

Accident & Health Markets

Gross Annual Premium and Enrollment

CY 2014

FLORIDA OFFICE OF INSURANCE REGULATION
MARKET RESEARCH AND TECHNOLOGY UNIT

AUGUST 2015

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**CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Statewide Data: Summary by Major Medical Lines of Business
Individual Markets**

MARKET SEGMENT	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	DIRECT PREMIUMS FOR NEW BUSINESS ONLY	EMPLOYER GROUPS	PRIMARY INSUREDS	COVERED DEPENDENTS	COVERED LIVES
<u>Guarantee Issue</u>							
ACA On Exchange Guarantee Issue	\$2,711,578,704	\$2,602,505,639	\$2,894,668,392	N/A	563,846	231,207	795,053
ACA Off Exchange Guarantee Issue	\$641,948,059	\$791,219,481	\$609,948,196	N/A	95,893	52,810	148,703
Grandfathered Guarantee Issue	\$5,846,660	\$6,960,203	N/A	N/A	975	204	1,179
Transitional Guarantee Issue	\$5,220,293	\$6,785,182	N/A	N/A	803	72	875
Grandfathered Out-of-State Guarantee Issue	\$5,662,650	\$7,781,033	N/A	N/A	295	90	385
Transitional Out-of-State Guarantee Issue	\$18,548,440	\$17,238,556	N/A	N/A	578	432	1,010
Subtotal	\$3,388,804,807	\$3,432,490,094	\$3,504,616,588	N/A	662,390	284,815	947,205
<u>Individually Underwritten</u>							
Grandfathered Individually Underwritten	\$415,496,642	\$318,695,856	\$14,538,112	N/A	66,520	40,448	106,968
Transitional Individually Underwritten	\$1,058,544,728	\$773,400,752	\$26,843,253	N/A	195,634	128,622	324,256
Grandfathered Out-of-State Individually Underwritten	\$140,238,608	\$102,475,038	N/A	N/A	19,507	15,838	35,345
Transitional Out-of-State Individually Underwritten	\$179,516,788	\$121,887,544	\$9,348,970	N/A	43,450	32,287	75,737
Subtotal	\$1,793,796,766	\$1,316,459,190	\$50,730,335	N/A	325,111	217,195	542,306
<u>Conversion</u>							
ACA On Exchange Conversion	\$18,113	\$39,716	N/A	N/A	0	0	0
ACA Off Exchange Conversion	\$1,333,060	\$2,574,020	\$9,747	N/A	172	33	205
Grandfathered Conversion	\$19,479,775	\$41,010,342	\$7,017	N/A	8,810	2,283	11,093
Transitional Conversion	\$9,892,942	\$18,688,268	\$22,465	N/A	525	176	701
Grandfathered Out-of-State Conversion	\$1,519,112	\$2,997,985	N/A	N/A	1,591	460	2,051
Transitional Out-of-State Conversion	\$974	\$1,998	N/A	N/A	2	1	3
Subtotal	\$32,243,976	\$65,312,329	\$39,229	N/A	11,100	2,953	14,053
Total Individual	\$5,214,845,548	\$4,814,261,613	\$3,555,386,152	N/A	998,601	504,963	1,503,564

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Statewide Data: Summary by Major Medical Lines of Business
Group Markets

MARKET SEGMENT	DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	DIRECT LOSSES INCURRED	DIRECT PREMIUMS FOR NEW BUSINESS ONLY	EMPLOYER GROUPS	PRIMARY INSUREDS	COVERED DEPENDENTS	COVERED LIVES
<u>Groups 50 or Less</u>							
ACA On Exchange 2 - 50 Member Groups	\$1,861,623	\$1,964,763	\$1,514,711	74	378	116	494
ACA Off Exchange Self-Employed or Sole Proprietor	\$11,609,167	\$10,968,461	\$1,371,523	804	804	815	1,619
ACA Off Exchange 2 - 50 Member Groups	\$470,000,155	\$335,179,807	\$176,974,268	16,923	92,987	49,138	142,125
Grandfathered Self-Employed or Sole Proprietor	\$2,075,746	\$1,808,383	N/A	85	91	31	122
Grandfathered 2 - 50 Member Groups	\$867,004,884	\$663,605,517	\$3,657,016	16,258	61,780	40,814	102,594
Transitional Self-Employed or Sole Proprietor	\$32,922,317	\$32,065,116	\$38,654	1,004	1,004	931	1,935
Transitional 2 - 50 Member Groups	\$1,668,542,492	\$1,274,524,661	\$3,417,654	33,442	219,030	123,436	342,466
Grandfathered Out-of-State Self-Employed or Sole Proprietor	\$14,226	\$9,663	N/A	2	2	0	2
Grandfathered Out-of-State 2 - 50 Member Groups	\$21,839,589	\$17,267,659	\$79,484	699	2,085	1,402	3,487
Transitional Out-of-State Self-Employed or Sole Proprietor	\$3,434,638	\$2,531,579	N/A	323	323	337	660
Transitional Out-of-State 2 - 50 Member Groups	\$17,855,968	\$14,557,156	\$33,141	516	1,614	1,243	2,857
Subtotal	\$3,097,160,805	\$2,354,482,765	\$187,086,451	70,130	380,098	218,263	598,361
<u>Groups 51-100</u>							
ACA Off Exchange 51-100 Member Groups	\$47,361,402	\$38,823,847	\$45,625,750	179	9,266	4,532	13,798
Grandfathered 51-100 Member Groups	\$379,542,966	\$307,085,852	\$35,002,795	4,375	53,499	33,150	86,649
Transitional 51-100 Member Groups	\$612,999,650	\$456,308,825	\$18,663,787	2,653	87,602	50,083	137,685
Grandfathered Out-of-State 51-100 Member Groups	\$26,527,339	\$22,167,280	\$2,584,375	422	5,161	2,395	7,556
Transitional Out-of-State 51-100 Member Groups	\$16,964,831	\$14,762,167	\$46,380	310	1,637	1,286	2,923
Subtotal	\$1,083,396,188	\$839,147,971	\$101,923,087	7,939	157,165	91,446	248,611
<u>Groups 100+</u>							
ACA Off Exchange 101+ Member Groups	\$1,001,525,393	\$844,428,194	\$604,117,789	2,011	135,254	96,269	231,523
Grandfathered 101+ Member Groups	\$1,211,048,493	\$957,031,800	\$90,775,164	3,987	144,321	96,904	241,225
Transitional 101+ Member Groups	\$3,096,584,614	\$2,667,318,702	\$95,839,522	3,080	433,532	294,210	727,742
Grandfathered Out-of-State 101+ Member Groups	\$513,225,958	\$450,419,316	\$6,730,361	4,633	69,996	53,205	123,201
Transitional Out-of-State 101+ Member Groups	\$219,223,743	\$161,749,014	\$68,040,387	1,546	31,751	24,145	55,896
Subtotal	\$6,041,608,201	\$5,080,947,026	\$865,503,223	15,257	814,854	564,733	1,379,587
Total Group	\$10,222,165,193	\$8,274,577,762	\$1,154,512,760	93,326	1,352,117	874,442	2,226,559

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$6,396,167	\$3,017,165	\$637,733	175	60,223	18,271	78,494
Administrative Services Only (ASO)	\$515,247,311	\$0	\$69,790,104	6,399	1,131,521	1,183,197	2,314,718
Accident Only	\$261,072,619	\$122,089,192	\$59,943,117	79,757	3,597,370	716,476	4,313,846
Accidental Death & Dismemberment	\$155,254,221	\$87,261,916	\$17,048,409	18,351	6,650,720	1,538,483	8,189,203
Blanket Accident/Sickness	\$9,806,089	\$2,947,501	\$4,155,383	1,259	116,987	119,495	236,482
Dental	\$1,345,541,075	\$1,089,228,041	\$143,958,801	396,296	3,080,509	2,616,978	5,697,487
Disability Income	\$1,239,193,210	\$1,242,922,379	\$149,595,646	53,150	3,378,187	4,216	3,382,403
Excess/Stop Loss	\$474,068,853	\$311,663,397	\$94,362,964	13,519	957,104	902,546	1,859,650
Hospital Indemnity	\$223,739,944	\$126,637,729	\$52,611,000	15,351	456,637	222,087	678,724
Limited Benefit	\$307,922,838	\$177,662,751	\$52,826,879	17,016	1,034,114	552,168	1,586,282
Long Term Care-Comprehensive	\$532,180,278	\$600,296,142	\$12,346,261	11,865	345,369	14,348	359,717
Long Term Care-Facility Only	\$35,013,636	\$52,059,914	\$414,228	673	24,362	2,733	27,095
Long Term Care-Non-Facility Only	\$36,425,919	\$53,538,779	\$1,223,944	0	21,118	2,222	23,340
Long Term Care-Accelerated Benefit Rider	\$30,212,300	\$65,295,415	\$558,477	51	14,264	233	14,497
Short Term Care	\$542,917	\$2,265,985	\$3,547	0	641	22	663
Medicare Supplement	\$1,789,958,545	\$1,393,840,126	\$146,132,783	926	735,545	1,780	737,325
Medicare Advantage (Medicare+Choice)	\$12,124,427,618	\$10,037,963,072	\$2,055,852,234	235,509	1,005,430	1,697	1,007,127
Champus/Tricare Supplement	\$8,314,802	\$5,750,739	\$97,202	1	11,317	3,097	14,414
Prescription Drug	\$288,430,253	\$260,234,363	\$3,354,052	91	309,896	5,251	315,147
Sickness	\$11,989,805	\$8,218,981	\$78,316	2	12,972	2,830	15,802
Student	\$61,257,760	\$49,096,521	\$10,113,227	199	141,930	23,458	165,388
Travel	\$10,088,917	(\$1,726,431)	\$5,815,375	220	411,740	87,147	498,887
Vision	\$199,929,452	\$137,397,930	\$34,563,869	358,144	1,860,403	1,718,029	3,578,432

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings

Rank	Company Name	NAIC Company Code	Direct Premiums Earned	Covered Lives	Market Share (By Premium)
1	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	98167	\$4,806,409,321	1,062,854	31.14%
2	UNITEDHEALTHCARE INSURANCE COMPANY	79413	\$1,527,517,879	319,975	9.90%
3	HUMANA MEDICAL PLAN, INC.	95270	\$1,351,753,438	382,359	8.76%
4	HEALTH OPTIONS, INC.	95089	\$1,286,266,811	310,216	8.33%
5	AETNA HEALTH INC.	95088	\$971,651,221	205,809	6.29%
6	CIGNA HEALTH AND LIFE INSURANCE COMPANY	67369	\$801,002,794	179,591	5.19%
7	COVENTRY HEALTH CARE OF FLORIDA, INC.	95114	\$764,697,931	281,872	4.95%
8	AETNA LIFE INSURANCE COMPANY	60054	\$504,953,866	128,702	3.27%
9	CAPITAL HEALTH PLAN, INC.	95112	\$487,883,675	108,537	3.16%
10	NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	95123	\$485,583,193	106,870	3.15%
11	UNITEDHEALTHCARE OF FLORIDA, INC.	95264	\$405,989,619	84,283	2.63%
12	AVMED, INC.	95263	\$303,230,386	68,794	1.96%
13	GOLDEN RULE INSURANCE COMPANY	62286	\$292,442,331	97,954	1.89%
14	PREFERRED MEDICAL PLAN, INC.	95271	\$270,843,709	88,968	1.75%
15	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	62308	\$225,247,946	59,078	1.46%
16	FLORIDA HEALTH CARE PLAN, INC.	13567	\$185,827,427	37,121	1.20%
17	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	\$161,474,773	32,762	1.05%
18	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	69671	\$112,516,149	37,841	0.73%
19	TIME INSURANCE COMPANY	69477	\$99,400,390	27,616	0.64%
20	HEALTH FIRST HEALTH PLANS, INC.	95019	\$90,095,194	18,088	0.58%
21	HUMANA INSURANCE COMPANY	73288	\$59,740,384	23,568	0.39%
22	COVENTRY HEALTH PLAN OF FLORIDA, INC.	95266	\$55,440,015	11,381	0.36%
23	QCC INSURANCE COMPANY	93688	\$36,149,530	6,272	0.23%
24	UNITEDHEALTHCARE LIFE INSURANCE COMPANY	97179	\$32,441,319	6,439	0.21%
25	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	81973	\$31,982,644	7,407	0.21%
26	HEALTH FIRST INSURANCE, INC.	14140	\$21,901,731	5,759	0.14%
27	ALL SAVERS INSURANCE COMPANY	82406	\$14,067,819	3,173	0.09%
28	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	25178	\$13,501,017	2,183	0.09%
29	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	66087	\$10,915,596	3,148	0.07%
30	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	\$3,691,376	1,430	0.02%
31	UNITED AMERICAN INSURANCE COMPANY	92916	\$3,616,491	2,616	0.02%
32	UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK	70106	\$3,051,694	10,273	0.02%
33	MOLINA HEALTHCARE OF FLORIDA, INC.	13128	\$2,611,063	510	0.02%
34	AXA EQUITABLE LIFE INSURANCE COMPANY	62944	\$1,960,230	580	0.01%
35	JOHN ALDEN LIFE INSURANCE COMPANY	65080	\$1,618,161	284	0.01%
36	CIGNA HEALTHCARE OF FLORIDA, INC.	95136	\$1,300,374	241	0.01%
37	EMPLOYER CHOICE INSURANCE COMPANY, INC.	13663	\$1,004,582	133	0.01%
38	SUNSHINE STATE HEALTH PLAN, INC.	13148	\$926,543	228	0.01%
39	MEDICA HEALTH PLANS OF FLORIDA, INC.	12756	\$782,729	0	0.01%
40	GREAT WEST LIFE ASSURANCE COMPANY	80705	\$646,295	55	0.00%
41	THRIVENT FINANCIAL FOR LUTHERANS	56014	\$568,224	20	0.00%
42	TRUSTMARK INSURANCE COMPANY	61425	\$485,980	77	0.00%
43	AMERICAN NATIONAL LIFE INS. CO. OF TEXAS	71773	\$450,697	56	0.00%
44	MADISON NATIONAL LIFE INSURANCE COMPANY INC.	65781	\$362,983	120	0.00%

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment Major Medical Marketshare and Rankings

Rank	Company Name	NAIC Company Code	Direct Premiums Earned	Covered Lives	Market Share (By Premium)
45	METROPOLITAN LIFE INSURANCE COMPANY	65978	\$336,815	2,075	0.00%
46	STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK	69078	\$299,514	0	0.00%
47	PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)	68241	\$276,216	509	0.00%
48	AMERICAN NATIONAL INSURANCE COMPANY	60739	\$236,712	69	0.00%
49	ILLINOIS MUTUAL LIFE INSURANCE COMPANY	64580	\$200,266	11	0.00%
50	CELTIC INSURANCE COMPANY	80799	\$187,749	8	0.00%
51	AMERICAN GENERAL LIFE INSURANCE COMPANY	60488	\$159,210	919	0.00%
52	INDEPENDENCE AMERICAN INSURANCE COMPANY	26581	\$158,570	0	0.00%
53	NEW ERA LIFE INSURANCE COMPANY	78743	\$151,574	84	0.00%
54	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	67784	\$109,739	153	0.00%
55	AMERICAN HERITAGE LIFE INSURANCE COMPANY	60534	\$104,744	0	0.00%
56	UNION LABOR LIFE INSURANCE COMPANY	69744	\$98,821	23	0.00%
57	RESERVE NATIONAL INSURANCE COMPANY	68462	\$81,546	23	0.00%
58	PYRAMID LIFE INSURANCE COMPANY (THE)	68284	\$70,189	5	0.00%
59	METLIFE INSURANCE COMPANY USA	87726	\$66,158	93	0.00%
60	MUTUAL OF OMAHA INSURANCE COMPANY	71412	\$65,679	184	0.00%
61	UNITED TEACHER ASSOCIATES INSURANCE COMPANY	63479	\$52,472	110	0.00%
62	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	91472	\$46,393	53	0.00%
63	CONSTITUTION LIFE INSURANCE COMPANY	62359	\$43,544	25	0.00%
64	AMERICAN REPUBLIC INSURANCE COMPANY	60836	\$43,038	9	0.00%
65	CENTRAL UNITED LIFE INSURANCE COMPANY	61883	\$41,131	31	0.00%
66	DELAWARE AMERICAN LIFE INSURANCE COMPANY	62634	\$38,535	9	0.00%
67	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	64246	\$36,295	39	0.00%
68	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY	69140	\$36,219	9	0.00%
69	WILCAC LIFE INSURANCE COMPANY	62413	\$34,504	7	0.00%
70	WASHINGTON NATIONAL INSURANCE COMPANY	70319	\$27,387	11	0.00%
71	MONY LIFE INSURANCE COMPANY	66370	\$27,369	19	0.00%
72	UNIFIED LIFE INSURANCE COMPANY	11121	\$26,679	33	0.00%
73	THE PUBLIC HEALTH TRUST OF DADE COUNTY	95126	\$18,113	0	0.00%
74	NATIONAL BENEFIT LIFE INSURANCE COMPANY	61409	\$17,948	47	0.00%
75	TRANSAMERICA LIFE INSURANCE COMPANY	86231	\$15,753	23	0.00%
76	LIFE INSURANCE COMPANY OF NORTH AMERICA	65498	\$9,509	20	0.00%
77	ATLANTA LIFE INSURANCE COMPANY	61093	\$8,034	105	0.00%
78	PRIMERICA LIFE INSURANCE COMPANY	65919	\$7,837	4	0.00%
79	LINCOLN NATIONAL LIFE INSURANCE COMPANY	65676	\$7,474	4	0.00%
80	CINCINNATI LIFE INSURANCE COMPANY (THE)	76236	\$7,207	8	0.00%
81	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY	86355	\$6,095	6	0.00%
82	CENTRE LIFE INSURANCE COMPANY	80896	\$5,253	52	0.00%
83	CONSECO LIFE INSURANCE COMPANY	65900	\$5,006	2	0.00%
84	JACKSON NATIONAL LIFE INSURANCE COMPANY	65056	\$4,751	53	0.00%
85	AMERICAN STATES INSURANCE COMPANY	19704	\$4,408	5	0.00%
86	CHESAPEAKE LIFE INSURANCE COMPANY	61832	\$4,141	0	0.00%
87	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA	90611	\$4,018	1	0.00%
88	GENERAL AMERICAN LIFE INSURANCE COMPANY	63665	\$3,296	4	0.00%

CY2014 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	PAN-AMERICAN LIFE INSURANCE COMPANY	67539	\$2,976	0	0.00%
90	KANSAS CITY LIFE INSURANCE COMPANY	65129	\$2,919	2	0.00%
91	STATE LIFE INSURANCE COMPANY	69116	\$2,468	3	0.00%
92	CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE	68500	\$1,911	1	0.00%
93	UNION FIDELITY LIFE INSURANCE COMPANY	62596	\$1,793	2	0.00%
94	CONTINENTAL CASUALTY COMPANY	20443	\$1,586	6	0.00%
95	PRINCIPAL LIFE INSURANCE COMPANY	61271	\$1,225	1	0.00%
96	NATIONWIDE LIFE INSURANCE COMPANY	66869	\$863	0	0.00%
97	PHYSICIANS MUTUAL INSURANCE COMPANY	80578	\$840	0	0.00%
98	LIFESECURE INSURANCE COMPANY	77720	\$837	0	0.00%
99	JEFFERSON NATIONAL LIFE INSURANCE COMPANY	64017	\$578	2	0.00%
100	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY	25135	\$249	0	0.00%
101	ASSURITY LIFE INSURANCE COMPANY	71439	\$205	1	0.00%
102	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	62057	\$145	0	0.00%
103	TRANSAMERICA PREMIER LIFE INSURANCE COMPANY	66281	\$104	1	0.00%

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

20/20 EYECARE PLAN, INC

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$280,959	\$151,179	\$0	17	3,127	3,312	6,439
TOTAL	\$280,959	\$151,179	\$0	17	3,127	3,312	6,439

21ST CENTURY CENTENNIAL INSURANCE COMPANY

NAIC Company Code

34789

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$345	(\$15)	\$0	0	5	5	10
Hospital Indemnity	\$276	(\$15)	\$0	0	1	1	2
TOTAL	\$621	(\$30)	\$0	0	6	6	12

21ST CENTURY PREMIER INSURANCE COMPANY

NAIC Company Code

20796

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$544	\$64	\$0	0	4	4	8
Hospital Indemnity	\$4,070	\$1,050	\$0	0	10	6	16
Medicare Supplement	\$9,024	\$8,056	\$0	0	6	6	12
TOTAL	\$13,638	\$9,170	\$0	0	20	16	36

4 EVER LIFE INSURANCE COMPANY

NAIC Company Code

80985

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Blanket Accident/Sickness	\$79,937	\$10,873	\$15,484	15	15	0	15
Disability Income	\$165,292	\$36,151	\$0	36	838	0	838
TOTAL	\$245,229	\$47,024	\$15,484	51	853	0	853

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

5 STAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77879							
Limited Benefit	\$2,151	\$0	\$188	2	36	2	38
TOTAL	\$2,151	\$0	\$188	2	36	2	38

AAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71854							
Accident Only	\$11,001,825	\$3,936,827	\$1,875,380	2	48,375	36,542	84,917
Hospital Indemnity	\$53,739	\$15,912	\$0	0	107	0	107
TOTAL	\$11,055,564	\$3,952,739	\$1,875,380	2	48,482	36,542	85,024

ABILITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71471							
Long Term Care-Comprehensive	\$2,035,564	\$3,672,405	\$0	0	1,579	0	1,579
Long Term Care-Facility Only	\$24,864	\$61,921	\$0	0	117	0	117
Long Term Care-Non-Facility Only	\$91,636	\$588,940	\$0	0	104	0	104
TOTAL	\$2,152,064	\$4,323,266	\$0	0	1,800	0	1,800

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ACE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22667							
Accident Only	\$12,602,840	\$1,150,678	\$126,517	203	107,253	53,626	160,879
Accidental Death & Dismemberment	\$1,244,695	\$1,449,280	\$107,643	181	60,573	30,287	90,860
Blanket Accident/Sickness	\$4,124,718	\$280,659	\$100,321	87	11,985	5,992	17,977
Dental	\$18,035	\$2,366	\$0	2	0	0	0
Excess/Stop Loss	\$1,355,805	\$2,152,463	\$0	1	0	0	0
Hospital Indemnity	\$11,972	\$0	\$0	5	7	4	11
Limited Benefit	\$485,358	\$78,236	\$0	9	123	62	185
Travel	\$230,122	\$203,080	\$1,599	11	2,487	1,243	3,730
TOTAL	\$20,073,545	\$5,316,762	\$336,080	499	182,428	91,214	273,642

ADVANTICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$1,268,146	\$813,709	\$0	114	15,412	9,412	24,824
TOTAL	\$1,268,146	\$813,709	\$0	114	15,412	9,412	24,824

AEGIS SECURITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
33898							
Accident Only	\$87,530	(\$67,680)	\$87,530	46	1,569	0	1,569
TOTAL	\$87,530	(\$67,680)	\$87,530	46	1,569	0	1,569

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AETNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78700							
Medicare Supplement	\$14,135	\$17,441	\$10,185	0	28	0	28
TOTAL	\$14,135	\$17,441	\$10,185	0	28	0	28

AETNA HEALTH INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95088							
ACA Off Exchange Guarantee Issue	\$4,353,929	\$3,914,152	\$4,353,929	0	819	440	1,259
ACA Off Exchange Self-Employed or Sole Proprietor	\$7,871,902	\$7,058,879	\$463,124	517	517	536	1,053
ACA Off Exchange 2 - 50 Member Groups	\$70,376,154	\$49,097,666	\$7,663,316	2,608	14,714	7,177	21,891
Grandfathered Guarantee Issue	\$297,745	\$145,383	\$0	0	17	4	21
Grandfathered Individually Underwritten	\$27,206,031	\$21,312,810	\$0	0	4,244	2,681	6,925
Grandfathered 101+ Member Groups	\$7,979,185	\$6,755,998	\$0	5	1,440	813	2,253
Transitional Guarantee Issue	\$59,861	\$67,620	\$0	0	5	9	14
Transitional Individually Underwritten	\$54,689,347	\$37,373,597	\$0	0	11,006	5,890	16,896
Transitional Self-Employed or Sole Proprietor	\$23,130,956	\$19,527,530	\$0	544	544	570	1,114
Transitional 2 - 50 Member Groups	\$257,988,427	\$184,665,946	\$0	3,164	30,392	14,779	45,171
Transitional 51-100 Member Groups	\$77,476,952	\$65,599,953	\$11,521,640	66	10,521	5,942	16,463
Transitional 101+ Member Groups	\$439,099,833	\$371,787,063	\$46,958,953	379	59,274	33,469	92,743
Transitional Conversion	\$1,120,899	\$3,416,934	\$0	0	6	0	6
Medicare Advantage (Medicare+Choice)	\$130,229,915	\$114,973,085	\$67,627,109	14,800	14,800	0	14,800
TOTAL	\$1,101,881,136	\$885,696,616	\$138,588,071	22,083	148,299	72,310	220,609

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AETNA LIFE INSURANCE COMPANY

NAIC Company Code

60054	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$127,861,405	\$151,162,983	\$127,861,405	0	22,102	8,993	31,095
ACA Off Exchange Guarantee Issue	\$23,446,101	\$23,311,865	\$23,446,101	0	4,275	2,204	6,479
ACA Off Exchange Self-Employed or Sole Proprietor	\$2,328,302	\$2,590,122	\$90,103	116	116	128	244
ACA Off Exchange 2 - 50 Member Groups	\$8,191,318	\$7,176,190	\$1,503,180	315	1,874	1,181	3,055
ACA Off Exchange Conversion	\$84,129	\$487,007	\$0	0	4	0	4
Grandfathered Guarantee Issue	\$25,089	\$40,542	\$0	0	2	0	2
Grandfathered Individually Underwritten	\$4,816,427	\$4,107,722	\$0	0	708	170	878
Grandfathered Conversion	\$43,602	\$127,374	\$0	0	7	0	7
Transitional Guarantee Issue	\$9,271	\$3,943	\$0	0	1	0	1
Transitional Individually Underwritten	\$3,454,260	\$3,098,174	\$0	0	557	858	1,415
Transitional Self-Employed or Sole Proprietor	\$4,791,538	\$7,281,745	\$0	143	143	124	267
Transitional 2 - 50 Member Groups	\$17,945,610	\$15,106,162	\$0	237	1,267	758	2,025
Transitional 51-100 Member Groups	\$11,586,007	\$10,766,886	\$137,612	126	1,192	1,904	3,096
Transitional 101+ Member Groups	\$84,249,314	\$71,144,474	\$37,414,904	198	15,076	10,179	25,255
Transitional Out-of-State Self-Employed or Sole Propri	\$3,428,852	\$2,526,751	\$0	321	321	336	657
Transitional Out-of-State 2 - 50 Member Groups	\$8,205,976	\$6,086,183	\$0	110	556	366	922
Transitional Out-of-State 51-100 Member Groups	\$13,119,974	\$11,856,512	\$46,380	197	1,261	960	2,221
Transitional Out-of-State 101+ Member Groups	\$191,366,691	\$146,356,495	\$68,040,387	1,393	29,169	21,910	51,079
Accidental Death & Dismemberment	\$5,154,357	\$2,437,526	\$1,914,454	0	398,307	1,144	399,451
Dental	\$88,541,951	\$68,429,643	\$9,088,320	3,604	162,111	143,420	305,531
Disability Income	\$87,778,138	\$50,901,329	\$18,497,197	108	398,658	0	398,658
Excess/Stop Loss	\$36,472,051	\$22,245,796	\$5,280,797	56	45,636	44,830	90,466
Long Term Care-Comprehensive	\$2,503,778	\$4,086,644	\$0	0	1,610	1,152	2,762
Medicare Supplement	\$1,423,969	\$1,005,105	\$0	719	719	0	719
Medicare Advantage (Medicare+Choice)	\$277,598,888	\$227,221,719	\$0	23,539	23,539	0	23,539

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Student	\$4,907,474	\$4,096,116	\$0	1	7,935	84	8,019
TOTAL	\$1,009,334,472	\$843,655,008	\$293,320,840	31,183	1,117,146	240,701	1,357,847

ALL SAVERS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
82406							
ACA Off Exchange 2 - 50 Member Groups	\$291,076	\$263,383	\$243,146	14	73	28	101
Transitional 2 - 50 Member Groups	\$13,747,951	\$9,959,792	\$2,430	245	2,025	1,033	3,058
Transitional Conversion	\$28,792	\$36,165	\$22,465	0	6	8	14
Excess/Stop Loss	\$412,516	\$832,447	\$412,516	12	306	213	519
TOTAL	\$14,480,335	\$11,091,787	\$680,557	271	2,410	1,282	3,692

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90611							
Grandfathered Out-of-State 51-100 Member Groups	\$0	\$23,840	\$0	1	1	0	1
Grandfathered Out-of-State Conversion	\$4,018	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$606	\$1,000	\$0	0	0	0	0
Disability Income	\$473	\$1,200	\$0	0	0	0	0
Hospital Indemnity	\$16,923	\$18,863	\$0	0	89	0	89
Long Term Care-Comprehensive	\$10,265,732	\$4,951,221	\$0	0	6,589	0	6,589
Medicare Supplement	\$1,748	\$17,937	\$0	0	4	0	4
TOTAL	\$10,289,500	\$5,014,061	\$0	1	6,683	0	6,683

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ALLSTATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60186							
Accidental Death & Dismemberment	\$2,654,172	\$1,175,531	\$0	0	26,617	0	26,617
Disability Income	\$0	(\$271)	\$0	0	1	0	1
Hospital Indemnity	\$115,207	\$65,075	\$0	0	444	0	444
Long Term Care-Comprehensive	\$212,184	\$1,365,676	\$0	0	121	0	121
TOTAL	\$2,981,563	\$2,606,011	\$0	0	27,183	0	27,183

AMALGAMATED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60216							
Disability Income	\$4,563	\$400	\$0	0	4	0	4
Excess/Stop Loss	\$250,826	(\$16,760)	\$0	1	758	0	758
TOTAL	\$255,389	(\$16,360)	\$0	1	762	0	762

AMERICAN ALTERNATIVE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19720							
Excess/Stop Loss	\$3,299,180	\$4,490,613	\$1,145,219	6	24,080	1,065	25,145
TOTAL	\$3,299,180	\$4,490,613	\$1,145,219	6	24,080	1,065	25,145

AMERICAN AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21849							
Accident Only	\$0	(\$4,129)	\$0	0	0	0	0
TOTAL	\$0	(\$4,129)	\$0	0	0	0	0

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AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10111							
Accidental Death & Dismemberment	\$95,714	\$35,887	\$0	1	798	0	798
Disability Income	\$7,562	\$2,835	\$0	1	63	0	63
TOTAL	\$103,276	\$38,722	\$0	2	861	0	861

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60275							
Accidental Death & Dismemberment	\$195,746	\$45,902	\$0	1	13,943	875	14,818
Disability Income	\$23,210	\$685	\$0	1	85	8	93
TOTAL	\$218,956	\$46,587	\$0	2	14,028	883	14,911

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20427							
Accidental Death & Dismemberment	\$121	\$0	\$0	0	5	0	5
Limited Benefit	\$243	(\$19)	\$0	0	21	0	21
TOTAL	\$364	(\$19)	\$0	0	26	0	26

AMERICAN CONTINENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12321							
Medicare Supplement	\$1,075,608	\$877,791	\$54,801	0	614	0	614
TOTAL	\$1,075,608	\$877,791	\$54,801	0	614	0	614

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AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60380							
Accident Only	\$72,831,661	\$39,007,660	\$17,618,132	0	217,891	231,034	448,925
Dental	\$8,423,267	\$3,351,699	\$2,730,663	0	16,891	11,124	28,015
Disability Income	\$57,045,576	\$29,083,089	\$16,890,226	0	114,620	0	114,620
Hospital Indemnity	\$64,429,958	\$34,446,739	\$16,950,854	0	110,103	98,990	209,093
Limited Benefit	\$100,557,666	\$59,669,229	\$16,020,404	0	256,494	237,502	493,996
Long Term Care-Comprehensive	\$1,955,510	\$1,332,374	\$0	0	1,506	163	1,669
Medicare Supplement	\$2,863,458	\$2,666,233	\$0	0	1,198	0	1,198
Vision	\$1,578,978	\$466,870	\$696,105	0	8,394	6,250	14,644
TOTAL	\$309,686,074	\$170,023,893	\$70,906,384	0	727,097	585,063	1,312,160

AMERICAN FIDELITY ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60410							
Accident Only	\$1,882,499	\$984,512	\$494,292	0	6,012	1,863	7,875
Accidental Death & Dismemberment	\$1,226	(\$5)	\$342	2	10	0	10
Dental	\$66	(\$82)	\$0	0	0	0	0
Disability Income	\$7,077,541	\$4,150,409	\$1,541,202	52	11,050	0	11,050
Excess/Stop Loss	\$1,550,828	\$383,716	\$375,017	4	2,670	845	3,515
Hospital Indemnity	\$4,095,689	\$1,979,660	\$996,389	11	8,418	1,472	9,890
Limited Benefit	\$2,789,436	\$1,984,912	\$505,344	5	6,681	2,603	9,284
Long Term Care-Comprehensive	\$409,423	\$454,959	\$6,027	0	292	51	343
TOTAL	\$17,806,708	\$9,938,081	\$3,918,613	74	35,133	6,834	41,967

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List of Companies and all Health Business

AMERICAN GENERAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60488							
Grandfathered Out-of-State 101+ Member Groups	\$159,210	\$297,434	\$0	600	919	0	919
Accident Only	\$1,169,071	\$725,918	\$0	25,209	30,904	7	30,911
Accidental Death & Dismemberment	\$2,291,515	\$933,358	\$0	7,799	7,759	9,962	17,721
Dental	\$944,202	\$592,036	\$0	45	1,227	1,257	2,484
Disability Income	\$1,745,910	\$2,291,189	\$0	2,593	7,583	420	8,003
Hospital Indemnity	\$174,503	\$374,709	\$0	6,304	7,948	45	7,993
Limited Benefit	\$3,379,778	\$2,890,314	\$0	9,424	12,723	174	12,897
Long Term Care-Comprehensive	\$865,779	\$802,241	\$0	320	401	0	401
Medicare Supplement	\$344,189	\$481,839	\$0	161	187	0	187
Vision	\$507,753	\$416,815	\$0	14	3,368	1,415	4,783
TOTAL	\$11,581,910	\$9,805,853	\$0	52,469	73,019	13,280	86,299

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60518							
Accident Only	\$19,981	\$125,465	\$0	0	127	0	127
Disability Income	\$0	\$4,608	\$0	0	1	0	1
Long Term Care-Facility Only	\$3,107	\$18,004	\$0	0	2	0	2
TOTAL	\$23,088	\$148,077	\$0	0	130	0	130

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60534							
Grandfathered 101+ Member Groups	\$104,744	\$663,885	\$0	0	0	0	0
Accident Only	\$25,907,805	\$13,815,392	\$7,666,074	549	95,213	94,879	190,092
Dental	\$150,015	\$19,771	\$39,029	25	1,272	544	1,816
Disability Income	\$11,921,336	\$6,360,693	\$2,974,198	92	19,245	0	19,245
Hospital Indemnity	\$12,616,657	\$9,617,533	\$5,903,422	115	26,120	23,951	50,071
Limited Benefit	\$35,929,544	\$19,902,459	\$7,471,244	546	117,680	116,874	234,554
Long Term Care-Comprehensive	\$690,017	\$2,775,927	\$0	0	351	0	351
TOTAL	\$87,320,118	\$53,155,660	\$24,053,967	1,327	259,881	236,248	496,129

AMERICAN HOME ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19380							
Accidental Death & Dismemberment	\$34,857	(\$495)	\$0	0	75	0	75
TOTAL	\$34,857	(\$495)	\$0	0	75	0	75

AMERICAN INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60577							
Accident Only	\$1,918,311	\$1,136,249	\$335,160	0	24,158	19,168	43,326
Accidental Death & Dismemberment	\$208,922	\$160,792	\$73,070	277	301,675	0	301,675
Blanket Accident/Sickness	\$61,715	\$23,089	\$3,547	150	0	0	0
Disability Income	\$2,222	\$571	\$0	0	5	0	5
Hospital Indemnity	\$523,288	\$290,542	\$48,999	0	4,813	8,778	13,591
Limited Benefit	\$266,746	\$150,420	\$51,621	0	3,052	1,241	4,293
Medicare Supplement	\$69,321	\$117,008	\$0	0	32	0	32
TOTAL	\$3,050,525	\$1,878,671	\$512,397	427	333,735	29,187	362,922

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81418							
Limited Benefit	\$814,432	\$544,255	\$0	0	0	0	0
TOTAL	\$814,432	\$544,255	\$0	0	0	0	0

AMERICAN MEMORIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67989							
Disability Income	\$0	(\$2,667)	\$0	0	0	0	0
Limited Benefit	\$11	\$0	\$0	0	2	0	2
TOTAL	\$11	(\$2,667)	\$0	0	2	0	2

AMERICAN MODERN HOME INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
23469							
Travel	\$1,927,285	\$1,186,123	\$1,927,285	0	9,273	3,142	12,415
TOTAL	\$1,927,285	\$1,186,123	\$1,927,285	0	9,273	3,142	12,415

CY2014 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 EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Individually Underwritten	\$161,820	\$254,956	\$0	0	42	17	59
Grandfathered Out-of-State Individually Underwritten	\$74,892	\$12,108	\$0	0	8	2	10
Accident Only	\$4,658	(\$14)	\$0	0	53	9	62
Accidental Death & Dismemberment	\$1,303	\$0	\$0	0	116	0	116
Disability Income	\$12,520	\$481,110	\$0	0	30	0	30
Limited Benefit	\$52,395	\$170,974	\$0	0	153	78	231
Medicare Supplement	\$736	(\$719)	\$0	0	1	0	1
TOTAL	\$308,324	\$918,415	\$0	0	403	106	509

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code

71773

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Individually Underwritten	\$0	(\$8,287)	\$0	0	0	0	0
Grandfathered Conversion	\$263,891	\$579,586	\$7,017	0	18	2	20
Grandfathered Out-of-State Individually Underwritten	\$186,806	\$64,317	\$0	0	28	8	36
Accident Only	\$245	(\$37)	\$0	0	0	0	0
Dental	\$617	\$554	\$0	0	1	0	1
Medicare Supplement	\$77,484	\$61,567	\$0	0	28	0	28
TOTAL	\$529,043	\$697,700	\$7,017	0	75	10	85

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List of Companies and all Health Business

AMERICAN PIONEER LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60763							
Dental	\$22,268	\$16,814	\$0	0	95	0	95
Disability Income	\$12,009	\$55,051	\$0	0	25	0	25
Hospital Indemnity	\$711	\$15,573	\$0	0	1	0	1
Limited Benefit	\$7,742	\$1,262	\$0	0	58	0	58
Long Term Care-Comprehensive	\$913,489	\$1,584,525	\$0	0	667	33	700
Long Term Care-Non-Facility Only	\$2,328,044	\$9,838,002	\$0	0	582	22	604
Long Term Care-Accelerated Benefit Rider	\$1,821	\$1,547	\$0	0	64	0	64
Medicare Supplement	\$30,737,308	\$28,639,676	\$0	0	11,473	0	11,473
TOTAL	\$34,023,392	\$40,152,450	\$0	0	12,965	55	13,020

AMERICAN PUBLIC LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60801							
Accident Only	\$55,413	\$28,822	\$0	15	810	506	1,316
Dental	\$73,238	\$31,526	\$0	0	20	13	33
Disability Income	\$43,217	\$7,319	\$0	3	87	1	88
Hospital Indemnity	\$14,859,518	\$8,759,885	\$0	1,224	30,620	14,741	45,361
Limited Benefit	\$294,172	\$140,618	\$0	10	672	652	1,324
TOTAL	\$15,325,558	\$8,968,170	\$0	1,252	32,209	15,913	48,122

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AMERICAN REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60836							
Grandfathered Individually Underwritten	\$43,038	\$630,360	\$0	0	7	2	9
Grandfathered Out-of-State Individually Underwritten	\$0	(\$1,414)	\$0	0	0	0	0
Accident Only	\$152	\$0	\$0	0	4	0	4
Dental	\$14,259	\$20,224	\$0	0	34	0	34
Hospital Indemnity	\$28,125	\$58,291	\$0	0	79	20	99
Limited Benefit	\$4,752	\$1,867	\$0	0	81	22	103
Long Term Care-Comprehensive	\$19,898	\$86,818	\$0	0	9	0	9
Medicare Supplement	\$1,714,057	\$1,339,778	\$0	0	491	13	504
TOTAL	\$1,824,281	\$2,135,924	\$0	0	705	57	762

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88366							
Medicare Supplement	\$671,064	\$528,692	\$596,291	0	577	0	577
TOTAL	\$671,064	\$528,692	\$596,291	0	577	0	577

AMERICAN STATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19704							
Grandfathered Individually Underwritten	\$4,408	(\$12,998)	\$0	0	4	1	5
Disability Income	\$31,960	(\$94,238)	\$0	0	29	0	29
TOTAL	\$36,368	(\$107,236)	\$0	0	33	1	34

CY2014 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 EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60895							
Accidental Death & Dismemberment	\$69,875	\$0	\$22,747	63	2,956	654	3,610
Disability Income	\$508,027	\$527,163	\$5,026	16	1,281	0	1,281
TOTAL	\$577,902	\$527,163	\$27,773	79	4,237	654	4,891

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61999							
Disability Income	\$713	\$0	\$713	1	1	0	1
TOTAL	\$713	\$0	\$713	1	1	0	1

AMERITAS LIFE INSURANCE CORP.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61301							
Dental	\$26,880,681	\$18,393,376	\$8,976,031	499	56,451	14,127	70,578
Disability Income	\$8,491,483	\$609,823	\$2,331,674	0	1,636	0	1,636
Vision	\$3,130,169	\$1,851,149	\$298,262	338	27,577	68,942	96,519
TOTAL	\$38,502,333	\$20,854,348	\$11,605,967	837	85,664	83,069	168,733

AMEX ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27928							
Accident Only	\$1,588,734	\$2,370,721	\$0	0	4,765	1,938	6,703
Accidental Death & Dismemberment	\$4,474,542	(\$20,527)	\$0	0	2,554,284	1,128,399	3,682,683
Hospital Indemnity	\$61,613	\$3,351	\$0	0	347	133	480
Travel	\$1,612,793	\$779,673	\$0	0	9,295	7,427	16,722
TOTAL	\$7,737,682	\$3,133,218	\$0	0	2,568,691	1,137,897	3,706,588

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AMFIRST INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60250							
Dental	\$40,140	\$3,164	\$0	2	9	11	20
Limited Benefit	\$163,145	\$99,135	\$0	2	89	79	168
TOTAL	\$203,285	\$102,299	\$0	4	98	90	188

ARCH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11150							
Travel	\$1,940,272	\$989,657	\$1,940,272	0	55,073	0	55,073
TOTAL	\$1,940,272	\$989,657	\$1,940,272	0	55,073	0	55,073

ARGUS DENTAL & VISION, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$441,846	\$11,388,892	\$241,416	33	4,387	3,509	7,896
TOTAL	\$441,846	\$11,388,892	\$241,416	33	4,387	3,509	7,896

ARROWOOD INDEMNITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24678							
Hospital Indemnity	\$178	\$7,000	\$0	0	1	1	2
TOTAL	\$178	\$7,000	\$0	0	1	1	2

ASSURED LIFE ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56499							
Medicare Supplement	\$255,468	\$178,245	\$0	0	108	0	108
TOTAL	\$255,468	\$178,245	\$0	0	108	0	108

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ASSURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71439							
Grandfathered Individually Underwritten	\$205	\$8	\$0	0	1	0	1
Accident Only	\$7,841	\$9,305	\$2,609	0	22	7	29
Accidental Death & Dismemberment	\$168,780	\$150,028	\$18,499	0	1,122	0	1,122
Disability Income	\$1,665,876	\$933,302	\$153,911	0	1,850	1	1,851
Hospital Indemnity	\$79,750	\$109,599	\$5,951	0	145	97	242
Limited Benefit	\$506,817	\$31,565	\$70,553	0	1,101	429	1,530
Long Term Care-Comprehensive	\$13,673	\$0	\$0	0	0	0	0
TOTAL	\$2,442,942	\$1,233,807	\$251,523	0	4,241	534	4,775

ATHENE ANNUITY & LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61492							
Accident Only	\$388,557	\$17,193	\$0	0	3,238	1,330	4,568
Disability Income	\$129,291	\$18,395	\$0	0	179	3	182
Hospital Indemnity	\$439	\$0	\$0	0	9	5	14
Limited Benefit	\$244	\$0	\$0	0	112	152	264
TOTAL	\$518,531	\$35,588	\$0	0	3,538	1,490	5,028

ATHENE ANNUITY AND LIFE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61689							
Disability Income	\$383,646	\$748,804	\$0	0	539	0	539
TOTAL	\$383,646	\$748,804	\$0	0	539	0	539

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ATHENE LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63932							
Disability Income	\$6,746	\$191,628	\$0	0	12	0	12
TOTAL	\$6,746	\$191,628	\$0	0	12	0	12

ATLANTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
ACA Off Exchange 51-100 Member Groups	\$619	\$0	\$0	0	0	0	0
Grandfathered Individually Underwritten	\$7,368	\$1,643	\$0	0	105	0	105
Grandfathered Self-Employed or Sole Proprietor	\$47	\$0	\$0	0	0	0	0
TOTAL	\$8,034	\$1,643	\$0	0	105	0	105

ATLANTIC AMBULANCE SERVICES ACQUISITION, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$297,511	\$202,261	\$0	56	16,911	0	16,911
TOTAL	\$297,511	\$202,261	\$0	56	16,911	0	16,911

ATLANTIC SPECIALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27154							
Accident Only	\$4,360,094	\$1,062,274	\$233	29	11,776	0	11,776
TOTAL	\$4,360,094	\$1,062,274	\$233	29	11,776	0	11,776

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AUTO-OWNERS LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61190							
Disability Income	\$264,769	\$201,563	\$5,603	0	352	0	352
Long Term Care-Comprehensive	\$138,715	\$662,918	\$0	0	70	0	70
Medicare Supplement	\$35,991	\$47,408	\$0	0	19	0	19
TOTAL	\$439,475	\$911,889	\$5,603	0	441	0	441

AVMED, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95263							
ACA Off Exchange Guarantee Issue	\$7,626,902	\$7,602,511	\$6,349,680	0	1,425	977	2,402
ACA Off Exchange Self-Employed or Sole Proprietor	\$40,827	\$47,464	\$0	8	8	2	10
ACA Off Exchange 2 - 50 Member Groups	\$27,932,060	\$20,418,197	\$4,269,740	1,581	9,352	4,624	13,976
Transitional Individually Underwritten	\$21,989,073	\$14,010,317	\$0	0	4,060	2,705	6,765
Transitional Self-Employed or Sole Proprietor	\$327,857	\$272,841	\$0	7	7	6	13
Transitional 2 - 50 Member Groups	\$119,042,245	\$95,037,664	\$0	2,289	11,085	5,626	16,711
Transitional 51-100 Member Groups	\$6,988,218	\$6,478,548	\$245,974	34	1,820	703	2,523
Transitional 101+ Member Groups	\$119,290,943	\$101,779,563	\$1,484,358	55	14,843	11,550	26,393
Transitional Conversion	(\$7,739)	\$11,333	\$0	0	1	0	1
Administrative Services Only (ASO)	\$49,854,264	\$0	\$0	8	93,433	99,786	193,219
Medicare Advantage (Medicare+Choice)	\$400,223,762	\$393,979,296	\$0	1	30,536	0	30,536
TOTAL	\$753,308,412	\$639,637,734	\$12,349,752	3,983	166,570	125,979	292,549

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List of Companies and all Health Business

AXA EQUITABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62944							
Grandfathered Individually Underwritten	\$1,943,728	\$3,945,784	\$0	0	361	208	569
Grandfathered Conversion	\$16,502	\$5,680	\$0	0	6	5	11
Grandfathered Out-of-State Conversion	\$0	\$547	\$0	0	0	0	0
Accident Only	\$3,115	\$0	\$0	0	0	0	0
Disability Income	\$2,622,490	\$21,510,507	\$0	0	2,180	0	2,180
TOTAL	\$4,585,835	\$25,462,518	\$0	0	2,547	213	2,760

AXIS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
37273							
Accident Only	\$470,309	\$266,573	\$156,770	249	39,493	40,283	79,776
Accidental Death & Dismemberment	\$4,537	\$1,556	\$1,512	2	281	286	567
Dental	\$55,296	(\$43,010)	\$18,432	11	122	125	247
Disability Income	\$7,565	\$225	\$2,522	7	23	24	47
Hospital Indemnity	\$553,036	\$19,509	\$184,345	26	242	247	489
Limited Benefit	\$3,481	(\$148)	\$1,160	20	29	29	58
Student	\$187,800	\$403,054	\$62,600	1	15,495	15,805	31,300
Vision	\$11,756	(\$3,922)	\$3,919	7	178	181	359
TOTAL	\$1,293,780	\$643,837	\$431,260	323	55,863	56,980	112,843

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BALTIMORE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61212							
Accident Only	\$128	\$0	\$0	0	9	0	9
Accidental Death & Dismemberment	\$276	\$16,500	\$0	0	0	0	0
Hospital Indemnity	\$454	\$0	\$0	0	4	0	4
Limited Benefit	\$19,236	\$0	\$0	7	68	50	118
Sickness	\$96	\$0	\$0	0	10	0	10
TOTAL	\$20,190	\$16,500	\$0	7	91	50	141

BANKERS FIDELITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61239							
Accident Only	\$3,164	\$39	\$0	0	10	0	10
Disability Income	\$10,327	\$9,586	\$0	0	9	0	9
Hospital Indemnity	\$3,125	\$1,136	\$0	0	5	0	5
Limited Benefit	\$17,812	\$7,622	\$0	0	129	0	129
Medicare Supplement	\$255,514	\$232,145	\$0	0	82	0	82
TOTAL	\$289,942	\$250,528	\$0	0	235	0	235

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BANKERS LIFE AND CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61263							
Accident Only	\$28,877	\$9,684	\$1,901	0	266	11	277
Disability Income	\$321,966	\$476,216	\$0	0	415	1,168	1,583
Hospital Indemnity	\$100,098	\$118,542	\$11,679	0	235	201	436
Limited Benefit	\$1,807,310	\$396,611	\$544,982	0	3,497	526	4,023
Long Term Care-Comprehensive	\$10,507,682	\$1,747,545	\$166,224	0	4,428	1,245	5,673
Long Term Care-Facility Only	\$21,454,586	\$4,680,065	\$339,395	0	9,041	2,541	11,582
Long Term Care-Non-Facility Only	\$15,393,568	\$2,591,737	\$110,472	0	9,140	1,537	10,677
Short Term Care	\$285,544	\$625,428	\$1,631	0	323	22	345
Medicare Supplement	\$47,355,943	\$33,746,424	\$0	0	15,995	298	16,293
TOTAL	\$97,255,574	\$44,392,252	\$1,176,284	0	43,340	7,549	50,889

BANKERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81043							
Accidental Death & Dismemberment	\$7,220	\$0	\$0	0	59	0	59
TOTAL	\$7,220	\$0	\$0	0	59	0	59

BANNER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
94250							
Hospital Indemnity	\$320	\$0	\$0	0	2	0	2
TOTAL	\$320	\$0	\$0	0	2	0	2

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BCS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38245							
Accident Only	\$734,212	\$1,247,660	\$672,975	3	6,518	0	6,518
Blanket Accident/Sickness	\$0	(\$107)	\$0	0	0	0	0
Dental	\$590,780	\$75,086	\$180,347	40	1,879	476	2,355
Excess/Stop Loss	\$1,149,370	\$1,336,299	\$0	1	13,099	11,908	25,007
Hospital Indemnity	\$2,899,269	\$1,573,673	\$848,566	41	2,578	654	3,232
Limited Benefit	\$110,654	(\$80,087)	\$53,058	2	21	0	21
Long Term Care-Comprehensive	(\$2,721)	(\$15,766)	\$0	1	2	0	2
Student	\$2,238,625	\$1,022,373	\$0	7	2,576	20	2,596
Vision	\$186,077	(\$155)	\$56,724	39	1,432	393	1,825
TOTAL	\$7,906,266	\$5,158,976	\$1,811,670	134	28,105	13,451	41,556

BEAZLEY INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
37540							
Sickness	\$83,212	\$44,032	\$0	2	46	51	97
TOTAL	\$83,212	\$44,032	\$0	2	46	51	97

BEHEALTHY FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15118							
Medicare Advantage (Medicare+Choice)	\$5,123,588	\$5,090,013	\$5,123,588	0	598	0	598
TOTAL	\$5,123,588	\$5,090,013	\$5,123,588	0	598	0	598

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BERKLEY LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64890							
Accident Only	\$312,230	\$49,435	\$20,455	48,117	48,117	0	48,117
Excess/Stop Loss	\$3,791,144	\$1,803,884	\$114,234	9,628	9,628	0	9,628
TOTAL	\$4,103,374	\$1,853,319	\$134,689	57,745	57,745	0	57,745

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71714							
Disability Income	\$23,391,255	\$11,753,912	\$2,837,307	0	10,106	0	10,106
Long Term Care-Comprehensive	\$2,980,380	\$294,886	\$0	0	543	0	543
TOTAL	\$26,371,635	\$12,048,798	\$2,837,307	0	10,649	0	10,649

BEST LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90638							
Dental	\$162,329	\$97,792	\$0	35	183	97	280
Vision	\$33,089	\$18,729	\$0	10	230	107	337
TOTAL	\$195,418	\$116,521	\$0	45	413	204	617

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BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
98167							
ACA On Exchange Guarantee Issue	\$859,288,384	\$873,706,218	\$859,288,384	0	127,114	53,704	180,818
ACA On Exchange 2 - 50 Member Groups	\$861,046	\$1,421,837	\$861,046	25	154	45	199
ACA Off Exchange Guarantee Issue	\$343,947,627	\$410,967,025	\$343,947,627	0	44,505	24,687	69,192
ACA Off Exchange Self-Employed or Sole Proprietor	\$47,654	\$43,023	\$0	5	5	3	8
ACA Off Exchange 2 - 50 Member Groups	\$105,654,871	\$72,293,428	\$32,467,742	2,493	17,666	10,781	28,447
ACA Off Exchange 51-100 Member Groups	\$1,547,441	\$614,783	\$186,312	0	0	0	0
ACA Off Exchange 101+ Member Groups	\$122,877	\$36,397	\$11,415	0	0	0	0
Grandfathered Guarantee Issue	\$4,970,324	\$6,616,525	\$0	0	326	97	423
Grandfathered Individually Underwritten	\$282,770,770	\$211,765,954	\$0	0	38,223	25,109	63,332
Grandfathered 2 - 50 Member Groups	\$250,160,197	\$236,119,477	\$0	5,043	25,929	17,967	43,896
Grandfathered 51-100 Member Groups	\$48,426,390	\$30,898,113	\$0	172	5,167	3,355	8,522
Grandfathered 101+ Member Groups	\$249,427,055	\$166,306,007	\$0	141	21,075	14,389	35,464
Grandfathered Conversion	\$6,511,393	\$13,928,195	\$0	0	513	110	623
Transitional Guarantee Issue	\$3,415,177	\$3,802,609	\$0	0	652	54	706
Transitional Individually Underwritten	\$579,852,240	\$433,869,568	\$0	0	104,351	67,114	171,465
Transitional Self-Employed or Sole Proprietor	\$897,749	\$817,705	\$0	46	46	24	70
Transitional 2 - 50 Member Groups	\$630,661,988	\$434,370,055	\$0	9,516	67,353	45,550	112,903
Transitional 51-100 Member Groups	\$288,340,579	\$203,200,606	\$0	1,267	38,386	24,436	62,822
Transitional 101+ Member Groups	\$1,143,606,275	\$975,837,447	\$0	1,436	170,895	112,563	283,458
Transitional Conversion	\$5,899,284	\$11,367,171	\$0	0	411	95	506
Administrative Services Only (ASO)	\$95,755,214	\$0	\$2,005,342	0	0	0	0
Excess/Stop Loss	\$56,150,020	\$34,838,765	\$0	76	47,133	34,429	81,562
Long Term Care-Comprehensive	\$9,591,951	\$15,150,043	\$0	6,940	6,940	0	6,940
Medicare Supplement	\$374,079,085	\$298,371,442	\$40,186,601	12	167,084	2	167,086
Medicare Advantage (Medicare+Choice)	\$638,436,241	\$574,243,572	\$155,846,718	1	76,430	0	76,430

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Sickness	\$11,578,002	\$7,829,328	\$0	0	10,936	1,515	12,451
Student	\$10,605,798	\$12,097,082	\$0	3	695	7	702
TOTAL	\$6,002,605,632	\$5,030,512,375	\$1,434,801,187	27,176	971,989	436,036	1,408,025

BOSTON MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code

61476

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$366,351	\$73,087	\$131,264	0	999	1,496	2,495
Accidental Death & Dismemberment	\$6,858	\$0	\$0	22	291	20	311
Disability Income	\$440,221	\$518,504	\$51,138	20	553	0	553
Hospital Indemnity	\$372,718	\$299,817	\$0	1	102	123	225
Limited Benefit	\$383,803	\$0	\$109,908	82	886	221	1,107
TOTAL	\$1,569,951	\$891,408	\$292,310	125	2,831	1,860	4,691

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

NAIC Company Code

80659

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$138,346	\$537,311	\$0	0	131	0	131
Limited Benefit	\$19,375	\$30,139	\$0	0	19	0	19
TOTAL	\$157,721	\$567,450	\$0	0	150	0	150

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CAPITAL HEALTH PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95112							
ACA Off Exchange Self-Employed or Sole Proprietor	\$573,183	\$597,892	\$93,057	58	58	45	103
ACA Off Exchange 2 - 50 Member Groups	\$37,159,029	\$33,895,480	\$1,502,508	831	4,610	3,201	7,811
Transitional Self-Employed or Sole Proprietor	\$1,456,894	\$1,575,790	\$0	97	97	115	212
Transitional 2 - 50 Member Groups	\$24,511,260	\$21,114,993	\$0	580	2,879	2,403	5,282
Transitional 51-100 Member Groups	\$17,488,759	\$15,492,560	\$60,018	55	2,214	1,276	3,490
Transitional 101+ Member Groups	\$405,542,912	\$401,504,814	\$465,232	74	42,409	49,128	91,537
Transitional Conversion	\$1,151,638	\$1,496,547	\$0	0	41	61	102
Medicare Advantage (Medicare+Choice)	\$171,712,178	\$147,190,004	\$0	0	14,991	1,500	16,491
TOTAL	\$659,595,853	\$622,868,080	\$2,120,815	1,695	67,299	57,729	125,028

CAPITOL INDEMNITY CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10472							
Accident Only	\$2,957	(\$223)	\$2,957	8	496	0	496
TOTAL	\$2,957	(\$223)	\$2,957	8	496	0	496

CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12567							
Medicare Advantage (Medicare+Choice)	\$4,065,325	\$3,759,823	\$4,065,325	334	334	0	334
TOTAL	\$4,065,325	\$3,759,823	\$4,065,325	334	334	0	334

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CAREPLUS HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95092							
Medicare Advantage (Medicare+Choice)	\$1,379,238,204	\$1,127,195,325	\$297,497,905	0	97,709	0	97,709
TOTAL	\$1,379,238,204	\$1,127,195,325	\$297,497,905	0	97,709	0	97,709

CATHOLIC FINANCIAL LIFE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56030							
Accidental Death & Dismemberment	\$74	\$0	\$0	0	3	0	3
Disability Income	\$0	\$996	\$0	0	1	0	1
Hospital Indemnity	\$15	\$0	\$0	0	1	0	1
TOTAL	\$89	\$996	\$0	0	5	0	5

CATLIN INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19518							
Accident Only	\$1,370,579	\$333,092	\$1,367,893	23	6,029	0	6,029
TOTAL	\$1,370,579	\$333,092	\$1,367,893	23	6,029	0	6,029

CELTIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80799							
ACA Off Exchange Guarantee Issue	\$53,974	\$82,097	\$53,974	0	7	1	8
Transitional Conversion	\$90,137	\$101,947	\$0	0	0	0	0
Transitional Out-of-State Individually Underwritten	\$43,638	\$8,468	\$0	0	0	0	0
Medicare Supplement	\$6,094,671	\$4,903,780	\$0	0	1,663	0	1,663
TOTAL	\$6,282,420	\$5,096,292	\$53,974	0	1,670	1	1,671

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CENTRAL SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61735							
Accident Only	\$634	\$0	\$0	0	1	0	1
Limited Benefit	\$3,169	\$5	\$0	0	5	0	5
TOTAL	\$3,803	\$5	\$0	0	6	0	6

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61751							
Disability Income	\$3,729	\$12,367	\$0	0	65	0	65
Hospital Indemnity	\$770	(\$504)	\$0	0	4	2	6
Limited Benefit	\$33,842	\$406,656	\$0	0	20	8	28
Long Term Care-Facility Only	\$57,055	\$70,993	\$0	0	38	0	38
Medicare Supplement	\$4,026,095	\$3,274,579	\$0	2	1,597	0	1,597
TOTAL	\$4,121,491	\$3,764,091	\$0	2	1,724	10	1,734

CENTRAL STATES INDEMNITY COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
34274							
Disability Income	\$27,789	\$10,405	\$0	1	198	0	198
Medicare Supplement	\$6,416	\$1,968	\$0	0	6	0	6
TOTAL	\$34,205	\$12,373	\$0	1	204	0	204

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CENTRAL UNITED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61883							
Grandfathered Individually Underwritten	\$41,131	\$35,587	\$0	0	12	19	31
Accident Only	\$2,325	\$0	\$0	0	38	44	82
Dental	\$9,084	\$8,948	\$0	0	23	23	46
Disability Income	\$24,249	\$8,969	\$0	0	54	64	118
Hospital Indemnity	\$21,971	\$19,689	\$0	0	81	91	172
Limited Benefit	\$749,877	\$920,450	\$768	0	1,389	2,435	3,824
Long Term Care-Comprehensive	\$19,953	\$34,594	\$0	0	17	20	37
Medicare Supplement	\$198,418	\$158,289	\$0	0	102	107	209
Champus/Tricare Supplement	\$52,969	\$48,875	\$0	0	55	95	150
TOTAL	\$1,119,977	\$1,235,401	\$768	0	1,771	2,898	4,669

CENTRE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80896							
Grandfathered Individually Underwritten	\$5,253	\$93,596	\$0	0	43	9	52
Disability Income	\$743,421	\$2,343,215	\$0	0	608	0	608
TOTAL	\$748,674	\$2,436,811	\$0	0	651	9	660

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CHESAPEAKE LIFE INSURANCE COMPANY

NAIC Company Code

61832	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Transitional Out-of-State Individually Underwritten	\$4,141	\$436	\$0	0	0	0	0
Accident Only	\$2,421,077	\$727,918	\$848,182	0	12,323	5,092	17,415
Dental	\$1,604,321	\$581,100	\$918,656	0	6,318	2,578	8,896
Disability Income	\$2,170	\$0	\$0	0	7	0	7
Hospital Indemnity	\$1,699,231	\$365,848	\$639,235	0	4,691	1,832	6,523
Limited Benefit	\$3,207,545	\$676,507	\$1,308,854	0	7,901	2,990	10,891
Medicare Advantage (Medicare+Choice)	\$0	(\$6,869)	\$0	0	0	0	0
Vision	\$507,938	\$224,804	\$336,124	0	6,374	2,949	9,323
TOTAL	\$9,446,423	\$2,569,744	\$4,051,051	0	37,614	15,441	53,055

CIGNA DENTAL HEALTH OF FLORIDA, INC.

NAIC Company Code

52021	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$33,448,798	\$15,037,937	\$669,355	191	78,806	78,920	157,726
TOTAL	\$33,448,798	\$15,037,937	\$669,355	191	78,806	78,920	157,726

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CIGNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code

67369	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$170,513,409	\$152,828,785	\$127,432,030	0	20,583	9,348	29,931
ACA Off Exchange Guarantee Issue	\$58,757,208	\$83,529,894	\$45,139,156	0	7,859	4,508	12,367
ACA Off Exchange 2 - 50 Member Groups	\$121,516	(\$1,566)	\$66,690	3	16	12	28
ACA Off Exchange 101+ Member Groups	\$537,565,384	\$459,172,697	\$158,383,041	1,121	71,410	58,461	129,871
ACA Off Exchange Conversion	\$14,251	(\$3,233)	\$9,747	0	1	0	1
Grandfathered 2 - 50 Member Groups	\$45,012	\$7,825	\$0	2	3	2	5
Grandfathered 101+ Member Groups	\$33,977,339	\$26,838,098	\$6,733,176	127	3,689	3,696	7,385
Grandfathered Conversion	\$8,675	\$16,503	\$0	0	3	0	3
Administrative Services Only (ASO)	\$297,154,697	\$0	\$67,612,557	4,473	878,791	866,361	1,745,152
Accidental Death & Dismemberment	\$3,917	\$0	\$0	2	264	0	264
Dental	\$68,143,820	\$66,157,721	\$18,943,606	1,435	114,901	106,785	221,686
Disability Income	\$0	\$25,434	\$0	0	0	0	0
Excess/Stop Loss	\$124,670,481	\$83,169,819	\$32,135,286	1,988	186,023	153,758	339,781
Medicare Supplement	\$1,069,719	\$525,945	\$0	3	1,365	0	1,365
Prescription Drug	\$32,103	\$8,631	\$0	5	39	9	48
Vision	\$2,839,131	\$1,970,994	\$606,798	544	35,671	27,022	62,693
TOTAL	\$1,294,916,662	\$874,247,547	\$457,062,087	9,703	1,320,618	1,229,962	2,550,580

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CIGNA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95136							
Grandfathered 2 - 50 Member Groups	\$3,199	\$1,549	\$0	0	0	0	0
Grandfathered 51-100 Member Groups	\$60,783	\$29,436	\$2,767	2	5	6	11
Grandfathered 101+ Member Groups	\$1,000,556	\$802,590	\$24,899	23	95	116	211
Grandfathered Conversion	\$235,836	\$492,332	\$0	0	19	0	19
TOTAL	\$1,300,374	\$1,325,907	\$27,666	25	119	122	241

CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76236							
Grandfathered Individually Underwritten	\$7,207	\$80,646	\$0	0	8	0	8
Accident Only	\$94	\$5	\$0	0	12	0	12
Disability Income	\$21,076	\$72,698	\$0	0	26	0	26
Hospital Indemnity	\$152	\$0	\$0	0	2	0	2
Limited Benefit	\$1,436	\$63	\$0	0	16	0	16
Long Term Care-Comprehensive	\$151,803	\$108,456	\$0	0	61	0	61
Medicare Supplement	\$1,286	\$1,003	\$0	0	1	0	1
TOTAL	\$183,054	\$262,871	\$0	0	126	0	126

CITIZENS NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
82082							
Limited Benefit	\$2,463	\$0	\$0	0	12	0	12
TOTAL	\$2,463	\$0	\$0	0	12	0	12

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CITIZENS SECURITY LIFE INSURANCE COMPANY

NAIC Company Code

61921	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$76	\$0	\$0	0	1	0	1
Dental	\$305,756	\$0	\$274,714	0	3,429	0	3,429
Hospital Indemnity	\$207	\$60	\$0	0	1	0	1
Limited Benefit	\$2,206	\$0	\$0	0	3	0	3
TOTAL	\$308,245	\$60	\$274,714	0	3,434	0	3,434

CMFG LIFE INSURANCE COMPANY

NAIC Company Code

62626	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$79,468	\$37,744	\$0	0	825	0	825
Accidental Death & Dismemberment	\$6,773,143	\$2,449,798	\$1,471,662	0	552,594	89,738	642,332
Dental	\$7,200	\$8,098	\$0	0	16	0	16
Disability Income	\$77,999	(\$17,763)	\$0	0	13	0	13
Hospital Indemnity	\$25,141	\$4,509	\$0	0	163	301	464
Long Term Care-Comprehensive	\$4,349,470	\$1,260,819	\$0	0	2,994	0	2,994
TOTAL	\$11,312,421	\$3,743,205	\$1,471,662	0	556,605	90,039	646,644

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COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62049							
Accident Only	\$27,027,480	\$12,541,661	\$6,581,686	91	92,972	90,100	183,072
Disability Income	\$29,006,460	\$14,448,137	\$7,063,604	30	55,980	137	56,117
Hospital Indemnity	\$14,906,740	\$8,126,892	\$3,630,064	301	34,806	21,140	55,946
Limited Benefit	\$20,829,363	\$12,769,594	\$4,942,827	118	61,594	56,664	118,258
Long Term Care-Accelerated Benefit Rider	\$1,277	\$0	\$0	0	2	0	2
Sickness	\$321,923	\$343,412	\$78,314	0	1,874	1,263	3,137
TOTAL	\$92,093,243	\$48,229,696	\$22,296,495	540	247,228	169,304	416,532

COLONIAL PENN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62065							
Accident Only	\$1,874	(\$318)	\$0	0	17	0	17
Accidental Death & Dismemberment	\$1,711	(\$41)	\$0	0	14	2	16
Disability Income	\$34,200	\$227,516	\$0	0	21	0	21
Hospital Indemnity	\$555	(\$82)	\$0	0	4	2	6
Limited Benefit	\$563	\$392	\$0	0	1	0	1
Long Term Care-Facility Only	\$5,818	\$687	\$0	0	8	0	8
Short Term Care	\$189	(\$80)	\$0	0	1	0	1
Medicare Supplement	\$43,670,698	\$27,133,023	\$0	0	18,141	0	18,141
TOTAL	\$43,715,608	\$27,361,097	\$0	0	18,207	4	18,211

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COLORADO BANKERS LIFE INSURANCE COMPANY

NAIC Company Code

84786

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$31,324	\$4,777	\$26	0	157	0	157
Dental	\$6,726	\$2,681	\$6,726	0	19	0	19
TOTAL	\$38,050	\$7,458	\$6,752	0	176	0	176

COLUMBIAN LIFE INSURANCE COMPANY

NAIC Company Code

76023

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$612	\$0	\$0	0	2	0	2
TOTAL	\$612	\$0	\$0	0	2	0	2

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code

62103

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$892	\$2,532	\$0	0	16	0	16
Medicare Supplement	\$20,605	\$22,066	\$16,527	0	7	0	7
TOTAL	\$21,497	\$24,598	\$16,527	0	23	0	23

COLUMBUS LIFE INSURANCE COMPANY

NAIC Company Code

99937

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$10,017	\$28,927	\$0	0	25	0	25
TOTAL	\$10,017	\$28,927	\$0	0	25	0	25

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COMBINED INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62146							
Accident Only	\$3,150,618	\$926,902	\$20,487	0	24,547	9,095	33,642
Disability Income	\$2,885,592	\$3,012,766	\$64,780	0	8,536	0	8,536
Hospital Indemnity	\$4,494,036	\$1,915,987	\$2,336,013	0	16,056	3,705	19,761
Limited Benefit	\$1,673,167	\$953,758	\$171,112	0	6,517	3,400	9,917
Medicare Supplement	\$1,316,689	\$1,235,727	\$0	3	491	0	491
Champus/Tricare Supplement	\$4,205	\$1,860	\$0	0	4	4	8
Sickness	\$2,850	\$463	\$0	0	14	0	14
Vision	\$9,322,730	\$7,700,956	\$305,241	17	63,790	126,137	189,927
TOTAL	\$22,849,887	\$15,748,419	\$2,897,633	20	119,955	142,341	262,296

COMBINED LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78697							
Accident Only	\$274,552	\$95,457	\$24	0	4,347	0	4,347
Disability Income	\$88,804	\$148,264	\$0	0	262	22	284
Hospital Indemnity	\$271,459	\$441,954	\$14,692	0	1,277	495	1,772
Limited Benefit	\$100,387	\$26,248	\$4,346	0	285	125	410
TOTAL	\$735,202	\$711,923	\$19,062	0	6,171	642	6,813

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COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81426							
Accident Only	\$23,628	\$646	\$0	25	2,563	0	2,563
Accidental Death & Dismemberment	\$10,581	\$0	\$0	0	107	0	107
Disability Income	\$12,875	\$8,400	\$0	0	324	0	324
Hospital Indemnity	\$14,325	\$8,174	\$0	0	137	0	137
TOTAL	\$61,409	\$17,220	\$0	25	3,131	0	3,131

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84824							
Disability Income	\$12,991	\$429,045	\$0	0	13	0	13
Hospital Indemnity	\$2,794	\$0	\$0	0	7	2	9
TOTAL	\$15,785	\$429,045	\$0	0	20	2	22

COMPANION LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77828							
Blanket Accident/Sickness	\$3,948,599	\$1,869,617	\$3,949,982	1	421	744	1,165
Dental	\$667,846	\$558,130	\$0	19	613	1,095	1,708
Disability Income	\$60,811	\$271,032	\$12,857	11	196	196	392
Excess/Stop Loss	\$8,871,361	\$6,007,150	\$2,897,734	87	10,817	15,299	26,116
Hospital Indemnity	\$9,551,544	\$5,100,930	\$0	10	1,518	2,215	3,733
Prescription Drug	\$1,602,853	\$2,784,410	\$1,437,365	52	3,116	4,574	7,690
Student	\$1,162	\$4,059	\$0	52	7,542	7,542	15,084
Vision	\$20,603	\$19,292	\$1,290	8	151	270	421
TOTAL	\$24,724,779	\$16,614,620	\$8,299,228	240	24,374	31,935	56,309

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COMPBENEFITS COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52015							
Administrative Services Only (ASO)	\$328,764	\$0	\$0	0	650	885	1,535
Dental	\$71,679,418	\$41,885,790	\$0	198,885	293,443	227,366	520,809
Vision	\$37,939,169	\$27,594,781	\$0	342,022	342,271	311,777	654,048
TOTAL	\$109,947,351	\$69,480,571	\$0	540,907	636,364	540,028	1,176,392

COMPBENEFITS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60984							
Dental	\$45,056,461	\$35,535,461	\$0	92,163	92,163	82,544	174,707
Vision	\$270,837	\$169,222	\$0	2,271	2,271	2,084	4,355
TOTAL	\$45,327,298	\$35,704,683	\$0	94,434	94,434	84,628	179,062

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CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC Company Code

62308	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange 101+ Member Groups	\$18,473,096	\$12,549,508	\$374,930	16	930	871	1,801
ACA Off Exchange Conversion	\$1,166,011	\$1,231,846	\$0	0	108	22	130
Grandfathered 101+ Member Groups	\$4,058,547	\$3,274,170	\$4,656	5	37	29	66
Grandfathered Conversion	\$687,364	\$1,411,217	\$0	0	55	18	73
Transitional Guarantee Issue	\$1,466,299	\$2,744,790	\$0	0	95	8	103
Transitional Individually Underwritten	\$199,396,629	\$123,163,005	\$0	0	32,350	24,555	56,905
Administrative Services Only (ASO)	\$7,363,265	\$0	\$161,956	21	12,407	8,643	21,050
Accidental Death & Dismemberment	\$22,487	\$2,516	\$2,152	1	777	0	777
Dental	\$6,185,915	\$2,893,560	\$16,291	30	7,634	5,439	13,073
Disability Income	\$388,306	(\$1,759,133)	\$0	0	245	0	245
Excess/Stop Loss	\$335,692	(\$55,151)	\$18,962	4	501	533	1,034
Long Term Care-Accelerated Benefit Rider	\$78,999	\$233,653	\$0	10	150	0	150
Medicare Supplement	\$89,606	\$62,382	\$0	1	45	1	46
Prescription Drug	(\$873)	(\$8)	\$0	0	0	0	0
Vision	\$137,066	\$48,190	\$149	9	582	488	1,070
TOTAL	\$239,848,409	\$145,800,545	\$579,096	97	55,916	40,607	96,523

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CONSECO LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65900							
Grandfathered Individually Underwritten	\$5,006	\$142,195	\$0	0	2	0	2
Accident Only	\$1,186	\$179	\$0	0	27	0	27
Disability Income	\$7,652	(\$14,428)	\$0	0	17	0	17
Hospital Indemnity	\$77,095	\$162,145	\$0	0	135	0	135
Limited Benefit	\$267,916	\$401,897	\$0	0	743	0	743
Long Term Care-Comprehensive	\$10,725	\$115,872	\$0	0	14	0	14
Medicare Supplement	\$217,507	\$368,197	\$0	0	123	0	123
TOTAL	\$587,087	\$1,176,057	\$0	0	1,061	0	1,061

CONSTITUTION LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62359							
Grandfathered Individually Underwritten	\$43,544	\$19,612	\$0	0	25	0	25
Dental	\$15,059	\$9,898	\$0	0	60	0	60
Disability Income	\$1,824	\$0	\$0	0	11	0	11
Hospital Indemnity	\$102,829	\$36,367	\$0	0	333	0	333
Limited Benefit	\$42,761	\$0	\$0	0	146	0	146
Long Term Care-Comprehensive	\$30,593	\$16,411	\$0	0	32	0	32
Long Term Care-Non-Facility Only	\$1,231	\$0	\$0	0	2	0	2
Long Term Care-Accelerated Benefit Rider	\$170	\$94	\$0	0	1	0	1
Medicare Supplement	\$3,472,744	\$2,438,519	\$0	0	1,069	0	1,069
TOTAL	\$3,710,755	\$2,520,901	\$0	0	1,679	0	1,679

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CONTINENTAL AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71730							
Accident Only	\$8,860,270	\$7,054,754	\$3,392,937	751	53,149	40,146	93,295
Accidental Death & Dismemberment	\$26,608	\$0	\$37	7	232	133	365
Dental	\$72,728	\$12,425	\$47,755	27	195	81	276
Disability Income	\$1,602,549	\$763,224	\$885,496	125	4,136	55	4,191
Hospital Indemnity	\$5,389,166	\$2,099,019	\$3,052,232	353	11,549	4,236	15,785
Limited Benefit	\$6,826,589	\$2,272,289	\$2,393,326	722	27,243	7,804	35,047
TOTAL	\$22,777,910	\$12,201,711	\$9,771,783	1,985	96,504	52,455	148,959

CONTINENTAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20443							
Grandfathered Individually Underwritten	\$1,586	\$1,674	\$0	0	6	0	6
Accident Only	(\$4,644)	(\$212,079)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$1,408	\$30,973	\$0	3	4	0	4
Disability Income	\$8,294	\$636,658	\$0	0	1	0	1
Hospital Indemnity	\$0	\$19,281	\$0	0	3	0	3
Limited Benefit	\$35	\$0	\$0	0	4	0	4
Long Term Care-Comprehensive	(\$4,354,484)	\$55,280,936	\$122,299	379	25,959	0	25,959
Long Term Care-Facility Only	\$195,361	\$1,371,850	\$0	0	856	0	856
Long Term Care-Non-Facility Only	\$39,741	\$259,401	\$0	0	23	0	23
TOTAL	(\$4,112,703)	\$57,388,694	\$122,299	382	26,856	0	26,856

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CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71404							
Grandfathered Individually Underwritten	(\$63,984)	\$19,601	\$0	0	0	0	0
Accident Only	\$8,937	\$1,979	\$0	0	34	0	34
Dental	\$3,032	\$1,206	\$0	0	5	4	9
Disability Income	\$49,009	\$14,746	\$0	0	79	0	79
Hospital Indemnity	\$120,147	\$61,269	\$0	0	210	6	216
Limited Benefit	\$11,914	\$3,769	\$0	0	39	34	73
Long Term Care-Accelerated Benefit Rider	\$823,038	\$1,065,284	\$0	0	337	133	470
Short Term Care	\$748	\$121	\$0	0	1	0	1
Medicare Supplement	\$7,165,516	\$7,284,269	\$0	0	2,430	0	2,430
TOTAL	\$8,118,357	\$8,452,244	\$0	0	3,135	177	3,312

CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68500							
Grandfathered Individually Underwritten	\$1,911	\$0	\$0	0	1	0	1
Hospital Indemnity	\$39,729	\$13,879	\$558	0	100	0	100
Limited Benefit	\$4,115	\$0	\$0	0	20	0	20
Long Term Care-Facility Only	\$14,282	\$78,178	\$0	0	16	0	16
Long Term Care-Non-Facility Only	\$5,514	\$0	\$0	0	6	0	6
Medicare Supplement	\$9,976,101	\$3,312,866	\$103,724	0	3,866	0	3,866
TOTAL	\$10,041,652	\$3,404,923	\$104,282	0	4,009	0	4,009

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COUNTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62553							
Disability Income	\$34,282	\$78,110	\$1,253	1	51	0	51
Long Term Care-Comprehensive	\$209,337	\$80,599	\$9,093	0	123	15	138
Long Term Care-Facility Only	\$31,464	\$77,084	\$0	0	26	0	26
Medicare Supplement	\$889,414	\$694,073	\$4,278	0	327	0	327
TOTAL	\$1,164,497	\$929,866	\$14,624	1	527	15	542

COVENTRY HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81973							
Transitional Guarantee Issue	\$5,181	\$3,827	\$0	0	5	1	6
Transitional Individually Underwritten	\$14,203,961	\$12,030,731	\$1,238	0	2,462	2,298	4,760
Transitional Self-Employed or Sole Proprietor	\$189	\$750	\$0	5	5	0	5
Transitional 2 - 50 Member Groups	\$3,089,769	\$2,728,764	\$399,778	124	601	444	1,045
Transitional 51-100 Member Groups	\$2,421,199	\$2,782,137	\$125,193	13	148	93	241
Transitional 101+ Member Groups	\$12,254,032	\$11,535,672	\$322,371	34	799	551	1,350
Transitional Conversion	\$8,313	\$49,048	\$0	0	0	0	0
TOTAL	\$31,982,644	\$29,130,929	\$848,580	176	4,020	3,387	7,407

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COVENTRY HEALTH CARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95114							
ACA On Exchange Guarantee Issue	\$506,373,776	\$491,370,808	\$728,793,294	0	161,764	62,626	224,390
Transitional Guarantee Issue	\$0	\$2,044	\$0	0	1	0	1
Transitional Self-Employed or Sole Proprietor	\$620,218	\$696,659	\$38,654	56	56	32	88
Transitional 2 - 50 Member Groups	\$66,079,611	\$44,907,128	\$532,851	1,097	11,424	4,688	16,112
Transitional 51-100 Member Groups	\$16,153,834	\$13,901,564	\$3,223,396	67	2,135	721	2,856
Transitional 101+ Member Groups	\$175,192,835	\$158,395,555	\$7,727,908	105	22,537	15,883	38,420
Transitional Conversion	\$277,657	\$436,930	\$0	0	5	0	5
Administrative Services Only (ASO)	\$13,568,710	\$0	\$0	3	31,825	8,548	40,373
Medicare Advantage (Medicare+Choice)	\$44,503,243	\$43,764,787	\$0	0	1,741	0	1,741
TOTAL	\$822,769,884	\$753,475,475	\$740,316,103	1,328	231,488	92,498	323,986

COVENTRY HEALTH PLAN OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95266							
Transitional Guarantee Issue	\$1,566	\$5,339	\$0	0	0	0	0
Transitional Individually Underwritten	\$55,387,008	\$43,515,881	\$0	0	8,546	2,835	11,381
Transitional Conversion	\$51,441	\$56,191	\$0	0	0	0	0
TOTAL	\$55,440,015	\$43,577,411	\$0	0	8,546	2,835	11,381

CROATIAN FRATERNAL UNION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56634							
Sickness	\$36	\$0	\$0	0	3	0	3
TOTAL	\$36	\$0	\$0	0	3	0	3

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DEARBORN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71129							
Dental	\$1,647,606	\$1,093,942	\$0	6	196	420	616
Disability Income	\$907,569	\$833,111	\$88,577	39	2,265	0	2,265
TOTAL	\$2,555,175	\$1,927,053	\$88,577	45	2,461	420	2,881

DELAWARE AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62634							
ACA Off Exchange 2 - 50 Member Groups	\$38,535	\$24,400	\$0	2	3	6	9
TOTAL	\$38,535	\$24,400	\$0	2	3	6	9

DELTA DENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81396							
Dental	\$192,739,963	\$147,891,677	\$9,056,780	3,105	436,814	297,438	734,252
TOTAL	\$192,739,963	\$147,891,677	\$9,056,780	3,105	436,814	297,438	734,252

DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52053							
Dental	\$1,922,695	\$1,235,488	\$0	1	7,946	7,107	15,053
TOTAL	\$1,922,695	\$1,235,488	\$0	1	7,946	7,107	15,053

DENTAL CONCERN, INC., THE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
54739							
Dental	\$47,936	\$18,096	\$0	127	127	86	213
TOTAL	\$47,936	\$18,096	\$0	127	127	86	213

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DENTAQUEST OF FLORIDA, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$67,446,620	\$58,944,438	\$0	0	88,583	0	88,583
TOTAL	\$67,446,620	\$58,944,438	\$0	0	88,583	0	88,583

DENTEGRA INSURANCE COMPANY

NAIC Company Code

73474

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$999,910	\$927,892	\$999,910	2	4,012	221	4,233
TOTAL	\$999,910	\$927,892	\$999,910	2	4,012	221	4,233

EMC NATIONAL LIFE COMPANY

NAIC Company Code

62928

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$798	\$36,750	\$0	0	7	0	7
TOTAL	\$798	\$36,750	\$0	0	7	0	7

EMPLOYER CHOICE INSURANCE COMPANY, INC.

NAIC Company Code

13663

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Transitional 2 - 50 Member Groups	\$1,004,582	\$735,327	\$0	17	86	47	133
TOTAL	\$1,004,582	\$735,327	\$0	17	86	47	133

EVERENCE ASSOCIATION, INC.

NAIC Company Code

57991

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Supplement	\$784,644	\$462,318	\$0	0	251	49	300
TOTAL	\$784,644	\$462,318	\$0	0	251	49	300

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FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77968							
Accident Only	\$387,109	\$120,733	\$53,321	0	564	337	901
Hospital Indemnity	\$336	\$0	\$0	0	1	1	2
Limited Benefit	\$2,756,784	\$843,087	\$348,309	0	3,848	4,994	8,842
TOTAL	\$3,144,229	\$963,820	\$401,630	0	4,413	5,332	9,745

FAMILY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63053							
Accident Only	\$9,936	\$29	\$4,866	0	74	39	113
Dental	\$2,083	\$42	\$0	0	5	0	5
Disability Income	\$15,021	\$0	\$11,508	0	54	0	54
Hospital Indemnity	\$363,814	\$3,844	\$156,268	0	797	381	1,178
Limited Benefit	\$365,133	\$28,055	\$13,525	0	846	249	1,095
Medicare Supplement	\$193,064	\$5,710	\$1,380	0	103	0	103
Champus/Tricare Supplement	\$94,345	\$3,107	\$0	0	105	44	149
TOTAL	\$1,043,396	\$40,787	\$187,547	0	1,984	713	2,697

FARMERS NEW WORLD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63177							
Accident Only	\$12,974	\$0	\$0	0	115	0	115
Long Term Care-Accelerated Benefit Rider	\$52	\$0	\$0	0	53	0	53
TOTAL	\$13,026	\$0	\$0	0	168	0	168

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FEDERAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20281							
Accident Only	\$3,322,998	\$516,553	\$208,972	307	409,358	2,229	411,587
TOTAL	\$3,322,998	\$516,553	\$208,972	307	409,358	2,229	411,587

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63223							
Accident Only	\$321	\$0	\$0	0	95	0	95
Disability Income	\$17,309	\$0	\$0	0	45	0	45
TOTAL	\$17,630	\$0	\$0	0	140	0	140

FEDERATED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63258							
Disability Income	\$810,465	(\$174,022)	\$49,425	0	695	0	695
TOTAL	\$810,465	(\$174,022)	\$49,425	0	695	0	695

FIDELITY & GUARANTY LIFE INSURANCE COMPANY

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

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FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63290							
Disability Income	\$6,415	\$0	\$1,759	0	50	0	50
Long Term Care-Facility Only	\$12,822	\$819	\$1,167	55	2,017	0	2,017
TOTAL	\$19,237	\$819	\$2,926	55	2,067	0	2,067

FIDELITY SECURITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71870							
Grandfathered Conversion	\$0	(\$198)	\$0	0	0	0	0
Accident Only	\$4,392	\$1,299	\$162	0	57	108	165
Dental	\$6,621,103	\$4,673,808	\$2,387,757	5	2,529	10	2,539
Disability Income	\$677,355	\$556,818	\$61,224	0	170	0	170
Excess/Stop Loss	\$174,076	\$48,764	\$174,076	1	184	150	334
Hospital Indemnity	\$3,673,596	\$1,547,146	\$3,076,826	155	6,263	2,771	9,034
Limited Benefit	\$624,236	\$409,408	\$40,099	29	3,204	2,484	5,688
Prescription Drug	\$463,635	\$219,741	\$250,328	34	2,101	659	2,760
Vision	\$19,720,548	\$13,559,289	\$12,386,342	644	174,000	148,076	322,076
TOTAL	\$31,958,941	\$21,016,075	\$18,376,814	868	188,508	154,258	342,766

FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69140							
Grandfathered Conversion	\$36,219	\$75,150	\$0	0	7	2	9
Disability Income	\$350	\$635,275	\$0	0	1	0	1
Hospital Indemnity	\$672	\$0	\$0	0	2	0	2
TOTAL	\$37,241	\$710,425	\$0	0	10	2	12

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FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90328							
Dental	\$1,173,492	\$697,758	\$29,488	1	1,524	683	2,207
TOTAL	\$1,173,492	\$697,758	\$29,488	1	1,524	683	2,207

FIRST INVESTORS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63495							
Disability Income	\$247	\$4,799	\$0	0	1	0	1
Hospital Indemnity	\$209	\$0	\$0	0	2	0	2
TOTAL	\$456	\$4,799	\$0	0	3	0	3

FLORIDA COMBINED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76031							
Dental	\$95,279,978	\$65,688,520	\$26,389,808	2,067	216,192	354,893	571,085
Disability Income	\$4,863,264	\$3,688,636	\$1,311,019	200	24,795	0	24,795
Hospital Indemnity	\$135,716	\$31,129	\$0	9	1,324	0	1,324
TOTAL	\$100,278,958	\$69,408,285	\$27,700,827	2,276	242,311	354,893	597,204

FLORIDA DENTAL BENEFITS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$3,539,423	\$3,773,905	\$11,496	24	2,907	167	3,074
TOTAL	\$3,539,423	\$3,773,905	\$11,496	24	2,907	167	3,074

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FLORIDA HEALTH CARE PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13567							
ACA On Exchange Guarantee Issue	\$14,136,953	\$14,125,657	\$14,136,953	0	2,553	916	3,469
ACA On Exchange 2 - 50 Member Groups	\$49,313	\$27,718	\$28,268	7	14	3	17
ACA Off Exchange Guarantee Issue	\$2,233,394	\$3,818,349	\$2,233,394	0	305	103	408
ACA Off Exchange 2 - 50 Member Groups	\$925,916	\$438,014	\$828,800	26	217	100	317
Grandfathered Self-Employed or Sole Proprietor	\$114,477	\$151,921	\$0	7	7	0	7
Grandfathered 2 - 50 Member Groups	\$6,259,044	\$5,417,675	\$0	215	692	217	909
Transitional Individually Underwritten	\$86,625	\$54,977	\$0	0	44	0	44
Transitional Self-Employed or Sole Proprietor	\$170,106	\$133,401	\$0	14	14	3	17
Transitional 2 - 50 Member Groups	\$15,874,093	\$12,774,103	\$10,011	398	2,203	814	3,017
Transitional 51-100 Member Groups	\$9,181,417	\$8,687,286	\$202,691	34	1,355	506	1,861
Transitional 101+ Member Groups	\$136,402,289	\$115,894,478	\$555,176	38	16,284	10,731	27,015
Transitional Conversion	\$393,800	\$418,267	\$0	0	30	10	40
Medicare Advantage (Medicare+Choice)	\$152,494,856	\$140,473,192	\$13,529,882	0	12,973	0	12,973
TOTAL	\$338,322,283	\$302,415,038	\$31,525,175	739	36,691	13,403	50,094

FLORIDA PREVENTIVE SOLUTIONS CORP.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$57,822	\$34,693	\$57,822	0	290	0	290
TOTAL	\$57,822	\$34,693	\$57,822	0	290	0	290

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FORETHOUGHT LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91642							
Long Term Care-Accelerated Benefit Rider	\$471,352	\$0	\$471,352	0	373	100	473
Medicare Supplement	\$243,264	\$164,451	\$3,405	0	164	0	164
TOTAL	\$714,616	\$164,451	\$474,757	0	537	100	637

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62324							
ACA Off Exchange Guarantee Issue	\$104,333	\$331,874	\$104,333	0	43	4	47
Grandfathered Individually Underwritten	\$2,080,485	\$983,337	\$118,615	0	359	295	654
Transitional Individually Underwritten	\$1,506,558	\$907,696	\$85,893	0	421	308	729
Accident Only	\$2,573,260	\$1,316,193	\$2,013,355	1	3,859	2,388	6,247
Accidental Death & Dismemberment	\$587	\$1,868	\$0	0	5	0	5
Dental	\$261,869	\$133,906	\$226,142	0	734	393	1,127
Hospital Indemnity	\$11,623,844	\$5,946,555	\$8,968,923	0	8,724	4,456	13,180
Limited Benefit	\$4,523,988	\$2,968,749	\$1,763,252	0	2,805	1,421	4,226
TOTAL	\$22,674,924	\$12,590,178	\$13,280,513	1	16,950	9,265	26,215

GARDEN STATE LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63657							
Accident Only	\$3,899	\$0	\$0	0	16	0	16
TOTAL	\$3,899	\$0	\$0	0	16	0	16

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GENERAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63665							
Grandfathered Individually Underwritten	\$3,296	\$5,654	\$0	0	4	0	4
Disability Income	\$493,738	\$1,475,923	\$0	0	315	0	315
Hospital Indemnity	\$59	\$0	\$0	0	3	0	3
TOTAL	\$497,093	\$1,481,577	\$0	0	322	0	322

GENESIS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38962							
Long Term Care-Comprehensive	(\$2,171,792)	\$149,228	\$0	0	93	0	93
TOTAL	(\$2,171,792)	\$149,228	\$0	0	93	0	93

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65536							
Accident Only	\$1,034	\$0	\$0	0	19	0	19
Disability Income	\$23,340	\$68,990	\$0	0	22	0	22
Hospital Indemnity	\$505	\$0	\$0	0	8	0	8
Limited Benefit	\$1,341	\$0	\$0	0	7	0	7
Long Term Care-Comprehensive	\$14,841	\$132,808	\$0	0	9	0	9
Long Term Care-Facility Only	\$0	\$20,417	\$0	0	3	0	3
Medicare Supplement	\$2,938,583	\$2,368,247	\$0	0	1,070	0	1,070
TOTAL	\$2,979,644	\$2,590,462	\$0	0	1,138	0	1,138

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GENWORTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70025							
Accident Only	\$162	\$0	\$0	0	1	0	1
Long Term Care-Comprehensive	\$130,794,122	\$139,444,547	\$3,879,542	3,152	61,449	8,444	69,893
Long Term Care-Facility Only	\$3,421,084	\$25,205,063	\$0	449	3,204	0	3,204
Long Term Care-Accelerated Benefit Rider	\$0	\$91,546	\$0	0	474	0	474
Medicare Supplement	\$45,697	\$11,438	\$0	0	10	0	10
TOTAL	\$134,261,065	\$164,752,594	\$3,879,542	3,601	65,138	8,444	73,582

GERBER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70939							
Accidental Death & Dismemberment	\$3,574,614	\$3,149,376	\$0	399	6,177	1,747	7,924
Dental	\$701	\$763	\$0	1	1	0	1
Excess/Stop Loss	\$3,136,253	\$1,197,613	\$0	12	1,142	2,283	3,425
Hospital Indemnity	\$15,976	\$19,506	\$0	0	40	0	40
Long Term Care-Non-Facility Only	\$6,632	\$37,557	\$0	0	7	0	7
Medicare Supplement	\$9,867,780	\$7,175,351	\$0	0	3,609	0	3,609
TOTAL	\$16,601,956	\$11,580,166	\$0	412	10,976	4,030	15,006

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GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91472							
Grandfathered Individually Underwritten	\$46,393	\$37,060	\$0	0	39	14	53
Accident Only	\$6,456	(\$1,643)	\$0	0	59	19	78
Accidental Death & Dismemberment	\$1,746,306	\$168,507	\$86,576	0	12,074	0	12,074
Hospital Indemnity	\$673	\$39	\$0	0	3	0	3
Limited Benefit	\$15,201	\$6,854	\$0	0	201	97	298
Medicare Supplement	\$188,428	\$54,306	\$133,573	0	73	0	73
TOTAL	\$2,003,457	\$265,123	\$220,149	0	12,449	130	12,579

GOLDEN RULE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62286							
Grandfathered Individually Underwritten	\$410,623	\$276,965	\$0	0	51	29	80
Grandfathered Conversion	\$4,067	\$116	\$0	0	1	0	1
Transitional Individually Underwritten	\$511,419	\$269,869	\$0	0	100	63	163
Grandfathered Out-of-State Guarantee Issue	\$3,014,235	\$3,348,883	\$0	0	175	26	201
Grandfathered Out-of-State Individually Underwritten	\$113,965,362	\$82,486,636	\$0	0	14,797	13,190	27,987
Transitional Out-of-State Guarantee Issue	\$3,764,770	\$3,881,380	\$0	0	246	30	276
Transitional Out-of-State Individually Underwritten	\$170,771,855	\$121,174,207	\$9,348,970	0	39,278	29,968	69,246
Dental	\$8,514,188	\$4,227,526	\$114,927	0	11,400	7,006	18,406
Disability Income	\$17,910	\$0	\$7,944	0	30	0	30
Hospital Indemnity	\$291	\$0	\$0	0	2	0	2
Limited Benefit	\$230,585	\$39,277	\$56,714	0	973	111	1,084
Medicare Supplement	\$2,259,719	\$1,740,569	\$0	0	750	10	760
TOTAL	\$303,465,024	\$217,445,428	\$9,528,555	0	67,803	50,433	118,236

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GOVERNMENT EMPLOYEES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22063							
Accident Only	\$5,165	\$24	\$0	0	55	0	55
TOTAL	\$5,165	\$24	\$0	0	55	0	55

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63967							
Medicare Supplement	\$798,740	\$720,190	\$184,544	0	292	0	292
TOTAL	\$798,740	\$720,190	\$184,544	0	292	0	292

GREAT AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16691							
Accident Only	\$765,045	\$49,194	\$0	3	627	0	627
TOTAL	\$765,045	\$49,194	\$0	3	627	0	627

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63312							
Accident Only	\$311	\$11	\$0	0	5	0	5
Disability Income	\$143	\$10,355	\$0	0	3	0	3
Hospital Indemnity	\$16	\$567	\$0	0	1	0	1
Long Term Care-Comprehensive	\$41,463	\$206,243	\$0	0	30	0	30
Medicare Supplement	\$462,959	\$328,754	\$0	0	163	0	163
TOTAL	\$504,892	\$545,930	\$0	0	202	0	202

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GREAT SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90212							
Disability Income	\$236,530	\$14,400	\$7,684	1	145	0	145
TOTAL	\$236,530	\$14,400	\$7,684	1	145	0	145

GREAT WEST LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80705							
Grandfathered Out-of-State 2 - 50 Member Groups	\$646,295	\$0	\$0	18	29	26	55
Disability Income	\$129,957	\$195,682	\$0	0	110	0	110
TOTAL	\$776,252	\$195,682	\$0	18	139	26	165

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68322							
Disability Income	\$2,346,474	\$2,343,307	\$0	2	1,479	0	1,479
Hospital Indemnity	\$110,567	\$60,085	\$0	1	320	50	370
TOTAL	\$2,457,041	\$2,403,392	\$0	3	1,799	50	1,849

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GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code

64211	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Individually Underwritten	\$0	(\$8,234)	\$0	0	0	0	0
Accident Only	\$725,392	\$111,430	\$16,390	8	1,664	12	1,676
Disability Income	\$2,725	\$0	\$0	0	44	0	44
Hospital Indemnity	\$2,658,107	\$898,519	\$53,769	0	4,089	0	4,089
Limited Benefit	\$105,356	\$25,158	\$3,540	0	390	334	724
Long Term Care-Comprehensive	\$421,017	\$1,505,181	\$1,094	0	236	0	236
Medicare Supplement	\$747,339	\$524,474	\$8,874	0	204	0	204
TOTAL	\$4,659,936	\$3,056,528	\$83,667	8	6,627	346	6,973

GUARANTY INCOME LIFE INSURANCE COMPANY

NAIC Company Code

64238	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Long Term Care-Comprehensive	\$172,293	\$24,463	\$6,475	0	151	0	151
TOTAL	\$172,293	\$24,463	\$6,475	0	151	0	151

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GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64246							
Grandfathered Individually Underwritten	\$11,174	\$78,046	\$0	0	22	12	34
Grandfathered Conversion	\$25,121	(\$960,307)	\$0	0	5	0	5
Accident Only	\$191,426	\$44,341	\$175,706	30	815	374	1,189
Accidental Death & Dismemberment	\$12,276,648	\$25,455,243	\$526,379	2,713	134,387	3,981	138,368
Dental	\$114,050,020	\$94,815,450	\$20,422,337	4,330	251,148	251,148	502,296
Disability Income	\$24,403,335	\$18,659,477	\$5,815,082	2,488	95,739	0	95,739
Excess/Stop Loss	\$34,824	\$0	\$34,824	1	87	0	87
Limited Benefit	\$177,319	\$97,623	\$144,845	43	927	355	1,282
Vision	\$8,324,499	\$5,871,736	\$2,186,386	1,880	72,567	72,567	145,134
TOTAL	\$159,494,366	\$144,061,609	\$29,305,559	11,485	555,697	328,437	884,134

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64327							
Disability Income	\$123	\$0	\$0	0	27	0	27
TOTAL	\$123	\$0	\$0	0	27	0	27

HARTFORD FIRE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19682							
Disability Income	\$0	(\$2,074)	\$0	0	0	0	0
TOTAL	\$0	(\$2,074)	\$0	0	0	0	0

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70815							
Accidental Death & Dismemberment	\$11,163,543	\$6,285,680	\$404,413	333	232,603	42,648	275,251
Blanket Accident/Sickness	\$975,425	\$632,221	\$86,049	999	98,912	112,759	211,671
Disability Income	\$81,124,402	\$87,180,381	\$2,713,093	558	331,935	0	331,935
Hospital Indemnity	\$942,155	\$267,987	\$395	0	3,542	802	4,344
Limited Benefit	\$1,852,116	\$1,445,461	\$0	0	2,033	927	2,960
Medicare Supplement	\$781,233	\$609,704	\$315,402	5	858	391	1,249
Champus/Tricare Supplement	\$613,168	\$397,789	\$0	0	1,059	0	1,059
Travel	\$1,257,443	\$291,500	\$8,617	199	313,669	59,596	373,265
TOTAL	\$98,709,485	\$97,110,723	\$3,527,969	2,094	984,611	217,123	1,201,734

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71153							
Disability Income	(\$36,575)	\$1,964	\$0	57	57	0	57
Hospital Indemnity	\$3,983	\$4,285	\$0	24	24	0	24
Limited Benefit	\$20,844	\$46,775	\$0	262	262	0	262
TOTAL	(\$11,748)	\$53,024	\$0	343	343	0	343

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HARTFORD LIFE INSURANCE COMPANY

NAIC Company Code

88072

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$139,299	\$363,288	\$13,403	0	4,445	594	5,039
Blanket Accident/Sickness	(\$60)	\$0	\$0	1	0	0	0
Disability Income	\$1,560,159	\$4,504,002	\$28,303	27	4,054	0	4,054
Excess/Stop Loss	\$9,405	\$0	\$0	0	0	0	0
Hospital Indemnity	\$77,560	\$67,011	\$0	0	127	29	156
Limited Benefit	\$1,028,161	\$668,951	\$64,032	5	376	165	541
Long Term Care-Comprehensive	\$38,153	\$0	\$0	0	21	0	21
Medicare Supplement	\$610,359	\$397,839	\$1,879	3	215	97	312
Champus/Tricare Supplement	\$2,477,588	\$1,806,714	\$0	0	6,102	0	6,102
Travel	\$0	\$59,954	\$0	1	0	0	0
TOTAL	\$5,940,624	\$7,867,759	\$107,617	37	15,340	885	16,225

HCC LIFE INSURANCE COMPANY

NAIC Company Code

92711

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$3,043,389	(\$53,731)	\$2,953,992	0	6	0	6
Excess/Stop Loss	\$17,820,036	\$15,850,062	\$6,315,207	55	53,575	66,325	119,900
TOTAL	\$20,863,425	\$15,796,331	\$9,269,199	55	53,581	66,325	119,906

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HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70670							
Grandfathered Out-of-State Individually Underwritten	\$1,859,488	\$3,677,946	\$0	0	631	284	915
Grandfathered Out-of-State 101+ Member Groups	\$159,615,285	\$151,032,817	\$0	2,365	17,517	14,330	31,847
Administrative Services Only (ASO)	\$30,087,637	\$0	\$0	1,853	88,611	176,075	264,686
Dental	\$1,311,547	\$1,017,565	\$0	310	1,954	2,054	4,008
Excess/Stop Loss	\$1,106,437	\$1,037,351	\$0	1	8,832	13,541	22,373
Medicare Supplement	\$10,539,496	\$8,288,183	\$0	0	3,587	0	3,587
Student	\$150,051	\$141,981	\$0	13	101	0	101
TOTAL	\$204,669,941	\$165,195,843	\$0	4,542	121,233	206,284	327,517

HEALTH FIRST HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95019							
ACA On Exchange 2 - 50 Member Groups	\$168,599	\$107,368	\$178,617	9	36	14	50
ACA Off Exchange 2 - 50 Member Groups	\$1,850,725	\$1,175,188	\$695,571	157	972	488	1,460
Transitional 2 - 50 Member Groups	\$34,940,191	\$26,119,348	\$0	638	3,606	1,951	5,557
Transitional 51-100 Member Groups	\$19,875,652	\$16,477,089	\$2,286,294	53	2,756	1,573	4,329
Transitional 101+ Member Groups	\$33,076,545	\$28,863,831	\$0	12	3,193	3,496	6,689
Transitional Conversion	\$183,482	\$261,896	\$0	0	1	2	3
Administrative Services Only (ASO)	\$2,774,383	\$0	\$0	2	6,532	7,543	14,075
Medicare Advantage (Medicare+Choice)	\$260,636,373	\$215,745,745	\$0	0	25,658	0	25,658
Prescription Drug	\$1,124,849	\$875,962	\$0	0	128	0	128
TOTAL	\$354,630,799	\$289,626,427	\$3,160,482	871	42,882	15,067	57,949

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HEALTH FIRST INSURANCE, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
14140							
ACA On Exchange Guarantee Issue	\$11,430,062	\$10,181,882	\$11,430,062	0	2,069	843	2,912
ACA On Exchange 2 - 50 Member Groups	\$74,644	\$115,972	\$74,644	4	10	6	16
ACA Off Exchange Guarantee Issue	\$3,289,182	\$3,212,417	\$3,289,182	0	626	397	1,023
ACA Off Exchange 2 - 50 Member Groups	\$1,460,394	\$1,102,137	\$1,460,394	39	213	229	442
Transitional Individually Underwritten	\$1,544,336	\$991,136	\$0	0	274	193	467
Transitional 2 - 50 Member Groups	\$1,631,460	\$1,245,195	\$0	21	151	152	303
Transitional 51-100 Member Groups	\$1,561,033	\$1,322,631	\$859,968	23	214	222	436
Transitional 101+ Member Groups	\$910,620	\$695,704	\$910,620	1	118	42	160
Medicare Supplement	\$191,472	\$300,403	\$0	0	50	0	50
TOTAL	\$22,093,203	\$19,167,477	\$18,024,870	88	3,725	2,084	5,809

HEALTH NET LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66141							
Grandfathered Conversion	\$0	\$34,554	\$0	0	0	0	0
TOTAL	\$0	\$34,554	\$0	0	0	0	0

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HEALTH OPTIONS, INC.

NAIC Company Code

95089	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$296,947,154	\$266,181,148	\$296,947,154	0	49,222	21,144	70,366
ACA On Exchange 2 - 50 Member Groups	\$708,021	\$291,868	\$372,136	29	164	48	212
ACA Off Exchange Guarantee Issue	\$46,155,155	\$62,187,002	\$46,155,155	0	7,960	3,975	11,935
ACA Off Exchange Self-Employed or Sole Proprietor	\$21,159	\$3,735	\$1,164	4	4	4	8
ACA Off Exchange 2 - 50 Member Groups	\$30,547,407	\$18,102,014	\$13,767,716	951	6,879	2,856	9,735
ACA Off Exchange 51-100 Member Groups	\$170,290	\$102,211	\$0	0	0	0	0
ACA Off Exchange 101+ Member Groups	\$5,534	\$2,254	\$0	0	0	0	0
Grandfathered Guarantee Issue	\$13,272	\$11,179	\$0	0	2	0	2
Grandfathered Individually Underwritten	\$2,977,958	\$1,827,646	\$0	0	278	73	351
Grandfathered 2 - 50 Member Groups	\$10,155,557	\$9,655,248	\$0	288	857	600	1,457
Grandfathered 51-100 Member Groups	\$997,748	\$636,718	\$0	6	109	53	162
Grandfathered 101+ Member Groups	\$36,307,453	\$26,353,798	\$0	18	3,382	2,881	6,263
Grandfathered Conversion	\$1,152,895	\$2,404,393	\$0	0	105	8	113
Transitional Guarantee Issue	\$16,917	\$847	\$0	0	1	0	1
Transitional Individually Underwritten	\$12,738,220	\$10,928,131	\$0	0	4,410	2,189	6,599
Transitional Self-Employed or Sole Proprietor	\$88,552	\$558,436	\$0	2	2	6	8
Transitional 2 - 50 Member Groups	\$145,165,378	\$104,437,865	\$0	2,821	20,557	9,778	30,335
Transitional 51-100 Member Groups	\$156,747,622	\$107,532,745	\$0	833	26,111	12,245	38,356
Transitional 101+ Member Groups	\$545,143,471	\$428,417,779	\$0	739	87,865	46,437	134,302
Transitional Conversion	\$207,049	\$211,419	\$0	0	11	0	11
Medicare Advantage (Medicare+Choice)	\$308,343,246	\$310,340,213	\$403,053,143	1	36,432	0	36,432
TOTAL	\$1,594,610,057	\$1,350,186,648	\$760,296,468	5,692	244,351	102,297	346,648

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HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12902							
Prescription Drug	\$1,450,301	\$1,201,934	\$1,450,301	0	1,087	0	1,087
TOTAL	\$1,450,301	\$1,201,934	\$1,450,301	0	1,087	0	1,087

HEALTHSPRING OF FLORIDA, INC

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11532							
Medicare Advantage (Medicare+Choice)	\$779,033,843	\$673,849,378	\$84,949,904	0	49,316	0	49,316
TOTAL	\$779,033,843	\$673,849,378	\$84,949,904	0	49,316	0	49,316

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66214							
Hospital Indemnity	\$2,527,383	\$302,829	\$0	0	4,266	0	4,266
Medicare Supplement	\$63,647	\$45,203	\$0	0	34	0	34
TOTAL	\$2,591,030	\$348,032	\$0	0	4,300	0	4,300

HM LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93440							
Excess/Stop Loss	\$14,474,561	\$8,280,111	\$3,200,466	19	32,926	36,219	69,145
Limited Benefit	\$458,601	\$169,193	\$0	6	2,104	2,314	4,418
Student	(\$28,463)	\$250	\$0	0	0	0	0
Vision	\$10,186,976	\$7,847,383	\$429,477	196	31,202	30,642	61,844
TOTAL	\$25,091,675	\$16,296,937	\$3,629,943	221	66,232	69,175	135,407

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HORACE MANN LIFE INSURANCE COMPANY

NAIC Company Code

64513

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$896	(\$10)	\$0	0	24	0	24
Disability Income	\$130,122	\$13,638	\$5,037	10	278	0	278
Hospital Indemnity	\$63	\$0	\$0	0	0	0	0
Limited Benefit	\$5	\$686	\$0	0	8	6	14
TOTAL	\$131,086	\$14,314	\$5,037	10	310	6	316

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HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code

69671	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Guarantee Issue	\$907,753	\$700,162	\$907,753	0	128	51	179
ACA Off Exchange Self-Employed or Sole Proprietor	\$65,932	\$57,512	\$65,932	7	7	1	8
ACA Off Exchange 2 - 50 Member Groups	\$966,357	\$842,944	\$966,357	2,816	2,816	146	2,962
ACA Off Exchange 101+ Member Groups	\$25,847,490	\$22,546,526	\$25,847,490	746	746	980	1,726
Grandfathered Self-Employed or Sole Proprietor	\$836,140	\$729,357	\$0	17	17	6	23
Grandfathered 2 - 50 Member Groups	\$5,896,327	\$5,143,311	\$14,237	133	133	85	218
Grandfathered 51-100 Member Groups	\$999,599	\$871,941	\$13,700	0	0	0	0
Grandfathered 101+ Member Groups	\$392,902	\$342,725	\$0	23	23	22	45
Grandfathered Conversion	\$320,077	\$246,880	\$0	0	0	0	0
Transitional Individually Underwritten	\$75,636,999	\$58,340,998	\$0	0	16,215	16,207	32,422
Transitional Self-Employed or Sole Proprietor	\$541	\$472	\$0	7	7	0	7
Transitional 2 - 50 Member Groups	\$597,599	\$521,280	\$0	198	198	26	224
Transitional 51-100 Member Groups	\$20,074	\$17,511	\$0	10	10	17	27
Transitional Conversion	\$28,359	\$21,874	\$0	0	0	0	0
Excess/Stop Loss	\$4,458,751	\$2,276,335	\$0	0	10,834	10,665	21,499
Medicare Supplement	\$8,600,252	\$4,767,785	\$0	0	4,751	0	4,751
TOTAL	\$125,575,152	\$97,427,613	\$27,815,469	3,957	35,885	28,206	64,091

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HUMANA INSURANCE COMPANY

NAIC Company Code

73288

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Guarantee Issue	\$1,810,161	\$1,355,345	\$435,084	0	439	275	714
Grandfathered Individually Underwritten	\$57,925,153	\$43,371,047	\$13,922,694	0	13,551	9,297	22,848
Grandfathered 2 - 50 Member Groups	\$5,070	\$21,542	\$5,070	1	1	5	6
Administrative Services Only (ASO)	\$1,839,229	\$0	\$0	0	2,797	0	2,797
Dental	\$30,229,719	\$18,814,209	\$0	72,332	104,165	71,476	175,641
Disability Income	\$89,241	\$126,953	\$0	0	228	0	228
Limited Benefit	\$31,646	\$16,543	\$0	137	137	132	269
Prescription Drug	\$281,048,218	\$253,034,083	\$0	0	300,588	0	300,588
Vision	\$13,654,661	\$7,398,248	\$0	0	109,294	76,975	186,269
TOTAL	\$386,633,098	\$324,137,970	\$14,362,848	72,470	531,200	158,160	689,360

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HUMANA MEDICAL PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95270							
ACA On Exchange Guarantee Issue	\$492,392,979	\$481,996,653	\$492,392,979	0	123,443	51,442	174,885
ACA Off Exchange Guarantee Issue	\$55,194,810	\$54,029,433	\$55,194,810	0	12,516	6,374	18,890
ACA Off Exchange Self-Employed or Sole Proprietor	\$658,143	\$549,226	\$658,143	89	89	96	185
ACA Off Exchange 2 - 50 Member Groups	\$102,349,844	\$85,411,805	\$102,349,844	3,004	27,542	14,044	41,586
ACA Off Exchange 51-100 Member Groups	\$45,439,438	\$37,919,593	\$45,439,438	177	9,195	4,483	13,678
ACA Off Exchange 101+ Member Groups	\$419,500,913	\$350,077,036	\$419,500,913	119	62,154	35,951	98,105
Grandfathered Self-Employed or Sole Proprietor	\$1,109,544	\$925,924	\$0	59	59	17	76
Grandfathered 2 - 50 Member Groups	\$13,395,282	\$11,178,475	\$0	270	1,406	569	1,975
Grandfathered 51-100 Member Groups	\$1,321,414	\$1,102,731	\$0	2	136	126	262
Grandfathered 101+ Member Groups	\$74,404,318	\$62,091,028	\$0	9	1,224	666	1,890
Grandfathered Conversion	\$196,846	\$192,690	\$0	0	0	0	0
Transitional Individually Underwritten	\$26,756,122	\$26,191,196	\$26,756,122	0	7,869	2,953	10,822
Transitional Self-Employed or Sole Proprietor	\$1,437,717	\$1,199,787	\$0	83	83	51	134
Transitional 2 - 50 Member Groups	\$114,669,110	\$95,692,335	\$0	1,436	13,087	5,875	18,962
Transitional 51-100 Member Groups	\$836,846	\$698,355	\$0	3	206	55	261
Grandfathered Out-of-State Self-Employed or Sole Pro	\$11,579	\$9,663	\$0	1	1	0	1
Grandfathered Out-of-State 2 - 50 Member Groups	\$194,828	\$162,586	\$0	1	24	14	38
Grandfathered Out-of-State Conversion	\$2,189	\$2,143	\$0	0	0	0	0
Transitional Out-of-State Self-Employed or Sole Propri	\$5,786	\$4,828	\$0	2	2	1	3
Transitional Out-of-State 2 - 50 Member Groups	\$1,478,182	\$1,233,554	\$0	23	322	269	591
Transitional Out-of-State 51-100 Member Groups	\$397,548	\$331,757	\$0	1	9	6	15
Medicare Advantage (Medicare+Choice)	\$4,517,409,826	\$3,469,029,009	\$725,935,923	0	338,040	0	338,040
TOTAL	\$5,869,163,264	\$4,680,029,807	\$1,868,228,172	5,279	597,407	122,992	720,399

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HUMANADENTAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70580							
Administrative Services Only (ASO)	\$640,330	\$0	\$0	0	14,001	15,234	29,235
Dental	\$22,635,711	\$15,646,933	\$0	0	0	0	0
Limited Benefit	(\$22,243)	\$395,845	\$0	0	53	0	53
Medicare Supplement	\$151,481	\$115,358	\$0	0	59	0	59
TOTAL	\$23,405,279	\$16,158,136	\$0	0	14,113	15,234	29,347

IA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91693							
Accidental Death & Dismemberment	\$45	\$0	\$0	0	3	0	3
Hospital Indemnity	\$254	\$0	\$0	0	1	0	1
Limited Benefit	\$2,381	\$0	\$0	0	51	0	51
Travel	\$0	\$2,705	\$0	0	787	0	787
TOTAL	\$2,680	\$2,705	\$0	0	842	0	842

IDEALIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97764							
Medicare Supplement	\$562,070	\$346,733	\$0	0	129	0	129
TOTAL	\$562,070	\$346,733	\$0	0	129	0	129

IDS PROPERTY CASUALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
29068							
Accidental Death & Dismemberment	\$438	\$0	\$262	0	3	0	3
TOTAL	\$438	\$0	\$262	0	3	0	3

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ILLINOIS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64580							
Grandfathered Individually Underwritten	\$200,266	\$489,889	\$0	0	10	1	11
Accident Only	\$27,213	\$12,875	\$1,979	0	91	40	131
Disability Income	\$3,832,216	\$6,055,222	\$55,429	0	4,801	0	4,801
Hospital Indemnity	\$1,389	\$767	\$0	0	3	2	5
Limited Benefit	\$117	\$0	\$117	0	1	0	1
TOTAL	\$4,061,201	\$6,558,753	\$57,525	0	4,906	43	4,949

IMPERIUM INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
35408							
Excess/Stop Loss	\$0	\$242	\$0	0	0	0	0
TOTAL	\$0	\$242	\$0	0	0	0	0

INDEPENDENCE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
26581							
Grandfathered Individually Underwritten	\$158,570	\$31,077	\$158,570	0	0	0	0
Dental	\$33,489	\$11,198	\$33,489	1	55	46	101
Hospital Indemnity	\$788,495	\$57,535	\$788,495	1	413	277	690
Limited Benefit	\$188,327	\$97,197	\$188,327	1	102	39	141
TOTAL	\$1,168,881	\$197,007	\$1,168,881	3	570	362	932

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INDEPENDENT ORDER OF FORESTERS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58068							
Accident Only	\$196,577	\$9,600	\$85,239	0	1,089	0	1,089
Blanket Accident/Sickness	\$1,380	\$0	\$0	0	14	0	14
TOTAL	\$197,957	\$9,600	\$85,239	0	1,103	0	1,103

INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22713							
Accident Only	\$0	\$493,763	\$0	0	0	0	0
TOTAL	\$0	\$493,763	\$0	0	0	0	0

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19429							
Limited Benefit	\$20,972	\$25,512	\$0	0	0	0	0
TOTAL	\$20,972	\$25,512	\$0	0	0	0	0

INTEGON INDEMNITY CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22772							
Accidental Death & Dismemberment	\$374	\$0	\$374	1	14	5	19
Excess/Stop Loss	\$16,400	\$83,354	\$16,400	2	52	43	95
TOTAL	\$16,774	\$83,354	\$16,774	3	66	48	114

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INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63487							
Accident Only	\$34	\$0	\$0	0	1	1	2
Disability Income	\$545	\$2,994	\$0	0	3	3	6
Hospital Indemnity	\$338	(\$170)	\$0	0	2	2	4
Limited Benefit	\$147	(\$10)	\$0	0	1	1	2
TOTAL	\$1,064	\$2,814	\$0	0	7	7	14

JACKSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65056							
Grandfathered Out-of-State Individually Underwritten	\$4,751	\$9,594	\$0	0	53	0	53
Accident Only	\$18,849	(\$667)	\$0	0	731	0	731
Dental	\$15,697	\$19,814	\$0	0	49	0	49
Disability Income	\$1,370,327	\$10,586,026	\$0	0	1,558	0	1,558
Hospital Indemnity	\$27,302	\$5,305	\$0	0	199	0	199
Limited Benefit	\$663,014	\$651,239	\$0	0	3,081	0	3,081
Long Term Care-Comprehensive	\$1,463,222	\$3,335,843	\$0	0	729	0	729
Sickness	\$1,247	\$0	\$0	0	75	0	75
TOTAL	\$3,564,409	\$14,607,154	\$0	0	6,475	0	6,475

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JEFFERSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

64017

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Individually Underwritten	\$578	(\$17)	\$0	0	2	0	2
Accident Only	\$176	(\$32)	\$0	0	1	0	1
Disability Income	\$35,763	\$197,572	\$0	0	19	0	19
Hospital Indemnity	\$1,241	\$201	\$0	0	4	0	4
Limited Benefit	\$2,272	\$545	\$0	0	22	0	22
Medicare Supplement	\$15,967	\$15,090	\$0	0	5	0	5
TOTAL	\$55,997	\$213,359	\$0	0	53	0	53

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JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code

65080	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Self-Employed or Sole Proprietor	(\$3,946)	\$5,201	\$0	0	0	0	0
ACA Off Exchange 2 - 50 Member Groups	(\$19,257)	\$29,754	\$0	3	15	5	20
Grandfathered Self-Employed or Sole Proprietor	\$15,538	\$1,181	\$0	2	8	8	16
Grandfathered 2 - 50 Member Groups	\$92,262	\$25,819	\$0	0	0	0	0
Grandfathered Conversion	\$27,356	\$16,730	\$0	0	2	0	2
Grandfathered Out-of-State Guarantee Issue	\$667,631	\$203,393	\$0	0	55	24	79
Grandfathered Out-of-State Individually Underwritten	\$452,287	\$281,590	\$0	0	61	29	90
Grandfathered Out-of-State Conversion	\$61,530	\$50,400	\$0	0	3	2	5
Transitional Out-of-State Guarantee Issue	\$317,035	\$208,446	\$0	0	23	11	34
Transitional Out-of-State Individually Underwritten	\$7,725	\$14,493	\$0	0	26	12	38
Accident Only	\$11,251	\$755	\$0	0	44	51	95
Accidental Death & Dismemberment	\$29	\$2	\$0	1	2	0	2
Dental	\$48,850	\$17,754	\$0	5	57	45	102
Disability Income	\$120,534	\$78,777	\$0	0	185	8	193
Hospital Indemnity	\$2,808	(\$99)	\$0	0	2	1	3
Limited Benefit	\$26,183	\$25,888	\$0	0	53	47	100
Long Term Care-Comprehensive	\$470,072	\$230,357	\$0	0	282	0	282
Medicare Supplement	\$395,666	\$288,679	\$0	0	130	0	130
Sickness	\$0	(\$10)	\$0	0	4	1	5
TOTAL	\$2,693,554	\$1,479,110	\$0	11	952	244	1,196

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JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93610							
Long Term Care-Comprehensive	\$13,009,427	\$19,302,639	\$11,163	21	3,230	0	3,230
TOTAL	\$13,009,427	\$19,302,639	\$11,163	21	3,230	0	3,230

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65838							
Disability Income	\$563,736	\$3,236,796	\$0	0	289	0	289
Long Term Care-Comprehensive	\$124,052,622	\$87,232,704	\$1,623,895	390	62,348	0	62,348
TOTAL	\$124,616,358	\$90,469,500	\$1,623,895	390	62,637	0	62,637

KANAWHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65110							
Other Prepaid Health Services	\$2,722,845	\$1,423,223	\$333,118	107	6,873	3,303	10,176
Accident Only	\$192,221	\$200,136	\$26,665	0	1,960	0	1,960
Accidental Death & Dismemberment	\$839,751	\$191,221	\$152,600	105	2,764	0	2,764
Disability Income	\$3,602,719	\$2,136,431	\$297,751	105	6,275	0	6,275
Hospital Indemnity	\$555,373	\$1,529,728	\$0	0	2,582	0	2,582
Limited Benefit	\$645,746	\$0	\$0	0	3,145	4,292	7,437
Long Term Care-Comprehensive	\$7,276,749	\$39,435,426	\$0	0	8,939	0	8,939
Medicare Supplement	\$274,974	\$360,002	\$0	0	94	0	94
TOTAL	\$16,110,378	\$45,276,167	\$810,134	317	32,632	7,595	40,227

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KANSAS CITY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65129							
Grandfathered Individually Underwritten	\$2,919	(\$177)	\$0	0	2	0	2
Dental	\$143,088	\$66,196	\$0	18	181	145	326
Disability Income	\$317,408	\$222,158	\$113,794	41	1,281	0	1,281
Hospital Indemnity	\$22,744	\$10,235	\$14,518	2	55	0	55
Limited Benefit	\$52	(\$16)	\$0	0	2	0	2
Medicare Supplement	\$0	\$1,232	\$0	0	0	0	0
Vision	\$3,528	\$409	\$0	3	29	24	53
TOTAL	\$489,739	\$300,037	\$128,312	64	1,550	169	1,719

KNIGHTS OF COLUMBUS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58033							
Accident Only	\$216	(\$27)	\$0	0	2	0	2
Disability Income	\$57,597	\$60,985	\$19,546	0	109	0	109
Hospital Indemnity	\$9,090	(\$509)	\$0	0	28	3	31
Long Term Care-Comprehensive	\$2,065,792	\$872,622	\$226,154	0	1,451	0	1,451
Long Term Care-Facility Only	\$330,849	\$279,714	\$73,666	0	403	0	403
TOTAL	\$2,463,544	\$1,212,785	\$319,366	0	1,993	3	1,996

LAFAYETTE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65242							
Disability Income	\$11,591	\$56,567	\$0	0	7	0	7
TOTAL	\$11,591	\$56,567	\$0	0	7	0	7

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LAKEVIEW CENTER, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$15,824,890	\$0	\$0	0	0	0	0
TOTAL	\$15,824,890	\$0	\$0	0	0	0	0

LIBERTY DENTAL PLAN OF FLORIDA, INC.

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$14,948	\$5,387	\$0	0	13	4	17
TOTAL	\$14,948	\$5,387	\$0	0	13	4	17

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65315							
Disability Income	\$29,208,959	\$33,457,223	\$254,320	21	147,912	0	147,912
TOTAL	\$29,208,959	\$33,457,223	\$254,320	21	147,912	0	147,912

LIBERTY MUTUAL INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
23043							
ACA Off Exchange Guarantee Issue	\$0	(\$987)	\$0	0	1	1	2
Disability Income	\$0	\$27,698	\$0	0	0	0	0
TOTAL	\$0	\$26,711	\$0	0	1	1	2

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LIBERTY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

65331	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$1,397,556	\$721,872	\$238,587	0	31,633	19	31,652
Dental	\$7,570	\$1,266	\$0	0	18	0	18
Disability Income	\$882	\$0	\$0	0	4	0	4
Hospital Indemnity	\$642,927	\$402,340	\$34,037	0	3,850	0	3,850
Limited Benefit	\$10,344,028	\$6,642,280	\$461,270	0	25,102	6,275	31,377
Medicare Supplement	\$581,315	\$345,840	\$36,884	0	388	0	388
Vision	\$38,320	\$18,576	\$0	0	220	0	220
TOTAL	\$13,012,598	\$8,132,174	\$770,778	0	61,215	6,294	67,509

LIFE INSURANCE COMPANY OF ALABAMA

NAIC Company Code

65412	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$14,008	\$0	\$1,640	0	32	5	37
Accidental Death & Dismemberment	\$999	\$0	\$0	0	18	0	18
Disability Income	\$4,102	\$950	\$539	0	9	0	9
Hospital Indemnity	\$25,526	\$2,600	\$3,463	0	21	9	30
Limited Benefit	\$311,911	\$21,264	\$19,670	0	425	296	721
Sickness	\$523	\$0	\$2	0	2	0	2
TOTAL	\$357,069	\$24,814	\$25,314	0	507	310	817

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LIFE INSURANCE COMPANY OF NORTH AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65498							
ACA Off Exchange 101+ Member Groups	\$9,509	\$43,786	\$0	9	14	6	20
Accidental Death & Dismemberment	\$8,461,259	\$5,555,445	\$0	76	338,753	0	338,753
Disability Income	\$82,207,316	\$85,980,904	\$0	40	411,037	0	411,037
Hospital Indemnity	\$1,916,369	\$1,556,410	\$0	4	6,388	0	6,388
Limited Benefit	\$34	\$212,951	\$0	1	1	0	1
TOTAL	\$92,594,487	\$93,349,496	\$0	130	756,193	6	756,199

LIFE INSURANCE COMPANY OF THE SOUTHWEST

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65528							
Limited Benefit	\$211	\$0	\$0	0	2	1	3
TOTAL	\$211	\$0	\$0	0	2	1	3

LIFE OF THE SOUTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97691							
Accident Only	\$29,044	\$34,398	\$29,044	0	106	0	106
Accidental Death & Dismemberment	\$246	(\$11)	\$246	0	5	0	5
Hospital Indemnity	\$153	\$0	\$153	0	5	0	5
Limited Benefit	\$15,450	\$1,528	\$15,450	0	70	0	70
TOTAL	\$44,893	\$35,915	\$44,893	0	186	0	186

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LIFESECURE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77720							
Grandfathered Individually Underwritten	\$837	\$1,770	\$0	0	0	0	0
Accident Only	\$3,303	\$24,731	\$146	0	7	5	12
Accidental Death & Dismemberment	\$819	\$0	\$0	0	4	0	4
Disability Income	\$684	\$0	\$0	0	5	0	5
Hospital Indemnity	\$489,947	\$63,208	\$77,286	0	880	0	880
Limited Benefit	\$6,124	\$2,029	\$0	0	72	0	72
Long Term Care-Comprehensive	\$1,978,636	\$197,528	\$395,359	0	1,772	0	1,772
TOTAL	\$2,480,350	\$289,266	\$472,791	0	2,740	5	2,745

LINCOLN BENEFIT LIFE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65595							
Long Term Care-Comprehensive	\$3,911,381	\$5,900,067	\$0	0	2,128	946	3,074
Long Term Care-Facility Only	\$139,976	\$734,692	\$0	0	76	26	102
Long Term Care-Non-Facility Only	\$989,777	\$4,476,015	\$0	0	593	124	717
TOTAL	\$5,041,134	\$11,110,774	\$0	0	2,797	1,096	3,893

LINCOLN HERITAGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65927							
Accidental Death & Dismemberment	\$975	\$0	\$0	0	8	0	8
Medicare Supplement	\$2,259,754	\$1,540,224	\$0	0	701	0	701
TOTAL	\$2,260,729	\$1,540,224	\$0	0	709	0	709

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LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62057							
Grandfathered Conversion	\$145	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$60,577	\$0	\$0	0	2,911	0	2,911
Dental	\$95,272	\$27,412	\$0	0	0	0	0
Disability Income	\$651,888	\$362,139	\$0	0	2,102	0	2,102
TOTAL	\$807,882	\$389,551	\$0	0	5,013	0	5,013

LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65676							
Grandfathered Conversion	\$7,474	\$32,278	\$0	0	2	2	4
Accident Only	\$2,272,559	\$667,080	\$1,153,942	98	9,981	0	9,981
Accidental Death & Dismemberment	\$4,139,908	\$940,901	\$935,104	1,734	314,871	0	314,871
Dental	\$14,046,410	\$9,084,077	\$3,164,185	312	21,328	0	21,328
Disability Income	\$80,601,229	\$73,520,083	\$13,097,104	2,675	321,242	0	321,242
Excess/Stop Loss	\$9,703,083	\$8,725,472	\$0	109	1,006	0	1,006
Hospital Indemnity	\$639	\$1,302	\$0	0	0	0	0
Limited Benefit	\$1,899,672	\$960,071	\$958,118	83	4,627	0	4,627
Long Term Care-Comprehensive	\$242,472	\$324,428	\$0	0	118	0	118
TOTAL	\$112,913,446	\$94,255,692	\$19,308,453	5,011	673,175	2	673,177

LONDON LIFE REINSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76694							
Medicare Supplement	\$891	\$1,628	\$0	0	1	0	1
TOTAL	\$891	\$1,628	\$0	0	1	0	1

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LOYAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code

65722	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$76,021	(\$15,482)	\$8,154	0	180	35	215
Disability Income	\$13,875	\$3,319	\$824	0	46	3	49
Hospital Indemnity	\$73,543	\$27,204	\$10,745	0	279	44	323
Limited Benefit	\$542,079	\$382,056	\$44,323	0	13,503	172	13,675
Long Term Care-Comprehensive	\$3,841	\$96	\$0	0	2	0	2
Medicare Supplement	\$364,956	\$370,446	\$25,085	0	140	0	140
TOTAL	\$1,074,315	\$767,639	\$89,131	0	14,150	254	14,404

MADISON NATIONAL LIFE INSURANCE COMPANY INC.

NAIC Company Code

65781	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange 51-100 Member Groups	\$203,614	\$188,241	\$0	2	71	49	120
Grandfathered Out-of-State Individually Underwritten	\$159,369	(\$22,299)	\$0	0	0	0	0
Accident Only	\$62,229	(\$1,522)	\$0	3	514	366	880
Dental	\$357,562	\$157,997	\$0	31	696	507	1,203
Disability Income	\$334,427	\$535,609	\$0	4	1,882	0	1,882
Excess/Stop Loss	(\$7,093)	(\$312,068)	\$0	0	0	0	0
Hospital Indemnity	\$493,122	\$345,485	\$0	5	942	125	1,067
Limited Benefit	\$49,958	(\$6,928)	\$0	4	4	0	4
Vision	\$5,116	\$1,965	\$0	1	49	39	88
TOTAL	\$1,658,304	\$886,480	\$0	50	4,158	1,086	5,244

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MANAGED CARE OF NORTH AMERICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52014							
Dental	\$106,303	\$32,929	\$8,159	0	906	649	1,555
TOTAL	\$106,303	\$32,929	\$8,159	0	906	649	1,555

MANHATTAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65870							
Disability Income	\$313,613	\$400,558	\$45,599	7	348	0	348
Limited Benefit	\$1,579	\$11,143	\$0	0	3	7	10
Medicare Supplement	\$15,966	\$21,939	\$0	0	13	13	26
TOTAL	\$331,158	\$433,640	\$45,599	7	364	20	384

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67083							
Limited Benefit	\$127	\$0	\$0	0	1	0	1
Long Term Care-Comprehensive	\$150,023	\$183,395	\$0	0	335	11	346
TOTAL	\$150,150	\$183,395	\$0	0	336	11	347

MAPFRE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85561							
Accidental Death & Dismemberment	\$3,567	\$0	\$0	0	32	7	39
Hospital Indemnity	\$2,638	\$0	\$0	0	13	1	14
TOTAL	\$6,205	\$0	\$0	0	45	8	53

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MARKEL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38970							
Accident Only	\$1,539,122	\$382,176	\$731,568	0	415,341	0	415,341
Blanket Accident/Sickness	\$30,342	(\$539)	\$0	0	2,068	0	2,068
Disability Income	\$114,167	\$8,205	\$5,558	0	37	0	37
TOTAL	\$1,683,631	\$389,842	\$737,126	0	417,446	0	417,446

MARQUETTE NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71072							
Medicare Supplement	\$74,810	\$0	\$0	0	28	0	28
Medicare Advantage (Medicare+Choice)	\$0	\$1,971	\$0	0	0	0	0
TOTAL	\$74,810	\$1,971	\$0	0	28	0	28

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65935							
Disability Income	\$16,538,949	\$11,107,277	\$940,561	0	6,494	0	6,494
Long Term Care-Non-Facility Only	\$8,188,879	\$959,901	\$1,069,789	0	2,608	525	3,133
TOTAL	\$24,727,828	\$12,067,178	\$2,010,350	0	9,102	525	9,627

MEDAMERICA INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12967							
Long Term Care-Accelerated Benefit Rider	\$4,482,034	\$843,515	\$87,125	41	2,435	0	2,435
TOTAL	\$4,482,034	\$843,515	\$87,125	41	2,435	0	2,435

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MEDICA HEALTH PLANS OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12756							
ACA Off Exchange Guarantee Issue	\$275,605	\$368,459	\$0	0	0	0	0
ACA Off Exchange 2 - 50 Member Groups	\$507,124	\$580,460	\$0	0	0	0	0
TOTAL	\$782,729	\$948,919	\$0	0	0	0	0

MEDICA HEALTHCARE PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12155							
Medicare Advantage (Medicare+Choice)	\$486,627,242	\$478,646,034	\$83,068,944	33,327	33,327	0	33,327
TOTAL	\$486,627,242	\$478,646,034	\$83,068,944	33,327	33,327	0	33,327

MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52008							
Other Prepaid Health Services	\$1,069,728	\$166,935	\$178,096	0	6,593	0	6,593
TOTAL	\$1,069,728	\$166,935	\$178,096	0	6,593	0	6,593

MEDICO CORP LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79987							
Medicare Supplement	\$10,470	\$4,193	\$0	0	15	0	15
TOTAL	\$10,470	\$4,193	\$0	0	15	0	15

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MEDICO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
31119							
Accident Only	\$2	\$0	\$0	0	0	0	0
Accidental Death & Dismemberment	\$12	\$0	\$0	0	1	0	1
Dental	\$583,997	\$323,451	\$154,517	0	1,524	0	1,524
Disability Income	\$15,478	\$14,628	\$0	0	23	0	23
Hospital Indemnity	\$143,598	\$3,622	\$136,872	0	490	4	494
Limited Benefit	\$255,526	\$303,856	\$0	0	930	376	1,306
Short Term Care	\$2,204	\$0	\$0	0	2	0	2
Medicare Supplement	\$8,247,653	\$7,148,044	\$0	0	2,864	0	2,864
TOTAL	\$9,248,470	\$7,793,601	\$291,389	0	5,834	380	6,214

MERIT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65951							
Accidental Death & Dismemberment	\$1,226,504	\$42,900	\$1,226,504	3	26,769	4,849	31,618
TOTAL	\$1,226,504	\$42,900	\$1,226,504	3	26,769	4,849	31,618

METLIFE INSURANCE COMPANY USA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87726							
Grandfathered Individually Underwritten	\$66,158	\$67,737	\$0	0	93	0	93
Disability Income	\$575,800	\$654,645	\$0	0	399	0	399
Long Term Care-Accelerated Benefit Rider	\$23,752,081	\$62,098,410	\$0	0	10,097	0	10,097
TOTAL	\$24,394,039	\$62,820,792	\$0	0	10,589	0	10,589

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METROPOLITAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65978							
Grandfathered Individually Underwritten	\$282,117	\$899,469	\$0	0	136	56	192
Grandfathered Out-of-State 2 - 50 Member Groups	\$40,024	\$11,125	\$0	5	0	0	0
Grandfathered Out-of-State 51-100 Member Groups	\$14,674	\$206,950	\$0	1	1,883	0	1,883
Accident Only	\$145,933	\$0	\$0	2	9,652	0	9,652
Accidental Death & Dismemberment	\$9,309,759	\$6,340,967	\$615,334	254	332,628	0	332,628
Dental	\$174,740,120	\$220,437,837	\$423,179	1,473	401,814	482,177	883,991
Disability Income	\$109,827,997	\$122,384,794	\$4,586,099	16,189	297,892	0	297,892
Hospital Indemnity	\$8,207	\$7,368	\$0	0	537	5	542
Limited Benefit	\$1,228,092	\$593,150	\$844,977	138	5,894	5,176	11,070
Long Term Care-Comprehensive	\$33,795,741	\$19,910,949	\$0	169	23,446	0	23,446
Long Term Care-Facility Only	\$1,761,109	\$1,807,366	\$0	169	2,274	0	2,274
Vision	\$3,007,053	\$1,399,555	\$423,179	102	23,086	27,703	50,789
TOTAL	\$334,160,826	\$373,999,530	\$6,892,768	18,502	1,099,242	515,117	1,614,359

MHNET OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$1,639,025	\$1,050,601	\$0	2	27,916	13,570	41,486
TOTAL	\$1,639,025	\$1,050,601	\$0	2	27,916	13,570	41,486

MIDLAND NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66044							
Accident Only	\$663	\$0	\$0	0	0	0	0
Disability Income	\$4,514	\$4,730	\$0	0	0	0	0
TOTAL	\$5,177	\$4,730	\$0	0	0	0	0

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MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66087							
Grandfathered Out-of-State Individually Underwritten	\$10,526,609	\$9,781,842	\$0	0	1,966	1,120	3,086
Grandfathered Out-of-State Conversion	\$214,653	\$235,818	\$0	0	20	2	22
Transitional Out-of-State Individually Underwritten	\$174,334	\$342,524	\$0	0	28	12	40
Accident Only	\$39,078	\$2,869	\$0	0	96	10	106
Dental	\$78,833	\$34,156	\$0	0	320	207	527
Disability Income	\$116,881	\$54,850	\$0	0	366	0	366
Hospital Indemnity	\$258,596	\$234,167	\$0	0	637	324	961
Limited Benefit	\$642,340	\$178,898	\$0	0	1,922	775	2,697
Medicare Supplement	\$2,061	\$0	\$0	0	2	0	2
Prescription Drug	\$10,935	\$7,005	\$0	0	13	9	22
Vision	\$126,105	\$58,629	\$0	0	2,176	1,531	3,707
TOTAL	\$12,190,425	\$10,930,758	\$0	0	7,546	3,990	11,536

MINNESOTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66168							
Accidental Death & Dismemberment	\$20,086,612	\$6,241,995	\$5,946,885	8	188,805	0	188,805
Disability Income	\$2,189,979	\$15,224,117	\$0	0	833	0	833
Long Term Care-Comprehensive	\$32,822	\$0	\$0	0	9	6	15
TOTAL	\$22,309,413	\$21,466,112	\$5,946,885	8	189,647	6	189,653

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MOLINA HEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13128							
ACA On Exchange Guarantee Issue	\$2,611,063	\$1,879,818	\$2,611,063	0	384	126	510
Medicare Advantage (Medicare+Choice)	\$11,650,039	\$11,209,939	\$5,412,817	0	0	0	0
TOTAL	\$14,261,102	\$13,089,757	\$8,023,880	0	384	126	510

MONITOR LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81442							
Hospital Indemnity	\$161	(\$13)	\$0	0	0	0	0
Limited Benefit	\$1,789,136	\$866,726	\$9,605	85	1,203	503	1,706
TOTAL	\$1,789,297	\$866,713	\$9,605	85	1,203	503	1,706

MONY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66370							
Grandfathered Individually Underwritten	\$27,369	\$22,645	\$0	0	17	2	19
Accidental Death & Dismemberment	\$20	\$0	\$0	0	1	0	1
Disability Income	\$3,189,692	\$1,974,954	\$0	0	1,704	0	1,704
Hospital Indemnity	\$1,522	\$0	\$0	0	16	0	16
TOTAL	\$3,218,603	\$1,997,599	\$0	0	1,738	2	1,740

MTL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66427							
Disability Income	\$31,392	\$169,083	\$0	0	27	0	27
TOTAL	\$31,392	\$169,083	\$0	0	27	0	27

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MUTUAL OF AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88668							
Disability Income	\$83,454	\$321,393	\$0	19	320	0	320
TOTAL	\$83,454	\$321,393	\$0	19	320	0	320

MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71412							
Grandfathered Guarantee Issue	\$64,958	\$16,896	\$0	0	163	20	183
Grandfathered Conversion	\$721	\$218	\$0	0	1	0	1
Accident Only	\$6,659,595	\$5,096,230	\$132,367	350	516,298	180	516,478
Accidental Death & Dismemberment	\$2,032,175	\$832,442	\$669,837	32	26,576	6,310	32,886
Dental	\$6,387	\$35,325	\$262	1	38	21	59
Disability Income	\$1,815,404	\$3,125,274	\$117,920	17	2,646	1	2,647
Hospital Indemnity	\$434,108	\$121,381	\$92	0	1,428	245	1,673
Limited Benefit	\$1,799,713	\$477,913	\$42,890	0	14,218	3,828	18,046
Long Term Care-Comprehensive	\$10,223,575	\$5,178,376	\$1,729,920	8	5,449	0	5,449
Long Term Care-Facility Only	\$647,663	\$3,825,358	\$0	0	464	0	464
Long Term Care-Non-Facility Only	\$1,398,419	\$1,132,241	\$0	0	837	0	837
Medicare Supplement	\$34,141,834	\$20,874,743	\$834,599	0	9,836	1	9,837
Travel	\$30,242	(\$4,977)	\$0	0	1,672	46	1,718
TOTAL	\$59,254,794	\$40,711,420	\$3,527,887	408	579,626	10,652	590,278

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MUTUAL SAVINGS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66397							
Accidental Death & Dismemberment	\$1,804	\$11,928	\$0	0	113	0	113
Hospital Indemnity	\$3,663	\$175	\$0	0	77	0	77
Limited Benefit	\$17,181	\$7,313	\$0	0	211	0	211
TOTAL	\$22,648	\$19,416	\$0	0	401	0	401

NATIONAL BENEFIT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61409							
Grandfathered Individually Underwritten	\$17,948	\$1,738	\$0	0	32	15	47
Accident Only	\$14	\$0	\$0	0	1	0	1
Disability Income	\$458	\$14,861	\$0	0	2	0	2
Hospital Indemnity	\$25,380	\$6,908	\$0	0	166	0	166
TOTAL	\$43,800	\$23,507	\$0	0	201	15	216

NATIONAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11991							
Accident Only	\$50,082	\$3,611	\$27,753	86	229	5	234
Dental	\$87,178	\$10,771	\$80,243	0	954	298	1,252
Disability Income	\$292,678	\$63,082	\$0	0	1	0	1
Hospital Indemnity	\$276	\$0	\$0	0	2	0	2
Limited Benefit	\$513	\$0	\$0	0	3	0	3
Long Term Care-Non-Facility Only	\$1,895	(\$9,000)	\$0	0	5	0	5
TOTAL	\$432,622	\$68,464	\$107,996	86	1,194	303	1,497

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NATIONAL GUARDIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66583							
Accident Only	\$6,712	\$91,973	\$6,712	29	7,792	0	7,792
Dental	\$3,214,625	\$2,795,849	\$3,214,625	60	7,223	4,836	12,059
Disability Income	\$19,981	\$0	\$0	0	44	0	44
Limited Benefit	\$33,114	\$541	\$0	0	0	0	0
Student	\$1,174,744	\$330,634	\$1,174,744	3	1	0	1
Vision	\$13,264,719	\$7,513,396	\$13,264,719	713	108,625	93,910	202,535
TOTAL	\$17,713,895	\$10,732,393	\$17,660,800	805	123,685	98,746	222,431

NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66680							
Disability Income	\$1,986,108	\$7,909,634	\$23,817	0	758	0	758
TOTAL	\$1,986,108	\$7,909,634	\$23,817	0	758	0	758

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87963							
Accident Only	\$696,967	\$200,561	\$0	0	2,297	2,767	5,064
Disability Income	\$316,263	\$79,859	\$0	0	627	0	627
Hospital Indemnity	\$34	\$0	\$0	0	0	0	0
Limited Benefit	\$1,348,002	\$719,050	\$0	0	4,614	3,980	8,594
TOTAL	\$2,361,266	\$999,470	\$0	0	7,538	6,747	14,285

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NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19445							
Accident Only	\$12,577,732	\$3,745,533	\$171,424	20	563,555	4	563,559
Excess/Stop Loss	\$2,001,882	\$2,814,422	\$450,192	4	6,477	4,926	11,403
Hospital Indemnity	\$1,849,985	\$340,282	\$0	0	5,639	0	5,639
Limited Benefit	\$2,454,615	\$33,659	\$175,705	99	255,710	1,773	257,483
Student	\$433,836	\$753,685	\$0	0	4,359	0	4,359
Travel	\$3,088,179	(\$5,269,911)	\$1,937,602	0	19,475	15,693	35,168
Vision	\$143,771	\$118,558	\$0	0	0	0	0
TOTAL	\$22,550,000	\$2,536,228	\$2,734,923	123	855,215	22,396	877,611

NATIONAL WESTERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66850							
Limited Benefit	\$2,660	\$7,181	\$0	0	25	0	25
TOTAL	\$2,660	\$7,181	\$0	0	25	0	25

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92657							
Accident Only	\$724	\$0	\$0	5	5	0	5
TOTAL	\$724	\$0	\$0	5	5	0	5

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NATIONWIDE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66869							
Grandfathered Out-of-State 51-100 Member Groups	\$863	\$42,907	\$0	0	0	0	0
Accident Only	\$3,131,653	\$1,906,616	\$2,752,120	190	194	0	194
Blanket Accident/Sickness	\$100,315	\$100,710	\$0	2	379	0	379
Dental	\$212,145	\$173,104	\$43,856	14	593	411	1,004
Disability Income	\$1,347	(\$1,000)	\$0	18	26	4	30
Excess/Stop Loss	\$1,092,685	\$152,654	\$364,228	3	1,666	81	1,747
Hospital Indemnity	\$2,129,401	\$1,325,448	\$165,006	3	1,678	449	2,127
Limited Benefit	\$1,823	\$1,598	\$0	0	8	0	8
Medicare Supplement	\$1,152,974	\$1,129,175	\$0	0	406	431	837
TOTAL	\$7,823,206	\$4,831,212	\$3,325,210	230	4,950	1,376	6,326

NEIGHBORHOOD HEALTH PARTNERSHIP, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95123							
ACA Off Exchange 2 - 50 Member Groups	\$10,440,841	\$5,253,632	\$1,168,195	381	1,411	763	2,174
ACA Off Exchange 101+ Member Groups	\$590	\$0	\$0	0	0	0	0
Grandfathered 2 - 50 Member Groups	\$133,236,095	\$114,218,716	\$2,464	210	1,140	639	1,779
Grandfathered 51-100 Member Groups	\$69,575,912	\$57,765,698	\$9,922,082	584	11,792	5,175	16,967
Grandfathered 101+ Member Groups	\$213,821,880	\$177,526,530	\$49,942,360	1,182	37,557	18,773	56,330
Grandfathered Conversion	\$1,036,333	\$2,687,419	\$0	0	0	0	0
Transitional 2 - 50 Member Groups	\$57,010,711	\$28,867,156	\$299,465	3,546	18,767	10,840	29,607
Transitional 51-100 Member Groups	\$1,001	\$1,965	\$1,001	0	0	0	0
Transitional Conversion	\$459,830	\$802,546	\$0	0	13	0	13
TOTAL	\$485,583,193	\$387,123,662	\$61,335,567	5,903	70,680	36,190	106,870

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NEW ENGLAND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91626							
Disability Income	\$196,815	\$621,627	\$0	0	190	0	190
TOTAL	\$196,815	\$621,627	\$0	0	190	0	190

NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78743							
ACA Off Exchange Guarantee Issue	\$151,574	\$399,453	\$0	0	40	44	84
Accident Only	\$30	\$5	\$0	0	1	0	1
Disability Income	\$204,670	\$126,886	\$0	0	887	0	887
Hospital Indemnity	\$4,171	\$28,468	\$0	0	6	2	8
Limited Benefit	\$16,961	\$10,838	\$0	0	89	34	123
Medicare Supplement	\$1,732,553	\$1,970,808	\$0	0	531	22	553
TOTAL	\$2,109,959	\$2,536,458	\$0	0	1,554	102	1,656

NEW YORK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66915							
Transitional Individually Underwritten	\$18,788	\$60,353	\$0	0	10	2	12
Transitional Out-of-State 101+ Member Groups	(\$154,203)	\$261,227	\$0	0	0	0	0
Accidental Death & Dismemberment	\$737,202	\$162,265	\$43,428	56	26,725	684	27,409
Disability Income	\$7,246,790	\$14,241,477	\$263,851	58	5,852	14	5,866
Hospital Indemnity	\$732,988	\$282,541	\$44,788	21	1,044	294	1,338
Long Term Care-Comprehensive	\$11,096,484	\$4,163,567	\$474,589	2	5,456	0	5,456
Long Term Care-Facility Only	\$172,127	\$130,752	\$0	0	101	0	101
Medicare Supplement	\$238,839	\$180,138	\$0	0	67	1	68
TOTAL	\$20,089,015	\$19,482,320	\$826,656	137	39,255	995	40,250

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66974							
Accident Only	\$580	\$0	\$0	0	0	0	0
Disability Income	\$1,002	\$4,305	\$0	0	0	0	0
TOTAL	\$1,582	\$4,305	\$0	0	0	0	0

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
29874							
Excess/Stop Loss	\$652,713	(\$475,688)	\$0	1	20,090	20,090	40,180
TOTAL	\$652,713	(\$475,688)	\$0	1	20,090	20,090	40,180

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69000							
Long Term Care-Comprehensive	\$27,319,730	\$5,456,523	\$2,218,605	0	12,164	0	12,164
TOTAL	\$27,319,730	\$5,456,523	\$2,218,605	0	12,164	0	12,164

NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67091							
Disability Income	\$70,686,576	\$72,452,043	\$13,851,812	13,576	36,809	0	36,809
TOTAL	\$70,686,576	\$72,452,043	\$13,851,812	13,576	36,809	0	36,809

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OCcidental Life Insurance Company of N Carolina

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67148							
Accident Only	\$5,908	\$11,103	\$0	0	18	0	18
Disability Income	\$3,297	\$16,166	\$0	0	13	0	13
Hospital Indemnity	\$384	\$0	\$0	0	3	0	3
Limited Benefit	\$36,698	\$132,197	\$0	0	162	205	367
TOTAL	\$46,287	\$159,466	\$0	0	196	205	401

OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89206							
Disability Income	\$860,514	\$1,804,740	\$101,951	0	515	0	515
TOTAL	\$860,514	\$1,804,740	\$101,951	0	515	0	515

OHIO NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67172							
Disability Income	\$632,547	\$202,883	\$469	0	258	0	258
TOTAL	\$632,547	\$202,883	\$469	0	258	0	258

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OLD AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67199							
Accident Only	\$6,236	(\$1,455)	\$0	0	201	0	201
Disability Income	\$0	(\$807)	\$0	0	0	0	0
Hospital Indemnity	\$2,689	(\$1)	\$0	0	57	0	57
Limited Benefit	\$2,141	(\$474)	\$0	0	34	0	34
Long Term Care-Comprehensive	\$9,807	\$213,527	\$0	0	6	0	6
Short Term Care	\$108,634	\$1,390,406	\$0	0	85	0	85
Medicare Supplement	\$34	(\$1,183)	\$0	0	0	0	0
TOTAL	\$129,541	\$1,600,013	\$0	0	383	0	383

OLD REPUBLIC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24147							
Accident Only	\$870,219	\$539,932	\$870,219	0	1,573	0	1,573
TOTAL	\$870,219	\$539,932	\$870,219	0	1,573	0	1,573

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56383							
Accident Only	\$5,326	\$486	\$1,538	0	89	22	111
Dental	\$8,397	\$8,360	\$0	0	18	0	18
Disability Income	\$19,558	\$16,658	\$0	0	105	0	105
Hospital Indemnity	\$2,708	\$7,311	\$0	0	15	13	28
Medicare Supplement	\$3,901,247	\$3,035,449	\$824	0	1,426	0	1,426
Sickness	\$1,137	\$1,756	\$0	0	6	0	6
TOTAL	\$3,938,373	\$3,070,020	\$2,362	0	1,659	35	1,694

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OXFORD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76112							
Medicare Supplement	\$4,789,932	\$4,689,647	\$0	1	1,606	0	1,606
TOTAL	\$4,789,932	\$4,689,647	\$0	1	1,606	0	1,606

OZARK NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67393							
Limited Benefit	\$1,904	\$0	\$0	0	34	23	57
TOTAL	\$1,904	\$0	\$0	0	34	23	57

PACIFIC LIFE & ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97268							
Disability Income	\$0	\$12,576	\$0	0	0	0	0
TOTAL	\$0	\$12,576	\$0	0	0	0	0

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70785							
Medicare Supplement	\$672,710	\$452,596	\$0	0	208	0	208
TOTAL	\$672,710	\$452,596	\$0	0	208	0	208

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PAN-AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67539							
Grandfathered Guarantee Issue	\$2,976	\$39	\$0	0	0	0	0
Accident Only	\$245,745	\$134,234	\$151,436	4	79	0	79
Accidental Death & Dismemberment	\$5,624	\$0	\$0	0	0	0	0
Dental	\$53,242	\$16,461	\$53,242	0	0	0	0
Disability Income	\$598,944	\$481,399	\$7,647	0	282	0	282
Excess/Stop Loss	\$3,737,405	\$3,287,775	\$307,657	18	381	312	693
Limited Benefit	\$4,500,961	\$3,365,517	\$291,018	119	3,524	1,245	4,769
Prescription Drug	\$127,707	\$50,875	\$0	0	0	0	0
Student	\$0	\$117,554	\$0	0	0	0	0
TOTAL	\$9,272,604	\$7,453,854	\$811,000	141	4,266	1,557	5,823

PARTNERRE AMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11835							
Excess/Stop Loss	\$709,621	\$746,751	\$709,621	4	12,959	13,077	26,036
TOTAL	\$709,621	\$746,751	\$709,621	4	12,959	13,077	26,036

PAUL REVERE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67598							
Accident Only	\$8,991	\$807	\$312	0	33	0	33
Accidental Death & Dismemberment	\$1,763	\$0	\$0	8	152	0	152
Disability Income	\$15,146,306	\$55,874,763	\$0	53	8,727	0	8,727
Hospital Indemnity	\$67,098	\$86,480	\$607	11	289	0	289
Limited Benefit	\$10,401	\$882	\$321	4	25	0	25
TOTAL	\$15,234,559	\$55,962,932	\$1,240	76	9,226	0	9,226

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PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93777							
Accidental Death & Dismemberment	\$383	\$1	\$0	1	36	0	36
TOTAL	\$383	\$1	\$0	1	36	0	36

PENN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67644							
Disability Income	\$1,180,098	\$3,834,687	\$0	570	570	0	570
TOTAL	\$1,180,098	\$3,834,687	\$0	570	570	0	570

PENNSYLVANIA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67660							
Accident Only	\$390,277	\$453,407	\$0	0	304	0	304
Dental	\$33,577	\$7,234	\$0	0	107	0	107
Disability Income	\$167,292	\$504,513	\$0	0	1,469	0	1,469
Hospital Indemnity	\$31,417	\$9,667	\$0	0	239	0	239
Limited Benefit	\$10,397	\$20,000	\$0	0	16	0	16
Long Term Care-Comprehensive	\$38,550	\$69,228	\$0	0	34	0	34
Long Term Care-Accelerated Benefit Rider	\$1,654	\$666	\$0	0	12	0	12
Medicare Supplement	\$92,240	\$0	\$0	0	14	0	14
TOTAL	\$765,404	\$1,064,715	\$0	0	2,195	0	2,195

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PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67784							
ACA Off Exchange Guarantee Issue	\$42,295	(\$4,054)	\$0	0	47	37	84
ACA Off Exchange Conversion	\$67,444	\$58,431	\$0	0	58	11	69
Accident Only	\$9,115	\$4,333	\$0	0	26	4	30
Accidental Death & Dismemberment	\$6,143	\$82	\$0	0	52	3	55
Disability Income	\$13,143	\$108,572	\$0	0	28	5	33
Hospital Indemnity	\$390,749	\$295,997	\$0	0	1,597	1	1,598
Limited Benefit	\$1,675,943	\$1,743,414	\$0	0	1,868	865	2,733
Long Term Care-Comprehensive	\$1,631	\$43,183	\$0	0	2	0	2
Medicare Supplement	\$17,266	\$31,671	\$0	0	13	1	14
TOTAL	\$2,223,729	\$2,281,629	\$0	0	3,691	927	4,618

PHOENIX LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67814							
Grandfathered Individually Underwritten	\$0	\$15,554	\$0	0	1	0	1
Disability Income	\$141,565	\$840,902	\$0	0	191	0	191
TOTAL	\$141,565	\$856,456	\$0	0	192	0	192

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PHYSICIANS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80578							
Transitional Guarantee Issue	\$15	\$0	\$0	0	0	0	0
Transitional Individually Underwritten	\$825	\$100,965	\$0	0	0	0	0
Accident Only	\$1,012	\$550	\$0	0	7	1	8
Dental	\$1,626,555	\$711,536	\$680,753	0	5,057	863	5,920
Disability Income	\$1,912	(\$802)	\$0	0	5	0	5
Hospital Indemnity	\$1,539,446	\$1,061,504	\$28,210	0	4,091	813	4,904
Limited Benefit	\$86,937	\$80,099	\$0	0	467	121	588
Long Term Care-Comprehensive	\$1,032,040	\$904,007	\$0	0	549	0	549
Short Term Care	\$5,661	\$59,946	\$0	0	9	0	9
Medicare Supplement	\$2,203,080	\$1,715,075	\$83,427	0	713	18	731
TOTAL	\$6,497,483	\$4,632,880	\$792,390	0	10,898	1,816	12,714

PREFERRED CARE PARTNERS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11176							
Medicare Advantage (Medicare+Choice)	\$574,313,655	\$476,134,209	\$85,619,500	0	44,971	0	44,971
TOTAL	\$574,313,655	\$476,134,209	\$85,619,500	0	44,971	0	44,971

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PREFERRED MEDICAL PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95271							
ACA On Exchange Guarantee Issue	\$229,098,766	\$158,532,842	\$232,848,525	0	54,425	22,024	76,449
ACA Off Exchange Guarantee Issue	\$124,714	\$100,485	\$124,714	0	54	17	71
Grandfathered Guarantee Issue	\$185,270	\$166,102	\$0	0	33	5	38
Grandfathered Individually Underwritten	\$27,379,154	\$22,381,645	\$38,719	0	5,720	1,733	7,453
Grandfathered 51-100 Member Groups	\$165,841	\$200,214	\$22,822	1	55	16	71
Grandfathered 101+ Member Groups	\$2,871,640	\$3,318,305	\$661,291	5	924	508	1,432
Transitional Guarantee Issue	\$246,006	\$154,163	\$0	0	43	0	43
Transitional Individually Underwritten	\$10,772,318	\$8,494,158	\$0	0	2,959	452	3,411
Medicare Advantage (Medicare+Choice)	\$7,890,522	\$8,891,505	\$0	0	368	0	368
TOTAL	\$278,734,231	\$202,239,419	\$233,696,070	6	64,581	24,755	89,336

PRIMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65919							
Grandfathered Out-of-State Individually Underwritten	\$7,837	(\$736)	\$0	0	4	0	4
Disability Income	\$8,232	\$21,009	\$0	29	29	0	29
Hospital Indemnity	\$13,474	\$2,827	\$0	23	23	0	23
Long Term Care-Comprehensive	\$19,395	\$80,326	\$0	25	25	0	25
TOTAL	\$48,938	\$103,426	\$0	77	81	0	81

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PRINCIPAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61271							
ACA Off Exchange 51-100 Member Groups	\$0	(\$981)	\$0	0	0	0	0
ACA Off Exchange 101+ Member Groups	\$0	(\$10)	\$0	0	0	0	0
ACA Off Exchange Conversion	\$1,225	\$799,056	\$0	0	1	0	1
Dental	\$34,842,625	\$20,610,068	\$5,282,900	1,740	56,208	45,389	101,597
Disability Income	\$35,315,305	\$17,264,416	\$5,004,865	1,690	63,772	0	63,772
Limited Benefit	\$15,728	\$0	\$15,728	0	112	48	160
Long Term Care-Comprehensive	\$25,579	\$0	\$0	0	64	0	64
Medicare Supplement	\$11,458,692	\$8,988,748	\$0	0	3,251	305	3,556
Vision	\$799,315	\$320,695	\$96,992	1,064	7,975	4,033	12,008
TOTAL	\$82,458,469	\$47,981,992	\$10,400,485	4,494	131,383	49,775	181,158

PROFESSIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68047							
Accident Only	\$1,752	\$708	\$0	38	38	19	57
Disability Income	\$2,432,060	\$1,179,618	\$0	3,450	3,450	498	3,948
Hospital Indemnity	\$929,832	\$638,167	\$0	2,747	2,747	1,406	4,153
Limited Benefit	\$277,669	\$336,712	\$0	1,379	1,379	780	2,159
TOTAL	\$3,641,313	\$2,155,205	\$0	7,614	7,614	2,703	10,317

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88536							
Disability Income	\$1,247	(\$28,031)	\$0	0	8	8	16
TOTAL	\$1,247	(\$28,031)	\$0	0	8	8	16

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PROTECTIVE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68136							
Disability Income	\$159,871	\$7,548	\$0	0	101	0	101
Hospital Indemnity	\$213	\$0	\$0	0	6	0	6
Limited Benefit	\$6,906,147	\$7,982,879	\$0	0	4,701	2,289	6,990
Medicare Supplement	\$8,765	\$6,502	\$0	0	7	0	7
TOTAL	\$7,074,996	\$7,996,929	\$0	0	4,815	2,289	7,104

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68195							
Accident Only	\$5,622,936	\$2,460,997	\$640,300	0	19,229	0	19,229
Accidental Death & Dismemberment	(\$11,648)	\$0	\$0	1	12	0	12
Disability Income	\$43,078,087	\$107,245,101	\$4,830,714	26	32,427	0	32,427
Hospital Indemnity	\$8,711	\$0	\$0	0	3	0	3
Limited Benefit	\$4,058,809	\$2,172,221	\$462,189	23	14,095	0	14,095
Long Term Care-Comprehensive	\$5,403,279	\$2,324,343	\$0	0	5,199	0	5,199
Long Term Care-Facility Only	\$34	\$0	\$0	0	1	0	1
TOTAL	\$58,160,208	\$114,202,662	\$5,933,203	50	70,966	0	70,966

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PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68241							
Grandfathered Guarantee Issue	\$276,216	(\$39,750)	\$0	0	431	78	509
Accidental Death & Dismemberment	\$5,941,195	\$4,751,302	\$35,648	85	92,167	0	92,167
Dental	\$4,248	(\$11,354)	\$0	0	0	0	0
Disability Income	\$46,326,106	\$54,052,472	\$882,260	244	95,028	0	95,028
Hospital Indemnity	\$2,205	\$58	\$0	0	28	1	29
Limited Benefit	\$15,163	\$11,621	\$2,691	1	108	0	108
Long Term Care-Comprehensive	\$17,996,556	\$8,728,354	\$0	2	3,343	0	3,343
Long Term Care-Facility Only	\$80,685	\$189,658	\$0	0	75	0	75
Medicare Supplement	\$3,782	(\$12,470)	\$0	0	2	0	2
TOTAL	\$70,646,156	\$67,669,891	\$920,599	332	191,182	79	191,261

PURITAN LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71390							
Medicare Supplement	\$74,572	\$64,605	\$0	0	23	0	23
TOTAL	\$74,572	\$64,605	\$0	0	23	0	23

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PYRAMID LIFE INSURANCE COMPANY (THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68284							
Grandfathered Individually Underwritten	\$70,189	\$87,359	\$0	0	5	0	5
Dental	\$4,203	\$1,390	\$0	0	14	0	14
Disability Income	\$46	\$0	\$0	0	1	0	1
Hospital Indemnity	\$192	\$583	\$0	0	4	0	4
Limited Benefit	\$86,556	\$28,321	\$0	0	182	30	212
Long Term Care-Comprehensive	\$161,622	\$151,020	\$0	0	61	30	91
Long Term Care-Facility Only	\$15,877	\$0	\$0	0	5	0	5
Long Term Care-Non-Facility Only	\$84,305	\$423,612	\$0	0	32	11	43
Medicare Supplement	\$1,259,141	\$1,013,264	\$0	0	360	0	360
Medicare Advantage (Medicare+Choice)	(\$5,303)	(\$4,533)	\$0	0	0	0	0
TOTAL	\$1,676,828	\$1,701,016	\$0	0	664	71	735

QBE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
39217							
Accident Only	\$705,437	\$563,407	\$705,437	370	53,750	0	53,750
Excess/Stop Loss	\$758,854	(\$271,635)	\$758,854	2	252	90	342
TOTAL	\$1,464,291	\$291,772	\$1,464,291	372	54,002	90	54,092

QCC INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93688							
Transitional Out-of-State 2 - 50 Member Groups	\$4,773,474	\$4,670,737	\$0	274	407	387	794
Transitional Out-of-State 51-100 Member Groups	\$3,364,801	\$2,511,387	\$0	110	356	305	661
Transitional Out-of-State 101+ Member Groups	\$28,011,255	\$15,131,292	\$0	153	2,582	2,235	4,817
TOTAL	\$36,149,530	\$22,313,416	\$0	537	3,345	2,927	6,272

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RELIABLE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68357							
Accidental Death & Dismemberment	\$107	\$0	\$0	0	7	0	7
Limited Benefit	\$27	\$0	\$0	0	2	0	2
TOTAL	\$134	\$0	\$0	0	9	0	9

RELIANCE STANDARD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68381							
Accident Only	\$11,865	\$0	\$638	0	63	0	63
Accidental Death & Dismemberment	\$815,205	\$692,801	\$145,794	120	24,213	0	24,213
Dental	\$8,661,887	\$6,839,007	\$928,806	208	13,996	0	13,996
Disability Income	\$35,149,885	\$30,273,517	\$7,519,613	933	103,751	0	103,751
Excess/Stop Loss	\$0	\$170,025	\$0	0	0	0	0
Limited Benefit	\$3,174,349	\$983,192	\$715,393	68	3,497	0	3,497
Student	\$3,586,108	\$1,539,140	\$3,479,042	84	72,954	0	72,954
Vision	\$878,385	\$666,168	\$482,821	90	11,708	0	11,708
TOTAL	\$52,277,684	\$41,163,850	\$13,272,107	1,503	230,182	0	230,182

RELIASTAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67105							
Accident Only	\$1,295,516	\$228,941	\$467,693	65	12,925	15,875	28,800
Disability Income	\$4,190,925	\$4,617,305	\$2,503,343	149	19,844	0	19,844
Excess/Stop Loss	\$27,966,935	\$8,865,488	\$7,767,602	383	67,903	73,820	141,723
Limited Benefit	\$933,314	\$320,050	\$491,219	73	4,732	736	5,468
TOTAL	\$34,386,690	\$14,031,784	\$11,229,857	670	105,404	90,431	195,835

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RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61360							
Accident Only	\$336	\$0	\$60	1	4	0	4
Disability Income	\$22,453	\$91,678	\$108	2	113	0	113
Excess/Stop Loss	\$1,152,737	\$0	\$174,220	39	2,854	3,538	6,392
Hospital Indemnity	\$164	\$0	\$0	0	1	0	1
Limited Benefit	\$186,049	\$417,894	\$0	0	234	185	419
TOTAL	\$1,361,739	\$509,572	\$174,388	42	3,206	3,723	6,929

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61700							
Dental	\$5,018,532	\$4,065,073	\$49,597	54	11,306	1,966	13,272
TOTAL	\$5,018,532	\$4,065,073	\$49,597	54	11,306	1,966	13,272

RESCUECARE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$4,458	\$729	\$0	0	0	0	0
TOTAL	\$4,458	\$729	\$0	0	0	0	0

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RESERVE NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68462							
Grandfathered Individually Underwritten	\$81,546	\$14,725	\$0	0	19	4	23
Accident Only	\$3,155	(\$209)	\$0	0	24	7	31
Hospital Indemnity	\$4,692	\$613	\$0	0	4	2	6
Limited Benefit	\$949	\$39,894	\$0	0	25	2	27
Short Term Care	\$10,208	\$1,458	\$0	0	18	0	18
Medicare Supplement	\$435,943	\$419,537	\$0	0	133	1	134
TOTAL	\$536,493	\$476,018	\$0	0	223	16	239

RIVERSOURCE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65005							
Disability Income	\$8,257,415	\$3,697,673	\$347,865	0	6,096	0	6,096
Long Term Care-Comprehensive	\$11,040,277	\$10,002,160	\$0	0	7,751	0	7,751
TOTAL	\$19,297,692	\$13,699,833	\$347,865	0	13,847	0	13,847

ROYAL NEIGHBORS OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57657							
Medicare Supplement	\$320,821	\$217,395	\$0	0	101	0	101
TOTAL	\$320,821	\$217,395	\$0	0	101	0	101

S.USA LIFE INSURANCE COMPANY, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60183							
Accidental Death & Dismemberment	\$7,368	\$0	\$0	92	92	0	92
TOTAL	\$7,368	\$0	\$0	92	92	0	92

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SAFEGUARD HEALTH PLANS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52009							
Dental	\$23,068,806	\$15,743,331	\$978,529	783	92,520	76,307	168,827
TOTAL	\$23,068,806	\$15,743,331	\$978,529	783	92,520	76,307	168,827

SAFEHEALTH LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
79014							
Vision	\$522,798	\$223,072	\$21,426	129	10,412	7,382	17,794
TOTAL	\$522,798	\$223,072	\$21,426	129	10,412	7,382	17,794

SAGICOR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60445							
Long Term Care-Accelerated Benefit Rider	\$1,628	\$0	\$0	0	3	0	3
TOTAL	\$1,628	\$0	\$0	0	3	0	3

SEARS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69914							
Accident Only	\$587,071	\$193,830	\$0	2	5,574	3,914	9,488
Hospital Indemnity	\$8,976	\$3,525	\$0	1	40	4	44
TOTAL	\$596,047	\$197,355	\$0	3	5,614	3,918	9,532

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SECURIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93742							
Accidental Death & Dismemberment	\$225,212	\$20,879	\$11,496	0	11,116	0	11,116
Dental	\$46,328	\$29,473	\$0	11	55	47	102
TOTAL	\$271,540	\$50,352	\$11,496	11	11,171	47	11,218

SECURITY LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68721							
Dental	\$644,872	\$413,111	\$55,068	1,203	1,394	664	2,058
Disability Income	\$2,763	\$55,091	\$0	0	7	0	7
Limited Benefit	\$1,415	\$26,397	\$0	0	4	0	4
Vision	\$27,416	\$13,691	\$5,330	249	348	181	529
TOTAL	\$676,466	\$508,290	\$60,398	1,452	1,753	845	2,598

SECURITY LIFE OF DENVER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68713							
Accident Only	\$591	\$0	\$0	0	13	0	13
Disability Income	\$6,359	\$0	\$0	0	8	0	8
Hospital Indemnity	\$5,427	\$0	\$0	0	57	0	57
Limited Benefit	\$9,216	(\$1,654)	\$0	0	23	10	33
TOTAL	\$21,593	(\$1,654)	\$0	0	101	10	111

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SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68772							
Accidental Death & Dismemberment	\$6,028	\$0	\$0	4	250	0	250
Disability Income	\$44,708	\$363,957	\$0	1	82	48	130
Sickness	\$779	\$0	\$0	0	2	0	2
Student	\$0	\$9,526	\$0	0	0	0	0
TOTAL	\$51,515	\$373,483	\$0	5	334	48	382

SECURITY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69485							
Accident Only	\$2,874	\$916	\$0	0	231	0	231
Accidental Death & Dismemberment	(\$67)	\$0	\$0	0	4	0	4
Limited Benefit	\$5,808	\$0	\$0	0	198	0	198
TOTAL	\$8,615	\$916	\$0	0	433	0	433

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76325							
Long Term Care-Comprehensive	\$9,297,392	\$33,100,683	\$0	0	4,772	0	4,772
Long Term Care-Facility Only	\$965,795	\$1,666,522	\$0	0	532	0	532
Long Term Care-Non-Facility Only	\$3,698,547	\$19,071,651	\$0	0	4,435	0	4,435
TOTAL	\$13,961,734	\$53,838,856	\$0	0	9,739	0	9,739

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SENIORDENT DENTAL PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13211							
Dental	\$19,890	\$14,400	\$0	0	17	0	17
TOTAL	\$19,890	\$14,400	\$0	0	17	0	17

SENTRY INSURANCE A MUTUAL COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24988							
Accident Only	\$20,549	(\$49)	\$9,082	40	11,027	0	11,027
Disability Income	\$912	\$3,506	\$0	1	1	0	1
Hospital Indemnity	\$556	\$1,762	\$0	2	2	0	2
Long Term Care-Comprehensive	(\$77,312)	\$301,367	\$0	8	195	0	195
TOTAL	(\$55,295)	\$306,586	\$9,082	51	11,225	0	11,225

SENTRY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68810							
Transitional Out-of-State Conversion	\$0	\$14	\$0	0	0	0	0
Accident Only	\$61,162	\$83,121	\$0	3	1,508	0	1,508
Dental	\$49,574	\$23,581	\$10,742	12	84	0	84
Disability Income	\$174,331	\$1,014,766	\$18,850	28	386	0	386
Hospital Indemnity	\$3	(\$4)	\$0	0	0	0	0
Long Term Care-Comprehensive	\$2,618	\$7,077	\$0	6	14	0	14
TOTAL	\$287,688	\$1,128,555	\$29,592	49	1,992	0	1,992

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SIRIUS AMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38776							
Excess/Stop Loss	\$354,015	\$27,294	\$354,015	2	80	110	190
TOTAL	\$354,015	\$27,294	\$354,015	2	80	110	190

SKYMED INTERNATIONAL (FLORIDA) INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52038							
Other Prepaid Health Services	\$519,723	\$93,524	\$126,519	0	1,340	1,056	2,396
TOTAL	\$519,723	\$93,524	\$126,519	0	1,340	1,056	2,396

SOLSTICE BENEFITS, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12341							
Dental	\$14,598,796	\$10,108,193	\$2,196,756	1,481	192,586	82,889	275,475
Vision	\$394,325	\$195,987	\$52,390	356	4,201	6,016	10,217
TOTAL	\$14,993,121	\$10,304,180	\$2,249,146	1,837	196,787	88,905	285,692

SONS OF NORWAY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57142							
Disability Income	\$3,845	\$0	\$0	0	8	0	8
Limited Benefit	\$359	\$0	\$0	0	6	2	8
TOTAL	\$4,204	\$0	\$0	0	14	2	16

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SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68896							
Disability Income	\$48,019	\$55,177	\$0	0	273	0	273
Hospital Indemnity	\$1,979	\$689	\$0	0	38	8	46
Limited Benefit	\$17,424	\$22,501	\$0	0	618	395	1,013
Long Term Care-Comprehensive	\$248,171	\$260,706	\$0	0	675	0	675
TOTAL	\$315,593	\$339,073	\$0	0	1,604	403	2,007

ST. PAUL FIRE & MARINE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
24767							
Blanket Accident/Sickness	\$0	\$1,190	\$0	0	0	0	0
TOTAL	\$0	\$1,190	\$0	0	0	0	0

STANDARD INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69019							
Accidental Death & Dismemberment	\$3,793,485	\$690,206	\$319,155	601	186,521	10,879	197,400
Dental	\$8,303,216	\$5,541,820	\$545,146	261	13,071	5,438	18,509
Disability Income	\$56,781,655	\$40,900,343	\$4,423,135	681	126,106	0	126,106
Vision	\$1,066,892	\$620,119	\$147,585	115	8,109	3,643	11,752
TOTAL	\$69,945,248	\$47,752,488	\$5,435,021	1,658	333,807	19,960	353,767

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STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86355							
Grandfathered Individually Underwritten	\$6,095	\$12,317	\$0	0	6	0	6
Accident Only	\$2,695	(\$992)	\$0	0	1,654	7	1,661
Dental	\$17,507	(\$6,514)	\$0	2	25	22	47
Disability Income	\$273	\$2,640	\$0	0	1	0	1
Hospital Indemnity	\$31,576	\$77,326	\$13,455	0	246	82	328
Limited Benefit	\$645,927	\$40,550	\$716	34	908	724	1,632
Long Term Care-Comprehensive	\$34,518	(\$7,311)	\$0	0	19	2	21
Short Term Care	\$8,459	\$7,585	\$0	0	26	0	26
Medicare Supplement	\$7,521,793	\$5,591,454	\$1,236	0	2,268	0	2,268
TOTAL	\$8,268,843	\$5,717,055	\$15,407	36	5,153	837	5,990

STANDARD LIFE AND CASUALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71706							
Accident Only	\$72	\$0	\$0	1	12	0	12
Hospital Indemnity	\$3,698	\$0	\$0	0	3	0	3
TOTAL	\$3,770	\$0	\$0	1	15	0	15

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STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69078							
Grandfathered Individually Underwritten	\$299,514	\$561,798	\$299,514	0	0	0	0
Dental	\$66,805	\$27,696	\$66,805	2	85	73	158
Disability Income	\$3,965	\$79,940	\$0	0	15	0	15
Excess/Stop Loss	\$1,649,876	\$1,108,583	\$1,649,876	8	1,129	399	1,528
Hospital Indemnity	\$21,148	\$49,968	\$0	1	131	0	131
Limited Benefit	\$351,496	\$152,027	\$351,496	2	364	86	450
Student	\$417,957	\$450,753	\$0	0	0	0	0
TOTAL	\$2,810,761	\$2,430,765	\$2,367,691	13	1,724	558	2,282

STARMOUNT LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68985							
Accident Only	\$18,158	\$50,000	\$0	0	185	0	185
Dental	\$517,705	\$36,143	\$0	15	1,114	278	1,392
Vision	\$201,429	\$14,063	\$0	10	434	109	543
TOTAL	\$737,292	\$100,206	\$0	25	1,733	387	2,120

STARNET INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
40045							
Accident Only	\$3,045	(\$15,918)	\$2,145	240	240	0	240
TOTAL	\$3,045	(\$15,918)	\$2,145	240	240	0	240

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STARR INDEMNITY & LIABILITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38318							
Accident Only	\$303,218	\$74,743	\$120,513	0	9,948	0	9,948
TOTAL	\$303,218	\$74,743	\$120,513	0	9,948	0	9,948

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25135							
Grandfathered Individually Underwritten	\$249	(\$26)	\$0	0	0	0	0
TOTAL	\$249	(\$26)	\$0	0	0	0	0

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25178							
Grandfathered Individually Underwritten	\$1,784,056	\$1,553,873	\$0	0	186	39	225
Grandfathered Conversion	\$46,746	\$33,433	\$0	0	6	0	6
Grandfathered Out-of-State 101+ Member Groups	\$11,670,215	\$10,023,598	\$0	1	740	1,212	1,952
Accidental Death & Dismemberment	\$147,161	\$1,515	\$0	2	2,693	4,074	6,767
Disability Income	\$5,173,015	\$2,257,164	\$110,547	0	8,753	0	8,753
Hospital Indemnity	\$12,637,722	\$10,617,253	\$755,146	0	50,218	6,552	56,770
Long Term Care-Comprehensive	\$1,245,942	\$9,027,689	\$207,052	0	6,810	0	6,810
Medicare Supplement	\$15,872,918	\$11,001,852	\$256,409	0	4,645	3	4,648
TOTAL	\$48,577,775	\$44,516,377	\$1,329,154	3	74,051	11,880	85,931

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STATE LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69116							
Grandfathered Individually Underwritten	\$2,468	\$80,180	\$0	0	3	0	3
Disability Income	\$8,796	(\$14,817)	\$0	0	21	0	21
Long Term Care-Accelerated Benefit Rider	\$597,477	\$960,700	\$0	0	262	0	262
TOTAL	\$608,741	\$1,026,063	\$0	0	286	0	286

STATE MUTUAL INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
69132							
Limited Benefit	\$312	\$0	\$0	0	6	0	6
Long Term Care-Comprehensive	\$3,631	\$58,151	\$0	0	4	0	4
Medicare Supplement	\$2,332,660	\$1,717,811	\$0	0	807	0	807
TOTAL	\$2,336,603	\$1,775,962	\$0	0	817	0	817

STERLING INVESTORS LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
89184							
Limited Benefit	\$1,037	\$321	\$0	0	2	0	2
Medicare Supplement	\$705,959	\$434,409	\$0	0	227	0	227
TOTAL	\$706,996	\$434,730	\$0	0	229	0	229

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STERLING LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77399							
Long Term Care-Accelerated Benefit Rider	\$717	\$0	\$0	0	1	0	1
Medicare Supplement	\$179,522	\$117,523	\$0	0	82	0	82
Prescription Drug	\$1,519,997	\$1,301,589	\$0	0	1,889	0	1,889
TOTAL	\$1,700,236	\$1,419,112	\$0	0	1,972	0	1,972

STONEBRIDGE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65021							
Accident Only	\$1,760,200	\$632,490	\$4,369	690	12,245	10,554	22,799
Accidental Death & Dismemberment	\$13,543,753	\$5,281,476	\$975,559	0	96,754	110,817	207,571
Dental	\$1,500,868	\$0	\$268,882	0	2,880	517	3,397
Disability Income	\$3,009	\$0	\$0	0	14	3	17
Excess/Stop Loss	\$517,222	\$586,032	\$517,222	14	335	372	707
Hospital Indemnity	\$253,607	\$298,949	\$0	107	1,497	150	1,647
Limited Benefit	\$746,136	\$1,249,478	\$2,851	40	1,903	335	2,238
Long Term Care-Comprehensive	\$240,979	\$747,640	\$0	0	136	0	136
Medicare Supplement	\$2,483,188	\$2,104,604	\$1,441,741	0	1,334	0	1,334
TOTAL	\$21,048,962	\$10,900,669	\$3,210,624	851	117,098	122,748	239,846

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

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80926							
Dental	\$257,315	\$160,387	\$0	36	186	132	318
Disability Income	\$959,456	\$1,701,646	\$0	183	1,863	0	1,863
TOTAL	\$1,216,771	\$1,862,033	\$0	219	2,049	132	2,181

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SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80802							
Accident Only	\$15,442	\$5,919	\$12,034	3	962	664	1,626
Dental	\$11,397,481	\$8,107,920	\$4,250,927	341	18,227	16,344	34,571
Disability Income	\$28,737,734	\$19,239,139	\$6,375,095	848	118,060	0	118,060
Excess/Stop Loss	\$38,588,456	\$26,355,202	\$8,933,723	80	105,851	99,398	205,249
Limited Benefit	\$65,011	\$33,865	\$25,006	6	428	210	638
TOTAL	\$78,804,124	\$53,742,045	\$19,596,785	1,278	243,528	116,616	360,144

SUNSHINE STATE HEALTH PLAN, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
13148							
ACA On Exchange Guarantee Issue	\$926,543	\$538,845	\$926,543	0	187	41	228
Medicare Advantage (Medicare+Choice)	\$3,774,799	\$3,516,439	\$0	0	300	197	497
TOTAL	\$4,701,342	\$4,055,284	\$926,543	0	487	238	725

SURETY LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69310							
Disability Income	\$8,671	\$25,335	\$0	0	12	0	12
TOTAL	\$8,671	\$25,335	\$0	0	12	0	12

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SYMETRA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68608							
ACA Off Exchange Conversion	\$0	\$913	\$0	0	0	0	0
Accidental Death & Dismemberment	\$199,112	\$520,720	\$21,985	35	12,326	1,006	13,332
Dental	\$121,751	\$60,622	\$3,531	1	57	25	82
Disability Income	\$2,537,541	\$1,220,015	\$744,574	21	3,753	0	3,753
Excess/Stop Loss	\$51,347,827	\$28,196,910	\$3,503,916	97	159,002	162,659	321,661
Hospital Indemnity	\$2,027,916	\$1,026,046	\$432,652	7	1,692	819	2,511
Limited Benefit	\$5,474	\$73	\$0	0	596	315	911
TOTAL	\$56,239,621	\$31,025,299	\$4,706,658	161	177,426	164,824	342,250

TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69345							
Disability Income	\$0	\$63	\$0	0	0	0	0
Long Term Care-Comprehensive	\$957,376	\$1,510,269	\$0	0	462	0	462
TOTAL	\$957,376	\$1,510,332	\$0	0	462	0	462

THE PUBLIC HEALTH TRUST OF DADE COUNTY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95126							
ACA On Exchange Conversion	\$18,113	\$39,716	\$0	0	0	0	0
TOTAL	\$18,113	\$39,716	\$0	0	0	0	0

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

THRIVENT FINANCIAL FOR LUTHERANS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56014							
Grandfathered Individually Underwritten	\$568,224	\$298,217	\$0	0	16	4	20
Accident Only	\$38	\$0	\$0	0	0	0	0
Disability Income	\$958,528	\$455,492	\$19,610	0	1,272	2	1,274
Hospital Indemnity	\$9,473	\$2,170	\$0	0	69	14	83
Long Term Care-Comprehensive	\$2,919,407	\$4,729,494	\$84,429	0	1,352	333	1,685
Long Term Care-Facility Only	\$2,162,616	\$2,632,231	\$0	0	1,459	112	1,571
Medicare Supplement	\$488,091	\$178,587	\$0	0	148	0	148
TOTAL	\$7,106,377	\$8,296,191	\$104,039	0	4,316	465	4,781

TIAA-CREF LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60142							
Long Term Care-Comprehensive	\$856,379	\$1,747,041	\$0	0	458	0	458
TOTAL	\$856,379	\$1,747,041	\$0	0	458	0	458

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TIME INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69477							
ACA On Exchange Guarantee Issue	(\$1,790)	\$0	\$0	0	0	0	0
ACA Off Exchange Guarantee Issue	\$69,126,587	\$98,723,243	\$53,866,549	0	11,190	6,862	18,052
ACA Off Exchange 2 - 50 Member Groups	\$284,145	\$197,036	\$277,185	18	80	36	116
Grandfathered Individually Underwritten	\$18,168	\$350,142	\$0	0	0	0	0
Grandfathered 2 - 50 Member Groups	\$68,224	(\$5,570)	\$0	3	7	5	12
Grandfathered 51-100 Member Groups	\$94,484	(\$3,405)	\$0	1	10	2	12
Grandfathered Conversion	\$0	(\$1,067)	\$0	0	1	0	1
Grandfathered Out-of-State Guarantee Issue	\$1,980,784	\$4,228,757	\$0	0	65	40	105
Grandfathered Out-of-State Individually Underwritten	\$4,980,184	\$301,857	\$0	0	1,377	844	2,221
Transitional Out-of-State Guarantee Issue	\$14,466,635	\$13,148,730	\$0	0	309	391	700
Transitional Out-of-State Individually Underwritten	\$8,382,970	\$317,604	\$0	0	4,108	2,289	6,397
Accident Only	\$1,420,830	\$176,750	\$783,914	0	6,973	4,266	11,239
Accidental Death & Dismemberment	\$89	(\$10)	\$0	4	9	0	9
Dental	\$3,896,879	\$1,645,592	\$2,448,720	18	12,626	4,697	17,323
Disability Income	\$21,063	\$12,489	\$0	0	28	2	30
Excess/Stop Loss	\$192,095	\$240,709	\$120,889	4	87	82	169
Hospital Indemnity	\$14,947,386	\$6,014,048	\$0	0	7,566	2,182	9,748
Limited Benefit	\$283,033	\$76,251	\$267,346	0	345	95	440
Long Term Care-Comprehensive	\$5,278,615	\$20,223,501	\$0	0	3,387	0	3,387
Long Term Care-Facility Only	\$1,380,549	\$5,289,178	\$0	0	885	0	885
Long Term Care-Non-Facility Only	\$2,645,167	\$10,134,200	\$0	0	1,697	0	1,697
TOTAL	\$129,466,096	\$161,070,035	\$57,764,603	48	50,750	21,793	72,543

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TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code

70688

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$14,690	\$30,401	\$0	48	125	42	167
Accidental Death & Dismemberment	\$1,533,691	\$766,410	\$0	0	8,051	3,790	11,841
Disability Income	\$11,981	\$51,392	\$0	1	29	32	61
Hospital Indemnity	\$240,213	\$221,838	\$0	26	353	62	415
Limited Benefit	\$152,821	\$252,777	\$0	6	41	10	51
Long Term Care-Comprehensive	\$31,696	\$0	\$0	0	17	0	17
Medicare Supplement	\$22,255	\$36,799	\$0	0	4	0	4
Champus/Tricare Supplement	\$14,466	\$6,676	\$0	0	5	6	11
TOTAL	\$2,021,813	\$1,366,293	\$0	81	8,625	3,942	12,567

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TRANSAMERICA LIFE INSURANCE COMPANY

NAIC Company Code

86231

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange Self-Employed or Sole Proprietor	\$6,011	\$15,407	\$0	0	0	0	0
Grandfathered Out-of-State Individually Underwritten	\$9,742	\$49,825	\$0	0	23	0	23
Accident Only	\$1,074,352	\$376,611	\$622,405	524	5,231	5,806	11,037
Accidental Death & Dismemberment	\$486,058	\$126,203	\$1,741	4	2,171	1,000	3,171
Dental	\$388,444	\$90,148	\$347,723	13	849	942	1,791
Disability Income	\$409,193	\$126,588	\$202,128	60	1,218	1,261	2,479
Hospital Indemnity	\$3,040,750	\$2,587,648	\$2,432,745	43	1,213	1,170	2,383
Limited Benefit	\$15,425,277	\$8,908,493	\$7,577,606	2,022	24,119	26,700	50,819
Long Term Care-Comprehensive	\$18,799,197	\$15,914,436	\$477,180	0	10,594	54	10,648
Long Term Care-Facility Only	\$1,538,720	\$2,727,920	\$0	0	1,000	54	1,054
Long Term Care-Non-Facility Only	\$782,966	\$3,529,698	\$0	0	588	3	591
Medicare Supplement	\$14,732,771	\$8,005,447	\$0	0	5,737	0	5,737
TOTAL	\$56,693,481	\$42,458,424	\$11,661,528	2,666	52,743	36,990	89,733

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TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66281							
Grandfathered Out-of-State Individually Underwritten	\$104	(\$375)	\$0	0	1	0	1
Accident Only	\$2,298,716	\$2,266,822	\$0	149	37,347	103	37,450
Accidental Death & Dismemberment	\$18,940,902	\$4,985,065	\$54,068	0	180,476	18,711	199,187
Disability Income	\$24,458	\$45,977	\$0	0	331	5	336
Excess/Stop Loss	\$968,638	\$903,227	\$968,638	5	521	578	1,099
Hospital Indemnity	\$1,858,941	\$619,771	\$102,413	159	4,709	532	5,241
Limited Benefit	\$10,247,587	\$5,355,076	\$313,385	20	17,308	7,975	25,283
Long Term Care-Comprehensive	\$5,807,685	\$4,560,524	\$0	0	3,732	8	3,740
Long Term Care-Facility Only	\$667	\$0	\$0	0	2	0	2
Medicare Supplement	\$5,171,339	\$4,498,738	\$0	9	3,572	0	3,572
Champus/Tricare Supplement	\$5,005,820	\$3,397,120	\$97,202	0	3,944	2,948	6,892
TOTAL	\$50,324,857	\$26,631,945	\$1,535,706	342	251,943	30,860	282,803

TRANS-OCEANIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69523							
Limited Benefit	\$3,945	\$0	\$0	0	57	0	57
TOTAL	\$3,945	\$0	\$0	0	57	0	57

TRAVELERS INDEMNITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25658							
Blanket Accident/Sickness	\$47	\$0	\$0	4	4	0	4
TOTAL	\$47	\$0	\$0	4	4	0	4

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TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25682							
Blanket Accident/Sickness	\$0	(\$235,530)	\$0	0	0	0	0
TOTAL	\$0	(\$235,530)	\$0	0	0	0	0

TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56006							
Accident Only	\$1,696	\$98	\$0	0	108	0	108
TOTAL	\$1,696	\$98	\$0	0	108	0	108

TRUSTMARK INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61425							
Grandfathered Individually Underwritten	\$365,674	\$316,441	\$0	0	49	14	63
Grandfathered Out-of-State Individually Underwritten	\$50,501	\$19,598	\$0	0	3	0	3
Grandfathered Out-of-State Self-Employed or Sole Pro	\$2,647	\$0	\$0	1	1	0	1
Grandfathered Out-of-State Conversion	\$67,158	\$84,430	\$0	0	8	2	10
Accident Only	\$6,861,048	\$3,084,406	\$2,575,063	3	27,964	25,709	53,673
Disability Income	\$3,052,610	\$4,883,363	\$352,169	3	4,790	0	4,790
Excess/Stop Loss	\$0	\$71,823	\$0	0	0	0	0
Hospital Indemnity	\$20,004	\$48,221	\$0	0	59	9	68
Limited Benefit	\$11,522,079	\$3,597,281	\$905,080	11	23,323	8,035	31,358
Long Term Care-Comprehensive	\$1,879	\$0	\$0	0	3	0	3
Medicare Supplement	\$17,402	\$10,364	\$0	0	10	0	10
TOTAL	\$21,961,002	\$12,115,927	\$3,832,312	18	56,210	33,769	89,979

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TRUSTMARK LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
62863							
Transitional Out-of-State 2 - 50 Member Groups	\$0	\$125,247	\$0	0	0	0	0
Accidental Death & Dismemberment	\$15,273	\$0	\$8	14	1,692	0	1,692
Dental	\$2,550	\$9,792	\$0	1	21	6	27
Disability Income	\$426	\$49,556	\$0	2	3	0	3
Excess/Stop Loss	\$2,672,966	\$3,068,242	\$1,226,431	52	968	714	1,682
TOTAL	\$2,691,215	\$3,252,837	\$1,226,439	69	2,684	720	3,404

U.S. SPECIALTY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
29599							
Accident Only	(\$60,661)	\$159,515	\$0	0	0	0	0
TOTAL	(\$60,661)	\$159,515	\$0	0	0	0	0

UNICARE LIFE & HEALTH INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
80314							
Dental	\$5,923	\$4,063	\$0	0	49	22	71
TOTAL	\$5,923	\$4,063	\$0	0	49	22	71

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UNIFIED LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11121							
Grandfathered Individually Underwritten	\$26,679	\$80,389	\$0	0	31	2	33
Accident Only	\$16,085	\$0	\$0	0	408	8	416
Disability Income	\$16,490	\$13,110	\$0	0	150	0	150
Hospital Indemnity	\$7,435	\$9,130	\$0	0	36	13	49
Limited Benefit	\$829,514	\$517,715	\$0	0	1,544	517	2,061
Short Term Care	\$15,439	\$162,916	\$0	0	28	0	28
Medicare Supplement	\$154,349	\$154,630	\$0	0	77	0	77
TOTAL	\$1,065,991	\$937,890	\$0	0	2,274	540	2,814

UNIMERICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91529							
Other Prepaid Health Services	\$142,877	\$79,892	\$0	10	590	342	932
Excess/Stop Loss	\$2,946,513	\$2,166,736	\$499,842	203	21,765	22,266	44,031
TOTAL	\$3,089,390	\$2,246,628	\$499,842	213	22,355	22,608	44,963

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UNION FIDELITY LIFE INSURANCE COMPANY

NAIC Company Code

62596	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Individually Underwritten	\$1,793	\$0	\$0	0	2	0	2
Accident Only	\$239,088	\$242,832	\$0	0	3,469	2,074	5,543
Accidental Death & Dismemberment	\$171,564	\$5,649	\$0	0	2,074	2,411	4,485
Disability Income	\$86	\$16,932	\$0	0	1	0	1
Hospital Indemnity	\$59,600	\$21,325	\$0	0	302	63	365
Limited Benefit	\$619,533	\$268,216	\$0	0	3,366	1,220	4,586
Short Term Care	\$1,407	\$0	\$0	0	6	0	6
Medicare Supplement	\$82,938	\$89,818	\$0	0	31	0	31
Champus/Tricare Supplement	\$847	\$1,304	\$0	0	1	0	1
TOTAL	\$1,176,856	\$646,076	\$0	0	9,252	5,768	15,020

UNION LABOR LIFE INSURANCE COMPANY

NAIC Company Code

69744	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Conversion	\$98,821	\$353,762	\$0	0	23	0	23
Accident Only	\$1,463	(\$19)	\$95	0	19	2	21
Accidental Death & Dismemberment	\$132,090	\$8,029	\$26,487	91	14,055	788	14,843
Dental	\$2,405	\$7,528	\$0	3	4	6	10
Disability Income	\$1,832	(\$2,009)	\$0	2	8	0	8
Excess/Stop Loss	\$0	\$8,991	\$0	0	0	0	0
Hospital Indemnity	\$43,016	\$13,961	\$545	0	131	24	155
Limited Benefit	\$9,731	\$622	\$0	1	846	150	996
Long Term Care-Comprehensive	\$157,949	\$417,771	\$0	0	64	0	64
Medicare Supplement	\$31,107	\$111,353	\$0	6	25	0	25
TOTAL	\$478,414	\$919,989	\$27,127	103	15,175	970	16,145

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UNION NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

69779

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$112	\$0	\$0	0	4	0	4
Disability Income	\$154	\$0	\$0	0	2	0	2
Hospital Indemnity	\$12	\$0	\$0	0	1	0	1
Limited Benefit	\$194	\$0	\$0	0	1	0	1
TOTAL	\$472	\$0	\$0	0	8	0	8

UNION SECURITY INSURANCE COMPANY

NAIC Company Code

70408

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered 2 - 50 Member Groups	\$0	(\$148)	\$0	0	0	0	0
Grandfathered Conversion	\$0	\$2,873	\$0	0	1	0	1
Accident Only	\$634,161	\$112,330	\$147,078	68	3,219	1,326	4,545
Accidental Death & Dismemberment	\$698,783	\$229,519	\$0	38	3,720	3,453	7,173
Dental	\$35,241,933	\$21,615,185	\$2,916,794	1,809	81,123	76,450	157,573
Disability Income	\$13,203,265	\$7,798,155	\$1,293,466	824	40,934	0	40,934
Hospital Indemnity	\$334	\$0	\$0	0	1	0	1
Limited Benefit	\$686,000	\$143,907	\$107,681	98	2,840	1,050	3,890
Long Term Care-Comprehensive	\$8,313,518	\$12,962,721	\$0	0	5,587	0	5,587
Long Term Care-Facility Only	\$216,478	\$337,539	\$0	0	145	0	145
Vision	\$1,479,223	\$723,620	\$252,628	400	12,408	11,167	23,575
TOTAL	\$60,473,695	\$43,925,701	\$4,717,647	3,237	149,978	93,446	243,424

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

UNITED AMERICAN INSURANCE COMPANY

NAIC Company Code

92916

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Guarantee Issue	\$10,810	\$3,287	\$0	0	1	0	1
Grandfathered Individually Underwritten	\$3,605,681	\$2,345,425	\$0	0	1,989	626	2,615
Accidental Death & Dismemberment	\$2,548	\$61	\$930	0	303	0	303
Disability Income	\$606	\$0	\$0	0	5	0	5
Hospital Indemnity	\$29,350	\$17,313	\$6,983	0	43	5	48
Limited Benefit	\$1,067,861	\$509,889	\$33,542	0	2,938	1,137	4,075
Long Term Care-Comprehensive	\$137,806	\$144,740	\$0	0	80	0	80
Long Term Care-Facility Only	\$107,855	\$461,875	\$0	0	85	0	85
Medicare Supplement	\$76,299,129	\$45,985,383	\$9,112,407	0	31,658	0	31,658
Prescription Drug	\$1,050,528	\$750,141	\$216,058	0	935	0	935
TOTAL	\$82,312,174	\$50,218,114	\$9,369,920	0	38,037	1,768	39,805

UNITED CONCORDIA INSURANCE COMPANY

NAIC Company Code

85766

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$11,697,906	\$8,054,046	\$2,193,459	437	21,092	19,318	40,410
Vision	\$6,488	\$1,652	\$375	6	29	33	62
TOTAL	\$11,704,394	\$8,055,698	\$2,193,834	443	21,121	19,351	40,472

UNITED HOME LIFE INSURANCE COMPANY

NAIC Company Code

69922

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Limited Benefit	\$130	\$0	\$0	0	1	0	1
TOTAL	\$130	\$0	\$0	0	1	0	1

CY2014 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

69930	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accident Only	\$463,720	\$62,417	\$47,082	0	5,287	238	5,525
Disability Income	\$50,961	\$22,693	\$0	0	633	0	633
Hospital Indemnity	\$241,374	\$108,217	\$0	0	2,201	0	2,201
Limited Benefit	\$411,649	\$149,585	\$43,107	0	2,441	1,886	4,327
TOTAL	\$1,167,704	\$342,912	\$90,189	0	10,562	2,124	12,686

UNITED OF OMAHA LIFE INSURANCE COMPANY

NAIC Company Code

69868	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Administrative Services Only (ASO)	\$55,928	\$0	\$10,249	39	2,474	122	2,596
Accident Only	\$14,331	\$10,010	\$0	4	8,199	0	8,199
Accidental Death & Dismemberment	\$2,341,163	\$1,034,089	\$639,504	1,212	166,732	18,142	184,874
Dental	\$6,405,152	\$4,389,720	\$1,519,661	184	10,773	8,601	19,374
Disability Income	\$33,653,245	\$24,768,286	\$3,676,336	1,621	137,288	0	137,288
Hospital Indemnity	\$22,196	\$111,849	\$0	0	54	0	54
Limited Benefit	\$1,372	\$607	\$1,372	2	81	203	284
Long Term Care-Comprehensive	\$2,663,431	\$72,763	\$547,588	0	1,367	0	1,367
Medicare Supplement	\$4,962,709	\$3,051,256	\$0	0	2,038	0	2,038
TOTAL	\$50,119,527	\$33,438,580	\$6,394,710	3,062	329,006	27,068	356,074

CY2014 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 EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
42129							
Hospital Indemnity	\$34,740	\$2,080	\$3,157	0	10	0	10
Long Term Care-Comprehensive	\$2,320,162	\$458,758	\$159,573	0	754	0	754
Long Term Care-Non-Facility Only	\$767,329	\$491,459	\$43,683	0	458	0	458
Short Term Care	\$104,424	\$18,205	\$1,916	0	142	0	142
TOTAL	\$3,226,655	\$970,502	\$208,329	0	1,364	0	1,364

UNITED STATES FIRE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
21113							
Accident Only	\$2,046,383	\$810,826	\$0	0	22,029	2,560	24,589
Accidental Death & Dismemberment	\$492,828	\$80,473	\$0	0	2,328	0	2,328
Blanket Accident/Sickness	\$483,671	\$265,318	\$0	0	3,189	0	3,189
Excess/Stop Loss	\$25,268	\$0	\$0	0	3,041	6,081	9,122
Hospital Indemnity	\$1,850,348	\$1,980,548	\$0	0	11,811	13,925	25,736
TOTAL	\$4,898,498	\$3,137,165	\$0	0	42,398	22,566	64,964

UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
56456							
Disability Income	\$110,231	\$26,125	\$0	0	217	217	434
Hospital Indemnity	\$36,098	\$96,951	\$0	0	301	149	450
TOTAL	\$146,329	\$123,076	\$0	0	518	366	884

CY2014 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 EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70106							
Grandfathered Out-of-State 101+ Member Groups	\$3,051,694	\$3,774,972	\$0	34	6,291	3,982	10,273
Accident Only	\$689	\$0	\$0	3	3	0	3
Accidental Death & Dismemberment	\$1,526,367	\$798,342	\$0	86	15	26,371	26,386
Dental	\$674,612	\$367,661	\$0	16	2,120	1,910	4,030
Disability Income	\$3,625,562	\$7,985,538	\$0	51	7,013	3	7,016
Hospital Indemnity	\$59,786	(\$6,447)	\$0	15	255	221	476
Limited Benefit	\$0	\$98	\$0	0	0	0	0
Long Term Care-Comprehensive	\$79,935	\$73,374	\$0	25	30	0	30
Vision	(\$141)	\$3,423	\$0	1	0	0	0
TOTAL	\$9,018,504	\$12,996,961	\$0	231	15,727	32,487	48,214

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63479							
Grandfathered Individually Underwritten	\$52,472	\$64,084	\$0	0	95	15	110
Accident Only	\$148	(\$6)	\$0	0	3	0	3
Dental	\$244	(\$320)	\$0	0	0	0	0
Disability Income	\$103,141	\$375,972	\$0	0	323	0	323
Hospital Indemnity	\$372,600	\$144,350	\$0	0	95	22	117
Limited Benefit	\$709,680	\$538,033	\$276,388	0	1,990	730	2,720
Long Term Care-Comprehensive	\$3,260,058	\$1,993,948	\$0	0	1,804	0	1,804
Long Term Care-Non-Facility Only	\$2,269	\$13,365	\$0	0	1	0	1
Medicare Supplement	\$6,549,718	\$5,355,152	\$0	0	1,815	0	1,815
TOTAL	\$11,050,330	\$8,484,578	\$276,388	0	6,126	767	6,893

CY2014 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 EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Medicare Supplement	\$10,916,031	\$7,654,073	\$0	0	3,648	0	3,648
TOTAL	\$10,916,031	\$7,654,073	\$0	0	3,648	0	3,648

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

UNITEDHEALTHCARE INSURANCE COMPANY

NAIC Company Code

79413	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA Off Exchange 2 - 50 Member Groups	\$52,411,269	\$31,498,547	\$4,683,091	1,033	1,033	1,561	2,594
Grandfathered 2 - 50 Member Groups	\$303,712,765	\$242,930,599	\$1,743,224	9,786	29,453	19,739	49,192
Grandfathered 51-100 Member Groups	\$185,434,278	\$153,185,761	\$11,934,443	2,939	22,912	16,736	39,648
Grandfathered 101+ Member Groups	\$476,685,180	\$392,982,392	\$28,255,009	2,299	62,665	47,400	110,065
Grandfathered Conversion	\$6,333,501	\$15,011,971	\$0	0	7,968	2,136	10,104
Transitional 2 - 50 Member Groups	\$105,955,467	\$84,264,996	\$1,032,740	3,412	10,274	6,885	17,159
Transitional 51-100 Member Groups	\$4,320,457	\$3,348,989	\$0	69	534	390	924
Transitional 101+ Member Groups	\$1,815,545	\$1,462,322	\$0	9	239	181	420
Grandfathered Out-of-State 2 - 50 Member Groups	\$20,958,442	\$17,093,948	\$79,484	675	2,032	1,362	3,394
Grandfathered Out-of-State 51-100 Member Groups	\$26,511,802	\$21,893,583	\$2,584,375	420	3,277	2,395	5,672
Grandfathered Out-of-State 101+ Member Groups	\$338,729,554	\$285,290,495	\$6,730,361	1,633	44,529	33,681	78,210
Grandfathered Out-of-State Conversion	\$1,167,801	\$2,404,906	\$0	0	1,560	454	2,014
Transitional Out-of-State 2 - 50 Member Groups	\$3,398,336	\$2,441,435	\$33,141	109	329	221	550
Transitional Out-of-State 51-100 Member Groups	\$82,508	\$62,511	\$0	2	11	15	26
Transitional Out-of-State Conversion	\$974	\$1,984	\$0	0	2	1	3
Dental	\$80,019,803	\$62,413,772	\$9,700,467	6,393	132,130	111,036	243,166
Disability Income	\$5,001,286	\$2,502,136	\$153,906	591	19,297	0	19,297
Excess/Stop Loss	\$39,729,485	\$32,180,883	\$10,574,275	518	66,953	62,828	129,781
Hospital Indemnity	\$11,243,625	\$8,547,368	\$301,824	1	38,834	0	38,834
Medicare Supplement	\$959,829,235	\$770,818,546	\$90,433,991	1	397,038	0	397,038
Medicare Advantage (Medicare+Choice)	\$1,588,708,361	\$1,278,359,259	\$76,675,698	163,502	163,502	0	163,502
Student	\$37,582,668	\$28,130,314	\$5,396,841	35	30,272	0	30,272
Vision	\$20,155,730	\$10,634,717	\$1,719,284	5,950	211,431	151,173	362,604
TOTAL	\$4,269,788,072	\$3,447,461,434	\$252,032,154	199,377	1,246,275	458,194	1,704,469

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UNITEDHEALTHCARE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
97179							
ACA Off Exchange Guarantee Issue	\$24,346,755	\$36,590,756	\$24,346,755	0	3,654	1,853	5,507
Grandfathered Out-of-State Individually Underwritten	\$7,960,676	\$5,814,549	\$0	0	555	361	916
Grandfathered Out-of-State Conversion	\$1,763	\$219,741	\$0	0	0	0	0
Transitional Out-of-State Individually Underwritten	\$132,125	\$29,812	\$0	0	10	6	16
Dental	\$501,030	\$178,976	\$489,970	0	2,112	1,050	3,162
TOTAL	\$32,942,349	\$42,833,834	\$24,836,725	0	6,331	3,270	9,601

UNITEDHEALTHCARE OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95264							
ACA Off Exchange 2 - 50 Member Groups	\$18,510,831	\$7,381,098	\$3,060,793	648	3,501	1,900	5,401
Grandfathered 2 - 50 Member Groups	\$143,975,850	\$38,890,999	\$1,892,021	307	2,159	986	3,145
Grandfathered 51-100 Member Groups	\$72,466,518	\$62,398,645	\$13,106,981	668	13,313	7,681	20,994
Grandfathered 101+ Member Groups	\$110,017,694	\$89,776,274	\$5,153,773	150	12,210	7,611	19,821
Grandfathered Conversion	\$2,391,686	\$4,256,134	\$0	0	60	0	60
Transitional 2 - 50 Member Groups	\$58,627,040	\$111,976,552	\$1,140,379	3,703	23,075	11,787	34,862
Medicare Advantage (Medicare+Choice)	\$382,418,815	\$334,359,957	\$47,445,777	4	39,865	0	39,865
TOTAL	\$788,408,434	\$649,039,659	\$71,799,724	5,480	94,183	29,965	124,148

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UNUM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62235							
Accident Only	\$4,163,302	\$133,593	\$487,643	778	778	0	778
Accidental Death & Dismemberment	\$4,965,571	\$2,655,396	\$581,611	1,807	269,029	14,667	283,696
Disability Income	\$111,452,182	\$104,564,365	\$10,950,833	1,828	207,806	0	207,806
Hospital Indemnity	\$537,621	\$7,165	\$62,971	3,532	3,532	0	3,532
Limited Benefit	\$3,767,118	\$159,642	\$0	1,171	1,184	0	1,184
Long Term Care-Comprehensive	\$21,402,311	\$30,824,839	\$0	407	39,875	1,800	41,675
Long Term Care-Facility Only	\$272,193	\$392,028	\$0	0	1,527	0	1,527
TOTAL	\$146,560,298	\$138,737,028	\$12,083,058	9,523	523,731	16,467	540,198

USAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69663							
Accident Only	\$13,881	(\$45,119)	\$0	1	82	0	82
Disability Income	\$284,418	\$390,784	\$0	0	263	0	263
Hospital Indemnity	\$15,338	(\$710)	\$0	0	32	1	33
Medicare Supplement	\$24,441,292	\$20,864,536	\$2,284,716	0	9,902	0	9,902
TOTAL	\$24,754,929	\$21,209,491	\$2,284,716	1	10,279	1	10,280

USABLE LIFE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
94358							
Accident Only	\$2,586,687	\$566,283	\$1,390,022	97	10,108	0	10,108
Disability Income	\$7,454	\$19,782	\$0	1	26	0	26
Hospital Indemnity	\$516,858	\$95,369	\$313,582	53	992	0	992
Limited Benefit	\$1,596,743	\$739,800	\$781,295	89	8,420	2,458	10,878
TOTAL	\$4,707,742	\$1,421,234	\$2,484,899	240	19,546	2,458	22,004

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VISION SERVICE PLAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
32395							
Vision	\$47,887,895	\$38,750,366	\$790,323	825	561,272	522,086	1,083,358
TOTAL	\$47,887,895	\$38,750,366	\$790,323	825	561,272	522,086	1,083,358

VOYA INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80942							
Disability Income	\$137	\$978	\$0	0	1	0	1
Limited Benefit	\$978	\$0	\$0	0	206	0	206
TOTAL	\$1,115	\$978	\$0	0	207	0	207

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
86509							
Hospital Indemnity	\$269	\$39	\$0	0	1	0	1
Long Term Care-Comprehensive	\$20,808	\$76,740	\$0	0	21	0	21
Medicare Supplement	\$4,696	\$18,061	\$0	0	3	0	3
TOTAL	\$25,773	\$94,840	\$0	0	25	0	25

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WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70319							
Grandfathered Individually Underwritten	\$27,387	\$57,218	\$0	0	10	1	11
Accident Only	\$4,852,101	\$1,670,801	\$785,500	3	14,555	1,905	16,460
Disability Income	\$21,236	\$107,752	\$418	1	51	0	51
Hospital Indemnity	\$63,877	\$158,968	\$2,075	2	563	71	634
Limited Benefit	\$17,298,709	\$11,127,205	\$1,252,576	5	37,082	14,989	52,071
Long Term Care-Comprehensive	\$2,526,254	\$9,535,980	\$0	10	1,968	35	2,003
Medicare Supplement	\$3,180,721	\$2,986,943	\$0	0	1,147	10	1,157
Champus/Tricare Supplement	\$51,394	\$87,294	\$0	1	42	0	42
TOTAL	\$28,021,679	\$25,732,161	\$2,040,569	22	55,418	17,011	72,429

WESCO INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25011							
Accidental Death & Dismemberment	\$171	\$73	\$0	0	0	0	0
TOTAL	\$171	\$73	\$0	0	0	0	0

WEST COAST LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70335							
Limited Benefit	\$375	\$3,320	\$0	0	3	0	3
TOTAL	\$375	\$3,320	\$0	0	3	0	3

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70483							
Accident Only	\$118,539	\$0	\$8,578	0	1,210	1,090	2,300
Limited Benefit	\$1,605,648	\$2,315,933	\$64,410	0	2,781	1,077	3,858
TOTAL	\$1,724,187	\$2,315,933	\$72,988	0	3,991	2,167	6,158

WESTERN UNITED LIFE ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85189							
Limited Benefit	\$320	\$195	\$0	0	10	10	20
TOTAL	\$320	\$195	\$0	0	10	10	20

WESTPORT INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
39845							
Excess/Stop Loss	\$1,340,618	\$1,283,286	\$0	6	24,129	29,921	54,050
TOTAL	\$1,340,618	\$1,283,286	\$0	6	24,129	29,921	54,050

WILCAC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62413							
Grandfathered Conversion	\$34,504	\$62,426	\$0	0	7	0	7
Disability Income	\$25,033	(\$111,416)	\$0	0	19	0	19
TOTAL	\$59,537	(\$48,990)	\$0	0	26	0	26

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66230							
Disability Income	\$345	\$0	\$0	0	2	0	2
Hospital Indemnity	\$498	\$4,585	\$0	0	4	0	4
TOTAL	\$843	\$4,585	\$0	0	6	0	6

WILTON REASSURANCE LIFE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60704							
Accident Only	\$55	\$0	\$0	1	1	0	1
Accidental Death & Dismemberment	\$163	\$0	\$0	3	3	1	4
Hospital Indemnity	\$565	\$0	\$0	5	5	0	5
Travel	\$2,581	\$35,765	\$0	9	9	0	9
TOTAL	\$3,364	\$35,765	\$0	18	18	1	19

ZURICH AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
16535							
Accident Only	\$6,192,808	\$3,813,462	\$866,365	169	493,936	4,110	498,046
Accidental Death & Dismemberment	\$4,916	\$0	\$960	67	67	36	103
Disability Income	(\$400)	\$107,139	\$0	0	0	0	0
Excess/Stop Loss	\$6,427,035	\$5,799,410	\$3,361,025	12	11,372	9,098	20,470
TOTAL	\$12,624,359	\$9,720,011	\$4,228,350	248	505,375	13,244	518,619

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

ZURICH AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code

90557

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$27,866	\$21,019	\$27,866	4	263	0	263
TOTAL	\$27,866	\$21,019	\$27,866	4	263	0	263

CY2014 Accident and Health Report of Gross Annual Premium and Enrollment Carriers Reporting No Activity

	<i>NAIC Company Code</i>
1 ACACIA LIFE INSURANCE COMPANY	60038
2 ACCENDO INSURANCE COMPANY	63444
3 ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
4 ACE INSURANCE COMPANY OF THE MIDWEST	26417
5 ACE LIFE INSURANCE COMPANY	60348
6 ACE PROPERTY AND CASUALTY INSURANCE COMPANY	20699
7 ADVANTICA INSURANCE COMPANY	12278
8 AETNA HEALTH INSURANCE COMPANY	72052
9 AETNA INSURANCE COMPANY OF CONNECTICUT	36153
10 AHF MCO OF FLORIDA, INC.	12973
11 AIG PROPERTY CASUALTY COMPANY	19402
12 ALFA LIFE INSURANCE CORPORATION	79049
13 ALLIED INSURANCE COMPANY OF AMERICA	10127
14 ALLSTATE INSURANCE COMPANY	19232
15 ALTERRA AMERICA INSURANCE COMPANY	21296
16 AMERICAN COMMERCE INSURANCE COMPANY	19941
17 AMERICAN FIDELITY LIFE INSURANCE COMPANY	60429
18 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
19 AMERICAN INSURANCE COMPANY (THE)	21857
20 AMERICAN RELIABLE INSURANCE COMPANY	19615
21 AMERICAN SECURITY INSURANCE COMPANY	42978
22 AMERICAN SENTINEL INSURANCE COMPANY	17965
23 AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
24 AMERICAN SOUTHERN INSURANCE COMPANY	10235
25 AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
26 AMERICAN ZURICH INSURANCE COMPANY	40142
27 AMERIGROUP FLORIDA, INC.	95093
28 ANTHEM LIFE INSURANCE COMPANY	61069
29 ASSOCIATED INDEMNITY CORPORATION	21865
30 ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK	68039
31 ATLANTIC COAST LIFE INSURANCE COMPANY	61115
32 AURIGEN REINSURANCE COMPANY OF AMERICA	74900
33 AURORA NATIONAL LIFE ASSURANCE COMPANY	61182
34 AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT	19062
35 AVEMCO INSURANCE COMPANY	10367
36 AXIS REINSURANCE COMPANY	20370
37 BALBOA INSURANCE COMPANY	24813

**CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

NAIC Company Code

38	BALBOA LIFE INSURANCE COMPANY	68160
39	BANKERS STANDARD INSURANCE COMPANY	18279
40	BERKLEY INSURANCE COMPANY	32603
41	BEST MERIDIAN INSURANCE COMPANY	63886
42	BETTER HEALTH, INC.	15480
43	BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
44	BUPA INSURANCE COMPANY	81647
45	CAROLINA CASUALTY INSURANCE COMPANY	10510
46	CATAMARAN INSURANCE OF OHIO INC	69647
47	CATHOLIC HOLY FAMILY SOCIETY	57770
48	CENTRE INSURANCE COMPANY	34649
49	CENTURY INDEMNITY COMPANY	20710
50	CHARTER NATIONAL LIFE INSURANCE COMPANY	61808
51	CHEROKEE INSURANCE COMPANY	10642
52	CHURCH LIFE INSURANCE CORPORATION	61875
53	CINCINNATI INDEMNITY COMPANY	23280
54	CINCINNATI INSURANCE COMPANY	10677
55	CITRUS HEALTH CARE, INC.	11836
56	CLARENDON NATIONAL INSURANCE COMPANY	20532
57	CONTINENTAL INSURANCE COMPANY	35289
58	CORVESTA LIFE INSURANCE COMPANY	78301
59	COTTON STATES LIFE INSURANCE COMPANY	62537
60	COVENTRY SUMMIT HEALTH PLAN, INC.	10771
61	CSA FRATERNAL LIFE	56138
62	CSI LIFE INSURANCE COMPANY	82880
63	CUMIS INSURANCE SOCIETY, INC.	10847
64	DAILY UNDERWRITERS OF AMERICA	35483
65	DIRECT GENERAL INSURANCE COMPANY	42781
66	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY	36463
67	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA	62790
68	ELCO MUTUAL LIFE AND ANNUITY COMPANY	84174
69	EMPIRE FIRE AND MARINE INSURANCE COMPANY	21326
70	EMPLOYERS FIRE INSURANCE COMPANY	20648
71	EMPLOYERS REASSURANCE CORPORATION	68276
72	ENVISION INSURANCE COMPANY	12747
73	EPIC LIFE INSURANCE COMPANY	64149
74	EVEREST REINSURANCE COMPANY	26921

**CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
75 FAIRMONT PREMIER INSURANCE COMPANY	25518
76 FAIRMONT SPECIALTY INSURANCE COMPANY	24384
77 FEDERATED MUTUAL INSURANCE COMPANY	13935
78 FIDELITY AND GUARANTY INSURANCE UNDERWRITERS INC.	25879
79 FINANCIAL AMERICAN LIFE INSURANCE COMPANY	71455
80 FINANCIAL AMERICAN PROPERTY AND CASUALTY INSURANCE COMPANY	21075
81 FIREMAN'S FUND INSURANCE COMPANY	21873
82 FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
83 FIRST LIBERTY INSURANCE CORPORATION (THE)	33588
84 FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	67652
85 FIRST PROFESSIONALS INSURANCE COMPANY, INC	33383
86 FLORIDA HEALTH PARTNERS, INC.	
87 FLORIDA MHS, INC	14447
88 FLORIDA TRUE HEALTH, INC.	14378
89 FREEDOM HEALTH, INC.	10119
90 GENERAL FIDELITY INSURANCE COMPANY	30007
91 GENERAL FIDELITY LIFE INSURANCE COMPANY	93521
92 GENERATION LIFE INSURANCE COMPANY	73504
93 GRANITE STATE INSURANCE COMPANY	23809
94 GREAT DIVIDE INSURANCE COMPANY	25224
95 GREENWICH INSURANCE COMPANY	22322
96 GUIDEONE MUTUAL INSURANCE COMPANY	15032
97 HARTFORD ACCIDENT AND INDEMNITY COMPANY	22357
98 HARTFORD CASUALTY INSURANCE COMPANY	29424
99 HARTFORD UNDERWRITERS INSURANCE COMPANY	30104
100 HCSC INSURANCE SERVICES COMPANY	78611
101 HEALTHMARKETS INSURANCE COMPANY	92908
102 HEALTHPLEX DENTAL SERVICES, INC.	
103 HEALTHSUN HEALTH PLANS, INC.	10122
104 HEALTHY PALM BEACHES, INC.	95827
105 HISCOX INSURANCE COMPANY INC.	10200
106 HORACE MANN INSURANCE COMPANY	22578
107 HUDSON INSURANCE COMPANY	25054
108 HUMANA ADVANTAGECARE PLAN, INC.	10126
109 INDEPENDENCE LIFE AND ANNUITY COMPANY	64602
110 INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT	81779
111 INSURANCE COMPANY OF THE WEST	27847

**CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

NAIC Company Code

112	INTEGRITY LIFE INSURANCE COMPANY	74780
113	INVESTORS HERITAGE LIFE INSURANCE COMPANY	64904
114	IRONSHORE INDEMNITY INC.	23647
115	JOHN DEERE INSURANCE COMPANY	36781
116	LIBERTY BANKERS LIFE INSURANCE COMPANY	68543
117	LIBERTY INSURANCE UNDERWRITERS INC.	19917
118	LM INSURANCE CORPORATION	33600
119	LYNDON SOUTHERN INSURANCE COMPANY	10051
120	MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.	
121	MAGNA INSURANCE COMPANY	61018
122	MARKEL AMERICAN INSURANCE COMPANY	28932
123	MARYLAND CASUALTY COMPANY	19356
124	MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
125	MEGA LIFE & HEALTH INSURANCE COMPANY	97055
126	METLIFE INVESTORS INSURANCE COMPANY	93513
127	METLIFE INVESTORS USA INSURANCE COMPANY	61050
128	MIDWESTERN UNITED LIFE INSURANCE COMPANY	66109
129	MML BAY STATE LIFE INSURANCE COMPANY	70416
130	MONY LIFE INSURANCE COMPANY OF AMERICA	78077
131	NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
132	NATIONAL INDEMNITY COMPANY	20087
133	NATIONAL SECURITY INSURANCE COMPANY	66788
134	NATIONAL SPECIALTY INSURANCE COMPANY	22608
135	NATIONAL SURETY CORPORATION	21881
136	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
137	NATIONWIDE MUTUAL INSURANCE COMPANY	23787
138	NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	69698
139	NEW HAMPSHIRE INSURANCE COMPANY	23841
140	NIPPON LIFE INSURANCE COMPANY OF AMERICA	81264
141	NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.	
142	NORTH RIVER INSURANCE COMPANY	21105
143	NORTHERN INSURANCE COMPANY OF NEW YORK	19372
144	NYLIFE INSURANCE COMPANY OF ARIZONA	81353
145	OHIO CASUALTY INSURANCE COMPANY	24074
146	OHIO STATE LIFE INSURANCE COMPANY (THE)	67180
147	OLD REPUBLIC LIFE INSURANCE COMPANY	67261
148	ONENATION INSURANCE COMPANY	85286

**CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

NAIC Company Code

149	OPTIMUM HEALTHCARE, INC.	12259
150	PACIFIC INDEMNITY COMPANY	20346
151	PACIFIC LIFE INSURANCE COMPANY	67466
152	PARK AVENUE LIFE INSURANCE COMPANY	60003
153	PARKER CENTENNIAL ASSURANCE COMPANY	71099
154	PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.	12262
155	PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO	14990
156	PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY	60232
157	PHL VARIABLE INSURANCE COMPANY	93548
158	PHOENIX LIFE AND ANNUITY COMPANY	93734
159	PIONEER AMERICAN INSURANCE COMPANY	67873
160	PREMIER ACCESS INSURANCE COMPANY	60237
161	PROTECTIVE INSURANCE COMPANY	12416
162	PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION	86630
163	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	93629
164	QBE REINSURANCE CORPORATION	10219
165	R.V.I. AMERICA INSURANCE COMPANY	23132
166	RESOURCE LIFE INSURANCE COMPANY	61506
167	RIVERPORT INSURANCE COMPANY	36684
168	RLI INSURANCE COMPANY	13056
169	SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY	64688
170	SEABRIGHT INSURANCE COMPANY	15563
171	SECURITY BENEFIT LIFE INSURANCE COMPANY	68675
172	SENTRY CASUALTY COMPANY	28460
173	SENTRY SELECT INSURANCE COMPANY	21180
174	SHELTERPOINT INSURANCE COMPANY	89958
175	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	71420
176	SILVERSCRIPT INSURANCE COMPANY	12575
177	SIMPLY HEALTHCARE PLANS, INC.	13726
178	SMART INSURANCE COMPANY	80055
179	SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
180	SOUTHLAND NATIONAL INSURANCE CORPORATION	79057
181	SPARTA INSURANCE COMPANY	20613
182	ST. PAUL MERCURY INSURANCE COMPANY	24791
183	STANDARD FIRE INSURANCE COMPANY (THE)	19070
184	STAR INSURANCE COMPANY	18023
185	STATE FARM LIFE INSURANCE COMPANY	69108

**CY2014 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

NAIC Company Code

186	SUNSET LIFE INSURANCE COMPANY OF AMERICA	69272
187	SWISS RE LIFE & HEALTH AMERICA INC.	82627
188	THE TRAVELERS CASUALTY COMPANY	41769
189	TRANSPORTATION INSURANCE COMPANY	20494
190	TRAVELERS CASUALTY AND SURETY COMPANY	19038
191	TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170
192	TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
193	TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
194	TRUASSURE INSURANCE COMPANY	92525
195	U.S. FINANCIAL LIFE INSURANCE COMPANY	84530
196	UBS LIFE INSURANCE COMPANY USA	67423
197	ULLICO LIFE INSURANCE COMPANY	86371
198	UNION CENTRAL LIFE INSURANCE COMPANY (THE)	80837
199	UNITED HERITAGE LIFE INSURANCE COMPANY	63983
200	UNITED LIFE INSURANCE COMPANY	69973
201	UNITED NATIONAL SPECIALTY INSURANCE COMPANY	41335
202	UNITED STATES FIDELITY AND GUARANTY COMPANY	25887
203	UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY	70173
204	UNUM INSURANCE COMPANY	67601
205	VALLEY FORGE INSURANCE COMPANY	20508
206	VIGILANT INSURANCE COMPANY	20397
207	VIRGINIA SURETY COMPANY, INC.	40827
208	WELLCARE PRESCRIPTION INSURANCE, INC.	10155
209	WESTERN RESERVE LIFE ASSURANCE COMPANY OF OHIO	91413
210	WESTERN-SOUTHERN LIFE ASSURANCE COMPANY	92622
211	ZALE LIFE INSURANCE COMPANY	71323
212	ZENITH INSURANCE COMPANY	13269

Florida Office of Insurance Regulation

Accident and Health Premium and Enrollment Annual Data Filing Requirements (GAP)

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

Market Research and Technology Unit

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

Required Filers and General Reporting Definitions

Section 624.316, F.S., authorizes the Office of Insurance Regulation (the "Office") to examine all insurers regarding "affairs, transactions, accounts, records, and assets." 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." The Form OIR-B2-1094 has been modified from last year's appearance to accommodate some of the changes required under the new Federal Healthcare laws. Additionally, Form OIR-B2-1094 satisfies certain Long Term Care reporting requirements previously gathered under a separate data call under Section 627.9407, F.S. Form OIR-B2-1386 and the 1386 Supplemental Form have not changed in recent years. Additionally, no changes have been made to the definition of filers required to file in this annual data call.

The required filers include 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 Section 627.316, F.S., and 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@floir.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 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 in the ROW and COLUMN instructions that follow.

Row Definitions:

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p>Major Medical - A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. In Florida this means insurance that is designed to cover expenses of serious illness, chronic care (excluding long-term care) and/or hospitalization. The term does NOT include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, prepaid products, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which do not duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance. Please note that short-term major medical coverages are to be reported on Line 16.</p>	<p>H16G H16I H15G H15I</p>
<p>Hospital/Surgical/Medical Expense - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.</p> <p>These definitions include the following subcategories:</p> <ul style="list-style-type: none"> • <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i> • <i>Individually Underwritten</i> • <i>Self-Employed or Sole Proprietor (FS 627.6699)</i> • <i>2 - 50 Member Groups (FS 627.6699)</i> • <i>51 - 100 Member Groups (FS 627.6699)</i> • <i>101+ Member Groups (FS 627.652)</i> 	
<p>The coverages themselves are collected under six categories:</p> <ul style="list-style-type: none"> • <i>ACA Major Medical and/or Hospital/Surgical/Midcal Expense Coverages Issued to In-State Groups -- On Exchange Only</i> • <i>ACA Major Medical and/or Hospital/Surgical/Midcal Expense Coverages Issued to In-State Groups -- Off Exchange</i> • <i>Grandfathered Major Medical and/or Hospital/Surgical/Midcal Expense Coverages Issued to In-State Groups</i> • <i>Transitional Major Medical and/or Hospital/Surgical/Midcal Expense Coverages Issued to In-State Groups</i> • <i>Grandfathered Major Medical and/or Hospital/Surgical/Midcal Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.</i> • <i>Transitional Major Medical and/or Hospital/Surgical/Midcal Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.</i> 	
<p>Conversion - Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.</p>	<p>H06</p>
<p>Other Prepaid Health Services not listed below: Pursuant to Section 636.003(5), F.S., "Limited health service" also includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services. "Limited health service" does not include inpatient, hospital surgical services, or emergency services except as such services are provided incident to the limited health services.</p>	
<p>Administrative Services Only (ASO) - ASO describes the contractual arrangement utilized by a self-funded employer, whereby a separate company processes claims and other administrative needs pertinent to the employer's health care plans. (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only" and "Covered Lives")</p>	
<p>Accident Only - An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.</p>	<p>H02G H02I</p>
<p>Accidental Death & Dismemberment - An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.</p>	<p>H03G H03I</p>
<p>Blanket Accident/Sickness -- A health insurance contract that covers all of a class of persons not individually identified in the contract.</p>	<p>H04</p>
<p>Dental - Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.</p>	<p>H10G H10I</p>

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness.	H11G H11I
Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) - This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount. As defined in Section 627.6482 (14), F.S., "Stop-loss coverage" means an arrangement whereby 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
Hospital Indemnity - An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition.	H14G H14I
Limited Benefit (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease – Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)- (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. (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. (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 H07I H08G H08I H09G H09I
Long Term Care-Comprehensive -- 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 LTC05I
Long Term Care-Facility Only -- Coverage that provides only facility (nursing home) benefits. All extension of benefit riders providing facility only coverage are included.	LTC04G LTC04I
Long Term Care-Non-Facility Only -- Coverage that provides only non-facility (home health care) benefits. All extension of benefit riders providing non-facility only coverage are included.	LTC02G LTC02I
Long Term Care-Accelerated Benefit Rider -- Coverage that provides any type of long term care benefit paid from either a life or annuity product.	FLLTC06
Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.	H13G H13I
Medicare Supplement - Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance.	MS02G MS02I MS03G MS03I MS04G MS04I MS05G MS05I MS06

TYPE OF INSURANCE DESCRIPTION	TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05)
<p>Medicare Advantage (Medicare+Choice) - Also known as Medicare Part C, includes the private health plans through which beneficiaries have chosen to receive all of their Medicare benefits. It includes:</p> <p>(i) Coordinated care plans such as Health Maintenance Organizations (HMOs), provider-sponsored organizations (PSOs), regional or local preferred provider organizations (PPOs), and other network plans (other than private fee-for-service plans) [42 C.F.R. §422.4(a)(1)(iii).]</p> <p>(ii) Private Fee for Service Plans [42 C.F.R. §422.4(a)(3).] and</p> <p>(iii) Medical savings accounts which are comprised of an MA medical savings account plan that pays for a basic set of health benefits approved by CMS and an MSA trust or custodial account into which CMS will make deposits. [42 C.F.R. §422.4(a)(2).]</p>	N/A
<p>Champus/Tricare Supplement - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.</p>	H05
<p>Prescription Drug - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.</p>	H17G H17I
<p>Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.</p>	H18G H18I
<p>Student - A health insurance contract that covers a class of students not individually identified in the contract.</p>	H04.001
<p>Travel - Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)</p>	H19G H19I
<p>Vision - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.</p>	H20G H20I
<p>Other - NOT to include the following: Medicare (All Titles), Medicare + Choice, HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business, credit (group and individual), or credit A&H (group and individual)</p>	H21 Other
<p>Accident and Health Insurance Premiums and Losses - 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 37. These amounts should equal or an explanatory letter will be required.</p>	

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

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>TOTAL DIRECT PREMIUMS EARNED</p>	<p>Requested data is your company's direct premium earned from January 01 through December 31, inclusive, for the calendar reporting year. Provide only earned premium specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>DIRECT LOSSES INCURRED</p>	<p>Requested data is your company's direct losses incurred from January 01 through December 31, inclusive, for the calendar reporting year. Provide only losses specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p>
<p>RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED</p>	<p>This is an auto-calculation field. It divides [DIRECT LOSSES INCURRED] by [TOTAL DIRECT PREMIUMS EARNED].</p>
<p>WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?</p>	<p>This cell is used to indicate whether or not your company sold any policies of the associated coverage in each row during the calendar reporting year.</p> <p>A policy is considered to be sold if it meets the definition of an insurance transaction per Section 624.10, F.S.</p> <p>Responding "YES" means sales did occur during the calendar reporting year.</p> <p>Responding "NO" means sales did not occur during the calendar reporting year.</p>
<p>DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</p>	<p>Requested data is your company's direct premium earned for new business only from January 01 through December 31, inclusive, for the calendar reporting year. Provide earned premium specific to covered Florida residents.</p> <p>The data contained in this cell should be included in the total reported for "TOTAL DIRECT PREMIUMS EARNED."</p> <p>This cell should contain a whole number or zero.</p> <p>If the coverage associated with this cell was sold during the calendar reporting year, this cell should be entered as a whole number or zero. Otherwise, please enter zero.</p>
<p>PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS</p>	<p>This is an auto-calculation field. It divides [DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY] by [TOTAL DIRECT PREMIUMS EARNED] then multiplies the result by 100 to convert it to a percentage.</p>
<p>EMPLOYEES/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY</p>	<p>For all group categories, provide the number of employers who covered Florida resident employees, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>
<p>PRIMARY ENROLLEES AT END OF REPORTING CY</p>	<p>Provide the total number of resident individual policyholders or resident group employee/member certificateholders, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p>

COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY	<p>Provide the total number of individuals who are covered by the primary insured's plan (excluding the primary insured but 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>
COVERED LIVES AT END OF REPORTING CY	<p>This is an auto-calculation field. It adds [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY]</p>
AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS	<p>Provide a simple average ([the total number of days from the date of receipt to the date of payment for each claim received] divided by [the total of number of claims received]). The data provided should 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. Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S. Where date of payment is defined by Section 627.6131(7) and 641.3155(6), F.S.</p> <p>This cell should contain a positive, whole number or zero.</p>

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

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

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

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

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

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

Data Submission Validation Process

Computerized Validations:

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

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

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 Please provide company and individual contact information on this worksheet		VALIDATION CHECKS
		Required Data Field Complete?
Reporting Period - Year	CY2014	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:
To be completed by all carriers

Line	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
ACA Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups -- On Exchange Only												
1.A	Guarantee Issue (HIPAA, FS 627.6487(3))									0		FALSE
2.A	Individually Underwritten									0		FALSE
3.A	Self-Employed or Sole Proprietor (FS 627.6699)									0		FALSE
4.A	2 - 50 Member Groups (FS 627.6699)									0		FALSE
5.A	51-100 Member Groups									0		FALSE
6.A	101+ Member Groups (FS 627.652)									0		FALSE
7.A	Conversion									0		FALSE
ACA Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups -- Off Exchange												
1.B	Guarantee Issue (HIPAA, FS 627.6487(3))									0		FALSE
2.B	Individually Underwritten									0		FALSE
3.B	Self-Employed or Sole Proprietor (FS 627.6699)									0		FALSE
4.B	2 - 50 Member Groups (FS 627.6699)									0		FALSE
5.B	51-100 Member Groups									0		FALSE
6.B	101+ Member Groups (FS 627.652)									0		FALSE
7.B	Conversion									0		FALSE
Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups												
1.G	Guarantee Issue (HIPAA, FS 627.6487(3))									0		FALSE
2.G	Individually Underwritten									0		FALSE
3.G	Self-Employed or Sole Proprietor (FS 627.6699)									0		FALSE
4.G	2 - 50 Member Groups (FS 627.6699)									0		FALSE
5.G	51-100 Member Groups									0		FALSE
6.G	101+ Member Groups (FS 627.652)									0		FALSE
7.G	Conversion									0		FALSE
Transitional Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups												
1.T	Guarantee Issue (HIPAA, FS 627.6487(3))									0		FALSE
2.T	Individually Underwritten									0		FALSE
3.T	Self-Employed or Sole Proprietor (FS 627.6699)									0		FALSE
4.T	2 - 50 Member Groups (FS 627.6699)									0		FALSE
5.T	51-100 Member Groups									0		FALSE
6.T	101+ Member Groups (FS 627.652)									0		FALSE
7.T	Conversion									0		FALSE
Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.												
8.G	Guarantee Issue (HIPAA, FS 627.6487(3))									0		FALSE
9.G	Individually Underwritten									0		FALSE
10.G	Self-Employed or Sole Proprietor (FS 627.6699)									0		FALSE
11.G	2 - 50 Member Groups (FS 627.6699)									0		FALSE
12.G	51-100 Member Groups									0		FALSE
13.G	101+ Member Groups (FS 627.652)									0		FALSE
14.G	Conversion									0		FALSE
Transitional Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.												
8.T	Guarantee Issue (HIPAA, FS 627.6487(3))									0		FALSE
9.T	Individually Underwritten									0		FALSE
10.T	Self-Employed or Sole Proprietor (FS 627.6699)									0		FALSE
11.T	2 - 50 Member Groups (FS 627.6699)									0		FALSE
12.T	51-100 Member Groups									0		FALSE
13.T	101+ Member Groups (FS 627.652)									0		FALSE
14.T	Conversion									0		FALSE
OTHER ACCIDENT and HEALTH COVERAGES												
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		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
31.1	Medicare Advantage (Medicare+Choice)									0		FALSE
31.2	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: 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	
RECONCILIATION												
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	

rev. 12/2013

Complete Listed Lines	Section C: To be completed by all carriers.			VALIDATION CHECKS
	CARRIER INDIVIDUAL ELECTION STATUS <i>Designation should reflect company's election made per Section 627.6475(5), Florida Statutes.</i>			
1	Select from dropdown list:			FALSE
Section D: To be completed by all carriers.				
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				
Section E: To be completed by carriers responding YES to Section D.				
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				
Section F: To be completed by carriers responding YES to Section E.				
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?		
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: · Please UPLOAD a copy of each form (and any options, riders, endorsement, etc.) · UPLOAD all marketing materials to be provided to eligible individuals (HIPAA-eligible). · UPLOAD an explanation of how these eligible individuals are to be informed of the availability of your company's applicable individual coverages. (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
INDIVIDUAL HMO SERVICES, MAJOR MEDICAL and/or HOSPITAL, MEDICAL AND SURGICAL EXPENSE PRODUCT DATA				
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

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