | \$159,364                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accident Only             | \$1,398   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Disability Income         | \$2,826,487   | \$23,497,666                  | \$0  | 0                      | 2,412                | 0                      | 2,412             |
| <b>TOTAL</b>              | <b>\$5,118,660</b>  | <b>\$26,870,479</b>           | <b>\$0</b>   | <b>0</b>               | <b>2,796</b>         | <b>225</b>             | <b>3,021</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## AXIS INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 37273                            |   |                               |  |                        |                     |                        |                   |
| Accident Only                    | \$375,321   | \$161,491                     | \$59,651   | 192                    | 224,957             | 2,743                  | 227,700           |
| Accidental Death & Dismemberment | \$5,765   | (\$16,458)                    | \$0  | 11                     | 13,564              | 0                      | 13,564            |
| Dental                           | \$67,512  | \$17,620                      | \$2,343  | 12                     | 2,014               | 390                    | 2,404             |
| Disability Income                | \$11,978  | \$3,904                       | \$51   | 10                     | 2,059               | 385                    | 2,444             |
| Hospital Indemnity               | \$1,105,662   | \$609,074                     | \$80,782   | 28                     | 10,972              | 1,813                  | 12,785            |
| Limited Benefit                  | \$9,017   | \$1,040                       | \$2,044  | 25                     | 10,337              | 1,946                  | 12,283            |
| Student                          | \$135,535   | \$59,989                      | \$135,535  | 1                      | 433                 | 0                      | 433               |
| Vision                           | \$16,587  | \$2,009                       | \$0  | 7                      | 1,165               | 168                    | 1,333             |
| <b>TOTAL</b>                     | <b>\$1,727,377</b>  | <b>\$838,669</b>              | <b>\$280,406</b>                                       | <b>286</b>             | <b>265,501</b>      | <b>7,445</b>           | <b>272,946</b>    |

## BALBOA LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 68160                            |   |                               |  |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$107,724   | \$1,143                       | \$0  | 0                      | 21,331              | 0                      | 21,331            |
| <b>TOTAL</b>                     | <b>\$107,724</b>  | <b>\$1,143</b>                | <b>\$0</b>   | <b>0</b>               | <b>21,331</b>       | <b>0</b>               | <b>21,331</b>     |

## BALTIMORE LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 61212                            |   |                               |  |                        |                     |                        |                   |
| Accident Only                    | \$43  | \$0                           | \$0  | 0                      | 10                  | 0                      | 10                |
| Accidental Death & Dismemberment | \$497   | \$29,373                      | \$0  | 1                      | 31                  | 0                      | 31                |
| Hospital Indemnity               | \$904   | \$1,950                       | \$0  | 0                      | 5                   | 0                      | 5                 |
| Limited Benefit                  | \$20,314  | \$0                           | \$0  | 7                      | 73                  | 54                     | 127               |
| Sickness                         | \$123   | \$0                           | \$0  | 0                      | 12                  | 0                      | 12                |
| <b>TOTAL</b>                     | <b>\$21,881</b>   | <b>\$31,323</b>               | <b>\$0</b>   | <b>8</b>               | <b>131</b>          | <b>54</b>              | <b>185</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BANKERS FIDELITY LIFE INSURANCE COMPANY

### NAIC Company Code

| 61239               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accident Only       | \$3,667   | \$172                         | \$0  | 0                      | 12                   | 0                      | 12                |
| Disability Income   | \$12,880  | \$8,375                       | \$0  | 0                      | 13                   | 0                      | 13                |
| Hospital Indemnity  | \$4,110   | \$3,837                       | \$0  | 0                      | 6                    | 0                      | 6                 |
| Limited Benefit     | \$20,626  | \$8,993                       | \$0  | 0                      | 151                  | 0                      | 151               |
| Short Term Care     | \$28  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Medicare Supplement | \$291,234   | \$211,729                     | \$0  | 0                      | 91                   | 0                      | 91                |
| <b>TOTAL</b>        | <b>\$332,545</b>  | <b>\$233,106</b>              | <b>\$0</b>   | <b>0</b>               | <b>273</b>           | <b>0</b>               | <b>273</b>        |

## BANKERS LIFE AND CASUALTY COMPANY

### NAIC Company Code

| 61263                            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accident Only                    | \$14,425  | \$12,332                      | \$2,646  | 0                      | 277                  | 0                      | 277               |
| Disability Income                | \$335,261   | \$291,190                     | \$2,945  | 0                      | 446                  | 0                      | 446               |
| Hospital Indemnity               | \$47,099  | \$40,266                      | \$9,038  | 0                      | 230                  | 7                      | 237               |
| Limited Benefit                  | \$1,217,881   | \$424,864                     | \$633,204  | 0                      | 2,762                | 374                    | 3,136             |
| Long Term Care-Comprehensive     | \$10,264,064  | \$9,057,555                   | \$528,192  | 0                      | 4,080                | 1,072                  | 5,152             |
| Long Term Care-Facility Only     | \$20,957,166  | \$24,256,851                  | \$17,239   | 0                      | 9,178                | 3,050                  | 12,228            |
| Long Term Care-Non-Facility Only | \$17,789,823  | \$32,386,108                  | \$179,634  | 0                      | 10,008               | 1,715                  | 11,723            |
| Short Term Care                  | \$258,897   | \$145,144                     | \$0  | 0                      | 267                  | 15                     | 282               |
| Medicare Supplement              | \$52,081,716  | \$37,528,144                  | \$0  | 0                      | 17,255               | 344                    | 17,599            |
| <b>TOTAL</b>                     | <b>\$102,966,332</b>  | <b>\$104,142,454</b>          | <b>\$1,372,898</b>                                     | <b>0</b>               | <b>44,503</b>        | <b>6,577</b>           | <b>51,080</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BANKERS LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 81043                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$8,082   | \$0                           | \$0  | 0                      | 69                   | 0                      | 69                |
| <b>TOTAL</b>                     | <b>\$8,082</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>69</b>            | <b>0</b>               | <b>69</b>         |

## BANNER LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 94250             |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue   | \$430   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| <b>TOTAL</b>      | <b>\$430</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

## BCS INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 38245                        |   |                               |  |                        |                      |                        |                   |
| 101+ Member Groups           | (\$705)   | (\$38,687)                    | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accident Only                | \$2,186,595   | \$2,357,255                   | \$197  | 6                      | 23,249               | 12                     | 23,261            |
| Blanket Accident/Sickness    | \$1,432   | (\$372)                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Dental                       | \$667,148   | \$161,022                     | \$11,647   | 127                    | 468                  | 2,319                  | 2,787             |
| Excess/Stop Loss             | \$1,070,256   | \$427,119                     | \$0  | 2                      | 179,413              | 80,863                 | 260,276           |
| Hospital Indemnity           | \$1,784,395   | \$933,185                     | \$148,700  | 28                     | 485                  | 2,071                  | 2,556             |
| Limited Benefit              | \$2,237,570   | \$1,371,626                   | \$10,088   | 109                    | 204                  | 989                    | 1,193             |
| Long Term Care-Comprehensive | \$5,906   | (\$11,569)                    | \$0  | 1                      | 2                    | 0                      | 2                 |
| Student                      | \$1,895,294   | \$816,427                     | \$0  | 9                      | 27,510               | 3,192                  | 30,702            |
| Vision                       | \$183,086   | \$3,416                       | \$3,713  | 118                    | 390                  | 1,717                  | 2,107             |
| <b>TOTAL</b>                 | <b>\$10,030,977</b>   | <b>\$6,019,422</b>            | <b>\$174,345</b>                                       | <b>400</b>             | <b>231,721</b>       | <b>91,163</b>          | <b>322,884</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## BEAZLEY INSURANCE COMPANY, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 37540             |   |                               |  |                        |                      |                        |                   |
| Sickness          | \$33,639  | \$3,056                       | \$33,639   | 3                      | 68                   | 44                     | 112               |
| <b>TOTAL</b>      | <b>\$33,639</b>   | <b>\$3,056</b>                | <b>\$33,639</b>  | <b>3</b>               | <b>68</b>            | <b>44</b>              | <b>112</b>        |

## BERKLEY LIFE AND HEALTH INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64890             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$590,503   | (\$85,757)                    | \$590,503  | 105,874                | 105,874              | 0                      | 105,874           |
| Excess/Stop Loss  | \$2,022,246   | \$3,108,998                   | \$2,022,246  | 3,396                  | 3,396                | 0                      | 3,396             |
| <b>TOTAL</b>      | <b>\$2,612,749</b>  | <b>\$3,023,241</b>            | <b>\$2,612,749</b>                                     | <b>109,270</b>         | <b>109,270</b>       | <b>0</b>               | <b>109,270</b>    |

## BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71714                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$21,257,619  | \$20,382,213                  | \$2,600,953  | 0                      | 9,304                | 0                      | 9,304             |
| Long Term Care-Comprehensive | \$2,812,966   | (\$184,505)                   | \$0  | 0                      | 520                  | 0                      | 520               |
| <b>TOTAL</b>                 | <b>\$24,070,585</b>   | <b>\$20,197,708</b>           | <b>\$2,600,953</b>                                     | <b>0</b>               | <b>9,824</b>         | <b>0</b>               | <b>9,824</b>      |

## BEST LIFE AND HEALTH INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 90638             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$178,414   | \$107,294                     | \$4,250  | 33                     | 208                  | 117                    | 325               |
| Vision            | \$30,031  | \$17,884                      | \$299  | 10                     | 227                  | 120                    | 347               |
| <b>TOTAL</b>      | <b>\$208,445</b>  | <b>\$125,178</b>              | <b>\$4,549</b>   | <b>43</b>              | <b>435</b>           | <b>237</b>             | <b>672</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

| NAIC Company Code                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 98167                              |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue                    | \$37,422,981  | \$35,740,813                  | \$2,148,082  | 0                      | 3,211                | 666                    | 3,877             |
| Individually Underwritten          | \$998,098,205   | \$772,796,312                 | \$109,807,965  | 0                      | 209,623              | 126,348                | 335,971           |
| Self-Employed or Sole Proprietor   | \$14,121,525  | \$13,951,464                  | \$64,075   | 845                    | 845                  | 554                    | 1,399             |
| 2 - 50 Member Groups               | \$1,092,457,689   | \$828,264,350                 | \$75,082,189   | 23,048                 | 133,832              | 88,366                 | 222,198           |
| 51-100 Member Groups               | \$298,000,355   | \$234,775,887                 | \$33,663,399   | 2,448                  | 39,052               | 26,033                 | 65,085            |
| 101+ Member Groups                 | \$1,382,005,693   | \$1,109,433,532               | \$128,609,188  | 3,623                  | 190,199              | 133,791                | 323,990           |
| Conversion                         | \$50,002,888  | \$68,386,257                  | \$5,646,676  | 0                      | 3,863                | 833                    | 4,696             |
| Administrative Services Only (ASO) | \$103,191,713   | \$0                           | \$2,458,314  | 0                      | 0                    | 0                      | 0                 |
| Excess/Stop Loss                   | \$49,291,020  | \$30,442,814                  | \$0  | 73                     | 46,141               | 33,073                 | 79,214            |
| Long Term Care-Comprehensive       | \$8,583,619   | \$7,810,685                   | \$0  | 7,213                  | 7,213                | 0                      | 7,213             |
| Medicare Supplement                | \$349,498,977   | \$277,505,445                 | \$22,477,515   | 12                     | 154,840              | 8                      | 154,848           |
| Sickness                           | \$21,530,190  | \$14,525,582                  | \$5,854,124  | 0                      | 23,715               | 3,364                  | 27,079            |
| Student                            | \$20,559,566  | \$21,807,731                  | \$1,981,498  | 10                     | 14,784               | 224                    | 15,008            |
| <b>TOTAL</b>                       | <b>\$4,424,764,421</b>  | <b>\$3,415,440,872</b>        | <b>\$387,793,025</b>                                   | <b>37,272</b>          | <b>827,318</b>       | <b>413,260</b>         | <b>1,240,578</b>  |

## BOSTON MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61476                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$323,954   | \$111,624                     | \$90,508   | 0                      | 851                  | 1,361                  | 2,212             |
| Accidental Death & Dismemberment | \$7,296   | \$0                           | \$0  | 24                     | 362                  | 30                     | 392               |
| Disability Income                | \$417,693   | \$390,971                     | \$48,525   | 21                     | 780                  | 0                      | 780               |
| Hospital Indemnity               | \$338,564   | \$249,661                     | \$0  | 1                      | 104                  | 109                    | 213               |
| Limited Benefit                  | \$309,094   | \$0                           | \$44,659   | 73                     | 603                  | 150                    | 753               |
| <b>TOTAL</b>                     | <b>\$1,396,601</b>  | <b>\$752,256</b>              | <b>\$183,692</b>                                       | <b>119</b>             | <b>2,700</b>         | <b>1,650</b>           | <b>4,350</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 80659             |   |                               |  |                        |                     |                        |                   |
| Disability Income | \$151,067   | \$664,392                     | \$0  | 0                      | 150                 | 0                      | 150               |
| Limited Benefit   | \$21,156  | \$37,267                      | \$0  | 0                      | 19                  | 0                      | 19                |
| <b>TOTAL</b>      | <b>\$172,223</b>  | <b>\$701,659</b>              | <b>\$0</b>   | <b>0</b>               | <b>169</b>          | <b>0</b>               | <b>169</b>        |

## CAPITAL HEALTH PLAN, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 95112                            |   |                               |  |                        |                     |                        |                   |
| Self-Employed or Sole Proprietor | \$2,966,200   | \$3,705,118                   | \$0  | 230                    | 230                 | 227                    | 457               |
| 2 - 50 Member Groups             | \$62,410,845  | \$53,094,941                  | \$1,384,636  | 1,537                  | 7,324               | 5,721                  | 13,045            |
| 51-100 Member Groups             | \$17,280,773  | \$15,405,117                  | \$785,943  | 54                     | 1,750               | 1,273                  | 3,023             |
| 101+ Member Groups               | \$385,305,100   | \$371,732,131                 | \$2,784,515  | 76                     | 42,248              | 48,884                 | 91,132            |
| Conversion                       | \$2,015,817   | \$2,007,838                   | \$0  | 0                      | 155                 | 53                     | 208               |
| <b>TOTAL</b>                     | <b>\$469,978,735</b>  | <b>\$445,945,145</b>          | <b>\$4,955,094</b>                                     | <b>1,897</b>           | <b>51,707</b>       | <b>56,158</b>          | <b>107,865</b>    |

## CAPITOL INDEMNITY CORPORATION

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 10472             |   |                               |  |                        |                     |                        |                   |
| Accident Only     | \$3,217   | \$146                         | \$3,217  | 5                      | 343                 | 0                      | 343               |
| <b>TOTAL</b>      | <b>\$3,217</b>  | <b>\$146</b>                  | <b>\$3,217</b>   | <b>5</b>               | <b>343</b>          | <b>0</b>               | <b>343</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CATHOLIC FINANCIAL LIFE

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 56030                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$29  | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Disability Income                | \$0   | \$1,067                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity               | \$285   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>                     | <b>\$314</b>  | <b>\$1,067</b>                | <b>\$0</b>   | <b>0</b>               | <b>4</b>             | <b>0</b>               | <b>4</b>          |

## CATLIN INSURANCE COMPANY, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 19518             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$838   | \$235                         | \$838  | 2                      | 16                   | 0                      | 16                |
| <b>TOTAL</b>      | <b>\$838</b>  | <b>\$235</b>                  | <b>\$838</b>   | <b>2</b>               | <b>16</b>            | <b>0</b>               | <b>16</b>         |

## CELTIC INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80799                                  |   |                               |  |                        |                      |                        |                   |
| Conversion                             | \$1,489,889   | \$1,001,218                   | \$77,986   | 0                      | 86                   | 17                     | 103               |
| Out-of-State Individually Underwritten | \$6,563,226   | \$6,876,439                   | \$23,111   | 0                      | 655                  | 231                    | 886               |
| Medicare Supplement                    | \$7,064,407   | \$4,917,023                   | \$0  | 0                      | 1,853                | 0                      | 1,853             |
| <b>TOTAL</b>                           | <b>\$15,117,522</b>   | <b>\$12,794,680</b>           | <b>\$101,097</b>                                       | <b>0</b>               | <b>2,594</b>         | <b>248</b>             | <b>2,842</b>      |

## CENTRAL SECURITY LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61735             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$655   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit   | \$3,277   | \$0                           | \$0  | 0                      | 5                    | 0                      | 5                 |
| <b>TOTAL</b>      | <b>\$3,932</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>6</b>             | <b>0</b>               | <b>6</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61751                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$3,535   | (\$11,801)                    | \$0  | 0                      | 71                   | 0                      | 71                |
| Hospital Indemnity           | \$837   | (\$34)                        | \$0  | 0                      | 4                    | 2                      | 6                 |
| Limited Benefit              | \$36,933  | \$380,356                     | \$0  | 0                      | 20                   | 8                      | 28                |
| Long Term Care-Facility Only | \$63,542  | \$107,037                     | \$0  | 0                      | 40                   | 0                      | 40                |
| Medicare Supplement          | \$4,377,431   | \$3,264,971                   | \$0  | 2                      | 1,597                | 0                      | 1,597             |
| <b>TOTAL</b>                 | <b>\$4,482,278</b>  | <b>\$3,740,529</b>            | <b>\$0</b>   | <b>2</b>               | <b>1,732</b>         | <b>10</b>              | <b>1,742</b>      |

## CENTRAL STATES INDEMNITY COMPANY OF OMAHA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 34274             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$36,959  | (\$40,912)                    | \$0  | 1                      | 5,412                | 0                      | 5,412             |
| <b>TOTAL</b>      | <b>\$36,959</b>   | <b>(\$40,912)</b>             | <b>\$0</b>   | <b>1</b>               | <b>5,412</b>         | <b>0</b>               | <b>5,412</b>      |

## CENTRAL UNITED LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61883                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$137,030   | \$112,044                     | \$0  | 0                      | 92                   | 30                     | 122               |
| Accident Only                | \$1,326   | \$0                           | \$0  | 0                      | 47                   | 6                      | 53                |
| Dental                       | \$9,428   | \$6,964                       | \$0  | 0                      | 24                   | 2                      | 26                |
| Disability Income            | \$25,528  | \$3,167                       | \$1,354  | 0                      | 66                   | 8                      | 74                |
| Hospital Indemnity           | \$13,268  | \$1,560                       | \$167  | 0                      | 43                   | 3                      | 46                |
| Limited Benefit              | \$753,713   | \$1,065,701                   | \$161  | 0                      | 1,377                | 1,013                  | 2,390             |
| Long Term Care-Comprehensive | \$20,543  | \$6,727                       | \$0  | 0                      | 19                   | 2                      | 21                |
| Medicare Supplement          | \$254,214   | \$257,774                     | \$0  | 0                      | 128                  | 5                      | 133               |
| Champus/Tricare Supplement   | \$61,436  | \$59,917                      | \$0  | 0                      | 61                   | 49                     | 110               |
| <b>TOTAL</b>                 | <b>\$1,276,486</b>  | <b>\$1,513,854</b>            | <b>\$1,682</b>   | <b>0</b>               | <b>1,857</b>         | <b>1,118</b>           | <b>2,975</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CENTRE LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 80896                     |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten | \$4,873   | \$102,950                     | \$0  | 0                      | 46                  | 9                      | 55                |
| Disability Income         | \$785,223   | \$1,119,029                   | \$0  | 0                      | 665                 | 0                      | 665               |
| <b>TOTAL</b>              | <b>\$790,096</b>  | <b>\$1,221,979</b>            | <b>\$0</b>   | <b>0</b>               | <b>711</b>          | <b>9</b>               | <b>720</b>        |

## CHESAPEAKE LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 61832                                  |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten              | \$13,802  | \$3,201                       | \$0  | 0                      | 2                   | 1                      | 3                 |
| Out-of-State Individually Underwritten | \$1,021   | \$5,613                       | \$0  | 0                      | 1                   | 0                      | 1                 |
| Accident Only                          | \$1,280,438   | \$417,961                     | \$736,336  | 0                      | 8,272               | 4,124                  | 12,396            |
| Dental                                 | \$549,269   | \$193,539                     | \$350,143  | 0                      | 2,389               | 1,154                  | 3,543             |
| Disability Income                      | \$647   | \$0                           | \$0  | 0                      | 8                   | 0                      | 8                 |
| Hospital Indemnity                     | \$1,047,140   | \$171,403                     | \$576,387  | 0                      | 3,545               | 1,636                  | 5,181             |
| Limited Benefit                        | \$1,714,420   | \$388,973                     | \$989,513  | 0                      | 5,242               | 2,354                  | 7,596             |
| Vision                                 | \$201,172   | \$69,487                      | \$79,772   | 0                      | 3,470               | 2,048                  | 5,518             |
| <b>TOTAL</b>                           | <b>\$4,807,909</b>  | <b>\$1,250,177</b>            | <b>\$2,732,151</b>                                     | <b>0</b>               | <b>22,929</b>       | <b>11,317</b>          | <b>34,246</b>     |

## CIGNA DENTAL HEALTH OF FLORIDA, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 52021             |   |                               |  |                        |                     |                        |                   |
| Dental            | \$34,298,150  | \$16,135,372                  | \$994,000  | 202                    | 80,547              | 82,275                 | 162,822           |
| <b>TOTAL</b>      | <b>\$34,298,150</b>   | <b>\$16,135,372</b>           | <b>\$994,000</b>                                       | <b>202</b>             | <b>80,547</b>       | <b>82,275</b>          | <b>162,822</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CIGNA HEALTH AND LIFE INSURANCE COMPANY

| NAIC Company Code                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67369                              |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten          | \$78,401  | \$39,887                      | \$6,026  | 0                      | 7                    | 2                      | 9                 |
| 2 - 50 Member Groups               | \$1,497,077   | \$1,122,494                   | \$76,493   | 20                     | 279                  | 217                    | 496               |
| 51-100 Member Groups               | \$39,080,904  | \$32,706,383                  | \$4,191,481  | 276                    | 4,165                | 3,219                  | 7,384             |
| 101+ Member Groups                 | \$359,146,562   | \$323,312,105                 | \$101,896,456  | 945                    | 47,614               | 39,190                 | 86,804            |
| Administrative Services Only (ASO) | \$219,683,433   | \$0                           | \$25,587,356   | 2,506                  | 685,413              | 699,806                | 1,385,219         |
| Accidental Death & Dismemberment   | \$6,257   | \$0                           | \$0  | 2                      | 256                  | 0                      | 256               |
| Dental                             | \$41,611,725  | \$34,643,236                  | \$6,889,162  | 1,154                  | 66,364               | 66,247                 | 132,611           |
| Disability Income                  | \$281   | \$77,034                      | \$0  | 1                      | 1                    | 0                      | 1                 |
| Excess/Stop Loss                   | \$97,466,913  | \$69,011,350                  | \$7,032,386  | 1,639                  | 150,461              | 127,376                | 277,837           |
| Prescription Drug                  | \$26,150  | \$16,507                      | \$15   | 4                      | 23                   | 11                     | 34                |
| Vision                             | \$2,165,560   | \$1,502,161                   | \$353,903  | 406                    | 20,539               | 21,364                 | 41,903            |
| <b>TOTAL</b>                       | <b>\$760,763,263</b>  | <b>\$462,431,157</b>          | <b>\$146,033,278</b>                                   | <b>6,953</b>           | <b>975,122</b>       | <b>957,432</b>         | <b>1,932,554</b>  |

## CIGNA HEALTHCARE OF FLORIDA, INC.

| NAIC Company Code    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95136                |   |                               |  |                        |                      |                        |                   |
| 2 - 50 Member Groups | \$3,177   | (\$4,413)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| 51-100 Member Groups | \$63,630  | \$37,091                      | \$13,352   | 3                      | 4                    | 11                     | 15                |
| 101+ Member Groups   | \$717,351   | \$333,544                     | \$120,169  | 28                     | 86                   | 100                    | 186               |
| Conversion           | \$473,210   | \$543,746                     | \$0  | 0                      | 37                   | 0                      | 37                |
| <b>TOTAL</b>         | <b>\$1,257,368</b>  | <b>\$909,968</b>              | <b>\$133,521</b>                                       | <b>31</b>              | <b>127</b>           | <b>111</b>             | <b>238</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CINCINNATI LIFE INSURANCE COMPANY (THE)

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 76236                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$7,649   | \$93,848                      | \$0  | 0                      | 11                   | 0                      | 11                |
| Accident Only                | \$39  | \$5                           | \$0  | 0                      | 11                   | 0                      | 11                |
| Disability Income            | \$20,474  | \$43                          | \$0  | 0                      | 32                   | 0                      | 32                |
| Hospital Indemnity           | \$8   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Limited Benefit              | \$877   | \$71                          | \$0  | 0                      | 18                   | 0                      | 18                |
| Long Term Care-Comprehensive | \$135,503   | \$148,734                     | \$0  | 0                      | 59                   | 0                      | 59                |
| Medicare Supplement          | \$175   | \$13,534                      | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>                 | <b>\$164,725</b>  | <b>\$256,235</b>              | <b>\$0</b>   | <b>0</b>               | <b>134</b>           | <b>0</b>               | <b>134</b>        |

## CITIZENS NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 82082             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | (\$458)   | \$0                           | \$0  | 0                      | 13                   | 0                      | 13                |
| <b>TOTAL</b>      | <b>(\$458)</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>13</b>            | <b>0</b>               | <b>13</b>         |

## CITIZENS SECURITY LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61921              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$76  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Dental             | \$6,990   | \$25,118                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity | \$207   | \$120                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit    | \$2,285   | \$1,162                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>       | <b>\$9,558</b>  | <b>\$26,400</b>               | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CLARENDON NATIONAL INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 20532                        |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive | \$0   | (\$5,636)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                 | <b>\$0</b>  | <b>(\$5,636)</b>              | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## CMFG LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62626                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$118,693   | \$1,063                       | \$0  | 34                     | 1,617                | 0                      | 1,617             |
| Accidental Death & Dismemberment | \$5,754,247   | \$1,378,835                   | \$857,595  | 0                      | 469,294              | 69,370                 | 538,664           |
| Dental                           | \$7,591   | \$11,907                      | \$0  | 0                      | 17                   | 0                      | 17                |
| Disability Income                | \$326,019   | \$184,238                     | \$0  | 24                     | 1,329                | 0                      | 1,329             |
| Hospital Indemnity               | \$26,921  | \$8,090                       | \$0  | 0                      | 168                  | 317                    | 485               |
| Long Term Care-Comprehensive     | \$4,511,142   | \$1,203,360                   | \$13,146   | 0                      | 3,152                | 0                      | 3,152             |
| Medicare Supplement              | \$3,045   | \$6,471                       | \$0  | 0                      | 6                    | 0                      | 6                 |
| <b>TOTAL</b>                     | <b>\$10,747,658</b>   | <b>\$2,793,964</b>            | <b>\$870,741</b>                                       | <b>58</b>              | <b>475,583</b>       | <b>69,687</b>          | <b>545,270</b>    |

## COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62049                                    |   |                               |  |                        |                      |                        |                   |
| Accident Only                            | \$24,910,627  | \$12,281,357                  | \$4,063,616  | 19                     | 86,791               | 85,881                 | 172,672           |
| Disability Income                        | \$28,381,060  | \$14,539,195                  | \$4,629,740  | 22                     | 53,828               | 144                    | 53,972            |
| Hospital Indemnity                       | \$13,938,934  | \$7,785,303                   | \$2,273,828  | 202                    | 33,134               | 20,667                 | 53,801            |
| Limited Benefit                          | \$19,197,274  | \$12,723,856                  | \$3,069,171  | 54                     | 56,084               | 53,042                 | 109,126           |
| Long Term Care-Accelerated Benefit Rider | \$1,289   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Sickness                                 | \$348,969   | \$322,025                     | \$56,873   | 0                      | 2,038                | 1,396                  | 3,434             |
| <b>TOTAL</b>                             | <b>\$86,778,153</b>   | <b>\$47,651,736</b>           | <b>\$14,093,228</b>                                    | <b>297</b>             | <b>231,877</b>       | <b>161,130</b>         | <b>393,007</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COLONIAL PENN LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62065                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$2,778   | \$1,643                       | \$0  | 0                      | 22                   | 0                      | 22                |
| Accidental Death & Dismemberment | \$1,593   | (\$97)                        | \$0  | 0                      | 13                   | 10                     | 23                |
| Disability Income                | \$49,903  | \$132,891                     | \$0  | 0                      | 2                    | 0                      | 2                 |
| Hospital Indemnity               | \$1,371   | \$117                         | \$0  | 0                      | 8                    | 1                      | 9                 |
| Limited Benefit                  | \$563   | \$91                          | \$0  | 0                      | 1                    | 0                      | 1                 |
| Long Term Care-Facility Only     | \$9,697   | \$0                           | \$0  | 0                      | 13                   | 0                      | 13                |
| Short Term Care                  | \$198   | (\$23)                        | \$0  | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement              | \$33,897,330  | \$20,747,323                  | \$25,713,639   | 0                      | 14,478               | 0                      | 14,478            |
| <b>TOTAL</b>                     | <b>\$33,963,433</b>   | <b>\$20,881,945</b>           | <b>\$25,713,639</b>                                    | <b>0</b>               | <b>14,538</b>        | <b>11</b>              | <b>14,549</b>     |

## COLORADO BANKERS LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 84786             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$36,632  | \$14,283                      | \$338  | 0                      | 190                  | 0                      | 190               |
| Dental            | \$7,607   | \$1,419                       | \$7,607  | 0                      | 19                   | 0                      | 19                |
| <b>TOTAL</b>      | <b>\$44,239</b>   | <b>\$15,702</b>               | <b>\$7,945</b>   | <b>0</b>               | <b>209</b>           | <b>0</b>               | <b>209</b>        |

## COLUMBIAN LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 76023             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$1,053   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| Dental            | \$0   | (\$332)                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$1,053</b>  | <b>(\$332)</b>                | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62103               |   |                               |  |                        |                      |                        |                   |
| Accident Only       | \$1,112   | \$0                           | \$0  | 0                      | 9                    | 0                      | 9                 |
| Medicare Supplement | \$12,869  | \$19,342                      | \$8,249  | 0                      | 5                    | 0                      | 5                 |
| <b>TOTAL</b>        | <b>\$13,981</b>   | <b>\$19,342</b>               | <b>\$8,249</b>   | <b>0</b>               | <b>14</b>            | <b>0</b>               | <b>14</b>         |

## COLUMBUS LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 99937             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$13,087  | \$35,455                      | \$0  | 0                      | 48                   | 0                      | 48                |
| <b>TOTAL</b>      | <b>\$13,087</b>   | <b>\$35,455</b>               | <b>\$0</b>   | <b>0</b>               | <b>48</b>            | <b>0</b>               | <b>48</b>         |

## COMBINED INSURANCE COMPANY OF AMERICA

| NAIC Company Code          | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62146                      |   |                               |  |                        |                      |                        |                   |
| Accident Only              | \$3,286,777   | \$1,568,722                   | \$27,253   | 0                      | 26,424               | 8,069                  | 34,493            |
| Disability Income          | \$3,033,974   | \$2,697,317                   | \$63,777   | 0                      | 8,057                | 0                      | 8,057             |
| Hospital Indemnity         | \$2,818,024   | \$1,624,751                   | \$1,012,155  | 0                      | 9,204                | 76                     | 9,280             |
| Limited Benefit            | \$1,584,499   | \$1,282,494                   | \$82,699   | 0                      | 6,318                | 2,427                  | 8,745             |
| Medicare Supplement        | \$1,431,333   | \$1,276,014                   | \$0  | 0                      | 527                  | 0                      | 527               |
| Champus/Tricare Supplement | \$2,699   | \$2,179                       | \$0  | 0                      | 3                    | 4                      | 7                 |
| Sickness                   | \$2,720   | (\$1,055)                     | \$0  | 0                      | 15                   | 0                      | 15                |
| Vision                     | \$7,647,728   | \$6,854,066                   | \$1,113,597  | 0                      | 59,585               | 121,452                | 181,037           |
| <b>TOTAL</b>               | <b>\$19,807,754</b>   | <b>\$15,304,488</b>           | <b>\$2,299,481</b>                                     | <b>0</b>               | <b>110,133</b>       | <b>132,028</b>         | <b>242,161</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COMBINED LIFE INSURANCE COMPANY OF NEW YORK

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 78697              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$275,377   | \$136,299                     | \$0  | 0                      | 4,434                | 0                      | 4,434             |
| Disability Income  | \$81,615  | \$95,386                      | \$0  | 0                      | 255                  | 0                      | 255               |
| Hospital Indemnity | \$229,457   | \$336,011                     | \$8,495  | 0                      | 1,167                | 252                    | 1,419             |
| Limited Benefit    | \$81,990  | \$71,982                      | \$1,057  | 0                      | 236                  | 106                    | 342               |
| <b>TOTAL</b>       | <b>\$668,439</b>  | <b>\$639,678</b>              | <b>\$9,552</b>   | <b>0</b>               | <b>6,092</b>         | <b>358</b>             | <b>6,450</b>      |

## COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 81426                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$22,576  | \$2,224                       | \$0  | 49                     | 3,033                | 0                      | 3,033             |
| Accidental Death & Dismemberment | \$11,113  | \$0                           | \$0  | 0                      | 118                  | 0                      | 118               |
| Disability Income                | \$13,690  | \$5,116                       | \$0  | 0                      | 358                  | 0                      | 358               |
| Hospital Indemnity               | \$15,740  | \$15,839                      | \$0  | 0                      | 151                  | 0                      | 151               |
| <b>TOTAL</b>                     | <b>\$63,119</b>   | <b>\$23,179</b>               | <b>\$0</b>   | <b>49</b>              | <b>3,660</b>         | <b>0</b>               | <b>3,660</b>      |

## COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 84824              |   |                               |  |                        |                      |                        |                   |
| Disability Income  | \$29,015  | \$516,481                     | \$0  | 0                      | 16                   | 0                      | 16                |
| Hospital Indemnity | \$5,130   | \$1,933                       | \$0  | 0                      | 8                    | 2                      | 10                |
| <b>TOTAL</b>       | <b>\$34,145</b>   | <b>\$518,414</b>              | <b>\$0</b>   | <b>0</b>               | <b>24</b>            | <b>2</b>               | <b>26</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COMPANION LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 77828              |   |                               |  |                        |                      |                        |                   |
| Dental             | \$1,196,962   | \$815,118                     | \$603,499  | 16                     | 1,356                | 1,066                  | 2,422             |
| Disability Income  | \$47,954  | \$359,804                     | \$0  | 9                      | 101                  | 0                      | 101               |
| Excess/Stop Loss   | \$5,993,627   | \$3,964,687                   | \$107,878  | 40                     | 15,975               | 6,174                  | 22,149            |
| Hospital Indemnity | \$10,855,779  | \$8,029,319                   | \$1,825,808  | 12                     | 2,979                | 1,077                  | 4,056             |
| Prescription Drug  | \$164,488   | \$117,869                     | \$151,626  | 55                     | 3,482                | 1,602                  | 5,084             |
| Student            | \$53,521  | \$50,155                      | \$0  | 19                     | 6,040                | 0                      | 6,040             |
| Vision             | \$22,041  | \$23,323                      | \$0  | 5                      | 131                  | 103                    | 234               |
| <b>TOTAL</b>       | <b>\$18,334,372</b>   | <b>\$13,360,275</b>           | <b>\$2,688,811</b>                                     | <b>156</b>             | <b>30,064</b>        | <b>10,022</b>          | <b>40,086</b>     |

## COMPBENEFITS COMPANY

| NAIC Company Code                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 52015                              |   |                               |  |                        |                      |                        |                   |
| Administrative Services Only (ASO) | \$1,454,628   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Dental                             | \$74,891,003  | \$45,956,892                  | \$1,191,380  | 3,643                  | 374,876              | 260,310                | 635,186           |
| Vision                             | \$38,174,300  | \$25,900,647                  | \$0  | 622                    | 333,218              | 305,386                | 638,604           |
| <b>TOTAL</b>                       | <b>\$114,519,931</b>  | <b>\$71,857,539</b>           | <b>\$1,191,380</b>                                     | <b>4,265</b>           | <b>708,094</b>       | <b>565,696</b>         | <b>1,273,790</b>  |

## COMPBENEFITS INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60984             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$40,456,455  | \$34,021,113                  | \$0  | 83,738                 | 159,597              | 0                      | 159,597           |
| Vision            | \$361,444   | \$295,322                     | \$0  | 2,335                  | 3,755                | 0                      | 3,755             |
| <b>TOTAL</b>      | <b>\$40,817,899</b>   | <b>\$34,316,435</b>           | <b>\$0</b>   | <b>86,073</b>          | <b>163,352</b>       | <b>0</b>               | <b>163,352</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CONNECTICUT GENERAL LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62308                                    |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue                          | \$1,395,792   | \$1,056,540                   | \$1,874,468  | 0                      | 303                  | 210                    | 513               |
| Individually Underwritten                | \$231,236,156   | \$175,033,532                 | \$82,004,354   | 0                      | 49,950               | 34,920                 | 84,870            |
| 2 - 50 Member Groups                     | \$67,026  | \$5,346                       | \$0  | 1                      | 2                    | 2                      | 4                 |
| 51-100 Member Groups                     | \$2,591,660   | \$2,003,538                   | \$0  | 18                     | 173                  | 189                    | 362               |
| 101+ Member Groups                       | \$200,499,108   | \$129,096,225                 | \$24,505,489   | 495                    | 30,370               | 21,543                 | 51,913            |
| Conversion                               | \$2,022,216   | \$3,096,545                   | \$302,351  | 0                      | 160                  | 40                     | 200               |
| Administrative Services Only (ASO)       | \$43,115,264  | \$0                           | \$4,333,652  | 120                    | 114,745              | 112,220                | 226,965           |
| Accidental Death & Dismemberment         | \$27,927  | \$6,683                       | \$0  | 1                      | 951                  | 0                      | 951               |
| Dental                                   | \$21,210,179  | \$12,919,953                  | \$5,661,733  | 199                    | 29,635               | 26,764                 | 56,399            |
| Disability Income                        | \$3,724   | \$495,872                     | \$0  | 1                      | 1                    | 0                      | 1                 |
| Excess/Stop Loss                         | \$4,315,709   | \$2,598,316                   | \$1,522,872  | 46                     | 6,456                | 4,839                  | 11,295            |
| Limited Benefit                          | \$420,978   | \$2,228,694                   | \$0  | 0                      | 268                  | 0                      | 268               |
| Long Term Care-Accelerated Benefit Rider | \$75,990  | \$358,651                     | \$0  | 10                     | 156                  | 0                      | 156               |
| Medicare Supplement                      | \$72,474  | \$92,011                      | \$0  | 40                     | 40                   | 1                      | 41                |
| Prescription Drug                        | (\$5,586)   | \$14,702                      | \$6,580  | 2                      | 16                   | 0                      | 16                |
| Vision                                   | \$700,123   | \$410,331                     | \$309,459  | 82                     | 6,879                | 5,300                  | 12,179            |
| <b>TOTAL</b>                             | <b>\$507,748,740</b>  | <b>\$329,416,939</b>          | <b>\$120,520,958</b>                                   | <b>1,015</b>           | <b>240,105</b>       | <b>206,028</b>         | <b>446,133</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CONSECO LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65900                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$4,826   | \$99,169                      | \$0  | 0                      | 2                    | 0                      | 2                 |
| Accident Only                | \$849   | \$10                          | \$0  | 0                      | 28                   | 4                      | 32                |
| Disability Income            | \$12,312  | \$4,182                       | \$0  | 0                      | 23                   | 0                      | 23                |
| Hospital Indemnity           | \$95,107  | \$161,546                     | \$0  | 0                      | 183                  | 16                     | 199               |
| Limited Benefit              | \$298,775   | \$432,725                     | \$0  | 0                      | 794                  | 0                      | 794               |
| Long Term Care-Comprehensive | \$13,631  | \$75,063                      | \$0  | 0                      | 16                   | 0                      | 16                |
| Medicare Supplement          | \$255,534   | \$424,964                     | \$0  | 0                      | 145                  | 2                      | 147               |
| <b>TOTAL</b>                 | <b>\$681,034</b>  | <b>\$1,197,659</b>            | <b>\$0</b>   | <b>0</b>               | <b>1,191</b>         | <b>22</b>              | <b>1,213</b>      |

## CONSTITUTION LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62359                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$44,937  | \$17,848                      | \$0  | 0                      | 27                   | 0                      | 27                |
| Dental                           | \$18,819  | \$11,522                      | \$0  | 0                      | 71                   | 0                      | 71                |
| Disability Income                | \$1,867   | \$0                           | \$0  | 0                      | 11                   | 0                      | 11                |
| Hospital Indemnity               | \$140,976   | \$52,766                      | \$0  | 0                      | 416                  | 0                      | 416               |
| Limited Benefit                  | \$51,635  | \$13,820                      | \$0  | 0                      | 133                  | 0                      | 133               |
| Long Term Care-Comprehensive     | \$40,306  | \$15,100                      | \$0  | 0                      | 38                   | 0                      | 38                |
| Long Term Care-Non-Facility Only | \$1,207   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| Medicare Supplement              | \$3,987,257   | \$2,465,494                   | \$0  | 0                      | 1,234                | 0                      | 1,234             |
| <b>TOTAL</b>                     | <b>\$4,287,004</b>  | <b>\$2,576,550</b>            | <b>\$0</b>   | <b>0</b>               | <b>1,933</b>         | <b>0</b>               | <b>1,933</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CONTINENTAL AMERICAN INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71730                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$8,536,400   | \$6,819,149                   | \$3,940,461  | 709                    | 44,608               | 36,295                 | 80,903            |
| Accidental Death & Dismemberment | \$92,738  | \$0                           | \$5,765  | 6                      | 529                  | 294                    | 823               |
| Dental                           | \$41,776  | \$3,694                       | \$24,471   | 13                     | 131                  | 55                     | 186               |
| Disability Income                | \$1,287,781   | \$750,462                     | \$374,594  | 89                     | 3,330                | 55                     | 3,385             |
| Hospital Indemnity               | \$4,621,850   | \$1,778,353                   | \$2,754,273  | 304                    | 8,265                | 3,287                  | 11,552            |
| Limited Benefit                  | \$6,903,006   | \$1,939,032                   | \$3,048,621  | 688                    | 21,477               | 6,613                  | 28,090            |
| <b>TOTAL</b>                     | <b>\$21,483,551</b>   | <b>\$11,290,690</b>           | <b>\$10,148,185</b>                                    | <b>1,809</b>           | <b>78,340</b>        | <b>46,599</b>          | <b>124,939</b>    |

## CONTINENTAL CASUALTY COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 20443                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$1,741   | \$0                           | \$0  | 0                      | 7                    | 0                      | 7                 |
| Accident Only                    | \$0   | (\$153,416)                   | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accidental Death & Dismemberment | \$1,935   | (\$19,398)                    | \$0  | 4                      | 4                    | 0                      | 4                 |
| Disability Income                | \$2,689   | \$795,109                     | \$0  | 0                      | 5                    | 0                      | 5                 |
| Hospital Indemnity               | \$0   | (\$73)                        | \$0  | 0                      | 3                    | 0                      | 3                 |
| Limited Benefit                  | \$32  | (\$1)                         | \$0  | 0                      | 5                    | 0                      | 5                 |
| Long Term Care-Comprehensive     | (\$5,233,468)   | \$55,038,378                  | \$676,792  | 366                    | 27,413               | 0                      | 27,413            |
| Long Term Care-Non-Facility Only | \$31,350  | \$73,814                      | \$0  | 0                      | 27                   | 0                      | 27                |
| <b>TOTAL</b>                     | <b>(\$5,195,721)</b>  | <b>\$55,734,413</b>           | <b>\$676,792</b>                                       | <b>370</b>             | <b>27,464</b>        | <b>0</b>               | <b>27,464</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## CONTINENTAL GENERAL INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71404                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$85,893  | \$28,884                      | \$0  | 0                      | 10                   | 1                      | 11                |
| Accident Only                | \$9,142   | \$38,135                      | \$0  | 0                      | 35                   | 0                      | 35                |
| Dental                       | \$4,988   | \$1,008                       | \$0  | 0                      | 5                    | 1                      | 6                 |
| Disability Income            | \$53,619  | \$64,041                      | \$0  | 0                      | 85                   | 0                      | 85                |
| Hospital Indemnity           | \$137,045   | \$46,215                      | \$0  | 0                      | 249                  | 1                      | 250               |
| Limited Benefit              | \$12,424  | \$1,969                       | \$0  | 0                      | 40                   | 26                     | 66                |
| Long Term Care-Comprehensive | \$896,221   | \$1,674,196                   | \$0  | 0                      | 356                  | 144                    | 500               |
| Short Term Care              | \$762   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement          | \$8,026,092   | \$7,598,128                   | \$0  | 0                      | 2,703                | 0                      | 2,703             |
| <b>TOTAL</b>                 | <b>\$9,226,186</b>  | <b>\$9,452,576</b>            | <b>\$0</b>   | <b>0</b>               | <b>3,484</b>         | <b>173</b>             | <b>3,657</b>      |

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

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68500                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$3,539   | \$1,992                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Hospital Indemnity               | \$46,107  | \$125,905                     | \$230  | 0                      | 108                  | 0                      | 108               |
| Limited Benefit                  | \$5,153   | \$23,937                      | \$0  | 0                      | 20                   | 0                      | 20                |
| Long Term Care-Facility Only     | \$14,081  | \$47,102                      | \$0  | 0                      | 17                   | 0                      | 17                |
| Long Term Care-Non-Facility Only | \$6,514   | \$11,708                      | \$0  | 0                      | 7                    | 0                      | 7                 |
| Medicare Supplement              | \$10,556,774  | \$8,801,021                   | \$87,679   | 33                     | 4,152                | 0                      | 4,152             |
| <b>TOTAL</b>                     | <b>\$10,632,168</b>   | <b>\$9,011,665</b>            | <b>\$87,909</b>  | <b>33</b>              | <b>4,305</b>         | <b>0</b>               | <b>4,305</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COUNTRY LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>     | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 62553                        |  |                                       |   |                               |                             |                               |                          |
| Disability Income            | \$44,334   | \$212,805                             | \$0   | 1                             | 47                          | 0                             | 47                       |
| Long Term Care-Comprehensive | \$170,030  | \$80,339                              | \$289   | 0                             | 109                         | 11                            | 120                      |
| Long Term Care-Facility Only | \$25,101   | \$16,180                              | \$344   | 0                             | 29                          | 0                             | 29                       |
| Medicare Supplement          | \$807,461  | \$674,267                             | \$1,788   | 0                             | 304                         | 0                             | 304                      |
| <b>TOTAL</b>                 | <b>\$1,046,926</b>   | <b>\$983,591</b>                      | <b>\$2,421</b>  | <b>1</b>                      | <b>489</b>                  | <b>11</b>                     | <b>500</b>               |

## COVENTRY HEALTH AND LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 81973                            |  |                                       |   |                               |                             |                               |                          |
| Guarantee Issue                  | \$7,103  | \$100,065                             | \$0   | 0                             | 12                          | 1                             | 13                       |
| Individually Underwritten        | \$17,303,088   | \$13,313,392                          | \$5,175,666   | 0                             | 5,455                       | 4,594                         | 10,049                   |
| Self-Employed or Sole Proprietor | \$8,557  | \$5,866                               | \$947   | 4                             | 4                           | 0                             | 4                        |
| 2 - 50 Member Groups             | \$5,490,001  | \$4,763,969                           | \$1,192,814   | 127                           | 628                         | 403                           | 1,031                    |
| 51-100 Member Groups             | \$3,673,063  | \$4,261,193                           | \$1,275,325   | 31                            | 570                         | 237                           | 807                      |
| 101+ Member Groups               | \$17,878,451   | \$17,880,166                          | \$1,454,958   | 48                            | 2,566                       | 1,460                         | 4,026                    |
| Conversion                       | \$127,863  | \$78,635                              | \$0   | 0                             | 10                          | 0                             | 10                       |
| <b>TOTAL</b>                     | <b>\$44,488,126</b>  | <b>\$40,403,286</b>                   | <b>\$9,099,710</b>  | <b>210</b>                    | <b>9,245</b>                | <b>6,695</b>                  | <b>15,940</b>            |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## COVENTRY HEALTH CARE OF FLORIDA, INC.

| NAIC Company Code                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95114                              |   |                               |  |                        |                      |                        |                   |
| Self-Employed or Sole Proprietor   | \$1,166,365   | \$1,207,041                   | \$49,805   | 70                     | 70                   | 69                     | 139               |
| 2 - 50 Member Groups               | \$92,606,134  | \$71,252,702                  | \$12,214,207   | 2,076                  | 14,376               | 6,361                  | 20,737            |
| 51-100 Member Groups               | \$20,732,799  | \$17,485,386                  | \$3,405,659  | 95                     | 4,581                | 1,781                  | 6,362             |
| 101+ Member Groups                 | \$192,151,897   | \$164,597,067                 | \$13,516,729   | 111                    | 26,136               | 18,926                 | 45,062            |
| Conversion                         | \$2,670,437   | \$4,712,822                   | \$0  | 0                      | 204                  | 0                      | 204               |
| Administrative Services Only (ASO) | \$13,686,933  | \$0                           | \$11,056,571   | 5                      | 33,792               | 10,564                 | 44,356            |
| <b>TOTAL</b>                       | <b>\$323,014,565</b>  | <b>\$259,255,018</b>          | <b>\$40,242,971</b>                                    | <b>2,357</b>           | <b>79,159</b>        | <b>37,701</b>          | <b>116,860</b>    |

## COVENTRY HEALTH PLAN OF FLORIDA, INC.

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95266                     |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue           | \$8,627   | \$15,912                      | \$0  | 0                      | 7                    | 0                      | 7                 |
| Individually Underwritten | \$75,519,918  | \$57,638,914                  | \$10,165,923   | 0                      | 18,164               | 4,687                  | 22,851            |
| Conversion                | \$596,537   | \$543,785                     | \$0  | 0                      | 32                   | 0                      | 32                |
| <b>TOTAL</b>              | <b>\$76,125,082</b>   | <b>\$58,198,611</b>           | <b>\$10,165,923</b>                                    | <b>0</b>               | <b>18,203</b>        | <b>4,687</b>           | <b>22,890</b>     |

## CROATIAN FRATERNAL UNION OF AMERICA

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 56634              |   |                               |  |                        |                      |                        |                   |
| Hospital Indemnity | \$37  | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| <b>TOTAL</b>       | <b>\$37</b>   | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## DEARBORN NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 71129             |   |                               |  |                        |                     |                        |                   |
| Dental            | \$17,605,116  | \$17,151,283                  | \$558  | 16                     | 27,401              | 62,365                 | 89,766            |
| Disability Income | \$1,451,183   | \$953,265                     | \$11,437   | 55                     | 3,869               | 0                      | 3,869             |
| <b>TOTAL</b>      | <b>\$19,056,299</b>   | <b>\$18,104,548</b>           | <b>\$11,995</b>  | <b>71</b>              | <b>31,270</b>       | <b>62,365</b>          | <b>93,635</b>     |

## DELAWARE AMERICAN LIFE INSURANCE COMPANY

| NAIC Company Code    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 62634                |   |                               |  |                        |                     |                        |                   |
| 2 - 50 Member Groups | \$29,189  | \$16,875                      | \$7,338  | 4                      | 10                  | 0                      | 10                |
| <b>TOTAL</b>         | <b>\$29,189</b>   | <b>\$16,875</b>               | <b>\$7,338</b>   | <b>4</b>               | <b>10</b>           | <b>0</b>               | <b>10</b>         |

## DELTA DENTAL INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 81396             |   |                               |  |                        |                     |                        |                   |
| Dental            | \$163,976,824   | \$128,847,915                 | \$45,726,309   | 1,610                  | 344,092             | 261,747                | 605,839           |
| <b>TOTAL</b>      | <b>\$163,976,824</b>  | <b>\$128,847,915</b>          | <b>\$45,726,309</b>                                    | <b>1,610</b>           | <b>344,092</b>      | <b>261,747</b>         | <b>605,839</b>    |

## DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 52053             |   |                               |  |                        |                     |                        |                   |
| Dental            | \$1,736,585   | \$1,078,905                   | \$0  | 1                      | 7,019               | 6,365                  | 13,384            |
| <b>TOTAL</b>      | <b>\$1,736,585</b>  | <b>\$1,078,905</b>            | <b>\$0</b>   | <b>1</b>               | <b>7,019</b>        | <b>6,365</b>           | <b>13,384</b>     |

## DENTAL CONCERN, INC., THE

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 54739             |   |                               |  |                        |                     |                        |                   |
| Dental            | \$57,244  | \$21,547                      | \$0  | 145                    | 145                 | 111                    | 256               |
| <b>TOTAL</b>      | <b>\$57,244</b>   | <b>\$21,547</b>               | <b>\$0</b>   | <b>145</b>             | <b>145</b>          | <b>111</b>             | <b>256</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## DENTAQUEST OF FLORIDA, INC.

*NAIC Company Code*

|              | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Dental       | \$104   | \$14,380,655                  | \$0  | 0                      | 0                    | 0                      | 0                 |
| Vision       | \$0   | \$553,644                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b> | <b>\$104</b>  | <b>\$14,934,299</b>           | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## EMC NATIONAL LIFE COMPANY

*NAIC Company Code*

62928

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Disability Income | \$820   | \$0                           | \$0  | 0                      | 7                    | 0                      | 7                 |
| <b>TOTAL</b>      | <b>\$820</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>7</b>             | <b>0</b>               | <b>7</b>          |

## EMPLOYER CHOICE INSURANCE COMPANY, INC.

*NAIC Company Code*

13663

|                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 2 - 50 Member Groups | \$1,450,859   | \$1,335,298                   | \$194,280  | 61                     | 228                  | 130                    | 358               |
| 101+ Member Groups   | \$790,058   | \$562,404                     | \$0  | 1                      | 496                  | 114                    | 610               |
| <b>TOTAL</b>         | <b>\$2,240,917</b>  | <b>\$1,897,702</b>            | <b>\$194,280</b>                                       | <b>62</b>              | <b>724</b>           | <b>244</b>             | <b>968</b>        |

## EVERENCE ASSOCIATION, INC.

*NAIC Company Code*

57991

|                     | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Medicare Supplement | \$804,926   | \$504,695                     | \$0  | 0                      | 234                  | 53                     | 287               |
| <b>TOTAL</b>        | <b>\$804,926</b>  | <b>\$504,695</b>              | <b>\$0</b>   | <b>0</b>               | <b>234</b>           | <b>53</b>              | <b>287</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 77968              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$391,501   | \$185,118                     | \$48,342   | 0                      | 593                  | 369                    | 962               |
| Hospital Indemnity | \$1,590   | \$0                           | \$308  | 0                      | 3                    | 4                      | 7                 |
| Limited Benefit    | \$2,471,722   | \$1,003,605                   | \$358,649  | 0                      | 3,553                | 4,721                  | 8,274             |
| <b>TOTAL</b>       | <b>\$2,864,813</b>  | <b>\$1,188,723</b>            | <b>\$407,299</b>                                       | <b>0</b>               | <b>4,149</b>         | <b>5,094</b>           | <b>9,243</b>      |

## FAMILY LIFE INSURANCE COMPANY

| NAIC Company Code          | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63053                      |   |                               |  |                        |                      |                        |                   |
| Accident Only              | \$8,632   | \$389                         | \$2,499  | 0                      | 62                   | 37                     | 99                |
| Dental                     | \$2,054   | \$2,646                       | \$0  | 0                      | 5                    | 0                      | 5                 |
| Disability Income          | \$516   | \$0                           | \$516  | 0                      | 4                    | 0                      | 4                 |
| Hospital Indemnity         | \$248,519   | \$177,996                     | \$118,073  | 0                      | 604                  | 288                    | 892               |
| Limited Benefit            | \$394,303   | \$508,824                     | \$1,885  | 0                      | 944                  | 214                    | 1,158             |
| Medicare Supplement        | \$145,110   | \$116,494                     | \$4,358  | 0                      | 85                   | 0                      | 85                |
| Champus/Tricare Supplement | \$111,213   | \$121,360                     | \$0  | 0                      | 123                  | 58                     | 181               |
| <b>TOTAL</b>               | <b>\$910,347</b>  | <b>\$927,709</b>              | <b>\$127,331</b>                                       | <b>0</b>               | <b>1,827</b>         | <b>597</b>             | <b>2,424</b>      |

## FARMERS NEW WORLD LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63177             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$11,364  | \$0                           | \$0  | 0                      | 93                   | 0                      | 93                |
| <b>TOTAL</b>      | <b>\$11,364</b>   | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>93</b>            | <b>0</b>               | <b>93</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FEDERAL INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 20281             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$2,721,366   | \$528,335                     | \$210,785  | 258                    | 386,180              | 2,268                  | 388,448           |
| <b>TOTAL</b>      | <b>\$2,721,366</b>  | <b>\$528,335</b>              | <b>\$210,785</b>                                       | <b>258</b>             | <b>386,180</b>       | <b>2,268</b>           | <b>388,448</b>    |

## FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63223             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$326   | \$0                           | \$0  | 0                      | 104                  | 0                      | 104               |
| Disability Income | \$18,323  | \$0                           | \$0  | 0                      | 49                   | 0                      | 49                |
| <b>TOTAL</b>      | <b>\$18,649</b>   | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>153</b>           | <b>0</b>               | <b>153</b>        |

## FEDERATED LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63258             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$869,558   | (\$312,380)                   | \$44,968   | 0                      | 710                  | 0                      | 710               |
| <b>TOTAL</b>      | <b>\$869,558</b>  | <b>(\$312,380)</b>            | <b>\$44,968</b>  | <b>0</b>               | <b>710</b>           | <b>0</b>               | <b>710</b>        |

## FIDELITY & GUARANTY LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63274             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$0   | \$2,304                       | \$0  | 2                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>      | <b>\$0</b>  | <b>\$2,304</b>                | <b>\$0</b>   | <b>2</b>               | <b>2</b>             | <b>0</b>               | <b>2</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 63290                        |   |                               |  |                        |                     |                        |                   |
| Disability Income            | \$6,078   | \$0                           | \$1,667  | 0                      | 77                  | 0                      | 77                |
| Long Term Care-Facility Only | \$15,660  | \$796                         | \$1,380  | 42                     | 1,571               | 0                      | 1,571             |
| <b>TOTAL</b>                 | <b>\$21,738</b>   | <b>\$796</b>                  | <b>\$3,047</b>   | <b>42</b>              | <b>1,648</b>        | <b>0</b>               | <b>1,648</b>      |

## FIDELITY SECURITY LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 71870                                  |   |                               |  |                        |                     |                        |                   |
| Conversion                             | \$11,995  | (\$4,774)                     | \$0  | 0                      | 0                   | 0                      | 0                 |
| Out-of-State Individually Underwritten | \$0   | (\$44)                        | \$0  | 0                      | 0                   | 0                      | 0                 |
| Accident Only                          | \$5,009   | (\$75)                        | \$442  | 0                      | 69                  | 123                    | 192               |
| Dental                                 | \$7,681,622   | \$5,422,127                   | \$3,455,205  | 5                      | 3,058               | 15                     | 3,073             |
| Disability Income                      | \$532,955   | \$216,650                     | \$74,875   | 0                      | 170                 | 0                      | 170               |
| Excess/Stop Loss                       | \$0   | (\$946)                       | \$0  | 0                      | 0                   | 0                      | 0                 |
| Hospital Indemnity                     | \$3,903,131   | \$1,456,597                   | \$497,445  | 145                    | 6,164               | 2,645                  | 8,809             |
| Limited Benefit                        | \$594,113   | \$483,676                     | \$330  | 2                      | 2,747               | 1,885                  | 4,632             |
| Prescription Drug                      | \$360,001   | \$197,075                     | \$0  | 47                     | 3,637               | 1,034                  | 4,671             |
| Vision                                 | \$16,682,964  | \$12,720,864                  | \$5,153,187  | 692                    | 161,308             | 285,809                | 447,117           |
| <b>TOTAL</b>                           | <b>\$29,771,790</b>   | <b>\$20,491,150</b>           | <b>\$9,181,484</b>                                     | <b>891</b>             | <b>177,153</b>      | <b>291,511</b>         | <b>468,664</b>    |

## FIREMAN'S FUND INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 21873             |   |                               |  |                        |                     |                        |                   |
| Accident Only     | \$0   | (\$1,936)                     | \$0  | 0                      | 0                   | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$0</b>  | <b>(\$1,936)</b>              | <b>\$0</b>   | <b>0</b>               | <b>0</b>            | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69140              |   |                               |  |                        |                      |                        |                   |
| Conversion         | \$38,070  | \$26,748                      | \$0  | 0                      | 6                    | 3                      | 9                 |
| Disability Income  | \$665   | \$655,526                     | \$0  | 0                      | 1                    | 0                      | 1                 |
| Hospital Indemnity | \$1,762   | \$15,000                      | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>       | <b>\$40,497</b>   | <b>\$697,274</b>              | <b>\$0</b>   | <b>0</b>               | <b>9</b>             | <b>3</b>               | <b>12</b>         |

## FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 90328             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$1,181,746   | \$749,888                     | \$36,460   | 1                      | 1,738                | 1,046                  | 2,784             |
| <b>TOTAL</b>      | <b>\$1,181,746</b>  | <b>\$749,888</b>              | <b>\$36,460</b>  | <b>1</b>               | <b>1,738</b>         | <b>1,046</b>           | <b>2,784</b>      |

## FIRST INVESTORS LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63495              |   |                               |  |                        |                      |                        |                   |
| Disability Income  | \$306   | (\$651)                       | \$0  | 0                      | 2                    | 0                      | 2                 |
| Hospital Indemnity | \$192   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>       | <b>\$498</b>  | <b>(\$651)</b>                | <b>\$0</b>   | <b>0</b>               | <b>4</b>             | <b>0</b>               | <b>4</b>          |

## FLORIDA DENTAL BENEFITS, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Dental            | \$1,921,316   | \$1,158,446                   | \$616,909  | 21                     | 2,092                | 221                    | 2,313             |
| <b>TOTAL</b>      | <b>\$1,921,316</b>  | <b>\$1,158,446</b>            | <b>\$616,909</b>                                       | <b>21</b>              | <b>2,092</b>         | <b>221</b>             | <b>2,313</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## FLORIDA HEALTH CARE PLAN, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 13567                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$164,253   | \$85,858                      | \$84,960   | 0                      | 63                   | 0                      | 63                |
| Self-Employed or Sole Proprietor | \$433,690   | \$573,431                     | \$4,058  | 51                     | 51                   | 0                      | 51                |
| 2 - 50 Member Groups             | \$24,098,844  | \$21,210,652                  | \$1,488,966  | 799                    | 3,533                | 1,353                  | 4,886             |
| 51-100 Member Groups             | \$6,869,923   | \$6,065,057                   | \$459,036  | 25                     | 1,000                | 454                    | 1,454             |
| 101+ Member Groups               | \$124,256,878   | \$104,392,561                 | \$1,561,328  | 37                     | 14,897               | 9,969                  | 24,866            |
| Conversion                       | \$2,810,628   | \$4,568,580                   | \$169,487  | 0                      | 240                  | 69                     | 309               |
| <b>TOTAL</b>                     | <b>\$158,634,216</b>  | <b>\$136,896,139</b>          | <b>\$3,767,835</b>                                     | <b>912</b>             | <b>19,784</b>        | <b>11,845</b>          | <b>31,629</b>     |

## FORETHOUGHT LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 91642                                    |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Accelerated Benefit Rider | \$46,030  | \$0                           | \$46,030   | 0                      | 77                   | 22                     | 99                |
| Medicare Supplement                      | \$138,781   | \$87,752                      | \$3,757  | 0                      | 122                  | 0                      | 122               |
| <b>TOTAL</b>                             | <b>\$184,811</b>  | <b>\$87,752</b>               | <b>\$49,787</b>  | <b>0</b>               | <b>199</b>           | <b>22</b>              | <b>221</b>        |

## FREEDOM LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62324                                  |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten              | \$14,990  | \$16,675                      | \$0  | 0                      | 3                    | 3                      | 6                 |
| Out-of-State Individually Underwritten | \$6,840,309   | \$3,821,445                   | \$205,332  | 0                      | 984                  | 751                    | 1,735             |
| Accident Only                          | \$1,734,566   | \$969,745                     | \$1,347,445  | 1                      | 2,751                | 1,966                  | 4,717             |
| Accidental Death & Dismemberment       | \$598   | \$665                         | \$0  | 0                      | 5                    | 0                      | 5                 |
| Dental                                 | \$58,549  | \$32,710                      | \$25,345   | 0                      | 78                   | 45                     | 123               |
| Hospital Indemnity                     | \$8,261,562   | \$4,616,317                   | \$3,176,679  | 0                      | 7,932                | 2,966                  | 10,898            |
| Limited Benefit                        | \$4,502,082   | \$2,663,463                   | \$2,784,570  | 0                      | 2,996                | 1,579                  | 4,575             |
| <b>TOTAL</b>                           | <b>\$21,412,656</b>   | <b>\$12,121,020</b>           | <b>\$7,539,371</b>                                     | <b>1</b>               | <b>14,749</b>        | <b>7,310</b>           | <b>22,059</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GARDEN STATE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 63657                    |  |                                       |   |                               |                             |                               |                          |
| Accident Only            | \$5,254  | \$0                                   | \$0   | 0                             | 18                          | 17                            | 35                       |
| TOTAL                    | \$5,254  | \$0                                   | \$0   | 0                             | 18                          | 17                            | 35                       |

## GENERAL AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>  | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|---------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 63665                     |  |                                       |   |                               |                             |                               |                          |
| Individually Underwritten | \$5,953  | \$14,071                              | \$0   | 0                             | 8                           | 0                             | 8                        |
| Disability Income         | \$506,662  | \$2,869,175                           | \$0   | 0                             | 8                           | 0                             | 8                        |
| Hospital Indemnity        | \$52   | \$0                                   | \$0   | 0                             | 1                           | 0                             | 1                        |
| TOTAL                     | \$512,667  | \$2,883,246                           | \$0   | 0                             | 17                          | 0                             | 17                       |

## GENESIS INSURANCE COMPANY

| <i>NAIC Company Code</i>     | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 38962                        |  |                                       |   |                               |                             |                               |                          |
| Long Term Care-Comprehensive | \$76,138   | \$154,164                             | \$0   | 0                             | 98                          | 0                             | 98                       |
| TOTAL                        | \$76,138   | \$154,164                             | \$0   | 0                             | 98                          | 0                             | 98                       |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 65536                        |   |                               |  |                        |                     |                        |                   |
| Accident Only                | \$2,242   | \$0                           | \$0  | 0                      | 31                  | 0                      | 31                |
| Disability Income            | \$27,253  | \$96,241                      | \$0  | 0                      | 30                  | 0                      | 30                |
| Hospital Indemnity           | \$1,343   | \$19,887                      | \$0  | 0                      | 11                  | 0                      | 11                |
| Limited Benefit              | \$4,483   | \$293                         | \$0  | 0                      | 26                  | 0                      | 26                |
| Long Term Care-Comprehensive | \$15,103  | \$171,232                     | \$0  | 0                      | 9                   | 0                      | 9                 |
| Medicare Supplement          | \$2,939,879   | \$2,486,800                   | \$0  | 0                      | 1,074               | 0                      | 1,074             |
| <b>TOTAL</b>                 | <b>\$2,990,303</b>  | <b>\$2,774,453</b>            | <b>\$0</b>   | <b>0</b>               | <b>1,181</b>        | <b>0</b>               | <b>1,181</b>      |

## GENWORTH LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 70025                        |   |                               |  |                        |                     |                        |                   |
| Accident Only                | \$136   | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Long Term Care-Comprehensive | \$124,734,389   | \$76,025,520                  | \$4,593,646  | 3,050                  | 59,900              | 7,718                  | 67,618            |
| Long Term Care-Facility Only | \$3,641,115   | \$12,718,275                  | \$0  | 474                    | 3,582               | 0                      | 3,582             |
| Medicare Supplement          | \$36,002  | \$28,684                      | \$0  | 0                      | 11                  | 0                      | 11                |
| <b>TOTAL</b>                 | <b>\$128,411,642</b>  | <b>\$88,772,479</b>           | <b>\$4,593,646</b>                                     | <b>3,524</b>           | <b>63,494</b>       | <b>7,718</b>           | <b>71,212</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GERBER LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 70939                                    |   |                               |  |                        |                     |                        |                   |
| Disability Income                        | \$3,684,678   | \$1,649,838                   | \$0  | 203                    | 5,067               | 1,351                  | 6,418             |
| Hospital Indemnity                       | \$725   | \$147                         | \$0  | 1                      | 1                   | 0                      | 1                 |
| Long Term Care-Comprehensive             | \$1,035,673   | \$957,872                     | \$0  | 7                      | 1,046               | 2,093                  | 3,139             |
| Long Term Care-Facility Only             | \$18,888  | \$30,798                      | \$0  | 0                      | 42                  | 0                      | 42                |
| Long Term Care-Accelerated Benefit Rider | \$7,939   | \$53,515                      | \$0  | 0                      | 9                   | 0                      | 9                 |
| Medicare Supplement                      | \$8,959,134   | \$7,099,913                   | \$0  | 0                      | 3,427               | 0                      | 3,427             |
| <b>TOTAL</b>                             | <b>\$13,707,037</b>   | <b>\$9,792,083</b>            | <b>\$0</b>   | <b>211</b>             | <b>9,592</b>        | <b>3,444</b>           | <b>13,036</b>     |

## GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 91472                            |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten        | \$60,249  | \$39,806                      | \$0  | 0                      | 48                  | 14                     | 62                |
| Accident Only                    | \$7,491   | (\$4,482)                     | \$0  | 0                      | 65                  | 20                     | 85                |
| Accidental Death & Dismemberment | \$1,852,073   | \$581,762                     | \$93,754   | 0                      | 12,067              | 0                      | 12,067            |
| Hospital Indemnity               | \$793   | (\$416)                       | \$0  | 0                      | 6                   | 0                      | 6                 |
| Limited Benefit                  | \$21,521  | (\$20,098)                    | \$0  | 0                      | 222                 | 107                    | 329               |
| Medicare Supplement              | \$116,026   | \$69,726                      | \$40,868   | 0                      | 58                  | 0                      | 58                |
| <b>TOTAL</b>                     | <b>\$2,058,153</b>  | <b>\$666,298</b>              | <b>\$134,622</b>                                       | <b>0</b>               | <b>12,466</b>       | <b>141</b>             | <b>12,607</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GOLDEN RULE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62286                                  |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten              | \$972,545   | \$766,172                     | \$13,562   | 0                      | 164                  | 93                     | 257               |
| Conversion                             | \$4,073   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Out-of-State Guarantee Issue           | \$16,940,682  | \$17,870,261                  | \$2,200,624  | 0                      | 1,187                | 153                    | 1,340             |
| Out-of-State Individually Underwritten | \$316,532,807   | \$224,830,304                 | \$43,068,778   | 0                      | 70,979               | 53,192                 | 124,171           |
| Dental                                 | \$7,879,656   | \$3,944,287                   | \$1,769,912  | 0                      | 13,648               | 8,041                  | 21,689            |
| Disability Income                      | \$6,749   | \$0                           | \$5,486  | 0                      | 17                   | 0                      | 17                |
| Hospital Indemnity                     | \$298   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| Limited Benefit                        | \$163,030   | \$896                         | \$91,683   | 0                      | 840                  | 91                     | 931               |
| Medicare Supplement                    | \$2,498,933   | \$2,179,784                   | \$0  | 0                      | 837                  | 8                      | 845               |
| <b>TOTAL</b>                           | <b>\$344,998,773</b>  | <b>\$249,591,704</b>          | <b>\$47,150,045</b>                                    | <b>0</b>               | <b>87,676</b>        | <b>61,578</b>          | <b>149,254</b>    |

## GOVERNMENT EMPLOYEES INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 22063             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$5,239   | (\$364)                       | \$0  | 0                      | 63                   | 0                      | 63                |
| <b>TOTAL</b>      | <b>\$5,239</b>  | <b>(\$364)</b>                | <b>\$0</b>   | <b>0</b>               | <b>63</b>            | <b>0</b>               | <b>63</b>         |

## GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63967               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$677,722   | \$763,604                     | \$338,788  | 0                      | 268                  | 0                      | 268               |
| <b>TOTAL</b>        | <b>\$677,722</b>  | <b>\$763,604</b>              | <b>\$338,788</b>                                       | <b>0</b>               | <b>268</b>           | <b>0</b>               | <b>268</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GREAT AMERICAN INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 16691                    |  |                                       |   |                               |                             |                               |                          |
| Accident Only            | \$812,325  | \$122,050                             | \$0   | 4                             | 638                         | 638                           | 1,276                    |
| <b>TOTAL</b>             | <b>\$812,325</b>   | <b>\$122,050</b>                      | <b>\$0</b>  | <b>4</b>                      | <b>638</b>                  | <b>638</b>                    | <b>1,276</b>             |

## GREAT AMERICAN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>     | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 63312                        |  |                                       |   |                               |                             |                               |                          |
| Accident Only                | \$365  | (\$189)                               | \$0   | 0                             | 5                           | 0                             | 5                        |
| Disability Income            | \$462  | \$15,743                              | \$0   | 0                             | 3                           | 0                             | 3                        |
| Hospital Indemnity           | \$100  | (\$59)                                | \$0   | 0                             | 1                           | 0                             | 1                        |
| Long Term Care-Comprehensive | \$36,142   | \$586                                 | \$0   | 0                             | 26                          | 0                             | 26                       |
| Medicare Supplement          | \$516,086  | \$357,874                             | \$0   | 0                             | 188                         | 0                             | 188                      |
| <b>TOTAL</b>                 | <b>\$553,155</b>   | <b>\$373,955</b>                      | <b>\$0</b>  | <b>0</b>                      | <b>223</b>                  | <b>0</b>                      | <b>223</b>               |

## GREAT SOUTHERN LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 90212                    |  |                                       |   |                               |                             |                               |                          |
| Conversion               | (\$215)  | \$0                                   | \$0   | 0                             | 0                           | 0                             | 0                        |
| Disability Income        | \$234,001  | (\$20,000)                            | \$0   | 0                             | 0                           | 0                             | 0                        |
| Limited Benefit          | \$67   | \$0                                   | \$0   | 0                             | 0                           | 0                             | 0                        |
| <b>TOTAL</b>             | <b>\$233,853</b>   | <b>(\$20,000)</b>                     | <b>\$0</b>  | <b>0</b>                      | <b>0</b>                    | <b>0</b>                      | <b>0</b>                 |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GREAT WEST LIFE ASSURANCE COMPANY

### NAIC Company Code

|                                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80705                             |   |                               |  |                        |                      |                        |                   |
| Out-of-State 51-100 Member Groups | \$832,061   | \$0                           | \$0  | 24                     | 35                   | 39                     | 74                |
| Disability Income                 | \$141,839   | \$209,740                     | \$0  | 0                      | 134                  | 0                      | 134               |
| <b>TOTAL</b>                      | <b>\$973,900</b>  | <b>\$209,740</b>              | <b>\$0</b>   | <b>24</b>              | <b>169</b>           | <b>39</b>              | <b>208</b>        |

## GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

### NAIC Company Code

|                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68322              |   |                               |  |                        |                      |                        |                   |
| Disability Income  | \$2,115,368   | \$2,203,076                   | \$89,269   | 2                      | 1,471                | 0                      | 1,471             |
| Hospital Indemnity | \$96,999  | \$58,809                      | \$1,145  | 1                      | 326                  | 236                    | 562               |
| <b>TOTAL</b>       | <b>\$2,212,367</b>  | <b>\$2,261,885</b>            | <b>\$90,414</b>  | <b>3</b>               | <b>1,797</b>         | <b>236</b>             | <b>2,033</b>      |

## GUARANTEE TRUST LIFE INSURANCE COMPANY

### NAIC Company Code

|                              | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64211                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$51,118  | \$54,389                      | \$0  | 0                      | 96                   | 0                      | 96                |
| Accident Only                | \$1,330,980   | \$226,576                     | \$177,104  | 11                     | 3,830                | 10                     | 3,840             |
| Disability Income            | \$3,378   | \$0                           | \$0  | 0                      | 59                   | 0                      | 59                |
| Hospital Indemnity           | \$3,645,061   | \$1,044,828                   | \$1,109,751  | 0                      | 5,087                | 0                      | 5,087             |
| Limited Benefit              | \$119,655   | \$136,947                     | \$15,886   | 0                      | 474                  | 416                    | 890               |
| Long Term Care-Comprehensive | \$497,461   | \$273,330                     | \$0  | 0                      | 248                  | 0                      | 248               |
| Medicare Supplement          | \$940,129   | \$685,566                     | \$0  | 0                      | 241                  | 0                      | 241               |
| Student                      | \$0   | (\$2)                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                 | <b>\$6,587,782</b>  | <b>\$2,421,634</b>            | <b>\$1,302,741</b>                                     | <b>11</b>              | <b>10,035</b>        | <b>426</b>             | <b>10,461</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## GUARANTY INCOME LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64238                        |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive | \$176,656   | \$53,703                      | \$7,314  | 0                      | 146                  | 0                      | 146               |
| <b>TOTAL</b>                 | <b>\$176,656</b>  | <b>\$53,703</b>               | <b>\$7,314</b>   | <b>0</b>               | <b>146</b>           | <b>0</b>               | <b>146</b>        |

## GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64246                             |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten         | \$18,750  | (\$2,380,909)                 | \$0  | 0                      | 23                   | 12                     | 35                |
| Conversion                        | \$35,682  | \$487,891                     | \$0  | 0                      | 7                    | 0                      | 7                 |
| Out-of-State 51-100 Member Groups | \$0   | \$7,443                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accident Only                     | \$36,782  | \$11,193                      | \$36,782   | 4                      | 243                  | 28                     | 271               |
| Accidental Death & Dismemberment  | \$1,693,418   | \$571,891                     | \$497,569  | 2,071                  | 108,791              | 2,787                  | 111,578           |
| Dental                            | \$98,711,195  | \$96,412,037                  | \$21,312,846   | 4,369                  | 227,799              | 227,799                | 455,598           |
| Disability Income                 | \$31,330,485  | \$37,412,065                  | \$5,454,397  | 2,363                  | 90,831               | 0                      | 90,831            |
| Excess/Stop Loss                  | \$2,933   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit                   | \$63,484  | (\$54,850)                    | \$33,657   | 15                     | 524                  | 103                    | 627               |
| Vision                            | \$7,033,889   | \$5,154,022                   | \$2,277,909  | 1,661                  | 57,957               | 57,957                 | 115,914           |
| <b>TOTAL</b>                      | <b>\$138,926,618</b>  | <b>\$137,620,783</b>          | <b>\$29,613,160</b>                                    | <b>10,483</b>          | <b>486,175</b>       | <b>288,686</b>         | <b>774,861</b>    |

## HARLEYSVILLE LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64327             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$118   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$118</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HARTFORD FIRE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 19682             |   |                               |  |                        |                     |                        |                   |
| Disability Income | \$0   | \$6,752                       | \$0  | 0                      | 0                   | 0                      | 0                 |
| Excess/Stop Loss  | \$0   | \$1,863                       | \$0  | 0                      | 0                   | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$0</b>  | <b>\$8,615</b>                | <b>\$0</b>   | <b>0</b>               | <b>0</b>            | <b>0</b>               | <b>0</b>          |

## HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 70815                            |   |                               |  |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$28,055,266  | \$14,551,903                  | \$167,391  | 451                    | 376,997             | 75,341                 | 452,338           |
| Blanket Accident/Sickness        | \$1,130,433   | \$727,429                     | \$78,687   | 1,137                  | 115,551             | 131,728                | 247,279           |
| Disability Income                | \$82,451,610  | \$89,035,617                  | \$2,507,608  | 647                    | 344,902             | 0                      | 344,902           |
| Hospital Indemnity               | \$761,274   | \$565,158                     | \$341  | 0                      | 2,885               | 653                    | 3,538             |
| Limited Benefit                  | \$1,797,415   | \$1,666,496                   | \$82,497   | 1                      | 1,989               | 907                    | 2,896             |
| Medicare Supplement              | \$911,866   | \$845,448                     | \$4,504  | 0                      | 1,009               | 460                    | 1,469             |
| Champus/Tricare Supplement       | \$781,183   | \$578,051                     | \$102,792  | 0                      | 1,360               | 0                      | 1,360             |
| Travel                           | \$1,352,169   | \$92,043                      | \$4,926  | 252                    | 340,008             | 64,601                 | 404,609           |
| <b>TOTAL</b>                     | <b>\$117,241,216</b>  | <b>\$108,062,145</b>          | <b>\$2,948,746</b>                                     | <b>2,488</b>           | <b>1,184,701</b>    | <b>273,690</b>         | <b>1,458,391</b>  |

## HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 71153              |   |                               |  |                        |                     |                        |                   |
| Disability Income  | \$2,863   | \$3,855                       | \$0  | 0                      | 66                  | 0                      | 66                |
| Hospital Indemnity | \$3,987   | \$7,709                       | \$0  | 0                      | 24                  | 0                      | 24                |
| Limited Benefit    | \$23,177  | \$111,143                     | \$0  | 0                      | 292                 | 0                      | 292               |
| <b>TOTAL</b>       | <b>\$30,027</b>   | <b>\$122,707</b>              | <b>\$0</b>   | <b>0</b>               | <b>382</b>          | <b>0</b>               | <b>382</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HARTFORD LIFE INSURANCE COMPANY

*NAIC Company Code*

88072

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$360,057   | \$842,827                     | \$6,733  | 0                      | 6,653               | 499                    | 7,152             |
| Blanket Accident/Sickness        | (\$78)  | \$42                          | \$0  | 1                      | 0                   | 0                      | 0                 |
| Disability Income                | \$2,101,746   | \$4,729,203                   | \$14,500   | 15                     | 5,912               | 0                      | 5,912             |
| Excess/Stop Loss                 | \$9,381   | \$0                           | \$0  | 0                      | 0                   | 0                      | 0                 |
| Hospital Indemnity               | \$77,595  | \$60,823                      | \$0  | 0                      | 0                   | 0                      | 0                 |
| Limited Benefit                  | \$906,351   | \$752,283                     | \$22,697   | 3                      | 345                 | 157                    | 502               |
| Long Term Care-Comprehensive     | \$35,978  | \$0                           | \$0  | 0                      | 21                  | 0                      | 21                |
| Medicare Supplement              | \$531,753   | \$441,869                     | \$4,262  | 2                      | 202                 | 92                     | 294               |
| Champus/Tricare Supplement       | \$2,807,798   | \$2,119,384                   | \$6,974  | 0                      | 7,483               | 0                      | 7,483             |
| Travel                           | \$2,644   | \$379,604                     | \$0  | 1                      | 697                 | 132                    | 829               |
| <b>TOTAL</b>                     | <b>\$6,833,225</b>  | <b>\$9,326,035</b>            | <b>\$55,166</b>  | <b>22</b>              | <b>21,313</b>       | <b>880</b>             | <b>22,193</b>     |

## HCC LIFE INSURANCE COMPANY

*NAIC Company Code*

92711

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Disability Income | \$2,750,082   | (\$134,122)                   | \$3,374  | 0                      | 4                   | 0                      | 4                 |
| Excess/Stop Loss  | \$13,161,411  | \$9,232,927                   | \$2,699,410  | 40                     | 33,081              | 40,901                 | 73,982            |
| <b>TOTAL</b>      | <b>\$15,911,493</b>   | <b>\$9,098,805</b>            | <b>\$2,702,784</b>                                     | <b>40</b>              | <b>33,085</b>       | <b>40,901</b>          | <b>73,986</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 70670                                  |   |                               |  |                        |                      |                        |                   |
| Out-of-State Individually Underwritten | \$2,309,314   | \$3,474,048                   | \$0  | 0                      | 718                  | 332                    | 1,050             |
| Out-of-State 101+ Member Groups        | \$121,730,545   | \$111,938,806                 | \$0  | 2,332                  | 14,362               | 12,784                 | 27,146            |
| Administrative Services Only (ASO)     | \$30,818,370  | \$0                           | \$0  | 829                    | 89,454               | 177,696                | 267,150           |
| Dental                                 | \$1,159,567   | \$915,896                     | \$0  | 328                    | 1,895                | 1,678                  | 3,573             |
| Excess/Stop Loss                       | \$1,313,632   | \$480,173                     | \$0  | 3                      | 4,268                | 5,657                  | 9,925             |
| Medicare Supplement                    | \$10,384,935  | \$8,066,395                   | \$0  | 0                      | 3,419                | 0                      | 3,419             |
| <b>TOTAL</b>                           | <b>\$167,716,363</b>  | <b>\$124,875,318</b>          | <b>\$0</b>   | <b>3,492</b>           | <b>114,116</b>       | <b>198,147</b>         | <b>312,263</b>    |

## HEALTH FIRST HEALTH PLANS, INC.

| NAIC Company Code                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95019                              |   |                               |  |                        |                      |                        |                   |
| Self-Employed or Sole Proprietor   | \$751,575   | \$1,007,699                   | \$0  | 56                     | 56                   | 30                     | 86                |
| 2 - 50 Member Groups               | \$38,912,336  | \$28,885,127                  | \$2,132,553  | 1,063                  | 5,363                | 2,964                  | 8,327             |
| 51-100 Member Groups               | \$19,034,927  | \$15,000,035                  | \$1,408,932  | 70                     | 2,701                | 1,486                  | 4,187             |
| 101+ Member Groups                 | \$38,011,495  | \$31,905,859                  | \$2,765,183  | 16                     | 3,795                | 4,020                  | 7,815             |
| Conversion                         | \$788,579   | \$1,123,299                   | \$44,233   | 0                      | 61                   | 39                     | 100               |
| Administrative Services Only (ASO) | \$3,081,411   | \$0                           | \$0  | 3                      | 8,888                | 11,381                 | 20,269            |
| <b>TOTAL</b>                       | <b>\$100,580,323</b>  | <b>\$77,922,019</b>           | <b>\$6,350,901</b>                                     | <b>1,208</b>           | <b>20,864</b>        | <b>19,920</b>          | <b>40,784</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HEALTH FIRST INSURANCE, INC.

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 14140                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$630,627   | \$445,151                     | \$630,627  | 0                      | 403                  | 273                    | 676               |
| 2 - 50 Member Groups      | \$169,867   | \$141,388                     | \$169,867  | 28                     | 188                  | 179                    | 367               |
| 51-100 Member Groups      | \$106,484   | \$71,940                      | \$106,484  | 7                      | 52                   | 69                     | 121               |
| Medicare Supplement       | \$138,952   | \$103,997                     | \$0  | 3                      | 59                   | 0                      | 59                |
| <b>TOTAL</b>              | <b>\$1,045,930</b>  | <b>\$762,476</b>              | <b>\$906,978</b>                                       | <b>38</b>              | <b>702</b>           | <b>521</b>             | <b>1,223</b>      |

## HEALTH NET LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66141             |   |                               |  |                        |                      |                        |                   |
| Conversion        | \$17,923  | \$18,635                      | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>      | <b>\$17,923</b>   | <b>\$18,635</b>               | <b>\$0</b>   | <b>0</b>               | <b>2</b>             | <b>0</b>               | <b>2</b>          |

## HEALTH OPTIONS, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95089                            |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue                  | \$222,965   | \$133,428                     | \$0  | 0                      | 20                   | 1                      | 21                |
| Individually Underwritten        | \$12,252,579  | \$7,888,607                   | \$7,313,252  | 0                      | 3,756                | 2,151                  | 5,907             |
| Self-Employed or Sole Proprietor | \$1,468,616   | \$2,310,316                   | \$7,411  | 93                     | 93                   | 33                     | 126               |
| 2 - 50 Member Groups             | \$163,660,429   | \$113,423,489                 | \$48,563,162   | 4,426                  | 29,930               | 14,127                 | 44,057            |
| 51-100 Member Groups             | \$130,977,140   | \$106,232,237                 | \$24,523,023   | 984                    | 21,561               | 10,720                 | 32,281            |
| 101+ Member Groups               | \$533,518,482   | \$440,498,043                 | \$85,910,112   | 1,006                  | 81,648               | 48,644                 | 130,292           |
| Conversion                       | \$5,229,287   | \$7,575,949                   | \$214,425  | 0                      | 351                  | 41                     | 392               |
| <b>TOTAL</b>                     | <b>\$847,329,498</b>  | <b>\$678,062,069</b>          | <b>\$166,531,385</b>                                   | <b>6,509</b>           | <b>137,359</b>       | <b>75,717</b>          | <b>213,076</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 12902             |   |                               |  |                        |                      |                        |                   |
| Prescription Drug | \$1,816,853   | \$1,428,164                   | \$1,816,853  | 0                      | 1,402                | 0                      | 1,402             |
| <b>TOTAL</b>      | <b>\$1,816,853</b>  | <b>\$1,428,164</b>            | <b>\$1,816,853</b>                                     | <b>0</b>               | <b>1,402</b>         | <b>0</b>               | <b>1,402</b>      |

## HEARTLAND NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66214               |   |                               |  |                        |                      |                        |                   |
| Hospital Indemnity  | \$1,243,697   | \$261,235                     | \$1,152,212  | 0                      | 3,074                | 0                      | 3,074             |
| Limited Benefit     | \$501   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement | \$36,476  | \$32,259                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>        | <b>\$1,280,674</b>  | <b>\$293,494</b>              | <b>\$1,152,212</b>                                     | <b>0</b>               | <b>3,075</b>         | <b>0</b>               | <b>3,075</b>      |

## HM LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 93440             |   |                               |  |                        |                      |                        |                   |
| Excess/Stop Loss  | \$11,807,071  | \$6,896,046                   | \$6,544,836  | 19                     | 28,273               | 31,100                 | 59,373            |
| Limited Benefit   | \$916,746   | \$202,730                     | \$0  | 9                      | 3,265                | 3,592                  | 6,857             |
| Student           | (\$16)  | \$626                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Vision            | \$5,328,388   | \$5,029,424                   | \$0  | 354                    | 28,756               | 31,632                 | 60,388            |
| <b>TOTAL</b>      | <b>\$18,052,189</b>   | <b>\$12,128,826</b>           | <b>\$6,544,836</b>                                     | <b>382</b>             | <b>60,294</b>        | <b>66,324</b>          | <b>126,618</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HORACE MANN LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64513                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$1,071   | (\$98)                        | \$0  | 0                      | 28                   | 0                      | 28                |
| Limited Benefit              | \$139,570   | \$86,170                      | \$1,636  | 8                      | 302                  | 0                      | 302               |
| Long Term Care-Facility Only | \$66  | (\$6)                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                 | <b>\$140,707</b>  | <b>\$86,066</b>               | <b>\$1,636</b>   | <b>8</b>               | <b>330</b>           | <b>0</b>               | <b>330</b>        |

## HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69671                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$94,325,426  | \$71,323,258                  | \$0  | 0                      | 26,085               | 17,179                 | 43,264            |
| Self-Employed or Sole Proprietor | \$2,236,577   | \$40,774,567                  | \$13,859   | 95                     | 95                   | 58                     | 153               |
| 2 - 50 Member Groups             | \$10,557,483  | \$3,316,975                   | \$35,755   | 100                    | 5,000                | 3,878                  | 8,878             |
| 101+ Member Groups               | \$51,924,050  | \$4,658,934                   | \$559,546  | 24                     | 17,701               | 13,386                 | 31,087            |
| Conversion                       | \$1,635,974   | \$1,237,026                   | \$0  | 0                      | 117                  | 38                     | 155               |
| Accidental Death & Dismemberment | \$592,951   | \$123,411                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| Excess/Stop Loss                 | \$4,526,111   | \$1,044,582                   | \$0  | 0                      | 14,802               | 17,355                 | 32,157            |
| Medicare Supplement              | \$5,446,487   | \$3,816,782                   | \$0  | 0                      | 2,936                | 0                      | 2,936             |
| <b>TOTAL</b>                     | <b>\$171,245,059</b>  | <b>\$126,295,535</b>          | <b>\$609,160</b>                                       | <b>219</b>             | <b>66,736</b>        | <b>51,894</b>          | <b>118,630</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## HUMANA INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 73288                                  |   |                               |  |                        |                      |                        |                   |
| Out-of-State Individually Underwritten | \$63,534,812  | \$38,496,551                  | \$0  | 0                      | 21,509               | 14,101                 | 35,610            |
| Accidental Death & Dismemberment       | \$1,004,162   | \$118,171                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| Dental                                 | \$189,133   | \$145,551                     | \$0  | 0                      | 265                  | 391                    | 656               |
| Disability Income                      | \$104,099   | \$112,502                     | \$0  | 0                      | 255                  | 0                      | 255               |
| Vision                                 | \$9,225,664   | \$4,952,407                   | \$0  | 0                      | 80,752               | 59,608                 | 140,360           |
| <b>TOTAL</b>                           | <b>\$74,057,870</b>   | <b>\$43,825,182</b>           | <b>\$0</b>   | <b>0</b>               | <b>102,781</b>       | <b>74,100</b>          | <b>176,881</b>    |

## HUMANA MEDICAL PLAN, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95270                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$18,262,714  | \$9,758,112                   | \$0  | 0                      | 7,118                | 4,393                  | 11,511            |
| Self-Employed or Sole Proprietor | \$4,808,472   | \$1,855,866                   | \$143,985  | 381                    | 381                  | 250                    | 631               |
| 2 - 50 Member Groups             | \$132,689,945   | \$110,149,052                 | \$26,769,139   | 2,995                  | 25,456               | 11,995                 | 37,451            |
| 51-100 Member Groups             | \$27,969,753  | \$23,828,326                  | \$8,479,721  | 104                    | 3,935                | 2,333                  | 6,268             |
| 101+ Member Groups               | \$439,383,913   | \$373,775,507                 | \$27,310,792   | 115                    | 61,722               | 36,599                 | 98,321            |
| Conversion                       | \$1,424,960   | \$761,383                     | \$5,893  | 0                      | 91                   | 8                      | 99                |
| Accidental Death & Dismemberment | \$342,711   | \$56,261                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$624,882,468</b>  | <b>\$520,184,507</b>          | <b>\$62,709,530</b>                                    | <b>3,595</b>           | <b>98,703</b>        | <b>55,578</b>          | <b>154,281</b>    |

## HUMANADENTAL INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 70580             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$37,370,025  | \$26,312,275                  | \$5,157,063  | 2,210                  | 80,365               | 57,215                 | 137,580           |
| <b>TOTAL</b>      | <b>\$37,370,025</b>   | <b>\$26,312,275</b>           | <b>\$5,157,063</b>                                     | <b>2,210</b>           | <b>80,365</b>        | <b>57,215</b>          | <b>137,580</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## IA AMERICAN LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 91693                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$73  | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| Hospital Indemnity               | \$251   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit                  | \$2,504   | \$1,344                       | \$0  | 0                      | 27                   | 0                      | 27                |
| <b>TOTAL</b>                     | <b>\$2,828</b>  | <b>\$1,344</b>                | <b>\$0</b>   | <b>0</b>               | <b>31</b>            | <b>0</b>               | <b>31</b>         |

## IDEALIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 97764               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$713,994   | \$477,795                     | \$0  | 0                      | 173                  | 0                      | 173               |
| <b>TOTAL</b>        | <b>\$713,994</b>  | <b>\$477,795</b>              | <b>\$0</b>   | <b>0</b>               | <b>173</b>           | <b>0</b>               | <b>173</b>        |

## IDS PROPERTY CASUALTY INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 29068                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$212   | \$0                           | \$212  | 1                      | 22                   | 8                      | 30                |
| <b>TOTAL</b>                     | <b>\$212</b>  | <b>\$0</b>                    | <b>\$212</b>   | <b>1</b>               | <b>22</b>            | <b>8</b>               | <b>30</b>         |

## ILLINOIS MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64580                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$359,504   | \$105,047                     | \$0  | 0                      | 23                   | 4                      | 27                |
| Accident Only             | \$29,929  | \$10,688                      | \$4,444  | 0                      | 101                  | 48                     | 149               |
| Disability Income         | \$3,979,118   | \$5,037,562                   | \$51,935   | 0                      | 5,082                | 0                      | 5,082             |
| Hospital Indemnity        | \$1,422   | (\$88)                        | \$0  | 0                      | 4                    | 2                      | 6                 |
| <b>TOTAL</b>              | <b>\$4,369,973</b>  | <b>\$5,153,209</b>            | <b>\$56,379</b>  | <b>0</b>               | <b>5,210</b>         | <b>54</b>              | <b>5,264</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## IMPERIUM INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 35408             |   |                               |  |                        |                     |                        |                   |
| Excess/Stop Loss  | \$167,158   | (\$25,565)                    | \$0  | 1                      | 23                  | 35                     | 58                |
| Travel            | \$71,919  | \$2,076,176                   | \$0  | 1                      | 25                  | 0                      | 25                |
| <b>TOTAL</b>      | <b>\$239,077</b>  | <b>\$2,050,611</b>            | <b>\$0</b>   | <b>2</b>               | <b>48</b>           | <b>35</b>              | <b>83</b>         |

## INDEPENDENCE AMERICAN INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 26581                                  |   |                               |  |                        |                     |                        |                   |
| Out-of-State Individually Underwritten | \$759,869   | \$323,910                     | \$759,869  | 0                      | 115                 | 109                    | 224               |
| Dental                                 | \$35,724  | \$12,114                      | \$35,724   | 1                      | 65                  | 60                     | 125               |
| Hospital Indemnity                     | \$508,962   | \$230,573                     | \$508,962  | 1                      | 222                 | 209                    | 431               |
| Limited Benefit                        | \$225,228   | \$135,295                     | \$225,228  | 1                      | 164                 | 154                    | 318               |
| <b>TOTAL</b>                           | <b>\$1,529,783</b>  | <b>\$701,892</b>              | <b>\$1,529,783</b>                                     | <b>3</b>               | <b>566</b>          | <b>532</b>             | <b>1,098</b>      |

## INDEPENDENT ORDER OF FORESTERS

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 58068             |   |                               |  |                        |                     |                        |                   |
| Accident Only     | \$121,113   | \$110,800                     | \$49,614   | 0                      | 735                 | 0                      | 735               |
| Disability Income | \$1,735   | \$0                           | \$0  | 0                      | 17                  | 0                      | 17                |
| <b>TOTAL</b>      | <b>\$122,848</b>  | <b>\$110,800</b>              | <b>\$49,614</b>  | <b>0</b>               | <b>752</b>          | <b>0</b>               | <b>752</b>        |

## INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 19429             |   |                               |  |                        |                     |                        |                   |
| Travel            | \$242,999   | \$43,520                      | \$0  | 0                      | 0                   | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$242,999</b>  | <b>\$43,520</b>               | <b>\$0</b>   | <b>0</b>               | <b>0</b>            | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## INVESTORS HERITAGE LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64904               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$589   | \$5,115                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>        | <b>\$589</b>  | <b>\$5,115</b>                | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 63487              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$34  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Disability Income  | \$697   | (\$80,260)                    | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity | \$557   | \$1,062                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit    | \$166   | (\$5)                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>       | <b>\$1,454</b>  | <b>(\$79,203)</b>             | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## JACKSON NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65056                                  |   |                               |  |                        |                      |                        |                   |
| Out-of-State Individually Underwritten | \$6,004   | \$32,421                      | \$0  | 0                      | 61                   | 0                      | 61                |
| Accident Only                          | \$22,014  | (\$776)                       | \$0  | 0                      | 860                  | 0                      | 860               |
| Dental                                 | \$19,325  | \$14,879                      | \$0  | 0                      | 55                   | 0                      | 55                |
| Disability Income                      | \$1,532,492   | \$9,445,930                   | \$0  | 0                      | 1,749                | 0                      | 1,749             |
| Hospital Indemnity                     | \$35,177  | \$10,761                      | \$0  | 0                      | 221                  | 0                      | 221               |
| Limited Benefit                        | \$752,671   | \$2,265,958                   | \$0  | 0                      | 3,359                | 0                      | 3,359             |
| Long Term Care-Comprehensive           | \$1,641,916   | \$3,923,273                   | \$0  | 0                      | 802                  | 0                      | 802               |
| Medicare Supplement                    | \$20  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Champus/Tricare Supplement             | \$266   | (\$662)                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Sickness                               | \$5,350   | \$0                           | \$0  | 0                      | 95                   | 0                      | 95                |
| <b>TOTAL</b>                           | <b>\$4,015,235</b>  | <b>\$15,691,784</b>           | <b>\$0</b>   | <b>0</b>               | <b>7,202</b>         | <b>0</b>               | <b>7,202</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## JEFFERSON NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 64017                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$578   | \$4,004                       | \$0  | 0                      | 2                    | 0                      | 2                 |
| Accident Only             | \$202   | \$3                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Disability Income         | \$45,828  | \$598,183                     | \$0  | 0                      | 28                   | 0                      | 28                |
| Hospital Indemnity        | \$61  | \$1                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit           | \$2,096   | \$329                         | \$0  | 0                      | 20                   | 0                      | 20                |
| Medicare Supplement       | \$20,461  | \$23,391                      | \$0  | 0                      | 7                    | 0                      | 7                 |
| <b>TOTAL</b>              | <b>\$69,226</b>   | <b>\$625,911</b>              | <b>\$0</b>   | <b>0</b>               | <b>60</b>            | <b>0</b>               | <b>60</b>         |

## JOHN ALDEN LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65080                                  |   |                               |  |                        |                      |                        |                   |
| 2 - 50 Member Groups                   | \$363,591   | \$63,988                      | \$108,538  | 10                     | 35                   | 24                     | 59                |
| Conversion                             | \$100,378   | \$51,842                      | \$0  | 0                      | 8                    | 2                      | 10                |
| Out-of-State Guarantee Issue           | \$34,977  | \$105,260                     | \$0  | 0                      | 24                   | 0                      | 24                |
| Out-of-State Individually Underwritten | \$2,805,886   | \$1,869,255                   | \$123,803  | 0                      | 317                  | 167                    | 484               |
| Accident Only                          | \$14,751  | \$15,513                      | \$0  | 0                      | 45                   | 57                     | 102               |
| Accidental Death & Dismemberment       | \$29  | \$1                           | \$0  | 1                      | 2                    | 0                      | 2                 |
| Dental                                 | \$31,803  | \$18,420                      | \$0  | 3                      | 52                   | 49                     | 101               |
| Disability Income                      | \$135,687   | \$26,079                      | \$0  | 0                      | 192                  | 8                      | 200               |
| Hospital Indemnity                     | \$3,145   | \$2,137                       | \$0  | 0                      | 6                    | 2                      | 8                 |
| Limited Benefit                        | \$28,583  | \$24,479                      | \$0  | 0                      | 57                   | 44                     | 101               |
| Long Term Care-Comprehensive           | \$491,185   | \$1,372,981                   | \$0  | 0                      | 280                  | 0                      | 280               |
| Long Term Care-Facility Only           | \$15,442  | \$65,104                      | \$0  | 0                      | 9                    | 0                      | 9                 |
| Medicare Supplement                    | \$420,774   | \$342,096                     | \$0  | 0                      | 141                  | 0                      | 141               |
| <b>TOTAL</b>                           | <b>\$4,446,231</b>  | <b>\$3,957,155</b>            | <b>\$232,341</b>                                       | <b>14</b>              | <b>1,168</b>         | <b>353</b>             | <b>1,521</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 93610                        |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive | \$13,511,318  | \$657,647                     | \$5,342  | 20                     | 389                  | 0                      | 389               |
| <b>TOTAL</b>                 | <b>\$13,511,318</b>   | <b>\$657,647</b>              | <b>\$5,342</b>   | <b>20</b>              | <b>389</b>           | <b>0</b>               | <b>389</b>        |

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

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65838                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$679,233   | \$3,025,366                   | \$0  | 0                      | 320                  | 0                      | 320               |
| Long Term Care-Comprehensive | \$125,888,494   | \$89,110,244                  | \$1,837,059  | 387                    | 62,652               | 327                    | 62,979            |
| <b>TOTAL</b>                 | <b>\$126,567,727</b>  | <b>\$92,135,610</b>           | <b>\$1,837,059</b>                                     | <b>387</b>             | <b>62,972</b>        | <b>327</b>             | <b>63,299</b>     |

## KANAWHA INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65110                            |   |                               |  |                        |                      |                        |                   |
| Other Prepaid Health Services    | \$3,116,466   | \$1,129,031                   | \$547,703  | 107                    | 3,576                | 3,872                  | 7,448             |
| Accident Only                    | \$492,724   | \$82,732                      | \$106,865  | 0                      | 2,573                | 1                      | 2,574             |
| Accidental Death & Dismemberment | \$828,622   | \$301,464                     | \$147,951  | 105                    | 2,409                | 0                      | 2,409             |
| Disability Income                | \$2,847,540   | \$2,675,302                   | \$534,904  | 105                    | 3,766                | 0                      | 3,766             |
| Hospital Indemnity               | \$1,086,580   | \$462,026                     | \$691,961  | 0                      | 2,882                | 5                      | 2,887             |
| Limited Benefit                  | \$565,787   | \$729,710                     | \$42,438   | 0                      | 1,678                | 2,066                  | 3,744             |
| Long Term Care-Comprehensive     | \$11,106,988  | \$26,804,057                  | \$0  | 0                      | 8,135                | 0                      | 8,135             |
| Medicare Supplement              | \$169,966   | \$340,136                     | \$0  | 0                      | 116                  | 0                      | 116               |
| <b>TOTAL</b>                     | <b>\$20,214,673</b>   | <b>\$32,524,458</b>           | <b>\$2,071,822</b>                                     | <b>317</b>             | <b>25,135</b>        | <b>5,944</b>           | <b>31,079</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## KANSAS CITY LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65129                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$2,919   | \$2,038                       | \$0  | 0                      | 2                    | 0                      | 2                 |
| Dental                    | \$162,412   | \$74,168                      | \$1,571  | 24                     | 203                  | 164                    | 367               |
| Disability Income         | \$367,143   | \$384,539                     | \$92,606   | 34                     | 1,141                | 127                    | 1,268             |
| Hospital Indemnity        | \$20,659  | \$12,755                      | \$9,297  | 2                      | 44                   | 0                      | 44                |
| Limited Benefit           | \$88  | \$17                          | \$0  | 0                      | 3                    | 0                      | 3                 |
| Medicare Supplement       | \$690   | \$1,831                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Vision                    | \$3,885   | \$329                         | \$0  | 3                      | 35                   | 29                     | 64                |
| <b>TOTAL</b>              | <b>\$557,796</b>  | <b>\$475,677</b>              | <b>\$103,474</b>                                       | <b>63</b>              | <b>1,428</b>         | <b>320</b>             | <b>1,748</b>      |

## KNIGHTS OF COLUMBUS

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 58033                        |   |                               |  |                        |                      |                        |                   |
| Accident Only                | \$219   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Disability Income            | \$46,152  | \$12,342                      | \$15,176   | 0                      | 74                   | 0                      | 74                |
| Hospital Indemnity           | \$10,424  | (\$3,478)                     | \$0  | 0                      | 29                   | 4                      | 33                |
| Long Term Care-Comprehensive | \$1,824,880   | \$521,533                     | \$89,977   | 0                      | 1,276                | 0                      | 1,276             |
| Long Term Care-Facility Only | \$289,696   | \$338,896                     | \$50,854   | 0                      | 346                  | 0                      | 346               |
| <b>TOTAL</b>                 | <b>\$2,171,371</b>  | <b>\$869,293</b>              | <b>\$156,007</b>                                       | <b>0</b>               | <b>1,727</b>         | <b>4</b>               | <b>1,731</b>      |

## LAFAYETTE LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65242             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$17,581  | \$79,483                      | \$0  | 0                      | 5                    | 0                      | 5                 |
| <b>TOTAL</b>      | <b>\$17,581</b>   | <b>\$79,483</b>               | <b>\$0</b>   | <b>0</b>               | <b>5</b>             | <b>0</b>               | <b>5</b>          |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Administrative Services Only (ASO) | \$15,227,359  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                       | <b>\$15,227,359</b>   | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## LIBERTY DENTAL PLAN OF FLORIDA, INC.

### NAIC Company Code

|              | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Dental       | \$11,268  | \$4,019,333                   | \$0  | 0                      | 63,726               | 157                    | 63,883            |
| <b>TOTAL</b> | <b>\$11,268</b>   | <b>\$4,019,333</b>            | <b>\$0</b>   | <b>0</b>               | <b>63,726</b>        | <b>157</b>             | <b>63,883</b>     |

## LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

### NAIC Company Code

65315

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Disability Income | \$26,207,816  | \$28,219,312                  | \$608,432  | 32                     | 130,799              | 0                      | 130,799           |
| <b>TOTAL</b>      | <b>\$26,207,816</b>   | <b>\$28,219,312</b>           | <b>\$608,432</b>                                       | <b>32</b>              | <b>130,799</b>       | <b>0</b>               | <b>130,799</b>    |

## LIBERTY MUTUAL INSURANCE COMPANY

### NAIC Company Code

23043

|                           | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten | \$0   | (\$1,536)                     | \$0  | 0                      | 1                    | 1                      | 2                 |
| 101+ Member Groups        | \$0   | \$8,177                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Conversion                | \$0   | \$36                          | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>              | <b>\$0</b>  | <b>\$6,677</b>                | <b>\$0</b>   | <b>0</b>               | <b>1</b>             | <b>1</b>               | <b>2</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LIBERTY NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 65331                    |  |                                       |   |                               |                             |                               |                          |
| Accident Only            | \$350,208  | \$112,514                             | \$13,147  | 0                             | 19,688                      | 0                             | 19,688                   |
| Dental                   | \$15,981   | \$2,470                               | \$0   | 0                             | 35                          | 0                             | 35                       |
| Disability Income        | \$1,158  | \$0                                   | \$0   | 0                             | 7                           | 0                             | 7                        |
| Hospital Indemnity       | \$620,402  | \$563,820                             | \$49,364  | 0                             | 3,874                       | 0                             | 3,874                    |
| Limited Benefit          | \$11,279,396   | \$7,660,605                           | \$612,635   | 0                             | 33,290                      | 10,985                        | 44,275                   |
| Medicare Supplement      | \$584,085  | \$385,249                             | \$49,597  | 0                             | 416                         | 0                             | 416                      |
| Vision                   | \$70,817   | \$39,213                              | \$0   | 0                             | 235                         | 0                             | 235                      |
| <b>TOTAL</b>             | <b>\$12,922,047</b>  | <b>\$8,763,871</b>                    | <b>\$724,743</b>  | <b>0</b>                      | <b>57,545</b>               | <b>10,985</b>                 | <b>68,530</b>            |

## LIFE INSURANCE COMPANY OF ALABAMA

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 65412                            |  |                                       |   |                               |                             |                               |                          |
| Accident Only                    | \$15,322   | \$0                                   | \$6,461   | 0                             | 35                          | 5                             | 40                       |
| Accidental Death & Dismemberment | \$1,046  | \$0                                   | \$12  | 0                             | 21                          | 0                             | 21                       |
| Disability Income                | \$5,209  | \$0                                   | \$1,446   | 0                             | 8                           | 0                             | 8                        |
| Hospital Indemnity               | \$25,678   | \$7,725                               | \$5,752   | 0                             | 23                          | 10                            | 33                       |
| Limited Benefit                  | \$326,676  | \$53,077                              | \$37,058  | 0                             | 454                         | 310                           | 764                      |
| Sickness                         | \$849  | \$1,033                               | \$0   | 0                             | 3                           | 0                             | 3                        |
| <b>TOTAL</b>                     | <b>\$374,780</b>   | <b>\$61,835</b>                       | <b>\$50,729</b>   | <b>0</b>                      | <b>544</b>                  | <b>325</b>                    | <b>869</b>               |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LIFE INSURANCE COMPANY OF NORTH AMERICA

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65498              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$8,168,033   | \$8,061,526                   | \$0  | 20                     | 326,721              | 0                      | 326,721           |
| Disability Income  | \$74,533,425  | \$73,530,069                  | \$0  | 145                    | 374,596              | 0                      | 374,596           |
| Hospital Indemnity | \$1,830,475   | \$1,806,606                   | \$0  | 4                      | 6,102                | 0                      | 6,102             |
| Limited Benefit    | \$40  | \$40                          | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>       | <b>\$84,531,973</b>   | <b>\$83,398,241</b>           | <b>\$0</b>   | <b>169</b>             | <b>707,419</b>       | <b>0</b>               | <b>707,419</b>    |

## LIFE INSURANCE COMPANY OF THE SOUTHWEST

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65528             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$226   | \$0                           | \$0  | 0                      | 3                    | 1                      | 4                 |
| <b>TOTAL</b>      | <b>\$226</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>1</b>               | <b>4</b>          |

## LIFE OF THE SOUTH INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 97691                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$7,779   | \$0                           | \$7,779  | 0                      | 109                  | 0                      | 109               |
| Accidental Death & Dismemberment | \$80  | \$7,662                       | \$80   | 0                      | 2                    | 0                      | 2                 |
| Hospital Indemnity               | \$57  | \$0                           | \$57   | 0                      | 9                    | 0                      | 9                 |
| Limited Benefit                  | \$1,975   | \$1,086                       | \$1,975  | 0                      | 46                   | 0                      | 46                |
| <b>TOTAL</b>                     | <b>\$9,891</b>  | <b>\$8,748</b>                | <b>\$9,891</b>   | <b>0</b>               | <b>166</b>           | <b>0</b>               | <b>166</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LIFESECURE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 77720                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$3,654   | \$880                         | \$0  | 0                      | 1                    | 0                      | 1                 |
| Accident Only                    | \$1,013   | \$36                          | \$427  | 0                      | 6                    | 1                      | 7                 |
| Accidental Death & Dismemberment | \$80  | \$114                         | \$0  | 0                      | 4                    | 0                      | 4                 |
| Disability Income                | \$786   | \$0                           | \$0  | 0                      | 6                    | 0                      | 6                 |
| Hospital Indemnity               | \$390,725   | \$107,535                     | \$179,878  | 0                      | 1,007                | 0                      | 1,007             |
| Limited Benefit                  | \$6,261   | (\$5,486)                     | \$0  | 0                      | 80                   | 0                      | 80                |
| Long Term Care-Comprehensive     | \$1,484,695   | \$170,521                     | \$217,196  | 0                      | 1,490                | 0                      | 1,490             |
| <b>TOTAL</b>                     | <b>\$1,887,214</b>  | <b>\$273,600</b>              | <b>\$397,501</b>                                       | <b>0</b>               | <b>2,594</b>         | <b>1</b>               | <b>2,595</b>      |

## LINCOLN BENEFIT LIFE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65595             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$5,776,742   | \$6,498,057                   | \$0  | 0                      | 2,853                | 0                      | 2,853             |
| <b>TOTAL</b>      | <b>\$5,776,742</b>  | <b>\$6,498,057</b>            | <b>\$0</b>   | <b>0</b>               | <b>2,853</b>         | <b>0</b>               | <b>2,853</b>      |

## LINCOLN HERITAGE LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65927                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$1,030   | \$0                           | \$0  | 0                      | 8                    | 0                      | 8                 |
| Medicare Supplement              | \$2,866,759   | \$1,943,860                   | \$0  | 0                      | 873                  | 0                      | 873               |
| <b>TOTAL</b>                     | <b>\$2,867,789</b>  | <b>\$1,943,860</b>            | <b>\$0</b>   | <b>0</b>               | <b>881</b>           | <b>0</b>               | <b>881</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62057                            |   |                               |  |                        |                      |                        |                   |
| Conversion                       | \$1,820   | \$211,160                     | \$0  | 0                      | 3                    | 0                      | 3                 |
| Accidental Death & Dismemberment | \$31,569  | \$0                           | \$0  | 0                      | 3,007                | 0                      | 3,007             |
| Dental                           | \$31,267  | \$38,124                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| Disability Income                | \$343,625   | \$460,994                     | \$0  | 0                      | 1,919                | 0                      | 1,919             |
| <b>TOTAL</b>                     | <b>\$408,281</b>  | <b>\$710,278</b>              | <b>\$0</b>   | <b>0</b>               | <b>4,929</b>         | <b>0</b>               | <b>4,929</b>      |

## LINCOLN NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65676                            |   |                               |  |                        |                      |                        |                   |
| Conversion                       | \$8,308   | (\$130,357)                   | \$0  | 0                      | 1                    | 1                      | 2                 |
| Accident Only                    | \$1,768,757   | \$646,122                     | \$1,240,621  | 72                     | 7,850                | 0                      | 7,850             |
| Accidental Death & Dismemberment | \$3,888,118   | \$981,604                     | \$464,890  | 1,778                  | 273,910              | 0                      | 273,910           |
| Dental                           | \$14,967,465  | \$9,645,478                   | \$3,109,473  | 349                    | 24,225               | 0                      | 24,225            |
| Disability Income                | \$76,588,979  | \$67,694,280                  | \$7,357,536  | 2,722                  | 281,803              | 0                      | 281,803           |
| Excess/Stop Loss                 | \$10,009,819  | \$8,930,910                   | \$0  | 119                    | 1,110                | 0                      | 1,110             |
| Hospital Indemnity               | \$675   | \$2,523                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit                  | \$1,381,854   | \$613,148                     | \$1,110,427  | 57                     | 7,237                | 0                      | 7,237             |
| Long Term Care-Comprehensive     | \$239,690   | \$396,762                     | \$0  | 0                      | 134                  | 0                      | 134               |
| <b>TOTAL</b>                     | <b>\$108,853,665</b>  | <b>\$88,780,470</b>           | <b>\$13,282,947</b>                                    | <b>5,097</b>           | <b>596,270</b>       | <b>1</b>               | <b>596,271</b>    |

## LONDON LIFE REINSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 76694               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$891   | (\$3,108)                     | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>        | <b>\$891</b>  | <b>(\$3,108)</b>              | <b>\$0</b>   | <b>0</b>               | <b>1</b>             | <b>0</b>               | <b>1</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## LONGEVITY INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68446                        |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Facility Only | \$0   | \$1,879                       | \$0  | 0                      | 3                    | 0                      | 3                 |
| <b>TOTAL</b>                 | <b>\$0</b>  | <b>\$1,879</b>                | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

## LOYAL AMERICAN LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65722                        |   |                               |  |                        |                      |                        |                   |
| Accident Only                | \$485,265   | \$165,282                     | \$152,273  | 0                      | 826                  | 322                    | 1,148             |
| Disability Income            | \$11,666  | \$11,799                      | \$0  | 0                      | 33                   | 0                      | 33                |
| Hospital Indemnity           | \$8,090   | \$43,954                      | \$2,211  | 0                      | 68                   | 49                     | 117               |
| Limited Benefit              | \$328,087   | \$305,450                     | \$49,941   | 0                      | 2,061                | 2,219                  | 4,280             |
| Long Term Care-Comprehensive | \$3,757   | (\$8)                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Medicare Supplement          | \$232,727   | \$209,763                     | \$12,576   | 0                      | 91                   | 0                      | 91                |
| <b>TOTAL</b>                 | <b>\$1,069,592</b>  | <b>\$736,240</b>              | <b>\$217,001</b>                                       | <b>0</b>               | <b>3,079</b>         | <b>2,590</b>           | <b>5,669</b>      |

## MADISON NATIONAL LIFE INSURANCE COMPANY INC.

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65781                                  |   |                               |  |                        |                      |                        |                   |
| Out-of-State Individually Underwritten | \$568,228   | \$243,797                     | \$568,228  | 0                      | 122                  | 242                    | 364               |
| Accident Only                          | \$91,931  | \$71,736                      | \$0  | 4                      | 509                  | 1,008                  | 1,517             |
| Dental                                 | \$276,107   | \$134,964                     | \$0  | 402                    | 577                  | 1,145                  | 1,722             |
| Disability Income                      | \$269,718   | \$303,112                     | \$0  | 4                      | 1,875                | 0                      | 1,875             |
| Excess/Stop Loss                       | \$548,661   | \$1,171,583                   | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity                     | \$330,696   | \$367,813                     | \$0  | 3                      | 1,235                | 2                      | 1,237             |
| Limited Benefit                        | \$64,925  | (\$13,849)                    | \$0  | 0                      | 6                    | 0                      | 6                 |
| Vision                                 | \$937   | (\$103)                       | \$0  | 7                      | 9                    | 18                     | 27                |
| <b>TOTAL</b>                           | <b>\$2,151,203</b>  | <b>\$2,279,053</b>            | <b>\$568,228</b>                                       | <b>420</b>             | <b>4,333</b>         | <b>2,415</b>           | <b>6,748</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MANAGED CARE OF NORTH AMERICA, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 52014             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$134,118   | \$85,694,774                  | \$7,717  | 26                     | 811                  | 592                    | 1,403             |
| <b>TOTAL</b>      | <b>\$134,118</b>  | <b>\$85,694,774</b>           | <b>\$7,717</b>   | <b>26</b>              | <b>811</b>           | <b>592</b>             | <b>1,403</b>      |

## MANHATTAN LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65870             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$278,979   | \$205,283                     | \$76,301   | 0                      | 328                  | 0                      | 328               |
| Limited Benefit   | \$293   | \$0                           | \$293  | 0                      | 2                    | 3                      | 5                 |
| <b>TOTAL</b>      | <b>\$279,272</b>  | <b>\$205,283</b>              | <b>\$76,594</b>  | <b>0</b>               | <b>330</b>           | <b>3</b>               | <b>333</b>        |

## MANHATTAN NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67083                        |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive | \$141,316   | \$312,534                     | \$0  | 0                      | 348                  | 8                      | 356               |
| <b>TOTAL</b>                 | <b>\$141,316</b>  | <b>\$312,534</b>              | <b>\$0</b>   | <b>0</b>               | <b>348</b>           | <b>8</b>               | <b>356</b>        |

## MAPFRE LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 85561                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$2,083   | \$0                           | \$0  | 0                      | 37                   | 6                      | 43                |
| Excess/Stop Loss                 | \$0   | (\$3,312)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity               | \$5,161   | (\$39)                        | \$0  | 0                      | 17                   | 2                      | 19                |
| <b>TOTAL</b>                     | <b>\$7,244</b>  | <b>(\$3,351)</b>              | <b>\$0</b>   | <b>0</b>               | <b>54</b>            | <b>8</b>               | <b>62</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MARKEL INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 38970                     |   |                               |  |                        |                      |                        |                   |
| Accident Only             | \$1,213,309   | \$531,106                     | \$130,254  | 0                      | 383,240              | 0                      | 383,240           |
| Blanket Accident/Sickness | \$35,558  | (\$3,228)                     | \$0  | 0                      | 802                  | 0                      | 802               |
| Hospital Indemnity        | \$0   | (\$372)                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Student                   | \$0   | (\$6,763)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>              | <b>\$1,248,867</b>  | <b>\$520,743</b>              | <b>\$130,254</b>                                       | <b>0</b>               | <b>384,042</b>       | <b>0</b>               | <b>384,042</b>    |

## MARQUETTE NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71072               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$54,577  | \$0                           | \$0  | 0                      | 26                   | 0                      | 26                |
| <b>TOTAL</b>        | <b>\$54,577</b>   | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>26</b>            | <b>0</b>               | <b>26</b>         |

## MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65935                            |   |                               |  |                        |                      |                        |                   |
| Disability Income                | \$16,494,570  | \$11,693,289                  | \$1,382,710  | 0                      | 6,767                | 0                      | 6,767             |
| Long Term Care-Non-Facility Only | \$7,751,885   | \$2,099,262                   | \$1,632,253  | 0                      | 2,473                | 530                    | 3,003             |
| <b>TOTAL</b>                     | <b>\$24,246,455</b>   | <b>\$13,792,551</b>           | <b>\$3,014,963</b>                                     | <b>0</b>               | <b>9,240</b>         | <b>530</b>             | <b>9,770</b>      |

## MEDAMERICA INSURANCE COMPANY OF FLORIDA

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 12967                                    |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Accelerated Benefit Rider | \$4,193,456   | \$752,152                     | \$407,033  | 45                     | 2,529                | 0                      | 2,529             |
| <b>TOTAL</b>                             | <b>\$4,193,456</b>  | <b>\$752,152</b>              | <b>\$407,033</b>                                       | <b>45</b>              | <b>2,529</b>         | <b>0</b>               | <b>2,529</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MEDICA HEALTH PLANS OF FLORIDA, INC.

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 12756                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$2,199,793   | \$1,686,609                   | \$22,770   | 0                      | 221                  | 0                      | 221               |
| 2 - 50 Member Groups      | \$2,939,532   | \$2,969,655                   | \$227,560  | 60                     | 272                  | 84                     | 356               |
| <b>TOTAL</b>              | <b>\$5,139,325</b>  | <b>\$4,656,264</b>            | <b>\$250,330</b>                                       | <b>60</b>              | <b>493</b>           | <b>84</b>              | <b>577</b>        |

## MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC.

| NAIC Company Code             | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 52008                         |   |                               |  |                        |                      |                        |                   |
| Other Prepaid Health Services | \$1,066,758   | \$191,206                     | \$217,172  | 0                      | 6,697                | 0                      | 6,697             |
| <b>TOTAL</b>                  | <b>\$1,066,758</b>  | <b>\$191,206</b>              | <b>\$217,172</b>                                       | <b>0</b>               | <b>6,697</b>         | <b>0</b>               | <b>6,697</b>      |

## MEDICO CORP LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 79987               |   |                               |  |                        |                      |                        |                   |
| Limited Benefit     | \$148   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Medicare Supplement | \$4,665   | \$1,929                       | \$0  | 0                      | 5                    | 0                      | 5                 |
| <b>TOTAL</b>        | <b>\$4,813</b>  | <b>\$1,929</b>                | <b>\$0</b>   | <b>0</b>               | <b>5</b>             | <b>0</b>               | <b>5</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MEDICO INSURANCE COMPANY

NAIC Company Code

31119

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accident Only                    | \$11  | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Accidental Death & Dismemberment | \$6   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Dental                           | \$141,528   | \$80,997                      | \$29,167   | 0                      | 1,256                | 0                      | 1,256             |
| Disability Income                | \$19,154  | \$5,507                       | \$0  | 0                      | 26                   | 0                      | 26                |
| Hospital Indemnity               | \$8,427   | \$308                         | \$0  | 0                      | 33                   | 3                      | 36                |
| Limited Benefit                  | \$318,064   | \$220,100                     | \$0  | 0                      | 989                  | 479                    | 1,468             |
| Long Term Care-Comprehensive     | \$25  | \$18,076                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| Short Term Care                  | \$1,331   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement              | \$11,668,592  | \$9,370,893                   | \$0  | 0                      | 3,417                | 0                      | 3,417             |
| <b>TOTAL</b>                     | <b>\$12,157,138</b>   | <b>\$9,695,881</b>            | <b>\$29,167</b>  | <b>0</b>               | <b>5,724</b>         | <b>482</b>             | <b>6,206</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MEGA LIFE & HEALTH INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 97055                                  |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten              | \$217,151   | \$473,779                     | \$0  | 0                      | 28                   | 9                      | 37                |
| Conversion                             | \$267,377   | \$489,823                     | \$0  | 0                      | 27                   | 3                      | 30                |
| Out-of-State Guarantee Issue           | \$856   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Out-of-State Individually Underwritten | \$8,212,988   | \$4,597,110                   | \$0  | 0                      | 1,378                | 703                    | 2,081             |
| Accident Only                          | \$47,957  | (\$9,799)                     | \$0  | 0                      | 106                  | 20                     | 126               |
| Dental                                 | \$71,046  | \$29,170                      | \$0  | 0                      | 285                  | 190                    | 475               |
| Disability Income                      | \$152,308   | \$65,825                      | \$0  | 0                      | 493                  | 0                      | 493               |
| Hospital Indemnity                     | \$315,126   | \$175,607                     | \$0  | 0                      | 698                  | 358                    | 1,056             |
| Limited Benefit                        | \$557,606   | \$198,088                     | \$0  | 0                      | 1,429                | 624                    | 2,053             |
| Medicare Supplement                    | \$2,061   | \$2,857                       | \$0  | 0                      | 2                    | 0                      | 2                 |
| Prescription Drug                      | \$16,170  | \$3,150                       | \$0  | 0                      | 27                   | 13                     | 40                |
| Vision                                 | \$86,764  | \$38,903                      | \$0  | 0                      | 1,525                | 1,051                  | 2,576             |
| <b>TOTAL</b>                           | <b>\$9,947,410</b>  | <b>\$6,064,513</b>            | <b>\$0</b>   | <b>0</b>               | <b>5,998</b>         | <b>2,971</b>           | <b>8,969</b>      |

## MERIT LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65951                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$682,886   | \$31,934                      | \$682,886  | 3                      | 22,654               | 4,202                  | 26,856            |
| <b>TOTAL</b>                     | <b>\$682,886</b>  | <b>\$31,934</b>               | <b>\$682,886</b>                                       | <b>3</b>               | <b>22,654</b>        | <b>4,202</b>           | <b>26,856</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## METLIFE INSURANCE COMPANY USA

### NAIC Company Code

87726

|                              | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten    | \$512   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Disability Income            | \$640,984   | \$2,794,369                   | \$0  | 0                      | 455                  | 0                      | 455               |
| Hospital Indemnity           | \$68,795  | \$29,668                      | \$0  | 0                      | 86                   | 16                     | 102               |
| Long Term Care-Comprehensive | \$23,165,592  | \$64,968,462                  | \$0  | 0                      | 10,450               | 0                      | 10,450            |
| <b>TOTAL</b>                 | <b>\$23,875,883</b>   | <b>\$67,792,499</b>           | <b>\$0</b>   | <b>0</b>               | <b>10,992</b>        | <b>16</b>              | <b>11,008</b>     |

## METROPOLITAN LIFE INSURANCE COMPANY

### NAIC Company Code

65978

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten        | \$246,097   | \$418,908                     | \$0  | 0                      | 147                  | 66                     | 213               |
| 51-100 Member Groups             | \$0   | \$1,082                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accident Only                    | \$159,489   | \$0                           | \$0  | 1                      | 10,804               | 0                      | 10,804            |
| Accidental Death & Dismemberment | \$8,910,300   | \$3,946,302                   | \$341,959  | 1,045                  | 412,027              | 0                      | 412,027           |
| Dental                           | \$182,562,875   | \$193,600,268                 | \$19,707,189   | 1,509                  | 393,518              | 865,740                | 1,259,258         |
| Disability Income                | \$107,736,447   | \$111,363,644                 | \$6,435,493  | 128                    | 365,370              | 0                      | 365,370           |
| Hospital Indemnity               | \$92,421  | \$153,700                     | \$0  | 553                    | 553                  | 5                      | 558               |
| Limited Benefit                  | \$912,583   | \$610,777                     | \$386,199  | 90                     | 7,305                | 6,504                  | 13,809            |
| Long Term Care-Comprehensive     | \$32,144,051  | \$21,434,570                  | \$0  | 199                    | 24,021               | 0                      | 24,021            |
| Long Term Care-Facility Only     | \$1,695,634   | \$2,060,139                   | \$0  | 48                     | 2,383                | 0                      | 2,383             |
| Vision                           | \$2,103,646   | \$1,015,576                   | \$0  | 3                      | 6,091                | 13,400                 | 19,491            |
| <b>TOTAL</b>                     | <b>\$336,563,543</b>  | <b>\$334,604,966</b>          | <b>\$26,870,840</b>                                    | <b>3,576</b>           | <b>1,222,219</b>     | <b>885,715</b>         | <b>2,107,934</b>  |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MHNET OF FLORIDA, INC.

### NAIC Company Code

|                               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Other Prepaid Health Services | \$1,575,257   | \$1,358,714                   | \$0  | 2                      | 26,861               | 12,796                 | 39,657            |
| <b>TOTAL</b>                  | <b>\$1,575,257</b>  | <b>\$1,358,714</b>            | <b>\$0</b>   | <b>2</b>               | <b>26,861</b>        | <b>12,796</b>          | <b>39,657</b>     |

## MIDLAND NATIONAL LIFE INSURANCE COMPANY

### NAIC Company Code

66044

|                   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accident Only     | \$1,068   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Disability Income | \$5,891   | \$2,541                       | \$0  | 1                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>      | <b>\$6,959</b>  | <b>\$2,541</b>                | <b>\$0</b>   | <b>1</b>               | <b>1</b>             | <b>0</b>               | <b>1</b>          |

## MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

### NAIC Company Code

66087

|  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Individually Underwritten              | \$36,850  | \$47,172                      | \$0  | 0                      | 7                    | 7                      | 14                |
| Out-of-State Individually Underwritten | \$7,632,042   | \$4,197,451                   | \$0  | 0                      | 1,648                | 872                    | 2,520             |
| Accident Only                          | \$21,555  | \$1,319                       | \$0  | 0                      | 25                   | 1                      | 26                |
| Dental                                 | \$33,193  | \$12,902                      | \$0  | 0                      | 149                  | 91                     | 240               |
| Disability Income                      | \$747   | \$4,767                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity                     | \$47,839  | \$15,527                      | \$0  | 0                      | 194                  | 98                     | 292               |
| Limited Benefit                        | \$278,414   | \$97,795                      | \$0  | 0                      | 1,079                | 395                    | 1,474             |
| Prescription Drug                      | \$5,405   | \$2,183                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Vision                                 | \$73,113  | \$33,864                      | \$0  | 0                      | 1,250                | 874                    | 2,124             |
| <b>TOTAL</b>                           | <b>\$8,129,158</b>  | <b>\$4,412,980</b>            | <b>\$0</b>   | <b>0</b>               | <b>4,353</b>         | <b>2,338</b>           | <b>6,691</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MINNESOTA LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66168                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$13,057,229  | \$4,279,627                   | \$7,902,333  | 7                      | 66,572               | 0                      | 66,572            |
| Disability Income                | \$2,351,885   | \$13,648,670                  | \$343  | 1                      | 912                  | 0                      | 912               |
| Hospital Indemnity               | \$120   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Long Term Care-Comprehensive     | \$38,197  | \$0                           | \$0  | 0                      | 9                    | 6                      | 15                |
| <b>TOTAL</b>                     | <b>\$15,447,431</b>   | <b>\$17,928,297</b>           | <b>\$7,902,676</b>                                     | <b>8</b>               | <b>67,494</b>        | <b>6</b>               | <b>67,500</b>     |

## MONITOR LIFE INSURANCE COMPANY OF NEW YORK

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 81442              |   |                               |  |                        |                      |                        |                   |
| Hospital Indemnity | \$165   | (\$206)                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit    | \$2,101,319   | \$940,864                     | \$1,775,672  | 155                    | 2,258                | 1,183                  | 3,441             |
| <b>TOTAL</b>       | <b>\$2,101,484</b>  | <b>\$940,658</b>              | <b>\$1,775,672</b>                                     | <b>155</b>             | <b>2,258</b>         | <b>1,183</b>           | <b>3,441</b>      |

## MONY LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66370                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$42,151  | \$33,846                      | \$0  | 0                      | 30                   | 2                      | 32                |
| Accidental Death & Dismemberment | \$20  | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Disability Income                | \$2,436,486   | \$2,281,486                   | \$0  | 0                      | 1,792                | 0                      | 1,792             |
| Hospital Indemnity               | \$1,522   | \$0                           | \$0  | 0                      | 16                   | 0                      | 16                |
| <b>TOTAL</b>                     | <b>\$2,480,179</b>  | <b>\$2,315,332</b>            | <b>\$0</b>   | <b>0</b>               | <b>1,839</b>         | <b>2</b>               | <b>1,841</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MTL INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 66427             |   |                               |  |                        |                     |                        |                   |
| Disability Income | \$32,844  | \$105,694                     | \$0  | 0                      | 27                  | 0                      | 27                |
| <b>TOTAL</b>      | <b>\$32,844</b>   | <b>\$105,694</b>              | <b>\$0</b>   | <b>0</b>               | <b>27</b>           | <b>0</b>               | <b>27</b>         |

## MUTUAL OF AMERICA LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 88668             |   |                               |  |                        |                     |                        |                   |
| Disability Income | \$80,744  | \$336,373                     | \$0  | 56                     | 315                 | 0                      | 315               |
| <b>TOTAL</b>      | <b>\$80,744</b>   | <b>\$336,373</b>              | <b>\$0</b>   | <b>56</b>              | <b>315</b>          | <b>0</b>               | <b>315</b>        |

## MUTUAL OF OMAHA INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 71412                            |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten        | \$79,878  | \$67,987                      | \$0  | 0                      | 204                 | 25                     | 229               |
| Conversion                       | \$2,705   | \$1,177                       | \$0  | 0                      | 1                   | 0                      | 1                 |
| Accident Only                    | \$6,046,975   | \$3,117,244                   | \$1,059,675  | 342                    | 474,939             | 195                    | 475,134           |
| Accidental Death & Dismemberment | \$1,754,553   | \$1,776,438                   | \$554,891  | 24                     | 22,620              | 6,258                  | 28,878            |
| Dental                           | \$6,252   | \$26,940                      | \$0  | 0                      | 61                  | 70                     | 131               |
| Disability Income                | \$1,901,456   | \$1,869,087                   | \$176,528  | 13                     | 3,007               | 1                      | 3,008             |
| Hospital Indemnity               | \$496,215   | \$267,086                     | \$0  | 0                      | 1,603               | 282                    | 1,885             |
| Limited Benefit                  | \$1,889,267   | \$1,301,060                   | \$40,569   | 0                      | 15,370              | 4,149                  | 19,519            |
| Long Term Care-Comprehensive     | \$8,689,344   | \$7,723,181                   | \$1,412,567  | 8                      | 4,886               | 0                      | 4,886             |
| Long Term Care-Facility Only     | \$673,370   | \$1,829,039                   | \$0  | 0                      | 474                 | 0                      | 474               |
| Long Term Care-Non-Facility Only | \$1,665,109   | \$5,630,729                   | \$0  | 0                      | 935                 | 0                      | 935               |
| Medicare Supplement              | \$39,240,211  | \$25,301,161                  | \$873,503  | 0                      | 10,938              | 2                      | 10,940            |
| Travel                           | \$31,800  | \$44,513                      | \$0  | 0                      | 1,841               | 48                     | 1,889             |
| <b>TOTAL</b>                     | <b>\$62,477,135</b>   | <b>\$48,955,642</b>           | <b>\$4,117,733</b>                                     | <b>387</b>             | <b>536,879</b>      | <b>11,030</b>          | <b>547,909</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## MUTUAL SAVINGS LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66397                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$2,133   | \$1,360                       | \$0  | 0                      | 130                  | 0                      | 130               |
| Hospital Indemnity               | \$3,871   | \$367                         | \$0  | 0                      | 80                   | 0                      | 80                |
| Limited Benefit                  | \$18,870  | \$1,427                       | \$0  | 0                      | 222                  | 0                      | 222               |
| <b>TOTAL</b>                     | <b>\$24,874</b>   | <b>\$3,154</b>                | <b>\$0</b>   | <b>0</b>               | <b>432</b>           | <b>0</b>               | <b>432</b>        |

## NATIONAL BENEFIT LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61409                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$21,515  | (\$54,459)                    | \$0  | 0                      | 36                   | 18                     | 54                |
| Accident Only             | \$15  | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Disability Income         | \$338   | (\$178)                       | \$0  | 0                      | 2                    | 0                      | 2                 |
| Hospital Indemnity        | \$30,921  | \$13,349                      | \$0  | 0                      | 184                  | 0                      | 184               |
| <b>TOTAL</b>              | <b>\$52,789</b>   | <b>(\$41,288)</b>             | <b>\$0</b>   | <b>0</b>               | <b>223</b>           | <b>18</b>              | <b>241</b>        |

## NATIONAL CASUALTY COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 11991                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$409   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Accident Only             | \$20,779  | \$22,355                      | \$2,755  | 83                     | 264                  | 6                      | 270               |
| Dental                    | \$6,936   | \$799                         | \$6,936  | 0                      | 267                  | 116                    | 383               |
| Disability Income         | (\$231,114)   | \$0                           | \$0  | 0                      | 5                    | 0                      | 5                 |
| Hospital Indemnity        | \$892   | (\$4,612)                     | \$0  | 0                      | 6                    | 0                      | 6                 |
| Limited Benefit           | \$303   | \$0                           | \$0  | 0                      | 5                    | 0                      | 5                 |
| Vision                    | \$233   | \$0                           | \$233  | 0                      | 4                    | 7                      | 11                |
| <b>TOTAL</b>              | <b>(\$201,562)</b>  | <b>\$18,542</b>               | <b>\$9,924</b>   | <b>83</b>              | <b>552</b>           | <b>129</b>             | <b>681</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NATIONAL GUARDIAN LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66583               |   |                               |  |                        |                      |                        |                   |
| Accident Only       | \$172,095   | \$1,386                       | \$172,095  | 0                      | 3,114                | 0                      | 3,114             |
| Dental              | \$3,941,369   | \$2,827,191                   | \$3,941,369  | 106                    | 7,370                | 4,988                  | 12,358            |
| Disability Income   | \$20,972  | \$8,027                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity  | \$25  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit     | \$0   | \$763                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Medicare Supplement | \$740   | \$256                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Vision              | \$12,400,291  | \$6,859,846                   | \$12,400,291   | 483                    | 79,713               | 69,848                 | 149,561           |
| <b>TOTAL</b>        | <b>\$16,535,492</b>   | <b>\$9,697,469</b>            | <b>\$16,513,755</b>                                    | <b>589</b>             | <b>90,197</b>        | <b>74,836</b>          | <b>165,033</b>    |

## NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66680             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$2,091,721   | \$8,885,096                   | \$23,817   | 0                      | 832                  | 0                      | 832               |
| <b>TOTAL</b>      | <b>\$2,091,721</b>  | <b>\$8,885,096</b>            | <b>\$23,817</b>  | <b>0</b>               | <b>832</b>           | <b>0</b>               | <b>832</b>        |

## NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 87963              |   |                               |  |                        |                      |                        |                   |
| Disability Income  | \$413,443   | \$99,904                      | \$640,272  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity | \$35  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Limited Benefit    | \$914,621   | \$856,314                     | \$449,721  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>       | <b>\$1,328,099</b>  | <b>\$956,218</b>              | <b>\$1,089,993</b>                                     | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 19445                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$11,848,596  | \$5,721,803                   | \$288,108  | 0                      | 809,516              | 0                      | 809,516           |
| Accidental Death & Dismemberment | \$4,417,765   | (\$514,656)                   | \$10,210   | 23                     | 51,771               | 0                      | 51,771            |
| Excess/Stop Loss                 | \$1,743,574   | \$1,239,524                   | \$0  | 7                      | 6,565                | 5,697                  | 12,262            |
| Hospital Indemnity               | \$2,280,068   | \$619,665                     | \$7,423  | 0                      | 905                  | 0                      | 905               |
| Limited Benefit                  | \$1,101,062   | \$320,589                     | \$1,085  | 12                     | 9,160                | 1,182                  | 10,342            |
| Student                          | \$880,898   | \$211,724                     | \$880,898  | 99                     | 1,494                | 0                      | 1,494             |
| Travel                           | \$43,038,227  | \$25,335,304                  | \$21,049   | 5                      | 288,667              | 0                      | 288,667           |
| Vision                           | \$218,157   | \$140,134                     | \$0  | 0                      | 1,818                | 0                      | 1,818             |
| <b>TOTAL</b>                     | <b>\$65,528,347</b>   | <b>\$33,074,087</b>           | <b>\$1,208,773</b>                                     | <b>146</b>             | <b>1,169,896</b>     | <b>6,879</b>           | <b>1,176,775</b>  |

## NATIONAL WESTERN LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66850             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$2,990   | \$8,596                       | \$0  | 0                      | 27                   | 0                      | 27                |
| <b>TOTAL</b>      | <b>\$2,990</b>  | <b>\$8,596</b>                | <b>\$0</b>   | <b>0</b>               | <b>27</b>            | <b>0</b>               | <b>27</b>         |

## NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 92657                                    |   |                               |  |                        |                      |                        |                   |
| Accident Only                            | \$724   | \$0                           | \$0  | 5                      | 5                    | 0                      | 5                 |
| Long Term Care-Accelerated Benefit Rider | \$177,752   | \$0                           | \$48,304   | 0                      | 413                  | 0                      | 413               |
| <b>TOTAL</b>                             | <b>\$178,476</b>  | <b>\$0</b>                    | <b>\$48,304</b>  | <b>5</b>               | <b>418</b>           | <b>0</b>               | <b>418</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NATIONWIDE LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 66869                                    |   |                               |  |                        |                     |                        |                   |
| Out-of-State 51-100 Member Groups        | \$3,019   | \$106,778                     | \$0  | 0                      | 0                   | 0                      | 0                 |
| Accident Only                            | \$3,043,353   | \$1,856,064                   | \$2,764,152  | 515                    | 306                 | 3                      | 309               |
| Blanket Accident/Sickness                | \$132,645   | \$113,917                     | \$59,329   | 2                      | 63                  | 0                      | 63                |
| Dental                                   | \$238,158   | \$174,673                     | \$47,334   | 0                      | 453                 | 401                    | 854               |
| Disability Income                        | \$15,824  | \$7,122                       | \$0  | 0                      | 19                  | 0                      | 19                |
| Excess/Stop Loss                         | \$779,604   | \$1,130,284                   | \$665,288  | 2                      | 1,083               | 10                     | 1,093             |
| Hospital Indemnity                       | \$2,316,984   | \$961,209                     | \$3,403  | 6                      | 2,367               | 695                    | 3,062             |
| Limited Benefit                          | \$1,823   | \$1,598                       | \$0  | 0                      | 8                   | 0                      | 8                 |
| Long Term Care-Accelerated Benefit Rider | \$8,746   | \$0                           | \$313  | 0                      | 149                 | 0                      | 149               |
| Medicare Supplement                      | \$1,287,418   | \$1,147,807                   | \$0  | 0                      | 520                 | 29                     | 549               |
| <b>TOTAL</b>                             | <b>\$7,827,574</b>  | <b>\$5,499,452</b>            | <b>\$3,539,819</b>                                     | <b>525</b>             | <b>4,968</b>        | <b>1,138</b>           | <b>6,106</b>      |

## NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

| NAIC Company Code    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 95123                |   |                               |  |                        |                     |                        |                   |
| 2 - 50 Member Groups | \$235,396,338   | \$175,201,937                 | \$20,932,253   | 5,305                  | 28,873              | 16,611                 | 45,484            |
| 51-100 Member Groups | \$236,609,183   | \$195,749,044                 | \$31,775,102   | 1,353                  | 40,891              | 20,118                 | 61,009            |
| Conversion           | \$5,413,949   | \$7,794,174                   | \$0  | 0                      | 788                 | 0                      | 788               |
| <b>TOTAL</b>         | <b>\$477,419,470</b>  | <b>\$378,745,155</b>          | <b>\$52,707,355</b>                                    | <b>6,658</b>           | <b>70,552</b>       | <b>36,729</b>          | <b>107,281</b>    |

## NEW ENGLAND LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 91626             |   |                               |  |                        |                     |                        |                   |
| Disability Income | \$203,138   | \$932,876                     | \$0  | 0                      | 196                 | 0                      | 196               |
| <b>TOTAL</b>      | <b>\$203,138</b>  | <b>\$932,876</b>              | <b>\$0</b>   | <b>0</b>               | <b>196</b>          | <b>0</b>               | <b>196</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NEW ERA LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 78743                     |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten | \$194,348   | \$281,889                     | \$0  | 0                      | 56                  | 69                     | 125               |
| Accident Only             | \$30  | \$43                          | \$0  | 0                      | 1                   | 0                      | 1                 |
| Disability Income         | \$195,088   | \$124,627                     | \$0  | 0                      | 862                 | 0                      | 862               |
| Hospital Indemnity        | \$5,278   | \$51,463                      | \$0  | 0                      | 9                   | 2                      | 11                |
| Limited Benefit           | \$18,068  | \$17,756                      | \$0  | 0                      | 80                  | 38                     | 118               |
| Medicare Supplement       | \$2,098,179   | \$2,156,964                   | \$0  | 0                      | 612                 | 29                     | 641               |
| <b>TOTAL</b>              | <b>\$2,510,991</b>  | <b>\$2,632,742</b>            | <b>\$0</b>   | <b>0</b>               | <b>1,620</b>        | <b>138</b>             | <b>1,758</b>      |

## NEW YORK LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 66915                            |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten        | \$47,804  | \$59,595                      | \$0  | 0                      | 15                  | 2                      | 17                |
| 101+ Member Groups               | \$0   | \$3,378                       | \$0  | 0                      | 0                   | 0                      | 0                 |
| Out-of-State 101+ Member Groups  | \$10,594,498  | \$12,211,912                  | \$443,831  | 14                     | 1,443               | 1,022                  | 2,465             |
| Accidental Death & Dismemberment | \$728,835   | \$225,176                     | \$62,746   | 54                     | 28,357              | 726                    | 29,083            |
| Disability Income                | \$7,339,473   | \$13,650,015                  | \$176,758  | 49                     | 6,440               | 17                     | 6,457             |
| Hospital Indemnity               | \$750,750   | \$502,931                     | \$47,192   | 15                     | 926                 | 262                    | 1,188             |
| Long Term Care-Comprehensive     | \$10,625,820  | \$7,829,679                   | \$653,294  | 2                      | 5,368               | 0                      | 5,368             |
| Medicare Supplement              | \$272,266   | \$159,697                     | \$0  | 0                      | 78                  | 2                      | 80                |
| <b>TOTAL</b>                     | <b>\$30,359,446</b>   | <b>\$34,642,383</b>           | <b>\$1,383,821</b>                                     | <b>134</b>             | <b>42,627</b>       | <b>2,031</b>           | <b>44,658</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 66974             |   |                               |  |                        |                     |                        |                   |
| Accident Only     | \$453   | \$0                           | \$0  | 0                      | 0                   | 0                      | 0                 |
| Disability Income | \$2,266   | \$15,634                      | \$0  | 1                      | 1                   | 0                      | 1                 |
| <b>TOTAL</b>      | <b>\$2,719</b>  | <b>\$15,634</b>               | <b>\$0</b>   | <b>1</b>               | <b>1</b>            | <b>0</b>               | <b>1</b>          |

## NORTH AMERICAN SPECIALTY INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 29874                        |   |                               |  |                        |                     |                        |                   |
| Long Term Care-Comprehensive | \$441,341   | \$266,768                     | \$0  | 1                      | 11,500              | 14,260                 | 25,760            |
| <b>TOTAL</b>                 | <b>\$441,341</b>  | <b>\$266,768</b>              | <b>\$0</b>   | <b>1</b>               | <b>11,500</b>       | <b>14,260</b>          | <b>25,760</b>     |

## NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 69000                        |   |                               |  |                        |                     |                        |                   |
| Long Term Care-Comprehensive | \$23,420,214  | \$1,550,920                   | \$4,421,932  | 0                      | 11,069              | 0                      | 11,069            |
| <b>TOTAL</b>                 | <b>\$23,420,214</b>   | <b>\$1,550,920</b>            | <b>\$4,421,932</b>                                     | <b>0</b>               | <b>11,069</b>       | <b>0</b>               | <b>11,069</b>     |

## NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 67091             |   |                               |  |                        |                     |                        |                   |
| Disability Income | \$67,748,717  | \$67,328,396                  | \$13,467,179   | 14,256                 | 35,956              | 0                      | 35,956            |
| <b>TOTAL</b>      | <b>\$67,748,717</b>   | <b>\$67,328,396</b>           | <b>\$13,467,179</b>                                    | <b>14,256</b>          | <b>35,956</b>       | <b>0</b>               | <b>35,956</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## OCcidental Life Insurance Company of N Carolina

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67148              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$6,291   | \$1,241                       | \$0  | 0                      | 20                   | 0                      | 20                |
| Disability Income  | \$3,571   | \$1,807                       | \$0  | 0                      | 14                   | 0                      | 14                |
| Hospital Indemnity | \$393   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| Limited Benefit    | \$38,190  | \$14,774                      | \$0  | 0                      | 170                  | 216                    | 386               |
| <b>TOTAL</b>       | <b>\$48,445</b>   | <b>\$17,822</b>               | <b>\$0</b>   | <b>0</b>               | <b>207</b>           | <b>216</b>             | <b>423</b>        |

## OHIO NATIONAL LIFE ASSURANCE CORPORATION

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 89206             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$787,707   | \$1,505,467                   | \$68,721   | 0                      | 512                  | 0                      | 512               |
| <b>TOTAL</b>      | <b>\$787,707</b>  | <b>\$1,505,467</b>            | <b>\$68,721</b>  | <b>0</b>               | <b>512</b>           | <b>0</b>               | <b>512</b>        |

## OHIO NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67172             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$669,299   | \$220,222                     | \$238  | 0                      | 276                  | 0                      | 276               |
| <b>TOTAL</b>      | <b>\$669,299</b>  | <b>\$220,222</b>              | <b>\$238</b>   | <b>0</b>               | <b>276</b>           | <b>0</b>               | <b>276</b>        |

## OHIO STATE LIFE INSURANCE COMPANY (THE)

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67180             |   |                               |  |                        |                      |                        |                   |
| Conversion        | \$6   | (\$2,347)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$6</b>  | <b>(\$2,347)</b>              | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## OLD AMERICAN INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67199                        |   |                               |  |                        |                      |                        |                   |
| Accident Only                | \$7,346   | \$80                          | \$0  | 227                    | 227                  | 0                      | 227               |
| Disability Income            | \$49  | \$785                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity           | \$2,819   | \$1,010                       | \$0  | 71                     | 71                   | 0                      | 71                |
| Limited Benefit              | \$2,364   | \$80                          | \$0  | 37                     | 37                   | 0                      | 37                |
| Long Term Care-Comprehensive | \$9,739   | \$129,532                     | \$0  | 5                      | 5                    | 0                      | 5                 |
| Short Term Care              | \$127,941   | \$1,475,826                   | \$0  | 101                    | 101                  | 0                      | 101               |
| Medicare Supplement          | \$277   | \$2,490                       | \$0  | 1                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>                 | <b>\$150,535</b>  | <b>\$1,609,803</b>            | <b>\$0</b>   | <b>442</b>             | <b>442</b>           | <b>0</b>               | <b>442</b>        |

## OLD REPUBLIC INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 24147             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$1,582,253   | \$1,182,690                   | \$1,582,253  | 0                      | 5,683                | 0                      | 5,683             |
| <b>TOTAL</b>      | <b>\$1,582,253</b>  | <b>\$1,182,690</b>            | <b>\$1,582,253</b>                                     | <b>0</b>               | <b>5,683</b>         | <b>0</b>               | <b>5,683</b>      |

## OLD REPUBLIC LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67261                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$189,733   | \$36,013                      | \$189,733  | 1                      | 82                   | 0                      | 82                |
| Accidental Death & Dismemberment | \$0   | (\$7,271)                     | \$0  | 0                      | 78,212               | 0                      | 78,212            |
| <b>TOTAL</b>                     | <b>\$189,733</b>  | <b>\$28,742</b>               | <b>\$189,733</b>                                       | <b>1</b>               | <b>78,294</b>        | <b>0</b>               | <b>78,294</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ONEBEACON AMERICA INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 20621             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$257,405   | \$1,176,711                   | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$257,405</b>  | <b>\$1,176,711</b>            | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

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

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 56383               |   |                               |  |                        |                      |                        |                   |
| Accident Only       | \$5,261   | \$310                         | \$177  | 0                      | 112                  | 16                     | 128               |
| Dental              | \$2,008   | \$2,958                       | \$686  | 0                      | 8                    | 0                      | 8                 |
| Disability Income   | \$23,475  | \$5,779                       | \$0  | 0                      | 120                  | 0                      | 120               |
| Hospital Indemnity  | \$2,955   | \$5,061                       | \$158  | 0                      | 17                   | 13                     | 30                |
| Medicare Supplement | \$4,318,191   | \$3,906,599                   | \$1,131  | 0                      | 1,576                | 0                      | 1,576             |
| Sickness            | \$1,251   | \$1,014                       | \$0  | 0                      | 7                    | 0                      | 7                 |
| <b>TOTAL</b>        | <b>\$4,353,141</b>  | <b>\$3,921,721</b>            | <b>\$2,152</b>   | <b>0</b>               | <b>1,840</b>         | <b>29</b>              | <b>1,869</b>      |

## OXFORD LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 76112               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$5,175,094   | \$4,960,263                   | \$0  | 1                      | 1,768                | 0                      | 1,768             |
| <b>TOTAL</b>        | <b>\$5,175,094</b>  | <b>\$4,960,263</b>            | <b>\$0</b>   | <b>1</b>               | <b>1,768</b>         | <b>0</b>               | <b>1,768</b>      |

## OZARK NATIONAL LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67393             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$2,179   | \$0                           | \$0  | 0                      | 38                   | 23                     | 61                |
| <b>TOTAL</b>      | <b>\$2,179</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>38</b>            | <b>23</b>              | <b>61</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PACIFIC LIFE & ANNUITY COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 97268             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$0   | \$13,667                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$0</b>  | <b>\$13,667</b>               | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 70785               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$705,980   | \$484,410                     | \$0  | 0                      | 295                  | 0                      | 295               |
| <b>TOTAL</b>        | <b>\$705,980</b>  | <b>\$484,410</b>              | <b>\$0</b>   | <b>0</b>               | <b>295</b>           | <b>0</b>               | <b>295</b>        |

## PAN-AMERICAN LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67539                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$2,976   | \$0                           | \$0  | 0                      | 4                    | 0                      | 4                 |
| Accident Only                    | \$210,618   | \$42,463                      | \$210,618  | 5                      | 143                  | 0                      | 143               |
| Accidental Death & Dismemberment | \$4,269   | \$0                           | \$2,469  | 0                      | 0                    | 0                      | 0                 |
| Dental                           | \$1,376   | \$4,265                       | \$760  | 1                      | 1                    | 0                      | 1                 |
| Disability Income                | \$678,609   | \$1,737,476                   | \$52   | 1                      | 306                  | 0                      | 306               |
| Excess/Stop Loss                 | \$3,710,673   | \$2,099,939                   | \$545,743  | 42                     | 1,294                | 931                    | 2,225             |
| Limited Benefit                  | \$4,383,378   | \$2,552,555                   | \$365,470  | 1,217                  | 1,983                | 1,681                  | 3,664             |
| Prescription Drug                | \$166,349   | \$55,186                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| Student                          | \$2,835,626   | \$5,046,402                   | \$0  | 1                      | 127                  | 0                      | 127               |
| <b>TOTAL</b>                     | <b>\$11,993,874</b>   | <b>\$11,538,286</b>           | <b>\$1,125,112</b>                                     | <b>1,267</b>           | <b>3,858</b>         | <b>2,612</b>           | <b>6,470</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PAUL REVERE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 67598                            |  |                                       |   |                               |                             |                               |                          |
| Accident Only                    | \$6,595  | \$515                                 | \$0   | 0                             | 23                          | 0                             | 23                       |
| Accidental Death & Dismemberment | \$2,358  | \$0                                   | \$0   | 8                             | 153                         | 0                             | 153                      |
| Disability Income                | \$16,069,850   | \$55,558,004                          | \$0   | 59                            | 9,196                       | 0                             | 9,196                    |
| Hospital Indemnity               | \$56,963   | (\$20,864)                            | \$1,498   | 2                             | 273                         | 0                             | 273                      |
| Limited Benefit                  | \$7,084  | \$34,263                              | \$186   | 0                             | 19                          | 0                             | 19                       |
| <b>TOTAL</b>                     | <b>\$16,142,850</b>  | <b>\$55,571,918</b>                   | <b>\$1,684</b>  | <b>69</b>                     | <b>9,664</b>                | <b>0</b>                      | <b>9,664</b>             |

## PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 93777                            |  |                                       |   |                               |                             |                               |                          |
| Accidental Death & Dismemberment | \$432  | (\$1)                                 | \$0   | 1                             | 40                          | 0                             | 40                       |
| <b>TOTAL</b>                     | <b>\$432</b>   | <b>(\$1)</b>                          | <b>\$0</b>  | <b>1</b>                      | <b>40</b>                   | <b>0</b>                      | <b>40</b>                |

## PENN MUTUAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 67644                    |  |                                       |   |                               |                             |                               |                          |
| Disability Income        | \$1,256,130  | \$8,565,591                           | \$0   | 633                           | 633                         | 0                             | 633                      |
| <b>TOTAL</b>             | <b>\$1,256,130</b>   | <b>\$8,565,591</b>                    | <b>\$0</b>  | <b>633</b>                    | <b>633</b>                  | <b>0</b>                      | <b>633</b>               |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PENNSYLVANIA LIFE INSURANCE COMPANY

NAIC Company Code

67660

|  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten                | \$107,058   | \$175,075                     | \$0  | 0                      | 8                   | 2                      | 10                |
| Dental                                   | \$4,518   | \$3,793                       | \$0  | 0                      | 16                  | 0                      | 16                |
| Disability Income                        | \$68  | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Hospital Indemnity                       | \$184   | \$877                         | \$0  | 0                      | 5                   | 0                      | 5                 |
| Limited Benefit                          | \$97,276  | \$46,771                      | \$0  | 0                      | 203                 | 35                     | 238               |
| Long Term Care-Comprehensive             | \$180,993   | \$155,877                     | \$0  | 0                      | 62                  | 30                     | 92                |
| Long Term Care-Facility Only             | \$15,649  | \$0                           | \$0  | 0                      | 7                   | 3                      | 10                |
| Long Term Care-Non-Facility Only         | \$82,643  | \$469,849                     | \$0  | 0                      | 41                  | 12                     | 53                |
| Long Term Care-Accelerated Benefit Rider | \$0   | \$5                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Medicare Supplement                      | \$1,397,743   | \$1,210,549                   | \$0  | 0                      | 416                 | 0                      | 416               |
| <b>TOTAL</b>                             | <b>\$1,886,132</b>  | <b>\$2,062,796</b>            | <b>\$0</b>   | <b>0</b>               | <b>760</b>          | <b>82</b>              | <b>842</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67784                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$12,810  | \$2,132                       | \$0  | 0                      | 54                   | 22                     | 76                |
| 2 - 50 Member Groups             | \$33,076  | \$477                         | \$0  | 2                      | 25                   | 0                      | 25                |
| Conversion                       | \$73,445  | \$115,110                     | \$0  | 0                      | 58                   | 0                      | 58                |
| Accident Only                    | \$17,625  | \$3,009                       | \$0  | 2                      | 35                   | 4                      | 39                |
| Accidental Death & Dismemberment | \$1,138   | \$0                           | \$0  | 0                      | 57                   | 0                      | 57                |
| Disability Income                | \$438,163   | \$469,143                     | \$0  | 4                      | 1,900                | 9                      | 1,909             |
| Hospital Indemnity               | \$444   | \$2                           | \$0  | 0                      | 4                    | 1                      | 5                 |
| Limited Benefit                  | \$1,935,334   | \$2,651,989                   | \$0  | 0                      | 2,087                | 990                    | 3,077             |
| Long Term Care-Comprehensive     | \$1,538   | \$67,224                      | \$0  | 0                      | 2                    | 0                      | 2                 |
| Medicare Supplement              | \$18,516  | \$31,436                      | \$0  | 0                      | 13                   | 1                      | 14                |
| <b>TOTAL</b>                     | <b>\$2,532,089</b>  | <b>\$3,340,522</b>            | <b>\$0</b>   | <b>8</b>               | <b>4,235</b>         | <b>1,027</b>           | <b>5,262</b>      |

## PHOENIX LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67814             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$2,264   | \$640,917                     | \$0  | 1                      | 216                  | 0                      | 216               |
| <b>TOTAL</b>      | <b>\$2,264</b>  | <b>\$640,917</b>              | <b>\$0</b>   | <b>1</b>               | <b>216</b>           | <b>0</b>               | <b>216</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PHYSICIANS MUTUAL INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 80578                        |   |                               |  |                        |                     |                        |                   |
| Guarantee Issue              | \$6,759   | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Individually Underwritten    | \$46,671  | \$41,720                      | \$0  | 0                      | 6                   | 2                      | 8                 |
| Accident Only                | \$1,102   | (\$250)                       | \$0  | 0                      | 9                   | 0                      | 9                 |
| Dental                       | \$830,188   | \$347,062                     | \$412,303  | 1                      | 2,755               | 481                    | 3,236             |
| Disability Income            | \$2,291   | \$1,553                       | \$0  | 0                      | 5                   | 0                      | 5                 |
| Hospital Indemnity           | \$1,739,182   | \$1,372,192                   | \$21,082   | 1                      | 4,606               | 920                    | 5,526             |
| Limited Benefit              | \$96,654  | \$99,033                      | \$0  | 1                      | 525                 | 122                    | 647               |
| Long Term Care-Comprehensive | \$992,040   | \$1,409,786                   | \$0  | 0                      | 544                 | 0                      | 544               |
| Short Term Care              | \$12,054  | \$2,893                       | \$0  | 0                      | 23                  | 0                      | 23                |
| Medicare Supplement          | \$2,326,693   | \$1,830,228                   | \$17,763   | 1                      | 729                 | 22                     | 751               |
| <b>TOTAL</b>                 | <b>\$6,053,634</b>  | <b>\$5,104,217</b>            | <b>\$451,148</b>                                       | <b>4</b>               | <b>9,203</b>        | <b>1,547</b>           | <b>10,750</b>     |

## PREFERRED MEDICAL PLAN, INC.

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 95271                     |   |                               |  |                        |                     |                        |                   |
| Guarantee Issue           | \$875,275   | \$656,486                     | \$8,791  | 0                      | 143                 | 6                      | 149               |
| Individually Underwritten | \$51,109,544  | \$40,128,221                  | \$3,767,057  | 0                      | 16,175              | 2,251                  | 18,426            |
| 51-100 Member Groups      | \$471,521   | \$411,500                     | \$48,445   | 0                      | 121                 | 48                     | 169               |
| 101+ Member Groups        | \$2,391,067   | \$1,611,716                   | \$233,342  | 0                      | 545                 | 369                    | 914               |
| <b>TOTAL</b>              | <b>\$54,847,407</b>   | <b>\$42,807,923</b>           | <b>\$4,057,635</b>                                     | <b>0</b>               | <b>16,984</b>       | <b>2,674</b>           | <b>19,658</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PRIMERICA LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 65919                                  |   |                               |  |                        |                     |                        |                   |
| Out-of-State Individually Underwritten | \$10,510  | \$331                         | \$0  | 0                      | 5                   | 0                      | 5                 |
| Disability Income                      | \$9,760   | (\$79,449)                    | \$0  | 34                     | 34                  | 0                      | 34                |
| Hospital Indemnity                     | \$13,599  | \$4,468                       | \$0  | 25                     | 25                  | 0                      | 25                |
| Long Term Care-Comprehensive           | \$20,141  | \$14,374                      | \$0  | 26                     | 26                  | 0                      | 26                |
| <b>TOTAL</b>                           | <b>\$54,010</b>   | <b>(\$60,276)</b>             | <b>\$0</b>   | <b>85</b>              | <b>90</b>           | <b>0</b>               | <b>90</b>         |

## PRINCIPAL LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 61271                        |   |                               |  |                        |                     |                        |                   |
| 51-100 Member Groups         | \$0   | \$49                          | \$0  | 0                      | 0                   | 0                      | 0                 |
| 101+ Member Groups           | \$0   | \$3,481                       | \$0  | 0                      | 0                   | 0                      | 0                 |
| Conversion                   | \$1,314   | \$840,950                     | \$0  | 0                      | 1                   | 0                      | 1                 |
| Dental                       | \$32,729,984  | \$19,710,270                  | \$4,286,657  | 2,362                  | 50,609              | 42,309                 | 92,918            |
| Disability Income            | \$32,504,028  | \$17,458,000                  | \$5,518,132  | 1,582                  | 56,712              | 0                      | 56,712            |
| Limited Benefit              | \$733   | \$0                           | \$733  | 0                      | 0                   | 0                      | 0                 |
| Long Term Care-Comprehensive | \$25,788  | \$0                           | \$0  | 0                      | 65                  | 0                      | 65                |
| Medicare Supplement          | \$12,690,548  | \$10,423,289                  | \$0  | 0                      | 3,616               | 328                    | 3,944             |
| Vision                       | \$732,369   | \$273,258                     | \$108,806  | 307                    | 6,831               | 3,703                  | 10,534            |
| <b>TOTAL</b>                 | <b>\$78,684,764</b>   | <b>\$48,709,297</b>           | <b>\$9,914,328</b>                                     | <b>4,251</b>           | <b>117,834</b>      | <b>46,340</b>          | <b>164,174</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PROFESSIONAL INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68047                    |  |                                       |   |                               |                             |                               |                          |
| Disability Income        | \$2,896,096  | \$1,435,426                           | \$0   | 0                             | 4,080                       | 5,100                         | 9,180                    |
| Hospital Indemnity       | \$1,174,869  | \$798,835                             | \$0   | 0                             | 3,287                       | 4,931                         | 8,218                    |
| Limited Benefit          | \$326,162  | \$250,809                             | \$0   | 0                             | 1,527                       | 2,672                         | 4,199                    |
| <b>TOTAL</b>             | <b>\$4,397,127</b>   | <b>\$2,485,070</b>                    | <b>\$0</b>  | <b>0</b>                      | <b>8,894</b>                | <b>12,703</b>                 | <b>21,597</b>            |

## PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 88536                    |  |                                       |   |                               |                             |                               |                          |
| Disability Income        | \$1,613  | \$63,167                              | \$0   | 0                             | 8                           | 0                             | 8                        |
| <b>TOTAL</b>             | <b>\$1,613</b>   | <b>\$63,167</b>                       | <b>\$0</b>  | <b>0</b>                      | <b>8</b>                    | <b>0</b>                      | <b>8</b>                 |

## PROTECTIVE LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68136                    |  |                                       |   |                               |                             |                               |                          |
| Disability Income        | \$216,191  | \$100,170                             | \$0   | 0                             | 108                         | 0                             | 108                      |
| Hospital Indemnity       | \$213  | \$0                                   | \$0   | 0                             | 6                           | 0                             | 6                        |
| Limited Benefit          | \$7,508,347  | \$8,718,482                           | \$0   | 0                             | 5,295                       | 2,307                         | 7,602                    |
| Medicare Supplement      | \$11,501   | \$0                                   | \$0   | 0                             | 10                          | 0                             | 10                       |
| <b>TOTAL</b>             | <b>\$7,736,252</b>   | <b>\$8,818,652</b>                    | <b>\$0</b>  | <b>0</b>                      | <b>5,419</b>                | <b>2,307</b>                  | <b>7,726</b>             |

## PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 67903                    |  |                                       |   |                               |                             |                               |                          |
| Medicare Supplement      | \$39,489   | \$30,837                              | \$0   | 0                             | 7                           | 0                             | 7                        |
| <b>TOTAL</b>             | <b>\$39,489</b>  | <b>\$30,837</b>                       | <b>\$0</b>  | <b>0</b>                      | <b>7</b>                    | <b>0</b>                      | <b>7</b>                 |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 68195                            |   |                               |  |                        |                     |                        |                   |
| Accident Only                    | \$6,747,179   | \$3,699,270                   | \$811,544  | 0                      | 23,679              | 0                      | 23,679            |
| Accidental Death & Dismemberment | \$186,416   | \$125,675                     | \$0  | 5                      | 3,170               | 0                      | 3,170             |
| Disability Income                | \$42,079,740  | \$118,400,254                 | \$4,993,915  | 29                     | 36,915              | 0                      | 36,915            |
| Hospital Indemnity               | \$82,191  | \$0                           | \$9,886  | 0                      | 300                 | 0                      | 300               |
| Limited Benefit                  | \$4,553,343   | \$3,056,335                   | \$547,671  | 14                     | 16,801              | 0                      | 16,801            |
| Long Term Care-Comprehensive     | \$5,760,724   | \$1,357,321                   | \$0  | 0                      | 5,636               | 0                      | 5,636             |
| Long Term Care-Facility Only     | \$34  | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| <b>TOTAL</b>                     | <b>\$59,409,627</b>   | <b>\$126,638,855</b>          | <b>\$6,363,016</b>                                     | <b>48</b>              | <b>86,502</b>       | <b>0</b>               | <b>86,502</b>     |

## PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 68241                            |   |                               |  |                        |                     |                        |                   |
| Guarantee Issue                  | \$440,243   | \$244,513                     | \$0  | 0                      | 481                 | 91                     | 572               |
| Accidental Death & Dismemberment | \$7,263,000   | \$6,274,560                   | \$33,484   | 104                    | 131,750             | 0                      | 131,750           |
| Dental                           | \$758,684   | \$634,935                     | \$0  | 6                      | 1,032               | 654                    | 1,686             |
| Disability Income                | \$50,453,995  | \$55,421,567                  | \$2,705,588  | 302                    | 114,022             | 0                      | 114,022           |
| Hospital Indemnity               | \$2,330   | \$76                          | \$0  | 0                      | 30                  | 1                      | 31                |
| Long Term Care-Comprehensive     | \$15,926,367  | \$5,365,328                   | \$0  | 4                      | 3,423               | 11                     | 3,434             |
| Long Term Care-Facility Only     | \$78,426  | \$202,994                     | \$0  | 0                      | 2                   | 2                      | 4                 |
| Medicare Supplement              | \$1,665   | (\$2,964)                     | \$0  | 0                      | 2                   | 2                      | 4                 |
| <b>TOTAL</b>                     | <b>\$74,924,710</b>   | <b>\$68,141,009</b>           | <b>\$2,739,072</b>                                     | <b>416</b>             | <b>250,742</b>      | <b>761</b>             | <b>251,503</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## PURITAN LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71390               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$66,647  | \$40,626                      | \$0  | 0                      | 26                   | 0                      | 26                |
| <b>TOTAL</b>        | <b>\$66,647</b>   | <b>\$40,626</b>               | <b>\$0</b>   | <b>0</b>               | <b>26</b>            | <b>0</b>               | <b>26</b>         |

## PYRAMID LIFE INSURANCE COMPANY (THE)

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68284                                    |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten                | \$107,058   | \$175,075                     | \$0  | 0                      | 8                    | 2                      | 10                |
| Dental                                   | \$4,518   | \$3,793                       | \$0  | 0                      | 16                   | 0                      | 16                |
| Disability Income                        | \$68  | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Hospital Indemnity                       | \$184   | \$877                         | \$0  | 0                      | 5                    | 0                      | 5                 |
| Limited Benefit                          | \$97,276  | \$46,771                      | \$0  | 0                      | 203                  | 35                     | 238               |
| Long Term Care-Comprehensive             | \$180,993   | \$155,877                     | \$0  | 0                      | 62                   | 30                     | 92                |
| Long Term Care-Facility Only             | \$15,649  | \$0                           | \$0  | 0                      | 7                    | 3                      | 10                |
| Long Term Care-Non-Facility Only         | \$82,643  | \$469,849                     | \$0  | 0                      | 41                   | 12                     | 53                |
| Long Term Care-Accelerated Benefit Rider | \$0   | \$5                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement                      | \$1,397,743   | \$1,210,549                   | \$0  | 0                      | 416                  | 0                      | 416               |
| <b>TOTAL</b>                             | <b>\$1,886,132</b>  | <b>\$2,062,796</b>            | <b>\$0</b>   | <b>0</b>               | <b>760</b>           | <b>82</b>              | <b>842</b>        |

## QBE INSURANCE CORPORATION

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 39217             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$1,034,975   | \$700,296                     | \$1,034,975  | 327                    | 51,850               | 0                      | 51,850            |
| Excess/Stop Loss  | \$1,090,789   | \$790,646                     | \$1,090,789  | 5                      | 510                  | 243                    | 753               |
| <b>TOTAL</b>      | <b>\$2,125,764</b>  | <b>\$1,490,942</b>            | <b>\$2,125,764</b>                                     | <b>332</b>             | <b>52,360</b>        | <b>243</b>             | <b>52,603</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## QCC INSURANCE COMPANY

| NAIC Company Code                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 93688                             |   |                               |  |                        |                     |                        |                   |
| Out-of-State 2 - 50 Member Groups | \$4,582,755   | \$4,952,468                   | \$0  | 237                    | 329                 | 304                    | 633               |
| Out-of-State 51-100 Member Groups | \$2,839,502   | \$1,734,495                   | \$0  | 89                     | 309                 | 252                    | 561               |
| Out-of-State 101+ Member Groups   | \$23,756,780  | \$12,805,067                  | \$0  | 179                    | 2,432               | 1,980                  | 4,412             |
| <b>TOTAL</b>                      | <b>\$31,179,037</b>   | <b>\$19,492,030</b>           | <b>\$0</b>   | <b>505</b>             | <b>3,070</b>        | <b>2,536</b>           | <b>5,606</b>      |

## RELIABLE LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 68357                            |   |                               |  |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$516   | \$0                           | \$0  | 0                      | 7                   | 0                      | 7                 |
| Limited Benefit                  | \$24  | \$0                           | \$0  | 0                      | 2                   | 0                      | 2                 |
| <b>TOTAL</b>                     | <b>\$540</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>9</b>            | <b>0</b>               | <b>9</b>          |

## RELIANCE STANDARD LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 68381                            |   |                               |  |                        |                     |                        |                   |
| Accident Only                    | \$12,282  | \$0                           | \$1,421  | 0                      | 63                  | 0                      | 63                |
| Accidental Death & Dismemberment | \$1,184,408   | \$143,191                     | \$365,652  | 130                    | 57,387              | 0                      | 57,387            |
| Dental                           | \$10,330,019  | \$7,340,400                   | \$1,306,007  | 366                    | 21,481              | 0                      | 21,481            |
| Disability Income                | \$33,859,742  | \$32,704,791                  | \$11,150,882   | 940                    | 111,902             | 0                      | 111,902           |
| Excess/Stop Loss                 | \$384,740   | \$268,105                     | \$384,740  | 1                      | 1,036               | 0                      | 1,036             |
| Limited Benefit                  | \$3,374,796   | \$1,083,990                   | \$424,508  | 78                     | 2,383               | 0                      | 2,383             |
| Student                          | \$3,100,126   | \$1,383,253                   | \$3,100,126  | 82                     | 69,480              | 0                      | 69,480            |
| Vision                           | \$518,357   | \$277,064                     | \$196,381  | 65                     | 4,628               | 0                      | 4,628             |
| <b>TOTAL</b>                     | <b>\$52,764,470</b>   | <b>\$43,200,794</b>           | <b>\$16,929,717</b>                                    | <b>1,662</b>           | <b>268,360</b>      | <b>0</b>               | <b>268,360</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## RELIASTAR LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 67105             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$577,165   | \$876,690                     | \$133,786  | 56                     | 9,995                | 10,749                 | 20,744            |
| Disability Income | \$1,911,731   | \$2,908,117                   | \$527,328  | 148                    | 7,683                | 0                      | 7,683             |
| Excess/Stop Loss  | \$24,852,022  | \$10,697,530                  | \$5,556,208  | 439                    | 55,499               | 65,158                 | 120,657           |
| Limited Benefit   | \$521,558   | \$358,514                     | \$85,858   | 12                     | 1,677                | 69                     | 1,746             |
| <b>TOTAL</b>      | <b>\$27,862,476</b>   | <b>\$14,840,851</b>           | <b>\$6,303,180</b>                                     | <b>655</b>             | <b>74,854</b>        | <b>75,976</b>          | <b>150,830</b>    |

## RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61360              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$232   | \$0                           | \$48   | 1                      | 1                    | 0                      | 1                 |
| Disability Income  | \$8,242   | (\$9,174)                     | (\$13)   | 2                      | 115                  | 0                      | 115               |
| Excess/Stop Loss   | \$849,400   | \$0                           | \$183,113  | 39                     | 2,769                | 3,391                  | 6,160             |
| Hospital Indemnity | \$169   | \$387                         | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit    | \$182,633   | \$761,830                     | \$229  | 0                      | 255                  | 209                    | 464               |
| <b>TOTAL</b>       | <b>\$1,040,676</b>  | <b>\$753,043</b>              | <b>\$183,377</b>                                       | <b>42</b>              | <b>3,141</b>         | <b>3,600</b>           | <b>6,741</b>      |

## RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61700             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$3,723,438   | \$3,053,032                   | \$12,580   | 47                     | 7,041                | 1,599                  | 8,640             |
| <b>TOTAL</b>      | <b>\$3,723,438</b>  | <b>\$3,053,032</b>            | <b>\$12,580</b>  | <b>47</b>              | <b>7,041</b>         | <b>1,599</b>           | <b>8,640</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## RESCUECARE

| NAIC Company Code             | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Other Prepaid Health Services | \$27,102  | \$8,658                       | \$382  | 0                      | 589                  | 390                    | 979               |
| <b>TOTAL</b>                  | <b>\$27,102</b>   | <b>\$8,658</b>                | <b>\$382</b>   | <b>0</b>               | <b>589</b>           | <b>390</b>             | <b>979</b>        |

## RESERVE NATIONAL INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68462                                  |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten              | \$98,061  | \$75,381                      | \$0  | 0                      | 19                   | 4                      | 23                |
| Out-of-State Individually Underwritten | \$7,551   | \$137                         | \$0  | 0                      | 5                    | 0                      | 5                 |
| Accident Only                          | \$3,612   | \$914                         | \$0  | 0                      | 27                   | 7                      | 34                |
| Hospital Indemnity                     | \$5,348   | \$2,232                       | \$0  | 0                      | 6                    | 2                      | 8                 |
| Limited Benefit                        | \$1,310   | \$972                         | \$0  | 0                      | 28                   | 2                      | 30                |
| Short Term Care                        | \$10,636  | \$3,212                       | \$0  | 0                      | 18                   | 0                      | 18                |
| Medicare Supplement                    | \$499,835   | \$469,273                     | \$0  | 0                      | 158                  | 2                      | 160               |
| <b>TOTAL</b>                           | <b>\$626,353</b>  | <b>\$552,121</b>              | <b>\$0</b>   | <b>0</b>               | <b>261</b>           | <b>17</b>              | <b>278</b>        |

## RIVERSOURCE LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65005                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$8,404,632   | \$3,467,796                   | \$323,776  | 0                      | 6,360                | 0                      | 6,360             |
| Long Term Care-Comprehensive | \$11,168,484  | \$9,052,168                   | \$0  | 0                      | 7,920                | 0                      | 7,920             |
| <b>TOTAL</b>                 | <b>\$19,573,116</b>   | <b>\$12,519,964</b>           | <b>\$323,776</b>                                       | <b>0</b>               | <b>14,280</b>        | <b>0</b>               | <b>14,280</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## ROYAL NEIGHBORS OF AMERICA

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 57657               |   |                               |  |                        |                      |                        |                   |
| Medicare Supplement | \$319,852   | \$249,526                     | \$0  | 0                      | 103                  | 0                      | 103               |
| <b>TOTAL</b>        | <b>\$319,852</b>  | <b>\$249,526</b>              | <b>\$0</b>   | <b>0</b>               | <b>103</b>           | <b>0</b>               | <b>103</b>        |

## S.USA LIFE INSURANCE COMPANY, INC.

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60183                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$9,466   | \$0                           | \$0  | 103                    | 103                  | 0                      | 103               |
| <b>TOTAL</b>                     | <b>\$9,466</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>103</b>             | <b>103</b>           | <b>0</b>               | <b>103</b>        |

## SAFEGUARD HEALTH PLANS, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 52009             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$22,346,977  | \$15,790,171                  | \$2,592,382  | 817                    | 90,229               | 77,276                 | 167,505           |
| <b>TOTAL</b>      | <b>\$22,346,977</b>   | <b>\$15,790,171</b>           | <b>\$2,592,382</b>                                     | <b>817</b>             | <b>90,229</b>        | <b>77,276</b>          | <b>167,505</b>    |

## SAFEHEALTH LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 79014             |   |                               |  |                        |                      |                        |                   |
| Vision            | \$651,713   | \$283,089                     | \$27,113   | 132                    | 14,580               | 10,300                 | 24,880            |
| <b>TOTAL</b>      | <b>\$651,713</b>  | <b>\$283,089</b>              | <b>\$27,113</b>  | <b>132</b>             | <b>14,580</b>        | <b>10,300</b>          | <b>24,880</b>     |

## SAGICOR LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60445                                    |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Accelerated Benefit Rider | \$2,218   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| <b>TOTAL</b>                             | <b>\$2,218</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SEARS LIFE INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69914              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$600,643   | \$491,257                     | \$0  | 2                      | 6,260                | 4,394                  | 10,654            |
| Hospital Indemnity | \$10,352  | \$5,325                       | \$0  | 1                      | 44                   | 4                      | 48                |
| <b>TOTAL</b>       | <b>\$610,995</b>  | <b>\$496,582</b>              | <b>\$0</b>   | <b>3</b>               | <b>6,304</b>         | <b>4,398</b>           | <b>10,702</b>     |

## SECURIAN LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 93742                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$39,894  | \$301,709                     | \$0  | 0                      | 457                  | 0                      | 457               |
| Dental                           | \$52,815  | \$38,427                      | \$0  | 12                     | 57                   | 54                     | 111               |
| <b>TOTAL</b>                     | <b>\$92,709</b>   | <b>\$340,136</b>              | <b>\$0</b>   | <b>12</b>              | <b>514</b>           | <b>54</b>              | <b>568</b>        |

## SECURITY LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68721             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$409,929   | \$277,325                     | \$55,068   | 53                     | 966                  | 623                    | 1,589             |
| Disability Income | \$3,390   | \$63,379                      | \$0  | 0                      | 10                   | 0                      | 10                |
| Limited Benefit   | \$1,587   | \$28,657                      | \$0  | 0                      | 5                    | 0                      | 5                 |
| Vision            | \$11,945  | \$10,628                      | \$586  | 21                     | 64                   | 127                    | 191               |
| <b>TOTAL</b>      | <b>\$426,851</b>  | <b>\$379,989</b>              | <b>\$55,654</b>  | <b>74</b>              | <b>1,045</b>         | <b>750</b>             | <b>1,795</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SECURITY LIFE OF DENVER INSURANCE COMPANY

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68713                    |  |                                       |   |                               |                             |                               |                          |
| Accident Only            | \$368  | \$0                                   | \$0   | 0                             | 23                          | 0                             | 23                       |
| Disability Income        | \$2,397  | \$0                                   | \$0   | 0                             | 9                           | 0                             | 9                        |
| Limited Benefit          | \$6,142  | \$36                                  | \$0   | 0                             | 97                          | 11                            | 108                      |
| <b>TOTAL</b>             | <b>\$8,907</b>   | <b>\$36</b>                           | <b>\$0</b>  | <b>0</b>                      | <b>129</b>                  | <b>11</b>                     | <b>140</b>               |

## SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

| <i>NAIC Company Code</i>               | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 68772                                  |  |                                       |   |                               |                             |                               |                          |
| Out-of-State Individually Underwritten | \$828  | \$0                                   | \$0   | 0                             | 2                           | 0                             | 2                        |
| Accidental Death & Dismemberment       | \$6,080  | \$0                                   | \$0   | 4                             | 213                         | 0                             | 213                      |
| Disability Income                      | \$47,669   | \$326,801                             | \$0   | 2                             | 75                          | 54                            | 129                      |
| Hospital Indemnity                     | \$0  | \$791                                 | \$0   | 0                             | 0                           | 0                             | 0                        |
| Student                                | \$0  | (\$2,368)                             | \$0   | 0                             | 0                           | 0                             | 0                        |
| <b>TOTAL</b>                           | <b>\$54,577</b>  | <b>\$325,224</b>                      | <b>\$0</b>  | <b>6</b>                      | <b>290</b>                  | <b>54</b>                     | <b>344</b>               |

## SECURITY NATIONAL LIFE INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 69485                            |  |                                       |   |                               |                             |                               |                          |
| Accident Only                    | \$3,304  | \$0                                   | \$0   | 0                             | 265                         | 0                             | 265                      |
| Accidental Death & Dismemberment | \$29   | \$0                                   | \$0   | 0                             | 5                           | 0                             | 5                        |
| Limited Benefit                  | \$5,726  | \$2,116                               | \$0   | 0                             | 199                         | 0                             | 199                      |
| <b>TOTAL</b>                     | <b>\$9,059</b>   | <b>\$2,116</b>                        | <b>\$0</b>  | <b>0</b>                      | <b>469</b>                  | <b>0</b>                      | <b>469</b>               |

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## SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 76325                            |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive     | \$9,705,290   | \$43,361,195                  | \$0  | 0                      | 5,264                | 0                      | 5,264             |
| Long Term Care-Facility Only     | \$1,037,351   | \$1,348,136                   | \$0  | 0                      | 615                  | 0                      | 615               |
| Long Term Care-Non-Facility Only | \$4,479,896   | \$21,281,245                  | \$0  | 0                      | 5,393                | 0                      | 5,393             |
| <b>TOTAL</b>                     | <b>\$15,222,537</b>   | <b>\$65,990,576</b>           | <b>\$0</b>   | <b>0</b>               | <b>11,272</b>        | <b>0</b>               | <b>11,272</b>     |

## SENIORDENT DENTAL PLAN, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 13211             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$3,870   | \$2,400                       | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$3,870</b>  | <b>\$2,400</b>                | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## SENTRY INSURANCE A MUTUAL COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 24988                        |   |                               |  |                        |                      |                        |                   |
| Accident Only                | \$19,771  | (\$456)                       | \$5,689  | 26                     | 889                  | 0                      | 889               |
| Dental                       | \$9   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Disability Income            | \$1,156   | \$1,925                       | \$0  | 1                      | 1                    | 0                      | 1                 |
| Hospital Indemnity           | \$576   | (\$174)                       | \$0  | 3                      | 3                    | 0                      | 3                 |
| Long Term Care-Comprehensive | \$58,783  | \$175,034                     | \$0  | 5                      | 200                  | 0                      | 200               |
| <b>TOTAL</b>                 | <b>\$80,295</b>   | <b>\$176,329</b>              | <b>\$5,689</b>   | <b>35</b>              | <b>1,093</b>         | <b>0</b>               | <b>1,093</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SENTRY LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68810                        |   |                               |  |                        |                      |                        |                   |
| Out-of-State Conversion      | \$2   | (\$29)                        | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accident Only                | \$23,923  | \$107,380                     | \$5,981  | 6                      | 2,280                | 0                      | 2,280             |
| Dental                       | \$55,223  | \$30,546                      | \$10,665   | 15                     | 77                   | 0                      | 77                |
| Disability Income            | \$143,782   | \$767,999                     | \$72,102   | 28                     | 775                  | 0                      | 775               |
| Hospital Indemnity           | (\$7)   | (\$2)                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Long Term Care-Comprehensive | \$1,172   | \$1,512                       | \$0  | 4                      | 13                   | 0                      | 13                |
| <b>TOTAL</b>                 | <b>\$224,095</b>  | <b>\$907,406</b>              | <b>\$88,748</b>  | <b>53</b>              | <b>3,145</b>         | <b>0</b>               | <b>3,145</b>      |

## SIRIUS AMERICA INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 38776             |   |                               |  |                        |                      |                        |                   |
| Excess/Stop Loss  | \$164,082   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$164,082</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## SKYMED INTERNATIONAL (FLORIDA) INC.

| NAIC Company Code             | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 52038                         |   |                               |  |                        |                      |                        |                   |
| Other Prepaid Health Services | \$352,254   | \$67,332                      | \$127,548  | 0                      | 976                  | 781                    | 1,757             |
| <b>TOTAL</b>                  | <b>\$352,254</b>  | <b>\$67,332</b>               | <b>\$127,548</b>                                       | <b>0</b>               | <b>976</b>           | <b>781</b>             | <b>1,757</b>      |

## SMART INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80055             |   |                               |  |                        |                      |                        |                   |
| Prescription Drug | \$2,792,710   | \$3,828,543                   | \$2,792,710  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$2,792,710</b>  | <b>\$3,828,543</b>            | <b>\$2,792,710</b>                                     | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SOLSTICE BENEFITS, INC.

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 12341             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$12,722,269  | \$12,786,047                  | \$4,203,642  | 1,755                  | 43,593               | 29,187                 | 72,780            |
| Vision            | \$317,441   | \$131,529                     | \$100,917  | 377                    | 3,502                | 3,539                  | 7,041             |
| <b>TOTAL</b>      | <b>\$13,039,710</b>   | <b>\$12,917,576</b>           | <b>\$4,304,559</b>                                     | <b>2,132</b>           | <b>47,095</b>        | <b>32,726</b>          | <b>79,821</b>     |

## SONS OF NORWAY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 57142             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$4,659   | \$0                           | \$0  | 0                      | 9                    | 0                      | 9                 |
| Limited Benefit   | \$395   | \$0                           | \$0  | 0                      | 6                    | 2                      | 8                 |
| <b>TOTAL</b>      | <b>\$5,054</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>15</b>            | <b>2</b>               | <b>17</b>         |

## SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68896                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$49,992  | \$54,395                      | \$0  | 0                      | 280                  | 0                      | 280               |
| Hospital Indemnity           | \$1,947   | \$0                           | \$0  | 0                      | 40                   | 8                      | 48                |
| Limited Benefit              | \$18,007  | \$22,451                      | \$0  | 0                      | 645                  | 430                    | 1,075             |
| Long Term Care-Comprehensive | \$253,543   | \$175,462                     | \$0  | 0                      | 687                  | 0                      | 687               |
| <b>TOTAL</b>                 | <b>\$323,489</b>  | <b>\$252,308</b>              | <b>\$0</b>   | <b>0</b>               | <b>1,652</b>         | <b>438</b>             | <b>2,090</b>      |

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## STANDARD INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69019                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$3,601,585   | \$2,207,652                   | \$63,836   | 609                    | 214,574              | 10,197                 | 224,771           |
| Dental                           | \$12,766,665  | \$9,310,940                   | \$835,849  | 293                    | 22,189               | 10,295                 | 32,484            |
| Disability Income                | \$55,487,571  | \$36,700,279                  | \$2,163,219  | 686                    | 125,332              | 0                      | 125,332           |
| Vision                           | \$1,106,952   | \$728,350                     | \$88,287   | 109                    | 8,900                | 3,874                  | 12,774            |
| <b>TOTAL</b>                     | <b>\$72,962,773</b>   | <b>\$48,947,221</b>           | <b>\$3,151,191</b>                                     | <b>1,697</b>           | <b>370,995</b>       | <b>24,366</b>          | <b>395,361</b>    |

## STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 86355                                  |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten              | \$6,355   | (\$250)                       | \$0  | 0                      | 8                    | 0                      | 8                 |
| Out-of-State Individually Underwritten | \$0   | \$27                          | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accident Only                          | \$3,137   | \$2,178                       | \$0  | 0                      | 1,763                | 8                      | 1,771             |
| Accidental Death & Dismemberment       | \$0   | (\$32,908)                    | \$0  | 0                      | 3                    | 0                      | 3                 |
| Dental                                 | \$47,866  | \$15,833                      | \$0  | 2                      | 27                   | 24                     | 51                |
| Disability Income                      | \$311   | \$4                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Hospital Indemnity                     | \$6,540   | \$16,194                      | \$3,513  | 0                      | 69                   | 3                      | 72                |
| Limited Benefit                        | \$1,074,913   | \$24,096                      | \$2,057  | 40                     | 995                  | 783                    | 1,778             |
| Long Term Care-Comprehensive           | \$42,819  | (\$46,487)                    | \$0  | 0                      | 21                   | 2                      | 23                |
| Short Term Care                        | \$8,918   | (\$12,894)                    | \$0  | 0                      | 27                   | 0                      | 27                |
| Medicare Supplement                    | \$7,901,337   | \$5,499,886                   | \$2,745  | 0                      | 2,456                | 0                      | 2,456             |
| <b>TOTAL</b>                           | <b>\$9,092,196</b>  | <b>\$5,465,679</b>            | <b>\$8,315</b>   | <b>42</b>              | <b>5,371</b>         | <b>820</b>             | <b>6,191</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STANDARD LIFE AND CASUALTY INSURANCE COMPANY

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 71706              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$3,140   | \$1,314                       | \$0  | 5                      | 350                  | 0                      | 350               |
| Hospital Indemnity | \$8,352   | \$393                         | \$0  | 0                      | 8                    | 0                      | 8                 |
| <b>TOTAL</b>       | <b>\$11,492</b>   | <b>\$1,707</b>                | <b>\$0</b>   | <b>5</b>               | <b>358</b>           | <b>0</b>               | <b>358</b>        |

## STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69078                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$1,553,292   | \$671,273                     | \$1,553,292  | 0                      | 289                  | 154                    | 443               |
| Dental                    | \$70,111  | \$34,201                      | \$70,111   | 2                      | 106                  | 57                     | 163               |
| Disability Income         | \$5,879   | \$81,626                      | \$0  | 0                      | 20                   | 0                      | 20                |
| Excess/Stop Loss          | \$1,801,271   | \$2,155,631                   | \$1,801,271  | 6                      | 1,230                | 657                    | 1,887             |
| Hospital Indemnity        | \$21,626  | \$14,494                      | \$0  | 1                      | 141                  | 0                      | 141               |
| Limited Benefit           | \$462,052   | \$256,723                     | \$462,052  | 4                      | 503                  | 269                    | 772               |
| Student                   | \$277,476   | \$28,492                      | \$0  | 3                      | 56,108               | 0                      | 56,108            |
| <b>TOTAL</b>              | <b>\$4,191,707</b>  | <b>\$3,242,440</b>            | <b>\$3,886,726</b>                                     | <b>16</b>              | <b>58,397</b>        | <b>1,137</b>           | <b>59,534</b>     |

## STARMOUNT LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68985             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$16,155  | \$0                           | \$186  | 0                      | 177                  | 0                      | 177               |
| Dental            | \$105,481   | \$10,264                      | \$0  | 10                     | 432                  | 147                    | 579               |
| Vision            | \$41,021  | \$3,992                       | \$0  | 3                      | 169                  | 58                     | 227               |
| <b>TOTAL</b>      | <b>\$162,657</b>  | <b>\$14,256</b>               | <b>\$186</b>   | <b>13</b>              | <b>778</b>           | <b>205</b>             | <b>983</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STARNET INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 40045             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | (\$617)   | \$38,756                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>(\$617)</b>  | <b>\$38,756</b>               | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## STARR INDEMNITY & LIABILITY COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 38318                                  |   |                               |  |                        |                      |                        |                   |
| Out-of-State Individually Underwritten | \$54,058  | (\$169,331)                   | \$0  | 0                      | 0                    | 0                      | 0                 |
| Accidental Death & Dismemberment       | \$273,938   | \$35,325                      | \$104,551  | 0                      | 15,927               | 0                      | 15,927            |
| Blanket Accident/Sickness              | \$0   | (\$8,081)                     | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                           | <b>\$327,996</b>  | <b>(\$142,087)</b>            | <b>\$104,551</b>                                       | <b>0</b>               | <b>15,927</b>        | <b>0</b>               | <b>15,927</b>     |

## STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 25135                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$249   | (\$323)                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>              | <b>\$249</b>  | <b>(\$323)</b>                | <b>\$0</b>   | <b>0</b>               | <b>1</b>             | <b>0</b>               | <b>1</b>          |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 25178                            |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten        | \$3,016,423   | \$1,998,977                   | \$0  | 0                      | 339                 | 69                     | 408               |
| Conversion                       | \$45,776  | \$118,344                     | \$0  | 0                      | 7                   | 0                      | 7                 |
| Out-of-State 101+ Member Groups  | \$17,532,490  | \$19,777,204                  | \$0  | 1                      | 1,564               | 1,514                  | 3,078             |
| Accidental Death & Dismemberment | \$147,180   | (\$512)                       | \$0  | 2                      | 2,890               | 4,373                  | 7,263             |
| Disability Income                | \$5,514,050   | \$2,213,752                   | \$101,879  | 0                      | 9,334               | 0                      | 9,334             |
| Hospital Indemnity               | \$13,198,357  | \$10,968,533                  | \$627,120  | 0                      | 52,830              | 7,186                  | 60,016            |
| Long Term Care-Comprehensive     | \$861,092   | \$4,278,909                   | \$235,920  | 0                      | 6,848               | 0                      | 6,848             |
| Medicare Supplement              | \$17,262,422  | \$12,482,071                  | \$251,219  | 0                      | 5,027               | 5                      | 5,032             |
| <b>TOTAL</b>                     | <b>\$57,577,790</b>   | <b>\$51,837,278</b>           | <b>\$1,216,138</b>                                     | <b>3</b>               | <b>78,839</b>       | <b>13,147</b>          | <b>91,986</b>     |

## STATE LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 69116                                    |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten                | \$2,958   | \$154,357                     | \$0  | 0                      | 4                   | 0                      | 4                 |
| Disability Income                        | \$9,992   | \$5,376                       | \$0  | 0                      | 21                  | 0                      | 21                |
| Long Term Care-Accelerated Benefit Rider | \$658,357   | \$806,150                     | \$0  | 0                      | 267                 | 0                      | 267               |
| <b>TOTAL</b>                             | <b>\$671,307</b>  | <b>\$965,883</b>              | <b>\$0</b>   | <b>0</b>               | <b>292</b>          | <b>0</b>               | <b>292</b>        |

## STATE MUTUAL INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 69132                        |   |                               |  |                        |                     |                        |                   |
| Limited Benefit              | \$301   | \$0                           | \$0  | 0                      | 6                   | 0                      | 6                 |
| Long Term Care-Comprehensive | \$3,002   | \$0                           | \$0  | 0                      | 3                   | 0                      | 3                 |
| Medicare Supplement          | \$2,666,663   | \$2,128,312                   | \$1,221  | 0                      | 974                 | 0                      | 974               |
| <b>TOTAL</b>                 | <b>\$2,669,966</b>  | <b>\$2,128,312</b>            | <b>\$1,221</b>   | <b>0</b>               | <b>983</b>          | <b>0</b>               | <b>983</b>        |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## STERLING INVESTORS LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 89184               |   |                               |  |                        |                      |                        |                   |
| Limited Benefit     | \$1,308   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Medicare Supplement | \$774,542   | \$504,781                     | \$0  | 0                      | 253                  | 0                      | 253               |
| <b>TOTAL</b>        | <b>\$775,850</b>  | <b>\$504,781</b>              | <b>\$0</b>   | <b>0</b>               | <b>254</b>           | <b>0</b>               | <b>254</b>        |

## STERLING LIFE INSURANCE COMPANY

| NAIC Company Code                        | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 77399                                    |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Accelerated Benefit Rider | \$717   | \$0                           | \$0  | 1                      | 1                    | 0                      | 1                 |
| Medicare Supplement                      | \$114,283   | \$0                           | \$0  | 50                     | 50                   | 0                      | 50                |
| <b>TOTAL</b>                             | <b>\$115,000</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>51</b>              | <b>51</b>            | <b>0</b>               | <b>51</b>         |

## STONEBRIDGE LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 65021                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$1,719,404   | \$404,887                     | \$6,812  | 684                    | 13,473               | 11,635                 | 25,108            |
| Accidental Death & Dismemberment | \$12,704,768  | \$5,775,595                   | \$549,910  | 0                      | 103,230              | 118,090                | 221,320           |
| Dental                           | \$1,355,528   | \$0                           | \$118,595  | 0                      | 2,961                | 516                    | 3,477             |
| Disability Income                | \$189,015   | \$0                           | \$0  | 0                      | 2,553                | 819                    | 3,372             |
| Excess/Stop Loss                 | \$192,467   | \$152,948                     | \$192,467  | 6                      | 140                  | 155                    | 295               |
| Hospital Indemnity               | \$240,049   | \$327,558                     | \$0  | 106                    | 1,605                | 158                    | 1,763             |
| Limited Benefit                  | \$90,891  | \$256,282                     | \$0  | 38                     | 746                  | 315                    | 1,061             |
| Long Term Care-Comprehensive     | \$258,134   | \$260,341                     | \$0  | 0                      | 151                  | 0                      | 151               |
| Medicare Supplement              | \$1,353   | \$268,921                     | \$242,848  | 0                      | 293                  | 0                      | 293               |
| <b>TOTAL</b>                     | <b>\$16,751,609</b>   | <b>\$7,446,532</b>            | <b>\$1,110,632</b>                                     | <b>834</b>             | <b>125,152</b>       | <b>131,688</b>         | <b>256,840</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80926             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$1,926,855   | \$1,050,608                   | \$0  | 44                     | 351                  | 252                    | 603               |
| Disability Income | \$1,471,964   | \$1,521,125                   | \$0  | 279                    | 2,540                | 0                      | 2,540             |
| <b>TOTAL</b>      | <b>\$3,398,819</b>  | <b>\$2,571,733</b>            | <b>\$0</b>   | <b>323</b>             | <b>2,891</b>         | <b>252</b>             | <b>3,143</b>      |

## SUN LIFE ASSURANCE COMPANY OF CANADA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80802             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$6,283,772   | \$4,764,502                   | \$3,129,362  | 326                    | 12,532               | 11,120                 | 23,652            |
| Disability Income | \$34,024,803  | \$17,392,178                  | \$3,796,598  | 785                    | 131,889              | 0                      | 131,889           |
| Excess/Stop Loss  | \$35,360,425  | \$29,575,207                  | \$10,068,255   | 74                     | 111,846              | 122,625                | 234,471           |
| <b>TOTAL</b>      | <b>\$75,669,000</b>   | <b>\$51,731,887</b>           | <b>\$16,994,215</b>                                    | <b>1,185</b>           | <b>256,267</b>       | <b>133,745</b>         | <b>390,012</b>    |

## SURETY LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69310             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$11,746  | \$32,580                      | \$0  | 13                     | 13                   | 0                      | 13                |
| <b>TOTAL</b>      | <b>\$11,746</b>   | <b>\$32,580</b>               | <b>\$0</b>   | <b>13</b>              | <b>13</b>            | <b>0</b>               | <b>13</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## SYMETRA LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 68608                            |   |                               |  |                        |                      |                        |                   |
| Conversion                       | \$2,106   | \$12,684                      | \$0  | 0                      | 2                    | 0                      | 2                 |
| Accidental Death & Dismemberment | \$157,778   | \$23,615                      | \$104,336  | 36                     | 10,265               | 641                    | 10,906            |
| Dental                           | \$217,986   | \$121,968                     | \$9,448  | 2                      | 256                  | 116                    | 372               |
| Disability Income                | \$1,223,757   | \$703,305                     | \$1,034,703  | 18                     | 2,931                | 0                      | 2,931             |
| Excess/Stop Loss                 | \$52,681,347  | \$28,189,035                  | \$6,275,622  | 97                     | 164,971              | 168,765                | 333,736           |
| Hospital Indemnity               | \$1,081,510   | \$836,350                     | \$353,141  | 11                     | 1,226                | 658                    | 1,884             |
| Limited Benefit                  | \$2,759   | \$9,072                       | \$2,759  | 0                      | 172                  | 119                    | 291               |
| <b>TOTAL</b>                     | <b>\$55,367,243</b>   | <b>\$29,896,029</b>           | <b>\$7,780,009</b>                                     | <b>164</b>             | <b>179,823</b>       | <b>170,299</b>         | <b>350,122</b>    |

## TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69345                        |   |                               |  |                        |                      |                        |                   |
| Disability Income            | \$0   | \$250                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| Long Term Care-Comprehensive | \$965,460   | \$811,493                     | \$0  | 0                      | 479                  | 0                      | 479               |
| <b>TOTAL</b>                 | <b>\$965,460</b>  | <b>\$811,743</b>              | <b>\$0</b>   | <b>0</b>               | <b>479</b>           | <b>0</b>               | <b>479</b>        |

## THE PUBLIC HEALTH TRUST OF DADE COUNTY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95126             |   |                               |  |                        |                      |                        |                   |
| Conversion        | \$172,597   | \$461,209                     | \$0  | 0                      | 11                   | 9                      | 20                |
| <b>TOTAL</b>      | <b>\$172,597</b>  | <b>\$461,209</b>              | <b>\$0</b>   | <b>0</b>               | <b>11</b>            | <b>9</b>               | <b>20</b>         |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 56014                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$588,558   | \$1,642,830                   | \$0  | 0                      | 21                   | 5                      | 26                |
| Accident Only                | \$38  | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| Disability Income            | \$956,395   | \$310,991                     | \$13,119   | 0                      | 1,315                | 3                      | 1,318             |
| Hospital Indemnity           | \$9,277   | \$2,391                       | \$0  | 0                      | 73                   | 13                     | 86                |
| Long Term Care-Comprehensive | \$2,862,576   | \$1,727,163                   | \$0  | 0                      | 1,270                | 346                    | 1,616             |
| Long Term Care-Facility Only | \$2,257,139   | \$4,085,365                   | \$0  | 0                      | 1,541                | 120                    | 1,661             |
| Medicare Supplement          | \$509,078   | \$240,669                     | \$0  | 0                      | 133                  | 0                      | 133               |
| <b>TOTAL</b>                 | <b>\$7,183,061</b>  | <b>\$8,009,409</b>            | <b>\$13,119</b>  | <b>0</b>               | <b>4,353</b>         | <b>487</b>             | <b>4,840</b>      |

## TIAA-CREF LIFE INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60142                        |   |                               |  |                        |                      |                        |                   |
| Long Term Care-Comprehensive | \$872,662   | \$909,272                     | \$0  | 0                      | 470                  | 0                      | 470               |
| <b>TOTAL</b>                 | <b>\$872,662</b>  | <b>\$909,272</b>              | <b>\$0</b>   | <b>0</b>               | <b>470</b>           | <b>0</b>               | <b>470</b>        |

# CY2013 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<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten              | \$118,568   | \$117,101                     | \$0  | 0                      | 61                  | 0                      | 61                |
| 2 - 50 Member Groups                   | \$256,107   | \$121,997                     | \$34,806   | 9                      | 27                  | 17                     | 44                |
| Conversion                             | \$13,274  | (\$6,079)                     | \$0  | 0                      | 2                   | 0                      | 2                 |
| Out-of-State Guarantee Issue           | \$383,765   | \$409,514                     | \$87,507   | 0                      | 341                 | 320                    | 661               |
| Out-of-State Individually Underwritten | \$44,566,211  | \$29,176,292                  | \$13,371,931   | 0                      | 10,641              | 6,098                  | 16,739            |
| Accident Only                          | \$1,256,708   | \$103,380                     | \$748,423  | 0                      | 5,107               | 3,202                  | 8,309             |
| Accidental Death & Dismemberment       | \$55  | \$12                          | \$2  | 3                      | 6                   | 0                      | 6                 |
| Dental                                 | \$2,865,088   | \$1,138,443                   | \$2,231,115  | 0                      | 8,941               | 3,880                  | 12,821            |
| Disability Income                      | \$24,197  | \$3,567                       | \$0  | 0                      | 36                  | 2                      | 38                |
| Excess/Stop Loss                       | \$18,894  | \$9,787                       | \$18,894   | 1                      | 16                  | 18                     | 34                |
| Hospital Indemnity                     | \$15,393,181  | \$7,399,112                   | \$9,263,334  | 0                      | 7,744               | 2,102                  | 9,846             |
| Limited Benefit                        | \$22,470  | (\$1,180)                     | \$14,473   | 0                      | 68                  | 27                     | 95                |
| Long Term Care-Comprehensive           | \$10,128,728  | \$29,913,220                  | \$0  | 0                      | 6,262               | 0                      | 6,262             |
| Long Term Care-Facility Only           | \$275,737   | \$814,334                     | \$0  | 0                      | 170                 | 0                      | 170               |
| <b>TOTAL</b>                           | <b>\$75,322,983</b>   | <b>\$69,199,500</b>           | <b>\$25,770,485</b>                                    | <b>13</b>              | <b>39,422</b>       | <b>15,666</b>          | <b>55,088</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code

70688

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accident Only                    | \$48,145  | \$49,611                      | \$0  | 48                     | 486                  | 232                    | 718               |
| Accidental Death & Dismemberment | \$645,223   | \$752,250                     | \$0  | 0                      | 2,945                | 3,443                  | 6,388             |
| Disability Income                | \$17,454  | \$42,969                      | \$387  | 0                      | 70                   | 39                     | 109               |
| Hospital Indemnity               | \$828,598   | \$352,519                     | \$0  | 15                     | 432                  | 67                     | 499               |
| Limited Benefit                  | \$153,334   | \$261,062                     | \$600  | 6                      | 40                   | 7                      | 47                |
| Long Term Care-Comprehensive     | \$17,555  | \$32,788                      | \$0  | 0                      | 9                    | 0                      | 9                 |
| Medicare Supplement              | \$33,919  | \$79,393                      | \$0  | 0                      | 6                    | 0                      | 6                 |
| Champus/Tricare Supplement       | \$13,375  | \$6,122                       | \$0  | 0                      | 6                    | 4                      | 10                |
| <b>TOTAL</b>                     | <b>\$1,757,603</b>  | <b>\$1,576,714</b>            | <b>\$987</b>   | <b>69</b>              | <b>3,994</b>         | <b>3,792</b>           | <b>7,786</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRANSAMERICA LIFE INSURANCE COMPANY

### NAIC Company Code

86231

|   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Individually Underwritten                     | \$9,786   | \$26,784                      | \$0  | 0                      | 25                  | 0                      | 25                |
| Out-of-State Self-Employed or Sole Proprietor | \$0   | \$13,137                      | \$0  | 0                      | 0                   | 0                      | 0                 |
| Accident Only                                 | \$712,239   | \$167,245                     | \$507,652  | 392                    | 3,612               | 4,009                  | 7,621             |
| Accidental Death & Dismemberment              | \$486,058   | \$427,157                     | \$0  | 2                      | 2,327               | 1,083                  | 3,410             |
| Dental  | \$185,555   | \$27,274                      | \$110,979  | 27                     | 385                 | 427                    | 812               |
| Disability Income                             | \$328,124   | \$107,560                     | \$176,769  | 39                     | 549                 | 509                    | 1,058             |
| Hospital Indemnity                            | \$1,917,780   | \$1,754,724                   | \$1,023,298  | 50                     | 530                 | 399                    | 929               |
| Limited Benefit                               | \$11,896,848  | \$6,170,254                   | \$9,384,254  | 1,578                  | 20,352              | 22,526                 | 42,878            |
| Long Term Care-Comprehensive                  | \$18,487,545  | \$13,311,526                  | \$1,019,439  | 0                      | 10,491              | 59                     | 10,550            |
| Long Term Care-Facility Only                  | \$1,636,447   | \$2,548,550                   | \$0  | 0                      | 1,080               | 65                     | 1,145             |
| Long Term Care-Non-Facility Only              | \$838,022   | \$3,583,115                   | \$0  | 0                      | 650                 | 3                      | 653               |
| Medicare Supplement                           | \$14,123,590  | \$10,940,400                  | \$749,052  | 0                      | 5,737               | 0                      | 5,737             |
| <b>TOTAL</b>                                  | <b>\$50,621,994</b>   | <b>\$39,077,726</b>           | <b>\$12,971,443</b>                                    | <b>2,088</b>           | <b>45,738</b>       | <b>29,080</b>          | <b>74,818</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment

## List of Companies and all Health Business

### TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66281                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$106   | \$2,024                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Accident Only                    | \$836,816   | \$1,822,790                   | \$2,208  | 87                     | 37,656               | 118                    | 37,774            |
| Accidental Death & Dismemberment | \$12,728,106  | \$3,325,098                   | \$0  | 0                      | 120,127              | 17,384                 | 137,511           |
| Dental                           | \$379   | \$34,144                      | \$0  | 0                      | 1                    | 0                      | 1                 |
| Disability Income                | \$28,352  | \$21,322                      | \$0  | 0                      | 389                  | 7                      | 396               |
| Excess/Stop Loss                 | \$1,018,947   | \$398,630                     | \$1,018,947  | 3                      | 514                  | 571                    | 1,085             |
| Hospital Indemnity               | \$1,081,273   | \$493,881                     | \$2,623  | 28                     | 3,082                | 0                      | 3,082             |
| Limited Benefit                  | \$8,351,356   | \$6,149,270                   | \$1,822,074  | 9                      | 10,475               | 3,846                  | 14,321            |
| Long Term Care-Comprehensive     | \$5,921,958   | \$3,804,657                   | \$0  | 0                      | 3,808                | 8                      | 3,816             |
| Long Term Care-Facility Only     | \$654   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Medicare Supplement              | \$5,444,524   | \$3,901,056                   | \$0  | 7                      | 2,111                | 1                      | 2,112             |
| Champus/Tricare Supplement       | \$5,487,443   | \$3,318,452                   | \$312,887  | 0                      | 4,594                | 3,436                  | 8,030             |
| Student                          | \$3,732,517   | \$1,440,638                   | \$0  | 0                      | 8,005                | 0                      | 8,005             |
| <b>TOTAL</b>                     | <b>\$44,632,431</b>   | <b>\$24,711,962</b>           | <b>\$3,158,739</b>                                     | <b>134</b>             | <b>190,765</b>       | <b>25,371</b>          | <b>216,136</b>    |

### TRANS-OCEANIC LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69523             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$4,497   | \$0                           | \$0  | 0                      | 65                   | 0                      | 65                |
| <b>TOTAL</b>      | <b>\$4,497</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>65</b>            | <b>0</b>               | <b>65</b>         |

### TRAVELERS INDEMNITY COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 25658                     |   |                               |  |                        |                      |                        |                   |
| Blanket Accident/Sickness | \$43  | \$0                           | \$0  | 4                      | 4                    | 0                      | 4                 |
| <b>TOTAL</b>              | <b>\$43</b>   | <b>\$0</b>                    | <b>\$0</b>   | <b>4</b>               | <b>4</b>             | <b>0</b>               | <b>4</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 25682                     |   |                               |  |                        |                      |                        |                   |
| Blanket Accident/Sickness | \$0   | (\$283,384)                   | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>              | <b>\$0</b>  | <b>(\$283,384)</b>            | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 56006             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$523   | \$252                         | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$523</b>  | <b>\$252</b>                  | <b>\$0</b>   | <b>0</b>               | <b>0</b>             | <b>0</b>               | <b>0</b>          |

## TRUSTMARK INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 61425                                  |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten              | \$499,397   | \$335,040                     | \$0  | 0                      | 57                   | 15                     | 72                |
| Self-Employed or Sole Proprietor       | \$13,118  | \$0                           | \$0  | 1                      | 1                    | 0                      | 1                 |
| Conversion                             | \$131,201   | \$134,151                     | \$0  | 0                      | 15                   | 3                      | 18                |
| Out-of-State Individually Underwritten | \$143,641   | \$45,606                      | \$0  | 0                      | 6                    | 0                      | 6                 |
| Accident Only                          | \$4,635,997   | \$2,210,522                   | \$1,894,874  | 2                      | 15,269               | 14,996                 | 30,265            |
| Disability Income                      | \$3,026,388   | \$4,433,143                   | \$455,744  | 3                      | 4,620                | 0                      | 4,620             |
| Excess/Stop Loss                       | \$213,383   | \$59,055                      | \$0  | 34                     | 77                   | 0                      | 77                |
| Hospital Indemnity                     | \$22,717  | \$45,834                      | \$0  | 0                      | 68                   | 11                     | 79                |
| Limited Benefit                        | \$11,043,966  | \$2,577,411                   | \$862,885  | 10                     | 22,401               | 8,494                  | 30,895            |
| Long Term Care-Comprehensive           | \$9,497   | \$0                           | \$0  | 0                      | 6                    | 0                      | 6                 |
| Medicare Supplement                    | \$21,243  | \$19,076                      | \$0  | 0                      | 10                   | 0                      | 10                |
| <b>TOTAL</b>                           | <b>\$19,760,548</b>   | <b>\$9,859,838</b>            | <b>\$3,213,503</b>                                     | <b>50</b>              | <b>42,530</b>        | <b>23,519</b>          | <b>66,049</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## TRUSTMARK LIFE INSURANCE COMPANY

| NAIC Company Code                 | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62863                             |   |                               |  |                        |                      |                        |                   |
| Out-of-State 51-100 Member Groups | \$0   | \$468,672                     | \$0  | 2                      | 3                    | 0                      | 3                 |
| Accidental Death & Dismemberment  | \$14,504  | \$85,646                      | \$0  | 11                     | 1,678                | 0                      | 1,678             |
| Blanket Accident/Sickness         | \$63  | \$0                           | \$0  | 4                      | 8                    | 0                      | 8                 |
| Disability Income                 | \$4,521   | \$46,067                      | \$0  | 2                      | 3                    | 0                      | 3                 |
| Excess/Stop Loss                  | \$695   | \$0                           | \$0  | 1                      | 2                    | 0                      | 2                 |
| Hospital Indemnity                | \$1,739,379   | \$985,140                     | \$0  | 50                     | 794                  | 599                    | 1,393             |
| <b>TOTAL</b>                      | <b>\$1,759,162</b>  | <b>\$1,585,525</b>            | <b>\$0</b>   | <b>70</b>              | <b>2,488</b>         | <b>599</b>             | <b>3,087</b>      |

## U.S. SPECIALTY INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 29599             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$909,641   | \$1,008,675                   | \$0  | 2                      | 12                   | 0                      | 12                |
| <b>TOTAL</b>      | <b>\$909,641</b>  | <b>\$1,008,675</b>            | <b>\$0</b>   | <b>2</b>               | <b>12</b>            | <b>0</b>               | <b>12</b>         |

## UNICARE LIFE & HEALTH INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80314                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$108,009   | \$88,187                      | \$0  | 1                      | 5,195                | 0                      | 5,195             |
| Dental                           | \$8,837   | \$6,828                       | \$0  | 17                     | 62                   | 39                     | 101               |
| <b>TOTAL</b>                     | <b>\$116,846</b>  | <b>\$95,015</b>               | <b>\$0</b>   | <b>18</b>              | <b>5,257</b>         | <b>39</b>              | <b>5,296</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNIFIED LIFE INSURANCE COMPANY

| NAIC Company Code         | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 11121                     |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten | \$38,257  | \$102,033                     | \$0  | 0                      | 37                   | 3                      | 40                |
| Accident Only             | \$17,577  | \$45,540                      | \$0  | 0                      | 419                  | 0                      | 419               |
| Disability Income         | \$20,353  | \$42,098                      | \$0  | 0                      | 164                  | 0                      | 164               |
| Hospital Indemnity        | \$8,822   | \$9,427                       | \$0  | 0                      | 41                   | 17                     | 58                |
| Limited Benefit           | \$489,390   | \$232,758                     | \$481,041  | 0                      | 458                  | 121                    | 579               |
| Short Term Care           | \$26,564  | \$118,282                     | \$0  | 0                      | 32                   | 0                      | 32                |
| Medicare Supplement       | \$152,565   | \$162,391                     | \$0  | 0                      | 87                   | 4                      | 91                |
| <b>TOTAL</b>              | <b>\$753,528</b>  | <b>\$712,529</b>              | <b>\$481,041</b>                                       | <b>0</b>               | <b>1,238</b>         | <b>145</b>             | <b>1,383</b>      |

## UNIMERICA INSURANCE COMPANY

| NAIC Company Code             | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 91529                         |   |                               |  |                        |                      |                        |                   |
| Other Prepaid Health Services | \$203,680   | \$119,910                     | \$0  | 10                     | 717                  | 381                    | 1,098             |
| Excess/Stop Loss              | \$3,809,691   | \$2,268,571                   | \$819,489  | 190                    | 22,052               | 22,559                 | 44,611            |
| <b>TOTAL</b>                  | <b>\$4,013,371</b>  | <b>\$2,388,481</b>            | <b>\$819,489</b>                                       | <b>200</b>             | <b>22,769</b>        | <b>22,940</b>          | <b>45,709</b>     |

## UNION CENTRAL LIFE INSURANCE COMPANY (THE)

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80837             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$2,816,006   | \$5,389,836                   | \$8,577  | 0                      | 1,379                | 0                      | 1,379             |
| <b>TOTAL</b>      | <b>\$2,816,006</b>  | <b>\$5,389,836</b>            | <b>\$8,577</b>   | <b>0</b>               | <b>1,379</b>         | <b>0</b>               | <b>1,379</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNION FIDELITY LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62596                            |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten        | \$1,813   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Accident Only                    | \$280,378   | \$52,400                      | \$0  | 0                      | 3,965                | 2,323                  | 6,288             |
| Accidental Death & Dismemberment | \$190,132   | \$21,799                      | \$0  | 0                      | 2,332                | 2,594                  | 4,926             |
| Disability Income                | \$84  | \$25,559                      | \$0  | 0                      | 1                    | 0                      | 1                 |
| Hospital Indemnity               | \$67,749  | \$42,233                      | \$0  | 0                      | 335                  | 71                     | 406               |
| Limited Benefit                  | \$657,772   | \$159,443                     | \$0  | 0                      | 3,526                | 1,316                  | 4,842             |
| Short Term Care                  | \$1,728   | \$0                           | \$0  | 0                      | 8                    | 0                      | 8                 |
| Medicare Supplement              | \$105,732   | \$99,922                      | \$0  | 0                      | 44                   | 0                      | 44                |
| Champus/Tricare Supplement       | \$1,279   | \$1,806                       | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>                     | <b>\$1,306,667</b>  | <b>\$403,162</b>              | <b>\$0</b>   | <b>0</b>               | <b>10,215</b>        | <b>6,304</b>           | <b>16,519</b>     |

## UNION LABOR LIFE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69744                            |   |                               |  |                        |                      |                        |                   |
| Conversion                       | \$71,647  | \$201,019                     | \$0  | 0                      | 31                   | 1                      | 32                |
| Accident Only                    | \$1,887   | \$97                          | \$0  | 0                      | 18                   | 2                      | 20                |
| Accidental Death & Dismemberment | \$116,583   | \$16,939                      | \$23,798   | 84                     | 10,908               | 780                    | 11,688            |
| Dental                           | \$2,606   | \$2,930                       | \$0  | 3                      | 11                   | 17                     | 28                |
| Disability Income                | \$1,796   | (\$2,534)                     | \$0  | 2                      | 12                   | 0                      | 12                |
| Excess/Stop Loss                 | \$153,441   | \$94,558                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| Hospital Indemnity               | \$44,339  | \$49,617                      | \$1,229  | 0                      | 142                  | 35                     | 177               |
| Limited Benefit                  | \$9,847   | \$4,823                       | \$0  | 1                      | 841                  | 162                    | 1,003             |
| Long Term Care-Comprehensive     | \$205,331   | \$552,489                     | \$0  | 0                      | 70                   | 0                      | 70                |
| Medicare Supplement              | \$34,916  | \$58,056                      | \$0  | 5                      | 24                   | 0                      | 24                |
| <b>TOTAL</b>                     | <b>\$642,393</b>  | <b>\$977,994</b>              | <b>\$25,027</b>  | <b>95</b>              | <b>12,057</b>        | <b>997</b>             | <b>13,054</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNION NATIONAL LIFE INSURANCE COMPANY

### NAIC Company Code

69779

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Accidental Death & Dismemberment | \$76  | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| Disability Income                | \$154   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| Hospital Indemnity               | \$146   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit                  | \$210   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>                     | <b>\$586</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>7</b>             | <b>0</b>               | <b>7</b>          |

## UNION SECURITY INSURANCE COMPANY

### NAIC Company Code

70408

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| Conversion                       | \$1,344   | \$5,518                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Accident Only                    | \$311,189   | \$50,435                      | \$67,252   | 44                     | 1,886                | 384                    | 2,270             |
| Accidental Death & Dismemberment | \$659,949   | \$423,136                     | \$158,833  | 40                     | 3,948                | 3,953                  | 7,901             |
| Dental                           | \$35,137,344  | \$21,725,976                  | \$3,945,640  | 1,981                  | 82,297               | 77,819                 | 160,116           |
| Disability Income                | \$12,812,185  | \$7,722,279                   | \$843,039  | 891                    | 38,988               | 0                      | 38,988            |
| Hospital Indemnity               | \$390   | \$1,119                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit                  | \$374,853   | \$66,401                      | \$134,164  | 65                     | 1,998                | 633                    | 2,631             |
| Long Term Care-Comprehensive     | \$6,321,610   | \$7,711,539                   | \$0  | 0                      | 4,138                | 0                      | 4,138             |
| Long Term Care-Facility Only     | \$1,099,183   | \$1,340,859                   | \$0  | 0                      | 719                  | 0                      | 719               |
| Long Term Care-Non-Facility Only | \$1,611,576   | \$1,965,912                   | \$0  | 0                      | 1,055                | 0                      | 1,055             |
| Vision                           | \$1,217,947   | \$775,039                     | \$276,533  | 337                    | 9,885                | 8,897                  | 18,782            |
| <b>TOTAL</b>                     | <b>\$59,547,570</b>   | <b>\$41,788,213</b>           | <b>\$5,425,461</b>                                     | <b>3,358</b>           | <b>144,916</b>       | <b>91,686</b>          | <b>236,602</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED AMERICAN INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 92916                        |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue              | \$20,450  | \$3,100                       | \$0  | 0                      | 4                    | 0                      | 4                 |
| Individually Underwritten    | \$7,475,948   | \$4,660,219                   | \$465,268  | 0                      | 3,800                | 965                    | 4,765             |
| Disability Income            | \$645   | \$0                           | \$0  | 0                      | 8                    | 0                      | 8                 |
| Hospital Indemnity           | \$41,783  | \$20,885                      | \$2,308  | 0                      | 58                   | 15                     | 73                |
| Limited Benefit              | \$1,063,032   | \$574,459                     | \$51,980   | 0                      | 3,231                | 1,192                  | 4,423             |
| Long Term Care-Comprehensive | \$130,786   | \$245,583                     | \$0  | 0                      | 87                   | 0                      | 87                |
| Long Term Care-Facility Only | \$110,692   | \$98,502                      | \$0  | 0                      | 106                  | 0                      | 106               |
| Medicare Supplement          | \$70,426,380  | \$43,759,114                  | \$6,771,966  | 0                      | 25,993               | 0                      | 25,993            |
| <b>TOTAL</b>                 | <b>\$79,269,716</b>   | <b>\$49,361,862</b>           | <b>\$7,291,522</b>                                     | <b>0</b>               | <b>33,287</b>        | <b>2,172</b>           | <b>35,459</b>     |

## UNITED CONCORDIA INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 85766             |   |                               |  |                        |                      |                        |                   |
| Dental            | \$11,634,752  | \$8,016,470                   | \$1,386,034  | 275                    | 19,111               | 17,828                 | 36,939            |
| Vision            | \$4,684   | \$1,465                       | \$144  | 5                      | 30                   | 30                     | 60                |
| <b>TOTAL</b>      | <b>\$11,639,436</b>   | <b>\$8,017,935</b>            | <b>\$1,386,178</b>                                     | <b>280</b>             | <b>19,141</b>        | <b>17,858</b>          | <b>36,999</b>     |

## UNITED HOME LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69922             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$127   | \$0                           | \$0  | 0                      | 1                    | 0                      | 1                 |
| <b>TOTAL</b>      | <b>\$127</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>1</b>             | <b>0</b>               | <b>1</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED INSURANCE COMPANY OF AMERICA

### NAIC Company Code

|                                  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 69930                            |   |                               |  |                        |                     |                        |                   |
| Accidental Death & Dismemberment | \$484,915   | \$40,532                      | \$42,972   | 0                      | 5,753               | 318                    | 6,071             |
| Disability Income                | \$57,328  | \$20,239                      | \$0  | 0                      | 486                 | 2                      | 488               |
| Hospital Indemnity               | \$274,172   | \$77,804                      | \$0  | 0                      | 2,748               | 28                     | 2,776             |
| Limited Benefit                  | \$415,641   | \$85,341                      | \$46,676   | 0                      | 2,426               | 1,848                  | 4,274             |
| <b>TOTAL</b>                     | <b>\$1,232,056</b>  | <b>\$223,916</b>              | <b>\$89,648</b>  | <b>0</b>               | <b>11,413</b>       | <b>2,196</b>           | <b>13,609</b>     |

## UNITED OF OMAHA LIFE INSURANCE COMPANY

### NAIC Company Code

|                                    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 69868                              |   |                               |  |                        |                     |                        |                   |
| Administrative Services Only (ASO) | \$42,725  | \$0                           | \$2,293  | 35                     | 18,183              | 143                    | 18,326            |
| Accident Only                      | \$14,200  | \$10,773                      | \$0  | 3                      | 7,391               | 0                      | 7,391             |
| Accidental Death & Dismemberment   | \$1,638,792   | \$560,404                     | \$279,174  | 1,105                  | 109,158             | 16,044                 | 125,202           |
| Dental                             | \$5,344,600   | \$3,783,201                   | \$979,398  | 155                    | 7,959               | 6,769                  | 14,728            |
| Disability Income                  | \$26,084,011  | \$21,866,356                  | \$4,553,968  | 1,429                  | 123,273             | 0                      | 123,273           |
| Excess/Stop Loss                   | (\$24)  | \$38,500                      | \$0  | 0                      | 0                   | 0                      | 0                 |
| Limited Benefit                    | \$36,907  | \$113,099                     | \$0  | 0                      | 56                  | 0                      | 56                |
| Long Term Care-Comprehensive       | \$2,003,382   | \$24,827                      | \$0  | 0                      | 1,141               | 0                      | 1,141             |
| Medicare Supplement                | \$3,823,768   | \$2,244,821                   | \$0  | 0                      | 1,861               | 0                      | 1,861             |
| <b>TOTAL</b>                       | <b>\$38,988,361</b>   | <b>\$28,641,981</b>           | <b>\$5,814,833</b>                                     | <b>2,727</b>           | <b>269,022</b>      | <b>22,956</b>          | <b>291,978</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 42129                            |   |                               |  |                        |                      |                        |                   |
| Hospital Indemnity               | \$45,954  | \$7,300                       | \$29,593   | 0                      | 18                   | 0                      | 18                |
| Long Term Care-Comprehensive     | \$2,335,401   | \$316,692                     | \$152,943  | 0                      | 757                  | 0                      | 757               |
| Long Term Care-Non-Facility Only | \$832,516   | (\$34,531)                    | \$106,877  | 0                      | 478                  | 0                      | 478               |
| Short Term Care                  | \$129,451   | \$36,720                      | \$7,513  | 0                      | 161                  | 0                      | 161               |
| <b>TOTAL</b>                     | <b>\$3,343,322</b>  | <b>\$326,181</b>              | <b>\$296,926</b>                                       | <b>0</b>               | <b>1,414</b>         | <b>0</b>               | <b>1,414</b>      |

## UNITED STATES FIRE INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 21113                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$602,724   | \$535,069                     | \$0  | 0                      | 12,582               | 0                      | 12,582            |
| Accidental Death & Dismemberment | \$88,156  | \$75,420                      | \$0  | 0                      | 9,270                | 0                      | 9,270             |
| Blanket Accident/Sickness        | \$1,584,840   | \$1,104,953                   | \$0  | 0                      | 18,454               | 0                      | 18,454            |
| Excess/Stop Loss                 | \$181,518   | \$307,468                     | \$0  | 0                      | 37                   | 0                      | 37                |
| Limited Benefit                  | \$5,122,587   | \$5,247,912                   | \$0  | 0                      | 36,589               | 0                      | 36,589            |
| <b>TOTAL</b>                     | <b>\$7,579,825</b>  | <b>\$7,270,822</b>            | <b>\$0</b>   | <b>0</b>               | <b>76,932</b>        | <b>0</b>               | <b>76,932</b>     |

## UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 56456              |   |                               |  |                        |                      |                        |                   |
| Disability Income  | \$125,390   | \$65,269                      | \$0  | 0                      | 242                  | 242                    | 484               |
| Hospital Indemnity | \$39,310  | \$13,383                      | \$0  | 0                      | 318                  | 482                    | 800               |
| <b>TOTAL</b>       | <b>\$164,700</b>  | <b>\$78,652</b>               | <b>\$0</b>   | <b>0</b>               | <b>560</b>           | <b>724</b>             | <b>1,284</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 70106                            |   |                               |  |                        |                     |                        |                   |
| Out-of-State 101+ Member Groups  | \$7,741,066   | \$8,575,051                   | \$0  | 36                     | 9,236               | 5,575                  | 14,811            |
| Accident Only                    | \$937   | \$0                           | \$0  | 5                      | 5                   | 0                      | 5                 |
| Accidental Death & Dismemberment | \$2,331,082   | (\$77,986)                    | \$0  | 92                     | 15                  | 19,509                 | 19,524            |
| Dental                           | \$696,269   | \$858,614                     | \$0  | 17                     | 2,150               | 1,937                  | 4,087             |
| Disability Income                | \$4,289,974   | \$7,758,069                   | \$0  | 56                     | 6,682               | 4                      | 6,686             |
| Hospital Indemnity               | \$146,336   | (\$833,364)                   | \$0  | 16                     | 317                 | 272                    | 589               |
| Limited Benefit                  | \$0   | \$207                         | \$0  | 0                      | 0                   | 0                      | 0                 |
| Long Term Care-Comprehensive     | \$74,622  | \$409,516                     | \$0  | 23                     | 28                  | 0                      | 28                |
| Vision                           | \$0   | \$40,026                      | \$0  | 0                      | 0                   | 0                      | 0                 |
| <b>TOTAL</b>                     | <b>\$15,280,286</b>   | <b>\$16,730,133</b>           | <b>\$0</b>   | <b>245</b>             | <b>18,433</b>       | <b>27,297</b>          | <b>45,730</b>     |

## UNITED TEACHER ASSOCIATES INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| 63479                        |   |                               |  |                        |                     |                        |                   |
| Individually Underwritten    | \$73,680  | \$320,609                     | \$0  | 0                      | 101                 | 15                     | 116               |
| Accident Only                | (\$683)   | \$0                           | \$0  | 0                      | 4                   | 0                      | 4                 |
| Dental                       | \$2,815   | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Disability Income            | \$113,597   | \$734,037                     | \$0  | 0                      | 303                 | 0                      | 303               |
| Hospital Indemnity           | \$607,296   | \$145,096                     | \$415,277  | 0                      | 263                 | 154                    | 417               |
| Limited Benefit              | \$573,843   | \$550,806                     | \$172,403  | 0                      | 1,635               | 538                    | 2,173             |
| Long Term Care-Comprehensive | \$3,326,292   | \$1,613,772                   | \$0  | 0                      | 1,843               | 37                     | 1,880             |
| Medicare Supplement          | \$7,059,136   | \$6,467,977                   | \$0  | 0                      | 2,113               | 0                      | 2,113             |
| <b>TOTAL</b>                 | <b>\$11,755,976</b>   | <b>\$9,832,297</b>            | <b>\$587,680</b>                                       | <b>0</b>               | <b>6,263</b>        | <b>744</b>             | <b>7,007</b>      |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITED WORLD LIFE INSURANCE COMPANY

### NAIC Company Code

| 72850               | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Hospital Indemnity  | \$27  | \$0                           | \$0  | 0                      | 1                   | 0                      | 1                 |
| Medicare Supplement | \$11,760,542  | \$8,216,568                   | \$0  | 0                      | 3,952               | 0                      | 3,952             |
| <b>TOTAL</b>        | <b>\$11,760,569</b>   | <b>\$8,216,568</b>            | <b>\$0</b>   | <b>0</b>               | <b>3,953</b>        | <b>0</b>               | <b>3,953</b>      |

## UNITEDHEALTHCARE INSURANCE COMPANY

### NAIC Company Code

| 79413   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSURED | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---|---|-------------------------------|--|------------------------|---------------------|------------------------|-------------------|
| Self-Employed or Sole Proprietor              | \$21,239,620  | \$16,437,342                  | \$1,054,760  | 1,625                  | 1,625               | 199                    | 1,824             |
| 2 - 50 Member Groups                          | \$657,480,523   | \$494,754,094                 | \$17,504,199   | 12,446                 | 61,542              | 44,736                 | 106,278           |
| 51-100 Member Groups                          | \$100,038,315   | \$79,560,472                  | \$6,160,397  | 386                    | 15,063              | 10,008                 | 25,071            |
| 101+ Member Groups                            | \$425,775,498   | \$344,537,533                 | \$25,877,169   | 359                    | 64,110              | 48,320                 | 112,430           |
| Out-of-State Self-Employed or Sole Proprietor | \$7,254,147   | \$9,259,419                   | \$449,241  | 555                    | 555                 | 80                     | 635               |
| Out-of-State 2 - 50 Member Groups             | \$151,480,555   | \$150,159,626                 | \$14,475,851   | 6,063                  | 14,179              | 10,265                 | 24,444            |
| Out-of-State 51-100 Member Groups             | \$29,281,612  | \$24,003,587                  | \$1,485,680  | 133                    | 4,409               | 2,929                  | 7,338             |
| Out-of-State 101+ Member Groups               | \$155,247,669   | \$120,766,761                 | \$6,130,163  | 129                    | 23,376              | 17,619                 | 40,995            |
| Out-of-State Conversion                       | \$14,709,357  | \$29,732,669                  | \$0  | 0                      | 1,410               | 435                    | 1,845             |
| Dental  | \$78,930,530  | \$55,847,859                  | \$21,571,714   | 7,508                  | 133,329             | 111,772                | 245,101           |
| Disability Income                             | \$4,950,836   | \$2,534,494                   | \$164,368  | 600                    | 18,323              | 0                      | 18,323            |
| Excess/Stop Loss                              | \$36,577,157  | \$30,361,928                  | \$36,577,157   | 484                    | 71,149              | 67,983                 | 139,132           |
| Hospital Indemnity                            | \$12,797,811  | \$10,407,529                  | \$436,405  | 1                      | 42,892              | 0                      | 42,892            |
| Medicare Supplement                           | \$886,862,607   | \$721,220,858                 | \$82,123,477   | 1                      | 368,956             | 0                      | 368,956           |
| Student                                       | \$30,526,613  | \$23,469,520                  | \$982,957  | 46                     | 23,220              | 0                      | 23,220            |
| Vision  | \$21,558,659  | \$11,495,009                  | \$2,207,607  | 6,620                  | 191,311             | 146,447                | 337,758           |
| <b>TOTAL</b>                                  | <b>\$2,634,711,509</b>  | <b>\$2,124,548,700</b>        | <b>\$217,201,145</b>                                   | <b>36,956</b>          | <b>1,035,449</b>    | <b>460,793</b>         | <b>1,496,242</b>  |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## UNITEDHEALTHCARE LIFE INSURANCE COMPANY

| NAIC Company Code                      | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 97179                                  |   |                               |  |                        |                      |                        |                   |
| Out-of-State Individually Underwritten | \$10,725,655  | \$7,312,049                   | \$0  | 0                      | 987                  | 574                    | 1,561             |
| Out-of-State Conversion                | \$6,786   | \$290,413                     | \$0  | 0                      | 1                    | 0                      | 1                 |
| Dental                                 | \$13,465  | \$6,674                       | \$0  | 18                     | 18                   | 3                      | 21                |
| Disability Income                      | \$1,007   | \$0                           | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                           | <b>\$10,746,913</b>   | <b>\$7,609,136</b>            | <b>\$0</b>   | <b>18</b>              | <b>1,006</b>         | <b>577</b>             | <b>1,583</b>      |

## UNITEDHEALTHCARE OF FLORIDA, INC.

| NAIC Company Code    | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 95264                |   |                               |  |                        |                      |                        |                   |
| 2 - 50 Member Groups | \$245,053,448   | \$186,050,316                 | \$32,114,143   | 4,939                  | 37,862               | 19,842                 | 57,704            |
| 51-100 Member Groups | \$59,510,433  | \$41,236,273                  | \$7,750,206  | 299                    | 10,152               | 5,630                  | 15,782            |
| 101+ Member Groups   | \$147,326,539   | \$124,247,407                 | \$6,695,066  | 38                     | 17,132               | 8,080                  | 25,212            |
| Conversion           | \$5,024,483   | \$7,907,199                   | \$0  | 0                      | 456                  | 0                      | 456               |
| <b>TOTAL</b>         | <b>\$456,914,903</b>  | <b>\$359,441,195</b>          | <b>\$46,559,415</b>                                    | <b>5,276</b>           | <b>65,602</b>        | <b>33,552</b>          | <b>99,154</b>     |

## UNUM LIFE INSURANCE COMPANY OF AMERICA

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62235                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$4,369,251   | \$2,595,164                   | \$497,501  | 4,714                  | 184,195              | 12,272                 | 196,467           |
| Disability Income                | \$98,956,066  | \$101,936,193                 | \$9,301,109  | 2,571                  | 297,982              | 0                      | 297,982           |
| Limited Benefit                  | \$56,173  | \$7,032                       | \$0  | 0                      | 14                   | 0                      | 14                |
| Long Term Care-Comprehensive     | \$22,267,233  | \$20,186,503                  | \$0  | 414                    | 40,616               | 2,775                  | 43,391            |
| Long Term Care-Facility Only     | \$351,436   | \$318,597                     | \$0  | 0                      | 1,903                | 0                      | 1,903             |
| <b>TOTAL</b>                     | <b>\$126,000,159</b>  | <b>\$125,043,489</b>          | <b>\$9,798,610</b>                                     | <b>7,699</b>           | <b>524,710</b>       | <b>15,047</b>          | <b>539,757</b>    |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## USAA LIFE INSURANCE COMPANY

| NAIC Company Code   | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|---------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 69663               |   |                               |  |                        |                      |                        |                   |
| Accident Only       | \$13,340  | \$0                           | \$0  | 1                      | 82                   | 0                      | 82                |
| Disability Income   | \$315,070   | \$75,024                      | \$0  | 0                      | 282                  | 0                      | 282               |
| Hospital Indemnity  | \$15,203  | \$3,595                       | \$0  | 0                      | 33                   | 1                      | 34                |
| Medicare Supplement | \$21,581,404  | \$19,692,562                  | \$1,500,050  | 0                      | 9,033                | 0                      | 9,033             |
| <b>TOTAL</b>        | <b>\$21,925,017</b>   | <b>\$19,771,181</b>           | <b>\$1,500,050</b>                                     | <b>1</b>               | <b>9,430</b>         | <b>1</b>               | <b>9,431</b>      |

## USABLE LIFE

| NAIC Company Code  | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|--------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 94358              |   |                               |  |                        |                      |                        |                   |
| Accident Only      | \$1,735,175   | \$332,385                     | \$1,537,647  | 0                      | 9,907                | 0                      | 9,907             |
| Disability Income  | \$7,308   | \$3,580                       | \$0  | 1                      | 33                   | 0                      | 33                |
| Hospital Indemnity | \$390,163   | \$40,904                      | \$363,275  | 0                      | 899                  | 0                      | 899               |
| Limited Benefit    | \$1,137,989   | \$340,725                     | \$1,009,391  | 0                      | 11,471               | 0                      | 11,471            |
| <b>TOTAL</b>       | <b>\$3,270,635</b>  | <b>\$717,594</b>              | <b>\$2,910,313</b>                                     | <b>1</b>               | <b>22,310</b>        | <b>0</b>               | <b>22,310</b>     |

## VISION SERVICE PLAN INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 32395             |   |                               |  |                        |                      |                        |                   |
| Vision            | \$44,266,263  | \$35,964,095                  | \$1,546,627  | 654                    | 527,498              | 498,093                | 1,025,591         |
| <b>TOTAL</b>      | <b>\$44,266,263</b>   | <b>\$35,964,095</b>           | <b>\$1,546,627</b>                                     | <b>654</b>             | <b>527,498</b>       | <b>498,093</b>         | <b>1,025,591</b>  |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## VOYA INSURANCE AND ANNUITY COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 80942             |   |                               |  |                        |                      |                        |                   |
| Disability Income | \$137   | \$972                         | \$0  | 0                      | 1                    | 0                      | 1                 |
| Limited Benefit   | \$1,761   | \$0                           | \$0  | 0                      | 239                  | 0                      | 239               |
| <b>TOTAL</b>      | <b>\$1,898</b>  | <b>\$972</b>                  | <b>\$0</b>   | <b>0</b>               | <b>240</b>           | <b>0</b>               | <b>240</b>        |

## VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 86509                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$269   | \$1,865                       | \$0  | 0                      | 1                    | 0                      | 1                 |
| Long Term Care-Comprehensive | \$22,092  | (\$10,725)                    | \$0  | 0                      | 24                   | 0                      | 24                |
| Medicare Supplement          | \$11,958  | \$23,035                      | \$0  | 0                      | 4                    | 0                      | 4                 |
| <b>TOTAL</b>                 | <b>\$34,319</b>   | <b>\$14,175</b>               | <b>\$0</b>   | <b>0</b>               | <b>29</b>            | <b>0</b>               | <b>29</b>         |

## WASHINGTON NATIONAL INSURANCE COMPANY

| NAIC Company Code            | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 70319                        |   |                               |  |                        |                      |                        |                   |
| Individually Underwritten    | \$105,547   | \$264,492                     | \$0  | 0                      | 71                   | 1                      | 72                |
| Accident Only                | \$4,718,715   | \$1,435,059                   | \$576,171  | 3                      | 14,100               | 4,897                  | 18,997            |
| Disability Income            | \$26,332  | (\$12,352)                    | \$3,352  | 1                      | 79                   | 7                      | 86                |
| Hospital Indemnity           | \$78,205  | \$96,490                      | \$1,783  | 2                      | 620                  | 83                     | 703               |
| Limited Benefit              | \$16,781,921  | \$10,568,158                  | \$787,145  | 5                      | 37,151               | 17,247                 | 54,398            |
| Long Term Care-Comprehensive | \$3,015,855   | \$14,438,720                  | \$0  | 10                     | 2,211                | 0                      | 2,211             |
| Medicare Supplement          | \$3,690,185   | \$3,395,514                   | \$0  | 0                      | 1,346                | 11                     | 1,357             |
| Champus/Tricare Supplement   | \$8,553   | (\$62,548)                    | \$0  | 1                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>                 | <b>\$28,425,313</b>   | <b>\$30,123,533</b>           | <b>\$1,368,451</b>                                     | <b>22</b>              | <b>55,578</b>        | <b>22,246</b>          | <b>77,824</b>     |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## WESCO INSURANCE COMPANY

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 25011                            |   |                               |  |                        |                      |                        |                   |
| Accidental Death & Dismemberment | \$159   | \$68                          | \$159  | 0                      | 4                    | 0                      | 4                 |
| <b>TOTAL</b>                     | <b>\$159</b>  | <b>\$68</b>                   | <b>\$159</b>   | <b>0</b>               | <b>4</b>             | <b>0</b>               | <b>4</b>          |

## WEST COAST LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 70335             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$425   | \$0                           | \$0  | 0                      | 3                    | 0                      | 3                 |
| <b>TOTAL</b>      | <b>\$425</b>  | <b>\$0</b>                    | <b>\$0</b>   | <b>0</b>               | <b>3</b>             | <b>0</b>               | <b>3</b>          |

## WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 70483             |   |                               |  |                        |                      |                        |                   |
| Accident Only     | \$125,463   | \$25,000                      | \$6,514  | 0                      | 1,283                | 1,134                  | 2,417             |
| Limited Benefit   | \$1,723,018   | \$1,820,117                   | \$90,872   | 0                      | 3,041                | 1,180                  | 4,221             |
| <b>TOTAL</b>      | <b>\$1,848,481</b>  | <b>\$1,845,117</b>            | <b>\$97,386</b>  | <b>0</b>               | <b>4,324</b>         | <b>2,314</b>           | <b>6,638</b>      |

## WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 91413             |   |                               |  |                        |                      |                        |                   |
| Excess/Stop Loss  | \$100,889   | \$111,823                     | \$0  | 3                      | 105                  | 117                    | 222               |
| <b>TOTAL</b>      | <b>\$100,889</b>  | <b>\$111,823</b>              | <b>\$0</b>   | <b>3</b>               | <b>105</b>           | <b>117</b>             | <b>222</b>        |

## WESTERN UNITED LIFE ASSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 85189             |   |                               |  |                        |                      |                        |                   |
| Limited Benefit   | \$383   | \$1,587                       | \$0  | 0                      | 6                    | 3                      | 9                 |
| <b>TOTAL</b>      | <b>\$383</b>  | <b>\$1,587</b>                | <b>\$0</b>   | <b>0</b>               | <b>6</b>             | <b>3</b>               | <b>9</b>          |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## WESTPORT INSURANCE CORPORATION

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 39845             |   |                               |  |                        |                      |                        |                   |
| Excess/Stop Loss  | \$781,848   | \$514,186                     | \$0  | 0                      | 11,784               | 14,612                 | 26,396            |
| <b>TOTAL</b>      | <b>\$781,848</b>  | <b>\$514,186</b>              | <b>\$0</b>   | <b>0</b>               | <b>11,784</b>        | <b>14,612</b>          | <b>26,396</b>     |

## WILCAC LIFE INSURANCE COMPANY

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 62413             |   |                               |  |                        |                      |                        |                   |
| Conversion        | \$48,985  | \$695,533                     | \$0  | 0                      | 10                   | 0                      | 10                |
| Disability Income | \$32,972  | \$55,832                      | \$0  | 0                      | 0                    | 0                      | 0                 |
| <b>TOTAL</b>      | <b>\$81,957</b>   | <b>\$751,365</b>              | <b>\$0</b>   | <b>0</b>               | <b>10</b>            | <b>0</b>               | <b>10</b>         |

## WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

| NAIC Company Code | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|-------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 66230             |   |                               |  |                        |                      |                        |                   |
| Guarantee Issue   | \$683   | \$4,800                       | \$0  | 0                      | 5                    | 0                      | 5                 |
| Disability Income | \$160   | \$0                           | \$0  | 0                      | 2                    | 0                      | 2                 |
| <b>TOTAL</b>      | <b>\$843</b>  | <b>\$4,800</b>                | <b>\$0</b>   | <b>0</b>               | <b>7</b>             | <b>0</b>               | <b>7</b>          |

## WILTON REASSURANCE LIFE COMPANY OF NEW YORK

| NAIC Company Code                | (A) DIRECT PREMIUMS<br>EARNED FOR NEW AND<br>RENEWAL BUSINESS | (B) DIRECT LOSSES<br>INCURRED | (C) DIRECT PREMIUMS<br>EARNED FOR NEW<br>BUSINESS ONLY | (D) EMPLOYER or GROUPS | (E) PRIMARY INSUREDS | (F) COVERED DEPENDENTS | (H) COVERED LIVES |
|----------------------------------|---|-------------------------------|--|------------------------|----------------------|------------------------|-------------------|
| 60704                            |   |                               |  |                        |                      |                        |                   |
| Accident Only                    | \$59  | \$0                           | \$0  | 1                      | 1                    | 0                      | 1                 |
| Accidental Death & Dismemberment | \$173   | \$0                           | \$0  | 3                      | 3                    | 1                      | 4                 |
| Hospital Indemnity               | \$594   | \$150                         | \$0  | 5                      | 5                    | 0                      | 5                 |
| Travel                           | \$3,045   | \$24,879                      | \$0  | 9                      | 9                    | 0                      | 9                 |
| <b>TOTAL</b>                     | <b>\$3,871</b>  | <b>\$25,029</b>               | <b>\$0</b>   | <b>18</b>              | <b>18</b>            | <b>1</b>               | <b>19</b>         |

# CY2013 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

## WOODMEN OF THE WORLD/ASSURED LIFE ASSOCIATION

| <i>NAIC Company Code</i> | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|--------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 56499                    |  |                                       |   |                               |                             |                               |                          |
| Medicare Supplement      | \$233,213  | \$203,858                             | \$0   | 0                             | 104                         | 0                             | 104                      |
| <b>TOTAL</b>             | <b>\$233,213</b>   | <b>\$203,858</b>                      | <b>\$0</b>  | <b>0</b>                      | <b>104</b>                  | <b>0</b>                      | <b>104</b>               |

## ZURICH AMERICAN INSURANCE COMPANY

| <i>NAIC Company Code</i>         | <i>(A) DIRECT PREMIUMS<br/>EARNED FOR NEW AND<br/>RENEWAL BUSINESS</i> | <i>(B) DIRECT LOSSES<br/>INCURRED</i> | <i>(C) DIRECT PREMIUMS<br/>EARNED FOR NEW<br/>BUSINESS ONLY</i> | <i>(D) EMPLOYER or GROUPS</i> | <i>(E) PRIMARY INSUREDS</i> | <i>(F) COVERED DEPENDENTS</i> | <i>(H) COVERED LIVES</i> |
|----------------------------------|--|---------------------------------------|---|-------------------------------|-----------------------------|-------------------------------|--------------------------|
| 16535                            |  |                                       |   |                               |                             |                               |                          |
| Accident Only                    | \$6,258,503  | \$2,623,392                           | \$534,334   | 133                           | 567,947                     | 8,738                         | 576,685                  |
| Accidental Death & Dismemberment | \$5,432  | \$0                                   | \$970   | 74                            | 77                          | 44                            | 121                      |
| Disability Income                | (\$360)  | (\$24,553)                            | \$0   | 5                             | 29                          | 0                             | 29                       |
| Excess/Stop Loss                 | \$4,605,859  | \$2,929,783                           | \$1,629,816   | 7                             | 5,725                       | 4,580                         | 10,305                   |
| <b>TOTAL</b>                     | <b>\$10,869,434</b>  | <b>\$5,528,622</b>                    | <b>\$2,165,120</b>  | <b>219</b>                    | <b>573,778</b>              | <b>13,362</b>                 | <b>587,140</b>           |

***CY2013 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity***

*NAIC Company Code*

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|    |   |       |
|----|---|-------|
| 1  | ACCENDO INSURANCE COMPANY                             | 63444 |
| 2  | ACE FIRE UNDERWRITERS INSURANCE COMPANY               | 20702 |
| 3  | ADVANTICA INSURANCE COMPANY                           | 12278 |
| 4  | AETNA BETTER HEALTH, INC.                             | 14409 |
| 5  | AHF MCO OF FLORIDA, INC.                              | 12973 |
| 6  | ALFA LIFE INSURANCE CORPORATION                       | 79049 |
| 7  | ALTERRA AMERICA INSURANCE COMPANY                     | 21296 |
| 8  | AMERICAN COMMERCE INSURANCE COMPANY                   | 19941 |
| 9  | AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY    | 26247 |
| 10 | AMERICAN INSURANCE COMPANY (THE)                      | 21857 |
| 11 | AMERICAN SENTINEL INSURANCE COMPANY                   | 17965 |
| 12 | AMERICAN ZURICH INSURANCE COMPANY                     | 40142 |
| 13 | AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY  | 61999 |
| 14 | ANTHEM LIFE INSURANCE COMPANY                         | 61069 |
| 15 | ASSOCIATED INDEMNITY CORPORATION                      | 21865 |
| 16 | ATLANTIC COAST LIFE INSURANCE COMPANY                 | 61115 |
| 17 | AURORA NATIONAL LIFE ASSURANCE COMPANY                | 61182 |
| 18 | AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT          | 19062 |
| 19 | BALBOA INSURANCE COMPANY                              | 24813 |
| 20 | BANKERS INSURANCE COMPANY                             | 33162 |
| 21 | BANKERS STANDARD INSURANCE COMPANY                    | 18279 |
| 22 | BEHEALTHY AMERICA, INC.                               | 15118 |
| 23 | BERKLEY INSURANCE COMPANY                             | 32603 |
| 24 | BEST MERIDIAN INSURANCE COMPANY                       | 63886 |
| 25 | BUPA INSURANCE COMPANY                                | 81647 |
| 26 | BUPA INSURANCE LIMITED COMPANY                        |       |
| 27 | CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY | 12567 |
| 28 | CAREPLUS HEALTH PLANS, INC.                           | 95092 |
| 29 | CAROLINA CASUALTY INSURANCE COMPANY                   | 10510 |
| 30 | CHEROKEE INSURANCE COMPANY                            | 10642 |
| 31 | CHURCH LIFE INSURANCE CORPORATION                     | 61875 |
| 32 | CONTINENTAL INSURANCE COMPANY                         | 35289 |
| 33 | COVENTRY SUMMIT HEALTH PLAN, INC.                     | 10771 |
| 34 | CSI LIFE INSURANCE COMPANY                            | 82880 |
| 35 | EDUCATORS LIFE INSURANCE COMPANY OF AMERICA           | 62790 |
| 36 | EMPIRE FIRE AND MARINE INSURANCE COMPANY              | 21326 |
| 37 | EMPLOYERS FIRE INSURANCE COMPANY                      | 20648 |

***CY2013 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity***

*NAIC Company Code*

|    |   |       |
|----|---|-------|
| 38 | EMPLOYERS REASSURANCE CORPORATION                 | 68276 |
| 39 | ENVISION INSURANCE COMPANY                        | 12747 |
| 40 | EPIC LIFE INSURANCE COMPANY                       | 64149 |
| 41 | FAIRMONT PREMIER INSURANCE COMPANY                | 25518 |
| 42 | FAIRMONT SPECIALTY INSURANCE COMPANY              | 24384 |
| 43 | FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC. | 25879 |
| 44 | FIRST LIBERTY INSURANCE CORPORATION (THE)         | 33588 |
| 45 | FIRST MEDICAL HEALTH PLAN OF FLORIDA, INC.        | 12985 |
| 46 | FIRST PENN-PACIFIC LIFE INSURANCE COMPANY         | 67652 |
| 47 | FLORIDA COMBINED LIFE INSURANCE COMPANY           | 76031 |
| 48 | FLORIDA HEALTH PARTNERS, INC.                     |       |
| 49 | FLORIDA HEALTHCARE PLUS, INC.                     | 14050 |
| 50 | FLORIDA MHS, INC                                  | 14447 |
| 51 | FLORIDA TRUE HEALTH, INC.                         | 14378 |
| 52 | FREEDOM HEALTH, INC.                              | 10119 |
| 53 | GENERAL FIDELITY INSURANCE COMPANY                | 30007 |
| 54 | GENERAL FIDELITY LIFE INSURANCE COMPANY           | 93521 |
| 55 | GENERATION LIFE INSURANCE COMPANY                 | 73504 |
| 56 | GUIDEONE MUTUAL INSURANCE COMPANY                 | 15032 |
| 57 | HEALTHMARKETS INSURANCE COMPANY                   | 92908 |
| 58 | HEALTHPLEX DENTAL SERVICES, INC.                  |       |
| 59 | HEALTHSUN HEALTH PLANS, INC.                      | 10122 |
| 60 | HEALTHY PALM BEACHES, INC.                        | 95827 |
| 61 | HISCOX INSURANCE COMPANY INC.                     | 10200 |
| 62 | HUMANA ADVANTAGECARE PLAN, INC.                   | 10126 |
| 63 | INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT | 81779 |
| 64 | INSURANCE COMPANY OF NORTH AMERICA                | 22713 |
| 65 | INTEGRITY LIFE INSURANCE COMPANY                  | 74780 |
| 66 | JOHN DEERE INSURANCE COMPANY                      | 36781 |
| 67 | LIBERTY BANKERS LIFE INSURANCE COMPANY            | 68543 |
| 68 | MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.       |       |
| 69 | MAGNA INSURANCE COMPANY                           | 61018 |
| 70 | MARKEL AMERICAN INSURANCE COMPANY                 | 28932 |
| 71 | MARYLAND CASUALTY COMPANY                         | 19356 |
| 72 | MEMBERS LIFE INSURANCE COMPANY                    | 86126 |
| 73 | METLIFE INVESTORS INSURANCE COMPANY               | 93513 |
| 74 | MIDWESTERN UNITED LIFE INSURANCE COMPANY          | 66109 |

***CY2013 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity***

*NAIC Company Code*

|     |   |       |
|-----|---|-------|
| 75  | MML BAY STATE LIFE INSURANCE COMPANY                | 70416 |
| 76  | MOLINA HEALTHCARE OF FLORIDA, INC.                  | 13128 |
| 77  | MONY LIFE INSURANCE COMPANY OF AMERICA              | 78077 |
| 78  | NATIONAL FIRE INSURANCE COMPANY OF HARTFORD         | 20478 |
| 79  | NATIONAL INDEMNITY COMPANY                          | 20087 |
| 80  | NATIONAL SECURITY INSURANCE COMPANY                 | 66788 |
| 81  | NATIONAL SPECIALTY INSURANCE COMPANY                | 22608 |
| 82  | NATIONAL SURETY CORPORATION                         | 21881 |
| 83  | NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA    | 26093 |
| 84  | NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST       | 69698 |
| 85  | NIPPON LIFE INSURANCE COMPANY OF AMERICA            | 81264 |
| 86  | NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.      |       |
| 87  | NORTHERN INSURANCE COMPANY OF NEW YORK              | 19372 |
| 88  | OPTIMUM HEALTHCARE, INC.                            | 12259 |
| 89  | PACIFIC INDEMNITY COMPANY                           | 20346 |
| 90  | PARK AVENUE LIFE INSURANCE COMPANY                  | 60003 |
| 91  | PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY      | 67601 |
| 92  | PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.    | 12262 |
| 93  | PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY       | 60232 |
| 94  | PHL VARIABLE INSURANCE COMPANY                      | 93548 |
| 95  | PHOENIX LIFE AND ANNUITY COMPANY                    | 93734 |
| 96  | PHYSICIANS UNITED PLAN, INC.                        | 10775 |
| 97  | PREMIER ACCESS INSURANCE COMPANY                    | 60237 |
| 98  | PROTECTIVE INSURANCE COMPANY                        | 12416 |
| 99  | PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION     | 86630 |
| 100 | PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | 93629 |
| 101 | RESOURCE LIFE INSURANCE COMPANY                     | 61506 |
| 102 | SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY       | 64688 |
| 103 | SECURITY BENEFIT LIFE INSURANCE COMPANY             | 68675 |
| 104 | SEECCHANGE HEALTH INSURANCE COMPANY                 | 63541 |
| 105 | SENTRY CASUALTY COMPANY                             | 28460 |
| 106 | SENTRY SELECT INSURANCE COMPANY                     | 21180 |
| 107 | SILVERSCRIPT INSURANCE COMPANY                      | 12575 |
| 108 | SIMPLY HEALTHCARE PLANS, INC.                       | 13726 |
| 109 | SOUTHERN LIFE AND HEALTH INSURANCE COMPANY          | 88323 |
| 110 | SOUTHLAND NATIONAL INSURANCE CORPORATION            | 79057 |
| 111 | SUNSET LIFE INSURANCE COMPANY OF AMERICA            | 69272 |

*CY2013 Accident and Health Report of Gross Annual Premium and Enrollment  
Carriers Reporting No Activity*

*NAIC Company Code*

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|     |   |       |
|-----|---|-------|
| 112 | SUNSHINE STATE HEALTH PLAN, INC.            | 13148 |
| 113 | SWISS RE LIFE & HEALTH AMERICA INC.         | 82627 |
| 114 | TRANSPORTATION INSURANCE COMPANY            | 20494 |
| 115 | TRUASSURE INSURANCE COMPANY                 | 92525 |
| 116 | U.S. FINANCIAL LIFE INSURANCE COMPANY       | 84530 |
| 117 | UBS LIFE INSURANCE COMPANY USA              | 67423 |
| 118 | UNITED HERITAGE LIFE INSURANCE COMPANY      | 63983 |
| 119 | UNITED LIFE INSURANCE COMPANY               | 69973 |
| 120 | UNITED NATIONAL SPECIALTY INSURANCE COMPANY | 41335 |
| 121 | USAA DIRECT LIFE INSURANCE COMPANY          | 72613 |
| 122 | VALIANT INSURANCE COMPANY                   | 26611 |
| 123 | VIGILANT INSURANCE COMPANY                  | 20397 |
| 124 | WELLCARE HEALTH INSURANCE OF ARIZONA, INC.  | 83445 |
| 125 | WELLCARE PRESCRIPTION INSURANCE, INC.       | 10155 |
| 126 | WESTERN-SOUTHERN LIFE ASSURANCE COMPANY     | 92622 |
| 127 | WORLD INSURANCE COMPANY                     | 70629 |
| 128 | ZALE LIFE INSURANCE COMPANY                 | 71323 |

## 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@flor.com](mailto:AnnualA&HReporting_1094-1386@flor.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 69O-137.004 and 69O-154.112(3), Florida Administrative Code.

Specific instructions on the use of the Industry Portal's Data Reporting module are available upon request from [AnnualA&HReporting\\_1094-1386@flor.com](mailto:AnnualA&HReporting_1094-1386@flor.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><b>Major Medical</b> - 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.</p> | <p>H16G<br/>H16I<br/>H15G<br/>H15I</p>                              |
| <p><b>Hospital/Surgical/Medical Expense</b> - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.</p> <p>These definitions include the following subcategories:</p> <ul style="list-style-type: none"> <li>• <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i></li> <li>• <i>Individually Underwritten</i></li> <li>• <i>Self-Employed or Sole Proprietor (FS 627.6699)</i></li> <li>• <i>2 - 50 Member Groups (FS 627.6699)</i></li> <li>• <i>51 - 100 Member Groups (FS 627.6699)</i></li> <li>• <i>101+ Member Groups (FS 627.652)</i></li> </ul>   |   |
| <p><b>Conversion</b> - 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><b>Other Prepaid Health Services not listed below:</b> 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><b>Administrative Services Only (ASO)</b> - 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" and "Covered Lives" )</p>   |   |
| <p><b>Accident Only</b> - An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.</p>  | <p>H02G<br/>H02I</p>  |
| <p><b>Accidental Death &amp; Dismemberment</b> - An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.</p>  | <p>H03G<br/>H03I</p>  |
| <p><b>Blanket Accident/Sickness</b> -- A health insurance contract that covers all of a class of persons not individually identified in the contract.</p>   | <p>H04</p>  |
| <p><b>Dental</b> - Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.</p>  | <p>H10G<br/>H10I</p>  |
| <p><b>Disability Income</b> (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness.</p>   | <p>H11G<br/>H11I</p>  |

| TYPE OF INSURANCE DESCRIPTION   | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)          |
|---|--|
| <b>Excess/Stop Loss</b> (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 an insurer 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  |
| <b>Hospital Indemnity</b> - 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<br>H14I   |
| <b>Limited Benefit</b> (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease – Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)-<br>(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.<br>(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.<br>(c) Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day. | H07G<br>H07I<br>H08G<br>H08I<br>H09G<br>H09I                                 |
| <b>Long Term Care-Comprehensive</b> -- Coverage that provides both facility (nursing home) and non-facility (home health care) benefits. This includes products that offer one type of benefit through a base form and the second type through a rider. All extension of benefit riders providing comprehensive coverage are included.  | LTC05G<br>LTC05I   |
| <b>Long Term Care-Facility Only</b> -- Coverage that provides only facility (nursing home) benefits. All extension of benefit riders providing facility only coverage are included.   | LTC04G<br>LTC04I   |
| <b>Long Term Care-Non-Facility Only</b> -- Coverage that provides only non-facility (home health care) benefits. All extension of benefit riders providing non-facility only coverage are included.   | LTC02G<br>LTC02I   |
| <b>Long Term Care-Accelerated Benefit Rider</b> -- Coverage that provides any type of long term care benefit paid from either a life or annuity product.  | FLLTC06  |
| <b>Short Term Care</b> (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<br>H13I   |
| <b>Medicare Supplement</b> - Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.  | MS02G<br>MS02I<br>MS03G<br>MS03I<br>MS04G<br>MS04I<br>MS05G<br>MS05I<br>MS06 |
| <b>Champus/Tricare Supplement</b> - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.   | H05  |
| <b>Prescription Drug</b> - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.  | H17G<br>H17I   |

| TYPE OF INSURANCE DESCRIPTION  | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05) |
|--|---|
| <b>Sickness</b> - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.  | H18G<br>H18I  |
| <b>Student</b> - A health insurance contract that covers a class of students not individually identified in the contract.  | H04.001   |
| <b>Travel</b> - 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.) | H19G<br>H19I  |
| <b>Vision</b> - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.   | H20G<br>H20I  |
| <b>Accident and Health Insurance Premiums and Losses</b> - The Total Direct Premiums Earned and the Total Direct Losses Incurred from the company's Annual Statement are entered and compared to the premium and loss sums from lines 1 through 38. These amounts should equal or an explanatory letter will be required.  |   |

*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.*

*Beginning January 1, 2013, the Office no longer requires that Discount Medical Plan Organization premium, loss, or enrollment information be reported on the 1094 template. When using Line 37 ("Other") be sure to upload an explanation of the products you are including in that line. When applicable, the Office will contact you and instruct that the products be included on a detail line.*

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

**Column Definitions:**

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

|   |   |
|---|---|
| <b>PRIMARY ENROLLEES AT END OF REPORTING CY</b>                                     | <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>   |
| <b>COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSURED AT END OF REPORTING CY</b> | <p>Provide the total number of individuals who are covered by the primary insured's plan (including additional joint primary insureds) 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>  |
| <b>COVERED LIVES AT END OF REPORTING CY</b>   | <p>This is an auto-calculation field. It adds [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSURED AT END OF REPORTING CY]</p>   |
| <b>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</b>                                   | <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 be 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>Where claim is defined by Section 627.6131(2) and 641.3155(1), F.S.<br/> Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S.<br/> Where date of payment is defined by Section 627.6131(7) and 641.3155(6), F.S.</p> <p>This cell should contain a positive, whole number or zero.</p> |

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

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

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

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

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

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

## Data Submission Validation Process

### Computerized Validations:

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

The first of these are built into the data template itself. As you navigate the template, you will be given various "Validation Assistance" alerts. For example, if a type of coverage is defined as GROUP coverage, you will receive an alert as you begin to enter data in the [EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY] cell that reads: "If the number of Employers/Groups reported is zero, then the number of Primary Enrollees and the number of Covered Enrollee Dependents must also be zero." If you enter zero in the cell, the data template will not allow you to enter anything but zero in the [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS 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@flor.com](mailto:AnnualA&HReporting_1094-1386@flor.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.

| Section A: Contact Information<br>Please provide company and individual contact information on this worksheet                                  |          | VALIDATION CHECKS             |
|--|----------|-------------------------------|
|  |          | Required Data Field Complete? |
| LineDesc   | Response | RowValidation                 |
| Reporting Period - Year  | CY2013   | TRUE                          |
| Please provide the name of the individual responsible for the coordination and submission of the requested Premium and Enrollment information. |          | FALSE                         |
| What is her or his email address?  |          | FALSE                         |
| What is the best number where she or he can be reached?  |          | FALSE                         |
| What is the Company's NAIC code?   |          | FALSE                         |
| What is the Company's name?  |          | FALSE                         |
| What is the State of domicile?   |          | FALSE                         |
| Consumer Information Website   |          | FALSE                         |

| Section B:<br>To be completed by all carriers  |   | TOTAL DIRECT PREMIUMS EARNED | DIRECT LOSSES INCURRED | RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED AUTO-CALCULATION | WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD? | DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY | PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS AUTO-CALCULATION | EMPLOYERS/ GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY | PRIMARY ENROLLEES AT END OF REPORTING CY | COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSURED AT END OF REPORTING CY | COVERED LIVES AT END OF REPORTING CY AUTO-CALCULATION | AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS | VALIDATION CHECKS |
|--|---|------------------------------|------------------------|--|--|--|--|--|--|--|---|--|-------------------|
| Line   |   |                              |                        |  |  |  |  |  |  |  |   |  |                   |
| <b>Major Medical and/or Hospital/Surgical/Medical Expense</b>  |   |                              |                        |  |  |  |  |  |  |  |   |  |                   |
| 1  | Guarantee Issue (HIPAA, FS 627.6487(3))   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 2  | Individually Underwritten   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 3  | Self-Employed or Sole Proprietor (FS 627.6699)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 4  | 2 - 50 Member Groups (FS 627.6699)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 5  | 51-100 Member Groups  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 6  | 101+ Member Groups (FS 627.652)   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 7  | Conversion  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| <b>Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.</b> |   |                              |                        |  |  |  |  |  |  |  |   |  |                   |
| 8  | Guarantee Issue (HIPAA, FS 627.6487(3))   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 9  | Individually Underwritten   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 10   | Self-Employed or Sole Proprietor (FS 627.6699)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 11   | 2 - 50 Member Groups (FS 627.6699)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 12   | 51-100 Member Groups  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 13   | 101+ Member Groups (FS 627.652)   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 14   | Conversion  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| <b>OTHER ACCIDENT and HEALTH COVERAGES</b>   |   |                              |                        |  |  |  |  |  |  |  |   |  |                   |
| 15   | Other Prepaid Health Services not listed below: (Includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 16   | Administrative Services Only (ASO) (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only"; report lives in categories shown)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 17   | Accident Only   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 18   | Accidental Death & Dismemberment  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 19   | Blanket Accident/Sickness   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 20   | Dental  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 21   | Disability Income (Includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 22   | Excess/Stop Loss (Includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 23   | Hospital Indemnity  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 24   | Limited Benefit (Includes Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 25   | Long Term Care-Comprehensive (includes all forms that may be made comprehensive through rider selection and any extension of benefit riders providing comprehensive benefits)   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 26   | Long Term Care-Facility Only (includes any extension of benefit riders providing facility only benefits)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 27   | Long Term Care-Non-Facility Only (includes any extension of benefit riders providing non-facility only benefits)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
|  | (TOTAL OF LINES 25, 26 AND 27 AUTO-CALCULATION)   | \$0                          | \$0                    | Not Applicable   |  | \$0  | Not Applicable   | 0  | 0  | 0  | 0   |  | TRUE              |
| 28   | Long Term Care-Accelerated Benefit Rider (includes all those attached to life or annuity products)  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 29   | Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care)   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 30   | Medicare Supplement   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 31   | Champus/Tricare Supplement  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 32   | Prescription Drug   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 33   | Sickness  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 34   | Student   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 35   | Travel  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 36   | Vision  |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 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)                              |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| <b>RECONCILIATION</b>  |   |                              |                        |  |  |  |  |  |  |  |   |  |                   |
| 38   | Accident and Health Insurance Premiums and Losses, Including Policy Membership and Other Fees as reported to the Office in Annual Financial Statement   |                              |                        |  |  |  |  |  |  |  | 0   |  | FALSE             |
| 39   | Auto Calculation of Total of lines 1-37 (If "Total Direct Premiums Earned" and/or "Direct Losses Incurred" are different from line 38, address this issue by uploading an explanatory letter addressed to the Office via the "Explanatory Information" function in "Filing Component List" section) | \$0                          | \$0                    | Not Applicable   |  |  |  |  | 0  | 0  | 0   |  | TRUE              |

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|   |   |                                  |   |                   |
|---|---|----------------------------------|---|-------------------|
| Complete Listed Lines   | <b>Section C: To be completed by all carriers.</b>  |                                  |   | VALIDATION CHECKS |
|   | CARRIER INDIVIDUAL ELECTION STATUS<br><i>Designation should reflect company's election made per Section 627.6475(5), Florida Statutes.</i>  |                                  |   |                   |
| 1   | Select from dropdown list:  |                                  |   | FALSE             |
| <b>Section D: To be completed by all carriers.</b>  |   |                                  |   |                   |
| INDIVIDUAL HMO SERVICES, MAJOR MEDICAL and HOSPITAL, MEDICAL AND SURGICAL EXPENSE PRODUCT AVAILABILITY  |   |                                  |   |                   |
| <i>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. "Major medical" 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 short-term limited duration insurance, 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 cannot 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.</i> |   |                                  |   |                   |
| 2   | In accordance with the statement of Florida law above, does your company currently have individual major medical and/or hospital, surgical, medical expense products issued and/or in force?  |                                  |   | FALSE             |
| IF YES, please continue to Section E.   |   |                                  |   |                   |
| IF NO, please complete Sections A, B, C, and D and return this form to the Office   |   |                                  |   |                   |
| <b>Section E: To be completed by carriers responding YES to Section D.</b>  |   |                                  |   |                   |
| INDIVIDUAL HMO SERVICES, MAJOR MEDICAL and HOSPITAL, MEDICAL AND SURGICAL EXPENSE PRODUCT DATA  |   |                                  |   |                   |
|   |   | Plan Name                        | Form Number(s)                          |                   |
| 3   | List plan name and corresponding form number(s) of each individual major medical and/or hospital, surgical, medical expense policy issued and/or in force with your company. (If additional space is required, please insert your response on the following worksheet labeled "Supplemental".)  |                                  |   | TRUE              |
| 4   | Briefly describe the benefits provided by each individual major medical and/or hospital, surgical, medical expense policy issued and/or in force with your company. Please identify your descriptions using the form number you provided above. (If additional space is required, please insert your response on the following worksheet labeled "Supplemental".)   |                                  |   | TRUE              |
|   |   | Primary Insured                  | Dependents                              |                   |
| 5   | What is the total number of primary insureds covered under the individual major medical and/or hospital, surgical, medical expense policies issued and/or in force with your company? How many dependents of these primary insureds are also covered by these policies? For both, please use the total at the end of the reporting calendar year.   |                                  |   | TRUE              |
| 6   | What is the total direct premium earned for the reporting calendar year for the individual major medical and/or hospital, surgical, medical expense policies issued and/or in force with your company?  |                                  |   | TRUE              |
| 7   | Is your company actively marketing individual major medical and/or hospital, surgical, medical expense products?  |                                  |   | TRUE              |
| IF YES, please continue to Section F.   |   |                                  |   |                   |
| IF NO, please complete Sections A, B, C, D, and E and return this form to the Office  |   |                                  |   |                   |
| <b>Section F: To be completed by carriers responding YES to Section E.</b>  |   |                                  |   |                   |
| ACTIVELY MARKETED INDIVIDUAL HMO SERVICES, MAJOR MEDICAL and HOSPITAL, MEDICAL AND SURGICAL EXPENSE PRODUCT DATA  |   |                                  |   |                   |
|   |   | Largest Volume Producing Product | Second Largest Volume Producing Product |                   |
| 8   | Identify 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 your company. If either of these forms is made available with co-payment options, riders, endorsements, etc., please 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. | Plan Name                        |   | TRUE              |
| 9   |   | Form Number(s)                   |   | TRUE              |
|   |   | Largest Volume Producing Product | Second Largest Volume Producing Product |                   |
| 10  | For the two products identified above, please provide the date this Office approved each form, if applicable.   |                                  |   | TRUE              |
| 11  | For the two products identified above, provide the Office's file log number under which each form was approved, if applicable.  |                                  |   | TRUE              |
| 12  | Briefly describe the benefits provided by the two products identified above.  |                                  |   | TRUE              |
| 13  | What is the number of primary insureds (exclusive of coverage issued to HIPAA-eligibles) covered under the two products identified above? How many dependents of these primary insured are also covered by these policies? What is the number of HIPAA-eligibles covered under the two products identified above? For all three, please use the total at the end of the reporting calendar year.  | Primary insured                  |   | TRUE              |
| 14  |   | Dependents                       |   | TRUE              |
| 15  |   | HIPAA-eligibles                  |   | TRUE              |
| 16  | What is the total direct premium earned for the reporting calendar year for the two products identified above?  |                                  |   | TRUE              |
| For the two policy forms identified above and using the UPLOAD feature of the "Supplementary Information" function of the "Filing Component List" section of the IPortal:<br>· Please UPLOAD a copy of each form (and any options, riders, endorsement, etc.)<br>· UPLOAD all marketing materials to be provided to eligible individuals (HIPAA-eligible).<br>· UPLOAD an explanation of how these eligible individuals are to be informed of the availability of your company's applicable individual coverages.<br>(Additional pages may be added as needed.)   |   |                                  |   |                   |

**ADDITIONAL SPACE FOR ITEMS IN SECTION E, LINES 3 and 4:** To be completed by carriers responding YES to Section D.  
 Provide the following information for each individual major medical and/or hospital, surgical, medical expense policy issued and/or in force with your company.

| Line Number  | Plan Name | Form Number(s) | Description of Benefits | VALIDATION CHECKS |
|--|-----------|----------------|-------------------------|-------------------|
| <b>INDIVIDUAL HMO SERVICES, MAJOR MEDICAL and/or HOSPITAL, MEDICAL AND SURGICAL EXPENSE PRODUCT DATA</b> |           |                |                         |                   |
| 1  |           |                |                         | TRUE              |
| 2  |           |                |                         | TRUE              |
| 3  |           |                |                         | TRUE              |
| 4  |           |                |                         | TRUE              |
| 5  |           |                |                         | TRUE              |
| 6  |           |                |                         | TRUE              |
| 7  |           |                |                         | TRUE              |
| 8  |           |                |                         | TRUE              |
| 9  |           |                |                         | TRUE              |
| 10   |           |                |                         | TRUE              |
| 11   |           |                |                         | TRUE              |
| 12   |           |                |                         | TRUE              |
| 13   |           |                |                         | TRUE              |
| 14   |           |                |                         | TRUE              |
| 15   |           |                |                         | TRUE              |
| 16   |           |                |                         | TRUE              |
| 17   |           |                |                         | TRUE              |
| 18   |           |                |                         | TRUE              |
| 19   |           |                |                         | TRUE              |
| 20   |           |                |                         | TRUE              |
| 21   |           |                |                         | TRUE              |
| 22   |           |                |                         | TRUE              |
| 23   |           |                |                         | TRUE              |
| 24   |           |                |                         | TRUE              |
| 25   |           |                |                         | TRUE              |