

CY 2015

Accident and Health Markets Gross Annual Premium and Enrollment



Florida Office of Insurance Regulation
Market Research and Technology Unit

October 7, 2016

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

Amended GAP Report Summary of Changes (10/7/2016)

Changes to the CY2015 GAP Report since original publication on 7/19/2016:

- Molina Healthcare of Florida, Inc. (NAIC #13128) erroneously reported all premium, losses and enrollment for Medicare Supplement. They corrected it by reporting it all under Medicare Advantage (Medicare+Choice). This revised version reflects this change.
- Celtic Insurance Company (NAIC #80799) corrected Direct Premiums Earned for New Business Only for Medicare Supplement market segment from \$5,676,243 to \$0.
- Humana Medical Plan, Inc. (NAIC #95270) made the following changes:
 - Reclassified premium, losses and enrollment for 51-100 Member Groups to either 2-50 Member Groups or to 101+ Member Groups.
 - Adjusted enrollment for Conversion and Guarantee Issue.
 - Revised Total Employer or Groups to 4,729 from 4,895.

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**CY2015 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	\$5,369,191,514	\$4,924,551,983	\$3,322,317,140	N/A	829,535	350,014	1,179,549
ACA Off Exchange Guarantee Issue	\$1,211,778,093	\$1,274,060,971	\$615,111,788	N/A	136,525	78,321	214,846
Grandfathered Guarantee Issue	\$2,230,199	\$3,847,867	\$0	N/A	570	93	663
Transitional Guarantee Issue	\$1,045,596	\$1,706,510	\$0	N/A	35	0	35
Grandfathered Out-of-State Guarantee Issue	\$1,954,684	\$2,760,751	\$0	N/A	106	16	122
Transitional Out-of-State Guarantee Issue	\$2,033,170	\$2,503,335	\$0	N/A	133	23	156
Subtotal	\$6,588,233,256	\$6,209,431,417	\$3,937,428,928	N/A	966,904	428,467	1,395,371
<u>Individually Underwritten</u>							
Grandfathered Individually Underwritten	\$281,711,232	\$230,150,808	\$0	N/A	35,678	23,466	59,144
Transitional Individually Underwritten	\$672,534,154	\$472,065,924	\$0	N/A	109,033	79,188	188,221
Grandfathered Out-of-State Individually Underwritten	\$116,710,309	\$84,132,000	\$0	N/A	13,257	11,748	25,005
Transitional Out-of-State Individually Underwritten	\$150,845,212	\$104,150,484	\$0	N/A	26,567	21,913	48,480
Subtotal	\$1,221,800,908	\$890,499,216	\$0	N/A	184,535	136,315	320,850
<u>Conversion</u>							
ACA On Exchange Conversion	\$6,008,327	\$7,433,764	\$85,495	N/A	624	521	1,145
ACA Off Exchange Conversion	\$52,999,738	\$45,887,225	\$0	N/A	9,783	4,359	14,142
Grandfathered Conversion	\$2,865,205	\$6,898,533	\$0	N/A	186	24	210
Transitional Conversion	\$1,828,306	\$3,969,478	\$22,424	N/A	74	39	113
Grandfathered Out-of-State Conversion	\$206,712	\$361,659	\$0	N/A	5	4	9
Subtotal	\$63,908,288	\$64,550,659	\$107,919	N/A	10,672	4,947	15,619
Total Individual	\$7,873,942,452	\$7,164,481,292	\$3,937,536,847	N/A	1,162,111	569,729	1,731,840

**CY2015 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 Self-Employed or Sole Proprietor	(\$185,765)	(\$185,621)	\$0	0	0	0	0
ACA On Exchange 2 - 50 Member Groups	\$1,816,003	\$793,267	\$1,196,464	40	316	118	434
ACA Off Exchange Self-Employed or Sole Proprietor	\$21,295,548	\$22,943,376	\$634,481	923	1,054	1,390	2,444
ACA Off Exchange 2 - 50 Member Groups	\$944,006,764	\$736,808,423	\$116,792,904	18,098	140,405	73,904	214,309
Grandfathered Self-Employed or Sole Proprietor	\$5,030,279	\$4,399,035	\$0	688	429	185	614
Grandfathered 2 - 50 Member Groups	\$267,050,378	\$202,285,813	\$58,438	5,917	25,982	17,610	43,592
Transitional Self-Employed or Sole Proprietor	\$18,863,502	\$17,770,397	\$0	911	820	986	1,806
Transitional 2 - 50 Member Groups	\$1,638,093,230	\$1,177,488,641	\$15,808,020	28,875	173,281	100,834	274,115
Grandfathered Out-of-State Self-Employed or Sole Proprietor	\$60,752	\$63,982	\$0	10	6	0	6
Grandfathered Out-of-State 2 - 50 Member Groups	\$18,183,333	\$14,015,603	\$827,451	1,289	2,242	2,255	4,497
Transitional Out-of-State Self-Employed or Sole Proprietor	\$1,129,983	\$495,826	\$0	83	83	110	193
Transitional Out-of-State 2 - 50 Member Groups	\$22,481,302	\$16,873,168	\$2,006,628	965	1,867	1,716	3,583
Subtotal	\$2,937,825,309	\$2,193,751,910	\$137,324,386	57,799	346,485	199,108	545,593
<u>Groups 51-100</u>							
ACA On Exchange 51-100 Member Groups	\$687,599	\$422,991	\$1,004	17	61	57	118
ACA Off Exchange 51-100 Member Groups	\$615,001,791	\$510,008,250	\$53,611,146	3,746	86,114	50,907	137,021
Grandfathered 51-100 Member Groups	\$237,591,787	\$178,532,585	\$5,257,974	1,564	30,397	21,221	51,618
Transitional 51-100 Member Groups	\$192,635,989	\$161,865,231	\$2,016,024	992	31,840	14,535	46,375
Grandfathered Out-of-State 51-100 Member Groups	\$30,867,224	\$24,072,232	\$1,527,082	1,190	3,690	3,252	6,942
Transitional Out-of-State 51-100 Member Groups	\$4,146,283	\$3,359,228	\$0	119	414	352	766
Subtotal	\$1,080,930,673	\$878,260,517	\$62,413,230	7,628	152,516	90,324	242,840
<u>Groups 100+</u>							
ACA On Exchange 101+ Member Groups	\$1,012,091	\$1,751,663	\$0	6	130	62	192
ACA Off Exchange 101+ Member Groups	\$4,136,406,948	\$3,402,687,761	\$314,646,655	7,604	539,010	379,401	918,411
Grandfathered 101+ Member Groups	\$790,787,247	\$630,013,556	\$33,451,115	1,575	91,092	66,505	157,597
Transitional 101+ Member Groups	\$787,042,112	\$621,856,216	\$2,297,519	1,106	111,831	62,611	174,442
Grandfathered Out-of-State 101+ Member Groups	\$542,723,244	\$448,538,516	\$14,912,582	4,816	66,522	55,314	121,836
Transitional Out-of-State 101+ Member Groups	\$27,490,194	\$16,336,735	\$0	147	2,040	1,491	3,531
Subtotal	\$6,285,461,837	\$5,121,184,447	\$365,307,871	15,254	810,625	565,384	1,376,009
Total Group	\$10,304,217,820	\$8,193,196,874	\$565,045,487	80,681	1,309,626	854,816	2,164,442

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment Statewide Data: Summary by Other Accident and Health Business

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Other Prepaid Health Services	\$2,390,172	\$325,407	\$270,857	65	26,978	2,600	29,578
Administrative Services Only (ASO)	\$582,449,105	\$0	\$48,662,676	5,273	1,625,048	1,433,414	3,058,462
Accident Only	\$274,945,032	\$122,582,896	\$62,544,511	29,183	4,016,996	759,199	4,776,195
Accidental Death & Dismemberment	\$146,600,340	\$79,125,448	\$10,730,595	147,716	8,273,728	1,440,714	9,714,442
Blanket Accident/Sickness	\$11,265,657	\$4,864,340	\$1,187,942	1,321	279,157	109,476	388,633
Dental	\$1,410,116,667	\$1,170,291,052	\$178,119,042	49,888	4,373,086	5,662,993	10,036,079
Disability Income	\$1,258,936,446	\$1,275,573,611	\$154,916,300	54,936	4,484,084	2,393	4,486,477
Excess/Stop Loss	\$537,263,345	\$367,310,921	\$120,372,788	4,281	1,083,342	895,069	1,978,411
Hospital Indemnity	\$216,749,806	\$123,686,072	\$56,532,658	10,931	445,872	220,275	666,147
Limited Benefit	\$330,147,633	\$195,323,491	\$74,480,822	15,658	1,155,198	584,171	1,739,369
Long Term Care-Comprehensive	\$542,810,236	\$598,352,400	\$9,550,973	21,295	354,004	13,570	367,574
Long Term Care-Facility Only	\$34,588,121	\$78,463,190	\$1,090,447	611	25,511	2,530	28,041
Long Term Care-Non-Facility Only	\$22,658,272	\$62,704,069	\$115,908	0	13,122	1,496	14,618
Long Term Care-Accelerated Benefit Rider	\$30,156,104	\$79,063,842	\$1,174,545	40	13,781	179	13,960
Short Term Care	\$18,445,252	\$9,126,276	\$17,867,306	0	10,426	6,398	16,824
Medicare Supplement	\$1,925,075,316	\$1,511,693,181	\$162,743,628	1,364	800,686	11,362	812,048
Medicare Advantage (Medicare+Choice)	\$18,926,155,213	\$15,569,504,749	\$2,906,636,100	327,633	1,554,384	2,002	1,556,386
Champus/Tricare Supplement	\$7,828,834	\$5,041,969	\$337,777	0	12,285	3,941	16,226
Prescription Drug	\$287,984,369	\$236,758,191	\$920,193	23	323,685	1,651	325,336
Sickness	\$3,372,822	\$1,895,701	\$79,920	16	1,990	1,265	3,255
Student	\$63,355,779	\$43,900,702	\$10,923,021	122	48,065	470	48,535
Travel	\$12,082,609	\$6,435,157	\$5,569,892	223	420,332	96,262	516,594
Vision	\$222,561,501	\$176,097,349	\$48,004,042	20,286	2,103,838	2,173,060	4,276,898

CY2015 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	\$5,441,667,972	1,020,753	29.94%
2	HUMANA MEDICAL PLAN, INC.	95270	\$1,883,587,661	422,721	10.36%
3	UNITEDHEALTHCARE INSURANCE COMPANY	79413	\$1,535,412,370	310,042	8.45%
4	HEALTH OPTIONS, INC.	95089	\$1,483,055,502	307,420	8.16%
5	UNITEDHEALTHCARE OF FLORIDA, INC.	95264	\$1,001,094,672	223,566	5.51%
6	AETNA HEALTH INC.	95088	\$991,434,472	212,002	5.45%
7	CIGNA HEALTH AND LIFE INSURANCE COMPANY	67369	\$934,791,510	176,275	5.14%
8	COVENTRY HEALTH CARE OF FLORIDA, INC.	95114	\$897,255,970	277,732	4.94%
9	NEIGHBORHOOD HEALTH PARTNERSHIP, INC.	95123	\$528,539,064	116,033	2.91%
10	CAPITAL HEALTH PLAN, INC.	95112	\$513,072,998	110,454	2.82%
11	AETNA LIFE INSURANCE COMPANY	60054	\$432,515,609	103,431	2.38%
12	MOLINA HEALTHCARE OF FLORIDA, INC.	13128	\$403,643,727	133,199	2.22%
13	AVMED, INC.	95263	\$379,694,820	93,763	2.09%
14	TIME INSURANCE COMPANY	69477	\$368,407,077	56,731	2.03%
15	GOLDEN RULE INSURANCE COMPANY	62286	\$239,551,122	65,907	1.32%
16	FLORIDA HEALTH CARE PLAN, INC.	13567	\$202,949,378	36,653	1.12%
17	PREFERRED MEDICAL PLAN, INC.	95271	\$201,544,996	49,188	1.11%
18	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	62308	\$155,338,956	43,644	0.85%
19	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	70670	\$149,959,740	28,179	0.82%
20	HEALTH FIRST HEALTH PLANS, INC.	95019	\$124,964,864	25,816	0.69%
21	UNITEDHEALTHCARE LIFE INSURANCE COMPANY	97179	\$94,365,301	17,601	0.52%
22	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	69671	\$72,374,297	18,763	0.40%
23	SUNSHINE STATE HEALTH PLAN, INC.	13148	\$37,594,509	14,701	0.21%
24	QCC INSURANCE COMPANY	93688	\$29,748,049	5,197	0.16%
25	COVENTRY HEALTH PLAN OF FLORIDA, INC.	95266	\$13,953,008	3,762	0.08%
26	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	25178	\$12,734,007	2,042	0.07%
27	ALL SAVERS INSURANCE COMPANY	82406	\$11,232,862	2,286	0.06%
28	HEALTH FIRST INSURANCE, INC.	14140	\$10,445,591	1,906	0.06%
29	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	81973	\$7,707,349	1,482	0.04%
30	FREEDOM LIFE INSURANCE COMPANY OF AMERICA	62324	\$3,857,722	788	0.02%
31	UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK	70106	\$3,498,578	8,630	0.02%
32	UNITED AMERICAN INSURANCE COMPANY	92916	\$2,447,533	1,964	0.01%
33	AXA EQUITABLE LIFE INSURANCE COMPANY	62944	\$2,177,702	548	0.01%
34	MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN	66087	\$1,859,380	0	0.01%
35	CIGNA HEALTHCARE OF FLORIDA, INC.	95136	\$1,330,656	235	0.01%
36	JOHN ALDEN LIFE INSURANCE COMPANY	65080	\$1,070,487	175	0.01%
37	MADISON NATIONAL LIFE INSURANCE COMPANY INC.	65781	\$627,727	44	0.00%
38	THRIVENT FINANCIAL FOR LUTHERANS	56014	\$597,032	20	0.00%
39	TRUSTMARK INSURANCE COMPANY	61425	\$393,416	50	0.00%
40	AMERICAN NATIONAL LIFE INS. CO. OF TEXAS	71773	\$297,321	42	0.00%
41	METROPOLITAN LIFE INSURANCE COMPANY	65978	\$268,271	163	0.00%
42	PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)	68241	\$250,991	450	0.00%
43	FLORIDA HEALTH SOLUTION HMO COMPANY	15634	\$247,850	108	0.00%
44	GREAT WEST LIFE ASSURANCE COMPANY	80705	\$208,261	0	0.00%

CY2015 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	CELTIC INSURANCE COMPANY	80799	\$196,528	8	0.00%
46	DELAWARE AMERICAN LIFE INSURANCE COMPANY	62634	\$175,382	29	0.00%
47	AMERICAN NATIONAL INSURANCE COMPANY	60739	\$154,439	53	0.00%
48	ILLINOIS MUTUAL LIFE INSURANCE COMPANY	64580	\$142,515	10	0.00%
49	EMPLOYER CHOICE INSURANCE COMPANY, INC.	13663	\$105,812	0	0.00%
50	NEW ERA LIFE INSURANCE COMPANY	78743	\$104,117	57	0.00%
51	PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY	67784	\$97,741	112	0.00%
52	AMERICAN GENERAL LIFE INSURANCE COMPANY	60488	\$95,789	820	0.00%
53	RESERVE NATIONAL INSURANCE COMPANY	68462	\$92,995	23	0.00%
54	PYRAMID LIFE INSURANCE COMPANY (THE)	68284	\$57,527	4	0.00%
55	MUTUAL OF OMAHA INSURANCE COMPANY	71412	\$53,764	164	0.00%
56	WILCAC LIFE INSURANCE COMPANY	62413	\$51,194	6	0.00%
57	AMERICAN REPUBLIC INSURANCE COMPANY	60836	\$49,970	8	0.00%
58	GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	91472	\$43,278	41	0.00%
59	CONSTITUTION LIFE INSURANCE COMPANY	62359	\$40,829	24	0.00%
60	UNION LABOR LIFE INSURANCE COMPANY	69744	\$34,748	18	0.00%
61	UNITED TEACHER ASSOCIATES INSURANCE COMPANY	63479	\$34,639	100	0.00%
62	CONTINENTAL GENERAL INSURANCE COMPANY	71404	\$34,225	4	0.00%
63	NEW YORK LIFE INSURANCE COMPANY	66915	\$27,492	12	0.00%
64	FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY	69140	\$27,068	6	0.00%
65	MONY LIFE INSURANCE COMPANY	66370	\$25,765	17	0.00%
66	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	64246	\$25,008	33	0.00%
67	UNIFIED LIFE INSURANCE COMPANY	11121	\$23,439	27	0.00%
68	NATIONAL BENEFIT LIFE INSURANCE COMPANY	61409	\$10,665	39	0.00%
69	LINCOLN NATIONAL LIFE INSURANCE COMPANY	65676	\$10,245	4	0.00%
70	ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA	90611	\$9,746	2	0.00%
71	TRANSAMERICA LIFE INSURANCE COMPANY	86231	\$9,649	32	0.00%
72	WASHINGTON NATIONAL INSURANCE COMPANY	70319	\$9,352	9	0.00%
73	CENTRAL UNITED LIFE INSURANCE COMPANY	61883	\$8,562	17	0.00%
74	CENTRE LIFE INSURANCE COMPANY	80896	\$5,922	49	0.00%
75	STANDARD LIFE AND ACCIDENT INSURANCE COMPANY	86355	\$5,531	4	0.00%
76	PRIMERICA LIFE INSURANCE COMPANY	65919	\$5,369	1	0.00%
77	WILCO LIFE INSURANCE COMPANY	65900	\$4,675	2	0.00%
78	JACKSON NATIONAL LIFE INSURANCE COMPANY	65056	\$3,913	45	0.00%
79	CINCINNATI LIFE INSURANCE COMPANY (THE)	76236	\$3,472	6	0.00%
80	KANSAS CITY LIFE INSURANCE COMPANY	65129	\$2,919	2	0.00%
81	NATIONWIDE LIFE INSURANCE COMPANY	66869	\$2,581	0	0.00%
82	PAN-AMERICAN LIFE INSURANCE COMPANY	67539	\$2,105	4	0.00%
83	CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE	68500	\$1,947	2	0.00%
84	STATE LIFE INSURANCE COMPANY	69116	\$1,860	3	0.00%
85	CONTINENTAL CASUALTY COMPANY	20443	\$1,785	6	0.00%
86	UNION FIDELITY LIFE INSURANCE COMPANY	62596	\$1,780	2	0.00%
87	GENERAL AMERICAN LIFE INSURANCE COMPANY	63665	\$1,487	4	0.00%
88	PRINCIPAL LIFE INSURANCE COMPANY	61271	\$1,347	1	0.00%

CY2015 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	UNION SECURITY INSURANCE COMPANY	70408	\$1,344	1	0.00%
90	AMERICAN STATES INSURANCE COMPANY	19704	\$1,298	1	0.00%
91	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	86509	\$269	1	0.00%
92	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY	25135	\$250	0	0.00%
93	ASSURITY LIFE INSURANCE COMPANY	71439	\$204	1	0.00%
94	JEFFERSON NATIONAL LIFE INSURANCE COMPANY	64017	\$184	1	0.00%
95	LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	62057	\$177	0	0.00%
96	TRANSAMERICA PREMIER LIFE INSURANCE COMPANY	66281	\$104	1	0.00%

CY2015 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	\$299,410	\$155,162	\$0	16	3,189	3,412	6,601
TOTAL	\$299,410	\$155,162	\$0	16	3,189	3,412	6,601

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	\$333	\$217	\$0	0	1	0	1
Hospital Indemnity	\$280	(\$25)	\$0	0	1	0	1
TOTAL	\$613	\$192	\$0	0	2	0	2

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	\$563	\$60	\$0	0	1	0	1
Hospital Indemnity	\$3,231	\$1,914	\$0	0	10	6	16
Medicare Supplement	\$7,704	\$4,699	\$0	0	6	4	10
TOTAL	\$11,498	\$6,673	\$0	0	17	10	27

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	\$159,364	\$38,597	\$79,427	16	16	0	16
Disability Income	\$118,034	\$7,312	\$0	37	581	0	581
TOTAL	\$277,398	\$45,909	\$79,427	53	597	0	597

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

5 STAR 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>
77879							
Limited Benefit	\$2,193	\$0	\$14	2	36	2	38
TOTAL	\$2,193	\$0	\$14	2	36	2	38

AAA 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>
71854							
Accident Only	\$11,148,141	\$3,112,098	\$1,152,738	2	46,504	35,589	82,093
Hospital Indemnity	\$60,080	\$25,161	\$560	0	128	0	128
TOTAL	\$11,208,221	\$3,137,259	\$1,153,298	2	46,632	35,589	82,221

ABILITY 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>
71471							
Long Term Care-Comprehensive	\$1,960,941	\$2,720,347	\$0	0	1,475	0	1,475
Long Term Care-Facility Only	\$20,671	\$41,972	\$0	0	101	0	101
Long Term Care-Non-Facility Only	\$66,006	\$576,570	\$0	0	87	0	87
TOTAL	\$2,047,618	\$3,338,889	\$0	0	1,663	0	1,663

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

ACE AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
22667							
Accident Only	\$12,358,330	\$6,303	\$113,921	145	111,690	0	111,690
Accidental Death & Dismemberment	\$1,192,740	\$7,938	\$157,759	158	56,382	0	56,382
Blanket Accident/Sickness	\$3,063,782	\$1,537	\$36,794	58	82,739	0	82,739
Dental	\$11,803	\$13	\$0	1	10	5	15
Excess/Stop Loss	\$502,333	\$11,789	\$0	2	587	0	587
Hospital Indemnity	\$484	\$0	\$0	0	0	0	0
Limited Benefit	\$289,733	\$429	\$0	3	57	28	85
Travel	\$258,665	\$1,112	\$1,141	5	3,324	0	3,324
TOTAL	\$17,677,870	\$29,121	\$309,615	372	254,789	33	254,822

ADVANTICA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12278							
Dental	\$235,423	\$8,664	\$235,423	33	4,143	2,831	6,974
Vision	\$425,295	\$363,064	\$425,295	192	10,979	7,690	18,669
TOTAL	\$660,718	\$371,728	\$660,718	225	15,122	10,521	25,643

ADVANTICA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Vision	\$943,519	\$643,490	\$0	53	9,235	7,588	16,823
TOTAL	\$943,519	\$643,490	\$0	53	9,235	7,588	16,823

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AEGIS SECURITY INSURANCE COMPANY

NAIC Company Code

33898

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Accident Only	\$71,371	\$6,001	\$71,371	97	1,853	0	1,853
TOTAL	\$71,371	\$6,001	\$71,371	97	1,853	0	1,853

AETNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code

78700

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSURED</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
Medicare Supplement	\$113,831	\$164,848	\$36,955	0	159	159	318
TOTAL	\$113,831	\$164,848	\$36,955	0	159	159	318

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AETNA HEALTH INC.

NAIC Company Code

95088

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$60,618,862	\$65,919,793	\$60,618,863	0	13,470	5,530	19,000
ACA Off Exchange Guarantee Issue	\$39,400,332	\$33,003,743	\$39,400,332	0	8,867	5,016	13,883
ACA Off Exchange Self-Employed or Sole Proprietor	\$13,373,990	\$11,784,969	\$334,078	610	610	873	1,483
ACA Off Exchange 2 - 50 Member Groups	\$124,135,610	\$93,549,054	\$5,406,474	2,702	18,628	8,717	27,345
ACA Off Exchange 51-100 Member Groups	\$105,491,388	\$88,073,437	\$19,175,933	131	11,352	9,942	21,294
ACA Off Exchange 101+ Member Groups	\$497,081,897	\$415,007,443	\$54,747,932	627	52,920	46,790	99,710
Grandfathered Guarantee Issue	\$74,070	\$24,509	\$0	0	4	2	6
Grandfathered Individually Underwritten	\$16,624,752	\$16,420,762	\$0	0	3,186	2,186	5,372
Grandfathered 101+ Member Groups	\$7,840,255	\$6,545,731	\$0	4	1,415	799	2,214
Transitional Individually Underwritten	\$84,233	\$218,302	\$0	0	14	9	23
Transitional Self-Employed or Sole Proprietor	\$13,173,054	\$12,025,880	\$0	478	478	726	1,204
Transitional 2 - 50 Member Groups	\$113,551,570	\$79,732,764	\$0	1,989	13,904	6,564	20,468
Transitional Conversion	(\$15,541)	(\$191,245)	\$0	0	0	0	0
Medicare Advantage (Medicare+Choice)	\$641,346,026	\$505,562,550	\$70,578,605	68,484	68,848	0	68,848
TOTAL	\$1,632,780,498	\$1,327,677,692	\$250,262,217	75,025	193,696	87,154	280,850

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AETNA LIFE INSURANCE COMPANY

NAIC Company Code

60054	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$0	\$75,627	\$0	0	0	0	0
ACA Off Exchange Guarantee Issue	\$7,199,523	\$13,536,775	\$7,199,523	0	1,052	659	1,711
ACA Off Exchange Self-Employed or Sole Proprietor	\$5,060,880	\$8,685,457	\$194,632	229	229	327	556
ACA Off Exchange 2 - 50 Member Groups	\$17,575,171	\$14,745,596	\$1,184,704	373	2,298	1,383	3,681
ACA Off Exchange 51-100 Member Groups	\$31,005,393	\$28,068,428	\$257,624	530	4,083	2,529	6,612
ACA Off Exchange 101+ Member Groups	\$352,865,699	\$293,629,996	\$56,281,383	2,257	49,536	38,736	88,272
ACA Off Exchange Conversion	\$10,847	\$38,354	\$0	0	1	0	1
Grandfathered Guarantee Issue	\$10,170	\$119,446	\$0	0	1	0	1
Grandfathered Individually Underwritten	\$3,471,290	\$15,785,554	\$0	0	489	118	607
Grandfathered Conversion	\$971	\$19,004	\$0	0	1	0	1
Transitional Individually Underwritten	\$112,393	\$287,725	\$0	0	18	10	28
Transitional Self-Employed or Sole Proprietor	\$2,661,751	\$2,555,028	\$0	111	111	101	212
Transitional 2 - 50 Member Groups	\$9,043,682	\$5,864,407	\$0	134	764	421	1,185
Transitional Out-of-State Self-Employed or Sole Propri	\$1,129,983	\$495,826	\$0	83	83	110	193
Transitional Out-of-State 2 - 50 Member Groups	\$2,367,856	\$1,804,171	\$0	42	220	151	371
Accidental Death & Dismemberment	\$5,790,645	\$2,935,851	\$286,434	886	388,776	1,551	390,327
Dental	\$95,124,206	\$68,285,942	\$7,957,648	3,516	168,387	147,527	315,914
Disability Income	\$67,241,374	\$53,992,972	\$6,301,638	131	479,075	0	479,075
Excess/Stop Loss	\$42,857,380	\$30,802,587	\$6,887,434	68	75,174	76,355	151,529
Long Term Care-Comprehensive	\$2,376,303	\$4,952,806	\$0	0	1,611	1,105	2,716
Medicare Supplement	\$2,076,043	\$1,258,519	\$0	916	916	0	916
Medicare Advantage (Medicare+Choice)	\$332,893,228	\$264,793,608	\$0	28,640	28,640	0	28,640
Student	\$11,953,302	\$9,544,535	\$0	1	7,033	21	7,054
TOTAL	\$992,828,090	\$822,278,214	\$86,551,020	37,917	1,208,498	271,104	1,479,602

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

ALL SAVERS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
82406							
ACA Off Exchange 2 - 50 Member Groups	\$446,654	\$178,064	\$150,490	9	67	37	104
Transitional 2 - 50 Member Groups	\$10,746,074	\$8,613,188	\$0	185	1,469	709	2,178
Transitional Conversion	\$40,134	\$58,857	\$22,424	0	1	3	4
Excess/Stop Loss	\$1,805,913	\$1,542,276	\$1,686,309	85	1,818	1,096	2,914
TOTAL	\$13,038,775	\$10,392,385	\$1,859,223	279	3,355	1,845	5,200

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
90611							
Grandfathered Out-of-State 51-100 Member Groups	\$0	\$12,170	\$0	2	2	0	2
Grandfathered Out-of-State Conversion	\$9,746	\$494	\$0	0	0	0	0
Accidental Death & Dismemberment	\$569	\$934	\$0	0	0	0	0
Disability Income	\$263	\$1,200	\$0	0	0	0	0
Hospital Indemnity	\$14,178	\$27,050	\$0	5	84	0	84
Long Term Care-Comprehensive	\$10,476,401	\$5,770,448	\$0	3	6,594	0	6,594
Medicare Supplement	\$5,653	\$2,068	\$0	2	4	0	4
TOTAL	\$10,506,810	\$5,814,364	\$0	12	6,684	0	6,684

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	\$2,248,307	\$2,138,800	\$0	0	24,145	0	24,145
Disability Income	\$0	(\$299)	\$0	0	1	0	1
Hospital Indemnity	\$99,053	\$82,803	\$0	0	394	0	394
Long Term Care-Comprehensive	\$189,844	\$2,180,673	\$0	0	112	0	112
TOTAL	\$2,537,204	\$4,401,977	\$0	0	24,652	0	24,652

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AMERICAN ALTERNATIVE INSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19720							
Administrative Services Only (ASO)	\$109,952	\$0	\$109,952	61	61	12	73
Excess/Stop Loss	\$5,079,675	\$3,859,717	\$2,283,227	8	32,043	1,062	33,105
TOTAL	\$5,189,627	\$3,859,717	\$2,393,179	69	32,104	1,074	33,178

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	(\$3,702)	\$0	0	0	0	0
TOTAL	\$0	(\$3,702)	\$0	0	0	0	0

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
10111							
Accidental Death & Dismemberment	\$45,785	\$17,242	\$0	1	382	0	382
Disability Income	\$4,766	\$1,795	\$0	1	40	0	40
TOTAL	\$50,551	\$19,037	\$0	2	422	0	422

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	\$163,372	(\$42,717)	\$0	1	12,496	0	12,496
Disability Income	\$18,666	\$8,921	\$0	1	62	0	62
TOTAL	\$182,038	(\$33,796)	\$0	2	12,558	0	12,558

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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	\$99	\$0	\$0	0	4	0	4
Limited Benefit	\$235	(\$1)	\$0	0	20	0	20
TOTAL	\$334	(\$1)	\$0	0	24	0	24

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	\$1,559,871	\$1,308,514	\$16,804	0	838	838	1,676
TOTAL	\$1,559,871	\$1,308,514	\$16,804	0	838	838	1,676

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60380							
Accident Only	\$74,090,625	\$38,415,324	\$19,042,326	0	222,894	233,828	456,722
Dental	\$8,833,098	\$3,481,313	\$2,869,809	0	17,995	11,680	29,675
Disability Income	\$61,768,582	\$31,136,011	\$18,460,519	0	121,789	0	121,789
Hospital Indemnity	\$64,947,751	\$35,029,405	\$15,874,513	0	107,335	97,058	204,393
Limited Benefit	\$102,287,260	\$56,804,168	\$17,221,601	0	255,788	239,694	495,482
Long Term Care-Comprehensive	\$2,126,806	\$1,325,767	\$0	0	1,413	156	1,569
Medicare Supplement	\$2,525,102	\$2,629,868	\$0	0	1,036	0	1,036
Vision	\$1,804,609	\$532,230	\$751,888	0	9,400	6,792	16,192
TOTAL	\$318,383,833	\$169,354,086	\$74,220,656	0	737,650	589,208	1,326,858

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

AMERICAN FIDELITY ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60410							
Accident Only	\$2,027,636	\$1,443,198	\$506,059	0	6,877	1,643	8,520
Accidental Death & Dismemberment	\$956	(\$25)	\$90	2	5	0	5
Disability Income	\$7,452,831	\$3,613,000	\$1,628,854	50	12,416	0	12,416
Excess/Stop Loss	\$1,195,011	\$1,302,346	\$118,932	4	1,126	330	1,456
Hospital Indemnity	\$2,937,973	\$1,516,796	\$605,225	10	5,530	878	6,408
Limited Benefit	\$3,153,053	\$2,151,439	\$628,019	5	7,529	2,505	10,034
Long Term Care-Comprehensive	\$384,837	\$454,942	\$3,828	0	278	50	328
TOTAL	\$17,152,297	\$10,481,696	\$3,491,007	71	33,761	5,406	39,167

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	\$95,789	\$0	\$0	527	527	293	820
Accident Only	(\$3,175)	(\$18,411)	\$301,526	23,643	26,190	4,885	31,075
Accidental Death & Dismemberment	\$3,447,406	\$581,362	\$618,112	8,445	8,401	16,945	25,346
Dental	\$722,121	\$353,709	\$0	22	800	719	1,519
Disability Income	\$2,493,570	\$4,353,860	\$649,002	2,237	13,501	109	13,610
Hospital Indemnity	\$426,206	\$695,027	\$0	6,095	6,104	1,575	7,679
Limited Benefit	\$3,322,169	\$2,689,940	\$429,225	9,186	10,336	2,940	13,276
Long Term Care-Comprehensive	\$1,028,616	\$2,306,688	\$0	305	305	73	378
Medicare Supplement	\$3,234	\$80,464	\$0	131	149	6	155
Vision	\$583,832	\$429,488	\$0	58	4,381	1,752	6,133
TOTAL	\$12,119,768	\$11,472,127	\$1,997,865	50,649	70,694	29,297	99,991

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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	\$609,343	\$426,420	\$0	4	5,038	3,535	8,573
Hospital Indemnity	\$7,861	\$3,752	\$0	1	32	3	35
Long Term Care-Comprehensive	\$3,434	\$0	\$0	1	2	0	2
Long Term Care-Accelerated Benefit Rider	\$0	(\$2,728)	\$0	0	0	0	0
TOTAL	\$620,638	\$427,444	\$0	6	5,072	3,538	8,610

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	(\$958,413)	(\$39,729)	\$0	0	0	0	0
Accident Only	\$28,592,447	\$17,493,083	\$9,170,475	765	110,760	110,354	221,114
Dental	\$28,087	\$3	\$0	45	1,340	496	1,836
Disability Income	\$8,688,905	\$6,168,633	\$1,750,876	119	15,036	0	15,036
Hospital Indemnity	\$13,964,015	\$11,999,094	\$6,165,227	178	33,882	30,464	64,346
Limited Benefit	\$39,449,144	\$23,671,966	\$11,745,037	644	131,096	130,068	261,164
Long Term Care-Comprehensive	\$627,203	\$4,032,759	\$0	0	293	0	293
TOTAL	\$90,391,388	\$63,325,809	\$28,831,615	1,751	292,407	271,382	563,789

AMERICAN HOME ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
19380							
Accidental Death & Dismemberment	\$38,408	\$639	\$0	0	69	0	69
TOTAL	\$38,408	\$639	\$0	0	69	0	69

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AMERICAN INCOME LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60577							
Accident Only	\$2,162,275	\$1,119,606	\$335,160	0	27,010	20,760	47,770
Accidental Death & Dismemberment	\$187,739	\$160,627	\$25,412	250	275,805	0	275,805
Blanket Accident/Sickness	\$58,508	\$19,750	\$2,557	159	0	0	0
Disability Income	\$1,117	\$0	\$0	0	4	0	4
Hospital Indemnity	\$550,467	\$396,965	\$48,999	0	5,084	9,304	14,388
Limited Benefit	\$326,536	\$131,105	\$51,621	0	3,237	1,460	4,697
Medicare Supplement	\$60,752	\$110,622	\$0	0	26	0	26
TOTAL	\$3,347,394	\$1,938,675	\$463,749	409	311,166	31,524	342,690

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	\$4,469	\$0	0	0	0	0
Limited Benefit	(\$279)	\$0	\$0	0	0	0	0
TOTAL	(\$279)	\$4,469	\$0	0	0	0	0

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	\$2,943,972	\$1,809,914	\$2,943,972	0	10,800	4,803	15,603
TOTAL	\$2,943,972	\$1,809,914	\$2,943,972	0	10,800	4,803	15,603

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AMERICAN NATIONAL INSURANCE COMPANY

NAIC Company Code

60739

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
Grandfathered Individually Underwritten	\$118,896	\$119,733	\$0	0	37	13	50
Grandfathered Out-of-State Individually Underwritten	\$35,543	(\$3,056)	\$0	0	3	0	3
Accident Only	\$4,423	\$2	\$0	0	53	9	62
Accidental Death & Dismemberment	\$1,203	\$0	\$0	0	106	0	106
Disability Income	\$13,811	\$40,965	\$0	0	25	0	25
Limited Benefit	\$49,255	\$66,207	\$0	0	143	71	214
Medicare Supplement	\$711	\$1,984	\$0	0	1	0	1
TOTAL	\$223,842	\$225,835	\$0	0	368	93	461

AMERICAN NATIONAL LIFE INS. CO. OF TEXAS

NAIC Company Code

71773

	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
Grandfathered Individually Underwritten	\$0	(\$27,279)	\$0	0	0	0	0
Grandfathered Conversion	\$162,268	\$262,046	\$0	0	11	1	12
Grandfathered Out-of-State Individually Underwritten	\$135,053	\$20,742	\$0	0	24	6	30
Dental	\$896	\$722	\$0	1	1	0	1
Medicare Supplement	\$74,799	\$65,104	\$0	0	30	0	30
TOTAL	\$373,016	\$321,335	\$0	1	66	7	73

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AMERICAN PUBLIC LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60801							
Accident Only	\$131,535	\$58,370	\$31,833	5	596	326	922
Dental	\$73,883	\$24,451	\$0	0	15	9	24
Disability Income	\$72,463	\$27,286	\$0	1	79	70	149
Hospital Indemnity	\$19,195,970	\$11,362,184	\$6,520,892	600	34,330	15,855	50,185
Limited Benefit	\$312,405	\$640,158	\$39,199	6	710	603	1,313
TOTAL	\$19,786,256	\$12,112,449	\$6,591,924	612	35,730	16,863	52,593

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	\$49,970	\$592,416	\$0	0	6	2	8
Grandfathered Out-of-State Individually Underwritten	\$0	(\$4,168)	\$0	0	0	0	0
Accident Only	\$102	\$0	\$0	0	4	0	4
Dental	\$14,259	\$20,224	\$0	0	34	0	34
Hospital Indemnity	\$28,449	\$24,092	\$0	0	78	20	98
Limited Benefit	\$4,413	\$166	\$0	0	74	17	91
Long Term Care-Comprehensive	\$15,883	\$35,782	\$0	0	6	0	6
Medicare Supplement	\$1,568,069	\$1,203,839	\$0	0	467	7	474
TOTAL	\$1,681,145	\$1,872,351	\$0	0	669	46	715

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	\$2,885,122	\$1,893,099	\$0	0	1,617	0	1,617
TOTAL	\$2,885,122	\$1,893,099	\$0	0	1,617	0	1,617

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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	\$1,298	\$4,893	\$0	0	1	0	1
Disability Income	\$35,059	\$132,100	\$0	0	26	0	26
TOTAL	\$36,357	\$136,993	\$0	0	27	0	27

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60895							
Accidental Death & Dismemberment	\$51,148	\$41,197	(\$48)	60	2,821	0	2,821
Disability Income	\$633,853	\$456,707	\$145,530	12	1,807	0	1,807
TOTAL	\$685,001	\$497,904	\$145,482	72	4,628	0	4,628

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61999							
Disability Income	\$1,739	\$0	\$240	1	3	0	3
TOTAL	\$1,739	\$0	\$240	1	3	0	3

AMERIGROUP 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
95093							
Medicare Advantage (Medicare+Choice)	\$44,135,821	\$32,493,030	\$0	0	2,524	0	2,524
TOTAL	\$44,135,821	\$32,493,030	\$0	0	2,524	0	2,524

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AMERITAS LIFE INSURANCE CORP.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61301							
Dental	\$22,578,226	\$14,475,962	\$3,212,699	524	34,624	86,560	121,184
Disability Income	\$3,891,467	\$5,052,292	\$325,181	0	1,593	0	1,593
Vision	\$3,517,454	\$1,941,691	\$480,864	397	30,520	76,300	106,820
TOTAL	\$29,987,147	\$21,469,945	\$4,018,744	921	66,737	162,860	229,597

AMEX ASSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
27928							
Accident Only	\$1,463,274	(\$2,750,502)	\$0	0	4,429	1,778	6,207
Accidental Death & Dismemberment	\$5,494,506	\$482,730	\$0	0	2,249,623	1,187,546	3,437,169
Hospital Indemnity	\$21,510	(\$2,386)	\$0	0	0	0	0
Travel	\$1,841,538	\$455,015	\$0	0	8,795	7,083	15,878
TOTAL	\$8,820,828	(\$1,815,143)	\$0	0	2,262,847	1,196,407	3,459,254

AMFIRST INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60250							
Dental	\$36,133	\$2,740	\$3,567	2	65	36	101
Disability Income	\$66,834	\$31,769	\$2,610	2	75	45	120
TOTAL	\$102,967	\$34,509	\$6,177	4	140	81	221

ARCH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11150							
Travel	\$2,935,562	\$2,451,836	\$0	0	16,208	0	16,208
TOTAL	\$2,935,562	\$2,451,836	\$0	0	16,208	0	16,208

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Dental	\$544,479	\$15,432,369	\$267,452	29	4,423	4,052	8,475
Vision	\$0	\$15,244,865	\$0	0	0	0	0
TOTAL	\$544,479	\$30,677,234	\$267,452	29	4,423	4,052	8,475

ARWOOD INDEMNITY COMPANY

NAIC Company Code

24678

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Hospital Indemnity	\$178	(\$4,658)	\$0	0	1	1	2
TOTAL	\$178	(\$4,658)	\$0	0	1	1	2

ASSURED LIFE ASSOCIATION

NAIC Company Code

56499

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$281,195	\$223,486	\$0	0	104	0	104
TOTAL	\$281,195	\$223,486	\$0	0	104	0	104

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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	\$204	\$5	\$0	0	1	0	1
Accident Only	\$5,439	\$2,304	\$1,061	0	24	11	35
Accidental Death & Dismemberment	\$134,437	\$330,099	\$376	0	1,506	0	1,506
Disability Income	\$1,713,770	\$1,275,800	\$0	0	1,849	1	1,850
Hospital Indemnity	\$68,286	\$86,023	\$3,015	0	131	93	224
Limited Benefit	\$483,007	\$140,305	\$42,235	0	1,001	306	1,307
Long Term Care-Comprehensive	\$19,995	\$0	\$0	0	0	0	0
TOTAL	\$2,425,138	\$1,834,536	\$46,687	0	4,512	411	4,923

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	\$341,788	\$72,268	\$0	0	2,768	1,118	3,886
Disability Income	\$122,675	\$23,200	\$0	0	164	3	167
Hospital Indemnity	\$283	\$1,640	\$0	0	8	5	13
Limited Benefit	\$243	\$0	\$0	0	109	161	270
TOTAL	\$464,989	\$97,108	\$0	0	3,049	1,287	4,336

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	\$355,159	\$482,660	\$0	0	488	0	488
TOTAL	\$355,159	\$482,660	\$0	0	488	0	488

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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	\$7,069	\$170,655	\$0	0	20	0	20
TOTAL	\$7,069	\$170,655	\$0	0	20	0	20

ATLANTA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61093							
Accidental Death & Dismemberment	\$566	\$0	\$0	0	109	0	109
Hospital Indemnity	\$6,755	\$5,986	\$0	0	96	0	96
Limited Benefit	\$46	\$0	\$0	0	1	0	1
TOTAL	\$7,367	\$5,986	\$0	0	206	0	206

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	\$299,459	\$175,623	\$0	56	16,921	0	16,921
TOTAL	\$299,459	\$175,623	\$0	56	16,921	0	16,921

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	\$4,684,781	\$1,326,368	\$0	18	10,247	0	10,247
TOTAL	\$4,684,781	\$1,326,368	\$0	18	10,247	0	10,247

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AUTO-OWNERS LIFE INSURANCE COMPANY

NAIC Company Code

61190	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
Disability Income	\$250,632	(\$63,788)	\$8,433	0	335	0	335
Long Term Care-Comprehensive	\$135,145	\$164,434	\$0	0	67	0	67
Medicare Supplement	\$26,852	\$34,581	\$0	0	15	0	15
TOTAL	\$412,629	\$135,227	\$8,433	0	417	0	417

AVMED, INC.

NAIC Company Code

95263	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
ACA Off Exchange Guarantee Issue	\$38,170,987	\$41,841,608	\$29,644,613	0	5,627	4,266	9,893
ACA Off Exchange Self-Employed or Sole Proprietor	\$45,944	\$73,831	\$0	5	5	2	7
ACA Off Exchange 2 - 50 Member Groups	\$99,618,846	\$79,591,452	\$40,949,839	2,602	19,605	8,825	28,430
ACA Off Exchange 51-100 Member Groups	\$13,405,974	\$13,886,108	\$6,983,423	49	2,764	1,179	3,943
ACA Off Exchange 101+ Member Groups	\$139,227,098	\$118,386,921	\$29,542,211	108	20,032	12,395	32,427
Transitional Individually Underwritten	\$16,742,908	\$10,173,177	\$0	0	2,916	2,078	4,994
Transitional Self-Employed or Sole Proprietor	\$51,964	\$39,087	\$0	6	6	6	12
Transitional 2 - 50 Member Groups	\$72,431,099	\$54,257,308	\$0	1,283	9,323	4,734	14,057
Administrative Services Only (ASO)	\$55,083,931	\$0	\$0	12	96,930	102,903	199,833
Medicare Advantage (Medicare+Choice)	\$418,965,303	\$373,507,172	\$0	1	30,664	0	30,664
TOTAL	\$853,744,054	\$691,756,664	\$107,120,086	4,066	187,872	136,388	324,260

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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	\$2,149,759	\$5,007,902	\$0	0	328	209	537
Grandfathered Conversion	\$27,943	\$1,247	\$0	0	6	5	11
Grandfathered Out-of-State Conversion	\$0	\$138,730	\$0	0	0	0	0
Accident Only	\$5,739	\$0	\$0	0	1	0	1
Disability Income	\$2,320,237	\$23,318,730	\$0	0	1,962	0	1,962
TOTAL	\$4,503,678	\$28,466,609	\$0	0	2,297	214	2,511

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	\$75,541	\$136,461	\$3,517	9	3,256	0	3,256
Accidental Death & Dismemberment	\$503,395	\$24,794	\$169,215	155	111,641	0	111,641
Dental	\$17,531	\$10,304	\$9,669	8	58	17	75
Disability Income	\$135	(\$2,597)	\$0	3	3	0	3
Hospital Indemnity	\$385,201	\$134,589	\$180,919	12	265	76	341
Limited Benefit	\$20,709	\$29,382	\$9,264	22	278	80	358
Student	\$0	(\$65,644)	\$0	0	0	0	0
Vision	\$2,785	(\$262)	\$1,576	5	62	18	80
TOTAL	\$1,005,297	\$267,027	\$374,160	214	115,563	191	115,754

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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	\$76	\$0	\$0	0	10	0	10
Accidental Death & Dismemberment	\$2	\$57,046	\$0	0	0	0	0
Hospital Indemnity	\$500	\$0	\$0	0	4	0	4
Limited Benefit	\$17,835	\$96,296	\$0	3	66	48	114
Sickness	\$68	\$0	\$0	0	0	0	0
TOTAL	\$18,481	\$153,342	\$0	3	80	48	128

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	\$2,844	\$14	\$0	0	9	0	9
Disability Income	\$7,023	\$1,381	\$0	0	8	0	8
Hospital Indemnity	\$1,532	\$1,026	\$0	0	5	0	5
Limited Benefit	\$15,452	\$279	\$0	0	112	0	112
Medicare Supplement	\$227,748	\$172,783	\$0	0	70	0	70
TOTAL	\$254,599	\$175,483	\$0	0	204	0	204

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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	\$34,188	\$3,380	\$1,834	0	232	0	232
Disability Income	\$304,693	\$330,278	\$0	0	379	0	379
Hospital Indemnity	\$102,257	\$126,251	\$7,486	0	202	18	220
Limited Benefit	\$2,129,553	\$668,163	\$473,369	0	4,005	323	4,328
Long Term Care-Comprehensive	\$10,531,418	\$10,207,036	\$517,160	0	4,740	1,147	5,887
Long Term Care-Facility Only	\$21,503,049	\$27,335,252	\$1,055,938	0	9,679	2,343	12,022
Long Term Care-Non-Facility Only	\$13,832,595	\$27,850,568	\$78,162	0	8,257	1,347	9,604
Short Term Care	\$341,571	\$333,147	(\$213)	0	359	23	382
Medicare Supplement	\$42,230,628	\$32,285,221	\$1,618	0	14,740	249	14,989
TOTAL	\$91,009,952	\$99,139,296	\$2,135,354	0	42,593	5,450	48,043

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	\$7,511	\$0	\$0	0	57	0	57
TOTAL	\$7,511	\$0	\$0	0	57	0	57

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38245							
Accident Only	\$116,928	(\$25,392)	\$0	2	7,092	5,226	12,318
Dental	\$414,799	\$46,933	\$0	41	1,247	285	1,532
Excess/Stop Loss	\$563,867	(\$80,181)	\$0	1	1,744	1,585	3,329
Hospital Indemnity	\$1,947,829	\$785,037	\$0	41	1,491	373	1,864
Limited Benefit	\$50,787	\$43,123	\$0	4	68	0	68
Long Term Care-Comprehensive	\$5,109	(\$23,680)	\$7,830	0	1	0	1
Student	\$2,223,003	\$1,120,953	\$0	6	1,664	11	1,675
Vision	\$132,583	(\$2,011)	\$0	3	426	79	505
TOTAL	\$5,454,905	\$1,864,782	\$7,830	98	13,733	7,559	21,292

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
37540							
Sickness	\$73,876	\$23,694	\$4,544	4	98	84	182
TOTAL	\$73,876	\$23,694	\$4,544	4	98	84	182

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15118							
Medicare Advantage (Medicare+Choice)	\$7,044,892	\$7,832,349	\$2,515,026	0	825	0	825
TOTAL	\$7,044,892	\$7,832,349	\$2,515,026	0	825	0	825

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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	\$213,611	\$619,361	\$147,258	0	93,462	0	93,462
Excess/Stop Loss	\$6,866,749	\$7,613,048	\$3,245,553	0	9,908	0	9,908
TOTAL	\$7,080,360	\$8,232,409	\$3,392,811	0	103,370	0	103,370

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	\$25,175,142	\$26,494,406	\$2,838,930	0	10,751	0	10,751
Long Term Care-Comprehensive	\$2,986,750	\$368,064	\$0	0	793	0	793
TOTAL	\$28,161,892	\$26,862,470	\$2,838,930	0	11,544	0	11,544

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	\$167,656	\$81,343	\$11,857	28	166	104	270
Vision	\$33,190	\$12,200	\$2,893	15	472	196	668
TOTAL	\$200,846	\$93,543	\$14,750	43	638	300	938

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BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

NAIC Company Code

98167	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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 On Exchange Guarantee Issue	\$1,490,848,817	\$1,222,495,783	\$398,918,835	0	165,319	69,134	234,453
ACA On Exchange 2 - 50 Member Groups	\$0	\$21,458	\$0	0	0	0	0
ACA Off Exchange Guarantee Issue	\$601,581,053	\$601,792,320	\$260,484,596	0	53,902	29,762	83,664
ACA Off Exchange 2 - 50 Member Groups	\$229,626,808	\$164,882,072	\$27,325,590	3,952	26,012	16,633	42,645
ACA Off Exchange 51-100 Member Groups	\$249,100,490	\$208,762,574	\$601,812	1,220	31,908	19,163	51,071
ACA Off Exchange 101+ Member Groups	\$1,255,827,086	\$961,812,876	\$95,774	1,696	177,563	106,092	283,655
Grandfathered Guarantee Issue	\$1,705,717	\$3,051,403	\$0	0	0	0	0
Grandfathered Individually Underwritten	\$238,018,113	\$168,797,111	\$0	0	27,740	19,468	47,208
Grandfathered Self-Employed or Sole Proprietor	\$597,491	\$797,721	\$0	33	33	30	63
Grandfathered 2 - 50 Member Groups	\$209,949,783	\$153,460,235	\$0	4,011	21,348	14,904	36,252
Grandfathered 51-100 Member Groups	\$47,437,178	\$31,744,840	\$0	169	5,103	3,001	8,104
Grandfathered 101+ Member Groups	\$164,613,062	\$126,547,442	\$0	117	16,392	10,602	26,994
Grandfathered Conversion	\$1,182,056	\$4,694,574	\$0	0	1	0	1
Transitional Guarantee Issue	\$881,393	\$1,514,575	\$0	0	0	0	0
Transitional Individually Underwritten	\$437,539,559	\$299,469,199	\$0	0	69,875	49,276	119,151
Transitional Self-Employed or Sole Proprietor	\$427,325	\$405,482	\$0	30	30	15	45
Transitional 2 - 50 Member Groups	\$511,558,066	\$357,101,266	\$0	7,815	51,951	35,496	87,447
Transitional Conversion	\$773,975	\$2,909,592	\$0	0	0	0	0
Administrative Services Only (ASO)	\$118,825,630	\$0	\$0	249	286,499	248,704	535,203
Excess/Stop Loss	\$56,027,567	\$40,240,746	\$0	0	125,305	0	125,305
Long Term Care-Comprehensive	\$7,922,211	\$11,433,292	\$0	0	6,630	0	6,630
Medicare Supplement	\$407,383,907	\$323,391,331	\$39,878,249	0	179,336	0	179,336
Medicare Advantage (Medicare+Choice)	\$564,514,602	\$514,391,592	\$101,612,628	0	61,733	0	61,733
Sickness	\$2,837,772	\$1,505,082	\$0	0	0	0	0
Student	\$1,406,555	\$30,717	\$0	0	0	0	0

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TOTAL	\$6,600,586,216	\$5,201,253,283	\$828,917,484	19,292	1,306,680	622,280	1,928,960
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BOSTON MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61476							
Accident Only	\$377,424	\$205,505	\$59,677	0	969	1,442	2,411
Accidental Death & Dismemberment	\$5,848	\$0	\$60	22	302	25	327
Disability Income	\$396,047	\$481,649	\$47,901	16	519	0	519
Hospital Indemnity	\$307,476	\$291,154	\$0	1	109	187	296
Limited Benefit	\$415,440	\$0	\$104,025	87	958	239	1,197
TOTAL	\$1,502,235	\$978,308	\$211,663	126	2,857	1,893	4,750

CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE)

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80659							
Disability Income	\$108,333	\$517,813	\$0	0	123	0	123
Limited Benefit	\$15,172	\$29,045	\$0	0	19	0	19
TOTAL	\$123,505	\$546,858	\$0	0	142	0	142

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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	\$839,317	\$775,341	\$105,771	68	68	55	123
ACA Off Exchange 2 - 50 Member Groups	\$50,583,252	\$48,005,964	\$2,092,265	987	5,776	4,027	9,803
ACA Off Exchange 51-100 Member Groups	\$20,614,045	\$14,205,704	\$954,648	65	2,242	1,422	3,664
ACA Off Exchange 101+ Member Groups	\$421,435,714	\$418,107,045	\$1,493,585	73	43,126	49,917	93,043
Transitional Self-Employed or Sole Proprietor	\$806,465	\$701,291	\$0	51	51	63	114
Transitional 2 - 50 Member Groups	\$18,100,529	\$14,746,969	\$0	441	1,933	1,704	3,637
Transitional Conversion	\$693,676	\$601,710	\$0	0	45	25	70
Medicare Advantage (Medicare+Choice)	\$184,140,384	\$157,850,825	\$0	0	16,221	1,666	17,887
TOTAL	\$697,213,382	\$654,994,849	\$4,646,269	1,685	69,462	58,879	128,341

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	\$3,059	(\$766)	\$3,059	7	765	0	765
TOTAL	\$3,059	(\$766)	\$3,059	7	765	0	765

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)	\$19,454,537	\$17,739,588	\$11,063,093	675	675	0	675
TOTAL	\$19,454,537	\$17,739,588	\$11,063,093	675	675	0	675

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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)	\$1,754,018,668	\$1,343,901,195	\$333,919,137	0	115,666	0	115,666
TOTAL	\$1,754,018,668	\$1,343,901,195	\$333,919,137	0	115,666	0	115,666

CATHOLIC ASSOCIATION OF FORESTERS

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
58130							
Hospital Indemnity	\$116	\$0	\$0	0	1	0	1
TOTAL	\$116	\$0	\$0	0	1	0	1

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	\$81	\$0	\$0	0	3	0	3
Disability Income	\$0	\$1,413	\$0	0	1	0	1
Hospital Indemnity	\$16	\$0	\$0	0	1	0	1
TOTAL	\$97	\$1,413	\$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							
Blanket Accident/Sickness	\$1,295,906	\$953,872	\$971,929	0	36,366	0	36,366
TOTAL	\$1,295,906	\$953,872	\$971,929	0	36,366	0	36,366

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CELTIC INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80799							
ACA Off Exchange Guarantee Issue	\$196,528	\$49,009	\$196,528	0	7	1	8
Medicare Supplement	\$5,676,243	\$4,210,659	\$0	0	1,514	0	1,514
TOTAL	\$5,872,771	\$4,259,668	\$196,528	0	1,521	1	1,522

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	\$618	\$0	\$0	0	1	0	1
Limited Benefit	\$2,470	\$0	\$0	0	2	0	2
TOTAL	\$3,088	\$0	\$0	0	3	0	3

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	\$5,296	(\$4,580)	\$0	0	38	0	38
Hospital Indemnity	\$666	\$436	\$0	0	3	1	4
Limited Benefit	\$34,538	\$497,521	\$0	0	15	6	21
Long Term Care-Facility Only	\$54,316	\$153,931	\$0	0	36	0	36
Medicare Supplement	\$3,670,103	\$2,900,939	\$0	2	1,332	0	1,332
TOTAL	\$3,764,919	\$3,548,247	\$0	2	1,424	7	1,431

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CENTRAL STATES INDEMNITY COMPANY OF OMAHA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
34274							
Disability Income	\$20,730	\$9,280	\$0	1	3,259	0	3,259
Medicare Supplement	\$44,885	\$24,383	\$0	0	0	0	0
TOTAL	\$65,615	\$33,663	\$0	1	3,259	0	3,259

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	\$8,562	\$9,357	\$0	0	13	4	17
Accident Only	\$1,236	\$9,970	\$0	0	20	3	23
Dental	\$629	\$1,668	\$254	0	3	0	3
Disability Income	\$32,546	\$276,169	\$6,289	0	57	6	63
Hospital Indemnity	\$7,681	\$3,006	\$0	0	26	3	29
Limited Benefit	\$221,028	\$809,619	\$0	0	242	97	339
Long Term Care-Comprehensive	\$11,807	\$151,818	\$0	0	10	2	12
Medicare Supplement	\$11,770	\$28,557	\$0	0	3	5	8
Champus/Tricare Supplement	\$5,516	\$10,560	\$0	0	3	2	5
TOTAL	\$300,775	\$1,300,724	\$6,543	0	377	122	499

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	\$5,922	\$80,479	\$0	0	41	8	49
Disability Income	\$661,939	\$1,374,365	\$0	0	557	0	557
TOTAL	\$667,861	\$1,454,844	\$0	0	598	8	606

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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
Grandfathered Out-of-State Individually Underwritten	\$0	(\$148)	\$0	0	0	0	0
Transitional Out-of-State Individually Underwritten	\$0	(\$2,314)	\$0	0	0	0	0
Accident Only	\$2,796,040	\$906,557	\$907,920	0	13,687	5,382	19,069
Dental	\$2,623,113	\$966,860	\$1,098,862	0	8,416	3,308	11,724
Disability Income	\$4,576	\$0	\$0	0	24	0	24
Hospital Indemnity	\$1,739,893	\$437,304	\$527,596	0	4,644	1,669	6,313
Limited Benefit	\$3,524,700	\$1,493,132	\$1,094,928	0	8,214	2,911	11,125
Vision	\$865,998	\$338,135	\$379,587	0	7,660	3,418	11,078
TOTAL	\$11,554,320	\$4,139,526	\$4,008,893	0	42,645	16,688	59,333

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	\$33,075,481	\$14,023,089	\$679,874	109	79,175	75,981	155,156
TOTAL	\$33,075,481	\$14,023,089	\$679,874	109	79,175	75,981	155,156

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CIGNA HEALTH AND LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67369							
ACA On Exchange Guarantee Issue	\$262,812,789	\$330,523,861	\$123,511,653	0	20,844	9,223	30,067
ACA Off Exchange Guarantee Issue	\$85,956,610	\$90,506,968	\$34,717,970	0	7,399	4,524	11,923
ACA Off Exchange 2 - 50 Member Groups	\$108,157	(\$80,826)	\$73	3	11	12	23
ACA Off Exchange 101+ Member Groups	\$552,338,850	\$447,107,572	\$136,981,887	1,199	68,356	59,374	127,730
ACA Off Exchange Conversion	\$1,452	\$1,720	\$0	0	0	0	0
Grandfathered 2 - 50 Member Groups	\$60,315	\$9,151	\$0	2	3	2	5
Grandfathered 101+ Member Groups	\$30,268,164	\$24,326,138	\$0	92	2,676	2,518	5,194
Grandfathered Conversion	\$4,342	\$17,206	\$0	0	2	0	2
Transitional 101+ Member Groups	\$3,240,831	\$10,333,605	\$0	108	427	904	1,331
Administrative Services Only (ASO)	\$318,883,537	\$0	\$48,543,909	2,804	1,051,979	903,446	1,955,425
Accidental Death & Dismemberment	\$3,539	\$0	\$0	1	66	0	66
Dental	\$79,627,780	\$65,445,405	\$22,462,092	1,757	133,916	116,249	250,165
Disability Income	\$0	\$26,646	\$0	0	0	0	0
Excess/Stop Loss	\$150,428,055	\$104,916,169	\$34,529,037	2,153	195,959	151,487	347,446
Medicare Supplement	\$4,469,127	\$4,272,173	\$0	6	1,456	2	1,458
Prescription Drug	\$31,206	\$93,929	\$0	4	42	5	47
Vision	\$3,384,720	\$2,266,599	\$895,499	647	29,818	26,865	56,683
TOTAL	\$1,491,619,474	\$1,079,766,316	\$401,642,120	8,776	1,512,954	1,274,611	2,787,565

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
95136							
Grandfathered 101+ Member Groups	\$1,211,048	\$949,343	\$0	19	101	122	223
Grandfathered Conversion	\$119,608	\$306,284	\$0	0	12	0	12
TOTAL	\$1,330,656	\$1,255,627	\$0	19	113	122	235

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CINCINNATI LIFE INSURANCE COMPANY (THE)

NAIC Company Code

76236

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$3,472	\$10,678	\$0	0	6	0	6
Accident Only	\$69	\$6	\$0	0	13	0	13
Disability Income	\$16,889	\$37,356	\$0	0	24	0	24
Limited Benefit	\$1,306	\$70	\$0	0	16	0	16
Long Term Care-Comprehensive	\$146,704	(\$11,997)	\$0	0	58	0	58
Medicare Supplement	\$1,325	\$584	\$0	0	1	0	1
TOTAL	\$169,765	\$36,697	\$0	0	118	0	118

CITIZENS NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

82082

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Limited Benefit	\$2,476	\$0	\$0	0	12	0	12
TOTAL	\$2,476	\$0	\$0	0	12	0	12

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
Dental	\$582,165	\$401,611	\$239,277	0	3,570	0	3,570
Hospital Indemnity	\$207	\$61	\$0	0	1	0	1
Limited Benefit	\$2,533	\$0	\$0	0	3	0	3
TOTAL	\$584,905	\$401,672	\$239,277	0	3,574	0	3,574

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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	\$70,490	\$12,375	\$0	0	825	0	825
Accidental Death & Dismemberment	\$8,220,465	\$2,402,349	\$1,471,662	0	624,646	98,414	723,060
Dental	\$5,389	\$6,332	\$0	0	0	0	0
Disability Income	\$1,463	(\$43,299)	\$0	0	6	0	6
Hospital Indemnity	\$24,303	\$19,896	\$0	0	163	301	464
Long Term Care-Comprehensive	\$4,272,211	\$1,296,496	\$0	0	2,884	0	2,884
TOTAL	\$12,594,321	\$3,694,149	\$1,471,662	0	628,524	98,715	727,239

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY

NAIC Company Code

62049	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$28,739,677	\$12,187,681	\$7,350,252	126	100,930	94,621	195,551
Dental	\$344	\$0	\$344	0	4	0	4
Disability Income	\$31,656,273	\$15,322,172	\$9,519,384	44	59,896	112	60,008
Hospital Indemnity	\$14,783,525	\$7,593,264	\$3,780,928	357	32,902	19,346	52,248
Limited Benefit	\$22,920,989	\$12,166,018	\$6,190,591	158	68,789	60,490	129,279
Long Term Care-Accelerated Benefit Rider	\$1,290	\$0	\$0	0	2	0	2
Sickness	\$295,000	\$219,889	\$75,363	0	1,698	1,179	2,877
TOTAL	\$98,397,098	\$47,489,024	\$26,916,862	685	264,221	175,748	439,969

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COLONIAL PENN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62065							
Accident Only	\$1,587	\$4,007	\$0	0	13	0	13
Accidental Death & Dismemberment	\$1,671	\$1	\$0	0	14	0	14
Disability Income	\$31,888	\$145,664	\$0	0	21	0	21
Hospital Indemnity	\$422	(\$11)	\$0	0	3	0	3
Limited Benefit	\$550	(\$528)	\$0	0	0	0	0
Long Term Care-Facility Only	\$5,196	(\$1,601)	\$0	0	8	0	8
Short Term Care	\$339	\$954	\$0	0	2	0	2
Medicare Supplement	\$53,169,167	\$33,462,700	\$9,864,521	0	21,798	0	21,798
TOTAL	\$53,210,820	\$33,611,186	\$9,864,521	0	21,859	0	21,859

COLORADO BANKERS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
84786							
Accident Only	\$27,051	\$0	\$0	0	139	0	139
Dental	\$5,616	\$774	\$5,616	0	14	0	14
TOTAL	\$32,667	\$774	\$5,616	0	153	0	153

COLUMBIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76023							
Accident Only	\$484	\$0	\$0	0	2	0	2
TOTAL	\$484	\$0	\$0	0	2	0	2

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COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62103							
Accident Only	\$973	\$159	\$0	0	13	0	13
Medicare Supplement	\$25,820	\$16,171	\$0	0	6	0	6
TOTAL	\$26,793	\$16,330	\$0	0	19	0	19

COLUMBUS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
99937							
Disability Income	\$5,344	\$27,912	\$0	0	19	0	19
TOTAL	\$5,344	\$27,912	\$0	0	19	0	19

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	\$2,834,953	\$1,283,494	\$17,425	0	22,797	7,038	29,835
Disability Income	\$3,282,568	\$3,201,796	\$49,409	0	9,849	0	9,849
Hospital Indemnity	\$7,016,758	\$2,814,600	\$3,948,525	0	23,013	2,366	25,379
Limited Benefit	\$1,876,700	\$1,415,741	\$271,678	0	9,398	3,397	12,795
Medicare Supplement	\$1,177,973	\$1,196,231	\$0	3	462	0	462
Champus/Tricare Supplement	\$3,791	\$2,915	\$0	0	4	4	8
Sickness	\$2,167	\$664	\$0	0	14	0	14
Vision	\$10,275,112	\$8,117,047	\$317,587	21	73,534	150,291	223,825
TOTAL	\$26,470,022	\$18,032,488	\$4,604,624	24	139,071	163,096	302,167

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COMBINED LIFE INSURANCE COMPANY OF NEW YORK

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78697							
Accident Only	\$297,407	\$113,375	\$0	0	4,290	0	4,290
Disability Income	\$86,795	\$144,248	\$68	0	267	0	267
Hospital Indemnity	\$293,098	\$404,223	\$19,028	0	1,356	495	1,851
Limited Benefit	\$111,224	\$105,065	\$2,883	0	334	158	492
TOTAL	\$788,524	\$766,911	\$21,979	0	6,247	653	6,900

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	\$19,928	\$1,785	\$0	19	1,848	0	1,848
Accidental Death & Dismemberment	\$6,980	\$195	\$0	0	67	0	67
Disability Income	\$8,615	\$3,021	\$0	0	277	0	277
Hospital Indemnity	\$14,029	\$6,993	\$0	0	121	0	121
TOTAL	\$49,552	\$11,994	\$0	19	2,313	0	2,313

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	\$13,689	\$380,667	\$0	0	12	0	12
Hospital Indemnity	\$1,702	\$54,821	\$0	0	5	0	5
TOTAL	\$15,391	\$435,488	\$0	0	17	0	17

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COMPANION LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
77828							
Blanket Accident/Sickness	\$1,361,612	\$1,616,267	\$0	9	475	689	1,164
Dental	\$617,238	\$467,747	\$50,978	8	461	820	1,281
Disability Income	\$79,399	\$311,826	\$18,540	3	181	181	362
Excess/Stop Loss	\$6,741,367	\$7,820,129	\$0	136	17,732	32,548	50,280
Hospital Indemnity	\$2,455,239	\$1,071,581	\$0	35	5,291	7,781	13,072
Limited Benefit	\$26,967	\$0	\$26,951	15	524	610	1,134
Medicare Supplement	\$3,038	\$2,373	\$0	0	4	4	8
Prescription Drug	\$744,037	\$701,512	\$0	9	474	490	964
Student	\$1,556	\$282	\$0	80	438	438	876
Vision	\$15,597	\$11,585	\$0	3	85	147	232
TOTAL	\$12,046,050	\$12,003,302	\$96,469	298	25,665	43,708	69,373

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52015							
Administrative Services Only (ASO)	\$121,191	\$0	\$0	0	643	894	1,537
Dental	\$71,975,410	\$42,063,338	\$0	3,471	285,770	215,037	500,807
Vision	\$36,487,159	\$26,409,955	\$0	634	315,717	290,767	606,484
TOTAL	\$108,583,760	\$68,473,293	\$0	4,105	602,130	506,698	1,108,828

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
60984							
Dental	\$48,368,566	\$39,338,019	\$0	239	152,008	30,127	182,135
Vision	\$270,032	\$185,016	\$0	5	2,366	2,236	4,602
TOTAL	\$48,638,598	\$39,523,035	\$0	244	154,374	32,363	186,737

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange 51-100 Member Groups	\$3,842	\$0	\$0	0	0	0	0
ACA Off Exchange 101+ Member Groups	\$2,332,663	\$595,905	\$1,623,473	5	591	385	976
ACA Off Exchange Conversion	\$619,701	\$1,193,993	\$0	0	66	15	81
Grandfathered 101+ Member Groups	\$76,924	(\$13,656)	\$0	3	37	27	64
Grandfathered Conversion	\$568,544	\$1,016,861	\$0	0	47	14	61
Transitional Individually Underwritten	\$151,737,282	\$95,035,473	\$0	0	23,492	18,970	42,462
Administrative Services Only (ASO)	\$5,178,589	\$0	\$1,853	11	616	567	1,183
Accidental Death & Dismemberment	\$22,161	\$33,003	\$0	1	1,352	0	1,352
Dental	\$3,328,518	\$1,929,626	\$80,678	11	5,182	3,779	8,961
Disability Income	\$335,198	\$888,330	\$0	0	218	0	218
Excess/Stop Loss	\$166,008	\$35,053	\$0	1	379	351	730
Long Term Care-Facility Only	\$801	(\$42,299)	\$0	10	146	0	146
Medicare Supplement	\$53,592	\$51,005	\$0	30	30	1	31
Vision	\$47,638	\$37,681	\$13,226	3	585	438	1,023
TOTAL	\$164,471,461	\$100,760,975	\$1,719,230	75	32,741	24,547	57,288

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CONSTITUTION LIFE INSURANCE COMPANY

NAIC Company Code

62359	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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 Out-of-State Individually Underwritten	\$40,829	\$58,678	\$0	0	24	0	24
Dental	\$35,718	\$23,289	\$0	0	130	0	130
Disability Income	\$11,295	\$46,193	\$0	0	29	0	29
Hospital Indemnity	\$96,526	\$80,239	\$0	0	269	0	269
Limited Benefit	\$43,014	\$23,969	\$0	0	189	0	189
Long Term Care-Comprehensive	\$1,173,293	\$1,708,495	\$0	0	629	31	660
Long Term Care-Non-Facility Only	\$1,575,343	\$7,618,912	\$0	0	493	21	514
Long Term Care-Accelerated Benefit Rider	\$1,678	\$0	\$0	0	54	0	54
Medicare Supplement	\$32,293,021	\$30,706,491	\$0	0	11,330	0	11,330
TOTAL	\$35,270,717	\$40,266,266	\$0	0	13,147	52	13,199

CONTINENTAL AMERICAN INSURANCE COMPANY

NAIC Company Code

71730	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$10,263,939	\$8,813,426	\$3,724,964	782	53,802	39,713	93,515
Accidental Death & Dismemberment	\$3,011	\$0	\$41	6	32	12	44
Dental	\$71,342	\$14,086	\$33,741	12	286	81	367
Disability Income	\$1,439,308	\$1,113,637	\$775,507	115	4,268	51	4,319
Hospital Indemnity	\$5,411,277	\$2,383,179	\$2,421,114	354	15,014	6,140	21,154
Limited Benefit	\$8,386,187	\$3,012,683	\$3,515,062	752	29,095	8,290	37,385
TOTAL	\$25,575,064	\$15,337,011	\$10,470,429	2,021	102,497	54,287	156,784

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CONTINENTAL CASUALTY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
20443							
Grandfathered Individually Underwritten	\$1,785	\$16,971	\$0	0	6	0	6
Accident Only	(\$3,958)	(\$590,976)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$33	(\$21,933)	\$0	0	0	0	0
Disability Income	\$184	\$574,443	\$0	0	1	0	1
Long Term Care-Comprehensive	(\$10,393,042)	\$58,967,515	\$0	388	26,045	0	26,045
Long Term Care-Facility Only	(\$310,631)	\$998,023	\$0	0	444	0	444
Long Term Care-Non-Facility Only	(\$5,503)	\$118,646	\$0	0	8	0	8
Travel	(\$1,689)	\$0	\$0	0	0	0	0
TOTAL	(\$10,712,821)	\$60,062,689	\$0	388	26,504	0	26,504

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	\$34,225	\$28,304	\$0	0	4	0	4
Accident Only	\$8,123	\$2,506	\$0	0	31	0	31
Dental	\$3,756	\$2,658	\$0	0	7	4	11
Disability Income	\$44,965	\$7,796	\$0	0	74	0	74
Hospital Indemnity	\$96,215	\$26,162	\$0	0	176	9	185
Limited Benefit	\$10,824	\$11,229	\$0	0	38	34	72
Long Term Care-Comprehensive	\$754,413	\$766,053	\$0	0	322	126	448
Short Term Care	\$378	\$11,404	\$0	0	0	0	0
Medicare Supplement	\$6,337,926	\$6,747,718	\$0	0	2,160	0	2,160
TOTAL	\$7,290,825	\$7,603,830	\$0	0	2,812	173	2,985

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CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68500							
Grandfathered Individually Underwritten	\$1,947	\$0	\$0	0	1	1	2
Hospital Indemnity	\$48,272	\$46,428	\$0	0	103	103	206
Limited Benefit	\$12,117	\$18,579	\$6,818	0	89	89	178
Long Term Care-Facility Only	\$15,856	\$64,357	\$0	0	17	17	34
Long Term Care-Non-Facility Only	\$4,340	\$0	\$0	0	5	5	10
Medicare Supplement	\$9,635,275	\$8,131,724	\$7,033	0	7,276	7,276	14,552
TOTAL	\$9,717,807	\$8,261,088	\$13,851	0	7,491	7,491	14,982

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	\$36,897	\$31,151	\$0	1	44	6	50
Long Term Care-Comprehensive	\$235,972	\$182,843	\$2,623	0	129	18	147
Long Term Care-Facility Only	\$28,765	\$27,944	\$0	0	27	0	27
Medicare Supplement	\$879,700	\$689,202	\$11,626	0	321	0	321
TOTAL	\$1,181,334	\$931,141	\$14,249	1	521	24	545

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							
ACA On Exchange Self-Employed or Sole Proprietor	(\$185,765)	(\$185,621)	\$0	0	0	0	0
ACA On Exchange 2 - 50 Member Groups	\$188,939	\$165,830	\$0	13	19	8	27
ACA On Exchange 51-100 Member Groups	\$683,757	\$422,991	\$1,004	17	61	57	118
ACA On Exchange 101+ Member Groups	\$1,012,091	\$1,751,663	\$0	6	130	62	192
ACA On Exchange Conversion	\$6,008,327	\$7,433,764	\$85,495	0	624	521	1,145
TOTAL	\$7,707,349	\$9,588,627	\$86,499	36	834	648	1,482

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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	\$673,878,321	\$620,782,779	\$658,930,504	0	167,524	68,001	235,525
Transitional Self-Employed or Sole Proprietor	\$90,625	\$67,721	\$0	0	0	0	0
Transitional 2 - 50 Member Groups	\$39,126,372	\$29,566,865	\$0	770	4,782	2,084	6,866
Transitional 51-100 Member Groups	\$12,302,100	\$9,156,238	\$0	41	1,617	566	2,183
Transitional 101+ Member Groups	\$171,858,552	\$139,519,012	\$0	70	17,788	15,370	33,158
Administrative Services Only (ASO)	\$13,667,089	\$0	\$0	4	30,963	8,118	39,081
Medicare Advantage (Medicare+Choice)	\$183,499	(\$843,356)	\$0	0	0	0	0
TOTAL	\$911,106,558	\$798,249,259	\$658,930,504	885	222,674	94,139	316,813

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	\$0	\$1,350	\$0	0	0	0	0
Transitional Individually Underwritten	\$13,953,008	\$12,995,469	\$0	0	2,253	1,509	3,762
TOTAL	\$13,953,008	\$12,996,819	\$0	0	2,253	1,509	3,762

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	\$40	\$0	\$0	0	3	0	3
TOTAL	\$40	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71129							
Dental	\$87,389	\$164,282	\$0	5	109	115	224
Disability Income	\$863,470	\$694,889	\$325,705	34	3,046	0	3,046
Limited Benefit	\$2,476	\$0	\$2,476	1	20	41	61
TOTAL	\$953,335	\$859,171	\$328,181	40	3,175	156	3,331

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62634							
ACA Off Exchange 51-100 Member Groups	\$175,382	\$132,858	\$0	8	12	17	29
Disability Income	\$19,487	\$14,762	\$0	4	6	0	6
TOTAL	\$194,869	\$147,620	\$0	12	18	17	35

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
81396							
Dental	\$219,476,711	\$169,136,324	\$12,845,679	3,283	446,863	314,244	761,107
TOTAL	\$219,476,711	\$169,136,324	\$12,845,679	3,283	446,863	314,244	761,107

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52053							
Dental	\$1,979,771	\$1,324,905	\$0	1	7,973	7,429	15,402
TOTAL	\$1,979,771	\$1,324,905	\$0	1	7,973	7,429	15,402

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DENTAL CONCERN, INC., THE

NAIC Company Code

54739

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$39,480	\$10,054	\$0	0	92	61	153
TOTAL	\$39,480	\$10,054	\$0	0	92	61	153

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	\$13,665,853	\$12,296,150	\$0	0	70,503	0	70,503
TOTAL	\$13,665,853	\$12,296,150	\$0	0	70,503	0	70,503

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	\$114,557	\$30,239	\$5,506	1	166	41	207
TOTAL	\$114,557	\$30,239	\$5,506	1	166	41	207

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	\$993	\$0	\$0	0	3	0	3
TOTAL	\$993	\$0	\$0	0	3	0	3

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	\$105,812	\$38,956	\$0	0	0	0	0
TOTAL	\$105,812	\$38,956	\$0	0	0	0	0

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EVERENCE ASSOCIATION, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
57991							
Medicare Supplement	\$819,330	\$553,309	\$0	0	246	43	289
TOTAL	\$819,330	\$553,309	\$0	0	246	43	289

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	\$445,101	\$99,878	\$102,585	0	814	542	1,356
Hospital Indemnity	\$240	\$0	\$0	0	0	0	0
Limited Benefit	\$2,965,026	\$758,474	\$275,334	0	4,097	5,244	9,341
TOTAL	\$3,410,367	\$858,352	\$377,919	0	4,911	5,786	10,697

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	\$13,110	\$0	\$5,496	0	181	82	263
Dental	\$4,733	\$0	\$115	0	20	1	21
Disability Income	\$43,352	\$0	\$15,657	0	109	0	109
Hospital Indemnity	\$367,405	\$0	\$156,117	0	1,278	580	1,858
Limited Benefit	\$528,910	\$0	\$674	0	1,685	1,105	2,790
Long Term Care-Comprehensive	\$3,957	\$0	\$0	0	6	0	6
Medicare Supplement	\$247,298	\$0	\$0	0	180	0	180
Champus/Tricare Supplement	\$84,245	\$0	\$0	0	135	66	201
TOTAL	\$1,293,010	\$0	\$178,059	0	3,594	1,834	5,428

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FARMERS NEW WORLD LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63177							
Accidental Death & Dismemberment	\$17,308	\$0	\$0	0	133	0	133
Long Term Care-Accelerated Benefit Rider	\$85	\$0	\$0	0	52	0	52
TOTAL	\$17,393	\$0	\$0	0	185	0	185

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	\$3,291,276	\$597,599	\$260,735	420	436,756	3,148	439,904
TOTAL	\$3,291,276	\$597,599	\$260,735	420	436,756	3,148	439,904

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	\$293	\$0	\$0	0	82	0	82
Disability Income	\$16,184	\$0	\$0	0	40	0	40
TOTAL	\$16,477	\$0	\$0	0	122	0	122

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	\$846,215	\$183,099	\$69,357	0	718	0	718
TOTAL	\$846,215	\$183,099	\$69,357	0	718	0	718

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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

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	\$4,902	\$0	\$0	0	45	0	45
Long Term Care-Facility Only	\$16,722	(\$448)	\$0	33	1,686	0	1,686
TOTAL	\$21,624	(\$448)	\$0	33	1,731	0	1,731

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							
Accident Only	\$4,070	\$539	\$96	0	49	91	140
Dental	\$6,944,916	\$4,934,096	\$2,995,396	5	3,813	60	3,873
Disability Income	\$618,093	\$551,062	\$58,572	0	164	1	165
Excess/Stop Loss	\$121,986	\$60,949	\$68,543	3	72	8	80
Hospital Indemnity	\$3,644,385	\$1,266,338	\$3,005,822	174	6,535	2,870	9,405
Limited Benefit	\$779,831	\$373,867	\$306,877	46	3,715	2,844	6,559
Prescription Drug	\$260,552	\$140,390	\$103,064	10	1,327	1,156	2,483
Vision	\$23,368,890	\$18,002,925	\$21,639,560	811	201,661	173,834	375,495
TOTAL	\$35,742,723	\$25,330,166	\$28,177,930	1,049	217,336	180,864	398,200

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FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69140							
Transitional Conversion	\$27,068	\$158,105	\$0	0	4	2	6
Disability Income	\$0	\$628,909	\$0	0	0	0	0
TOTAL	\$27,068	\$787,014	\$0	0	4	2	6

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	\$1,147,285	\$702,541	\$27,390	1	1,439	618	2,057
Medicare Supplement	\$4,466	\$3,599	\$4,466	0	0	0	0
TOTAL	\$1,151,751	\$706,140	\$31,856	1	1,439	618	2,057

FLORIDA COMBINED 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
76031							
Dental	\$95,079,520	\$66,705,181	\$26,397,286	1,948	199,159	340,371	539,530
Disability Income	\$5,033,721	\$2,700,935	\$1,131,196	195	23,600	0	23,600
Hospital Indemnity	\$180,538	\$20,625	\$0	9	1,384	0	1,384
TOTAL	\$100,293,779	\$69,426,741	\$27,528,482	2,152	224,143	340,371	564,514

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	\$4,129,611	\$3,990,652	\$4,503	24	3,822	213	4,035
TOTAL	\$4,129,611	\$3,990,652	\$4,503	24	3,822	213	4,035

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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	\$17,353,485	\$13,767,710	\$7,429,318	0	1,795	628	2,423
ACA On Exchange 2 - 50 Member Groups	\$184,439	\$51,012	\$28,163	10	27	16	43
ACA Off Exchange Guarantee Issue	\$4,053,351	\$3,297,255	\$676,784	0	327	92	419
ACA Off Exchange 2 - 50 Member Groups	\$2,832,074	\$2,550,963	\$237,722	50	416	172	588
ACA Off Exchange 51-100 Member Groups	\$4,094,037	\$2,905,327	\$491,339	27	1,046	276	1,322
ACA Off Exchange 101+ Member Groups	\$64,491,089	\$53,715,413	\$882,081	42	14,525	8,651	23,176
Grandfathered Self-Employed or Sole Proprietor	\$50,149	\$38,636	\$0	2	2	1	3
Grandfathered 2 - 50 Member Groups	\$6,238,574	\$5,616,727	\$0	188	673	198	871
Grandfathered 51-100 Member Groups	\$1,444,010	\$1,053,951	\$0	2	87	67	154
Grandfathered 101+ Member Groups	\$14,552,536	\$11,850,878	\$0	5	1,486	948	2,434
Transitional Individually Underwritten	\$103,880	\$42,023	\$0	0	36	0	36
Transitional Self-Employed or Sole Proprietor	\$84,550	\$118,024	\$0	8	8	4	12
Transitional 2 - 50 Member Groups	\$13,394,707	\$10,029,980	\$0	303	1,693	611	2,304
Transitional 51-100 Member Groups	\$2,658,998	\$1,719,985	\$0	0	0	0	0
Transitional 101+ Member Groups	\$71,105,601	\$57,789,626	\$0	1	1,262	1,573	2,835
Transitional Conversion	\$307,898	\$433,415	\$0	0	24	9	33
Medicare Advantage (Medicare+Choice)	\$152,657,944	\$141,454,759	\$9,450,457	13,054	13,054	0	13,054
TOTAL	\$355,607,322	\$306,435,684	\$19,195,864	13,692	36,461	13,246	49,707

FLORIDA HEALTH SOLUTION HMO COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
15634							
ACA Off Exchange Guarantee Issue	\$247,850	\$198,363	\$247,850	0	83	25	108
TOTAL	\$247,850	\$198,363	\$247,850	0	83	25	108

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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	\$1,743,989	\$1,047,659	\$1,035,276	0	867	0	867
TOTAL	\$1,743,989	\$1,047,659	\$1,035,276	0	867	0	867

FORESTERS LIFE INSURANCE AND ANNUITY COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
63495							
Disability Income	\$136	\$4,799	\$0	0	0	0	0
Hospital Indemnity	\$236	\$0	\$0	0	2	0	2
TOTAL	\$372	\$4,799	\$0	0	2	0	2

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	\$1,174,545	\$0	\$1,174,545	0	696	179	875
Medicare Supplement	\$331,849	\$252,591	\$1,078	0	216	0	216
TOTAL	\$1,506,394	\$252,591	\$1,175,623	0	912	179	1,091

FREEDOM 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
10119							
Medicare Advantage (Medicare+Choice)	\$770,643,974	\$637,483,598	\$165,509,293	0	64,324	0	64,324
TOTAL	\$770,643,974	\$637,483,598	\$165,509,293	0	64,324	0	64,324

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FREEDOM LIFE INSURANCE COMPANY OF AMERICA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62324							
ACA Off Exchange Guarantee Issue	\$1,180,750	\$2,847,201	\$1,143,414	0	58	4	62
Grandfathered Individually Underwritten	\$1,579,520	\$1,407,636	\$0	0	192	181	373
Transitional Individually Underwritten	\$1,097,452	\$3,530,647	\$0	0	204	149	353
Accident Only	\$3,957,643	\$1,701,111	\$2,617,779	0	9,698	6,303	16,001
Accidental Death & Dismemberment	(\$3,915)	\$3,829	\$0	0	2	0	2
Dental	\$875,871	\$289,182	\$727,958	0	1,812	1,068	2,880
Hospital Indemnity	\$9,189,343	\$3,375,165	\$4,138,019	0	6,511	2,993	9,504
Limited Benefit	\$14,006,793	\$3,923,348	\$11,047,564	0	7,858	4,921	12,779
Vision	\$3,913	\$117	\$3,913	0	164	111	275
TOTAL	\$31,887,370	\$17,078,236	\$19,678,647	0	26,499	15,730	42,229

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	\$4,187	\$0	\$0	0	14	0	14
TOTAL	\$4,187	\$0	\$0	0	14	0	14

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							
Transitional Individually Underwritten	\$1,487	\$26,743	\$0	0	4	0	4
Disability Income	\$397,288	\$93,669	\$0	0	268	0	268
Hospital Indemnity	\$64	\$0	\$0	0	3	0	3
TOTAL	\$398,839	\$120,412	\$0	0	275	0	275

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GENESIS INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38962							
Long Term Care-Comprehensive	\$1,082,901	\$485,269	\$0	0	90	0	90
TOTAL	\$1,082,901	\$485,269	\$0	0	90	0	90

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	\$159	\$0	\$0	0	7	0	7
Disability Income	\$19,346	\$65,614	\$0	0	18	0	18
Hospital Indemnity	\$131	\$0	\$0	0	1	0	1
Limited Benefit	\$577	\$0	\$0	0	3	0	3
Long Term Care-Comprehensive	\$17,201	\$231,459	\$0	0	10	0	10
Long Term Care-Non-Facility Only	\$0	\$16,877	\$0	0	0	0	0
Medicare Supplement	\$3,068,885	\$2,000,982	\$0	0	1,067	0	1,067
TOTAL	\$3,106,299	\$2,314,932	\$0	0	1,106	0	1,106

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	\$85	\$0	\$0	0	1	0	1
Long Term Care-Comprehensive	\$136,082,346	\$104,601,874	\$1,522,264	3,337	62,180	6,703	68,883
Long Term Care-Facility Only	\$3,037,068	\$18,192,050	\$0	400	2,874	0	2,874
Long Term Care-Accelerated Benefit Rider	\$0	\$204,110	\$0	0	556	0	556
Medicare Supplement	\$31,535	\$4,935	\$0	0	8	0	8
TOTAL	\$139,151,034	\$123,002,969	\$1,522,264	3,737	65,619	6,703	72,322

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GERBER LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70939							
Accidental Death & Dismemberment	\$4,363,324	\$1,822,278	\$0	126,175	0	0	0
Dental	\$706	\$278	\$0	1	1	0	1
Excess/Stop Loss	\$4,366,023	\$2,092,647	\$0	13	1,342	2,685	4,027
Hospital Indemnity	\$4,562	\$35,888	\$0	0	33	0	33
Long Term Care-Non-Facility Only	\$6,650	\$39,407	\$0	0	7	0	7
Medicare Supplement	\$10,585,080	\$7,667,442	\$0	0	3,961	0	3,961
TOTAL	\$19,326,345	\$11,657,940	\$0	126,189	5,344	2,685	8,029

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91472							
Grandfathered Individually Underwritten	\$43,278	\$44,286	\$0	0	31	10	41
Accident Only	\$5,738	(\$1,964)	\$0	0	49	16	65
Accidental Death & Dismemberment	\$1,766,542	\$149,117	\$102,026	0	12,340	0	12,340
Hospital Indemnity	\$234	(\$399)	\$0	0	1	0	1
Limited Benefit	\$13,544	(\$2,871)	\$0	0	170	84	254
Medicare Supplement	\$212,214	\$75,233	\$43,986	0	81	0	81
TOTAL	\$2,041,550	\$263,402	\$146,012	0	12,672	110	12,782

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GOLDEN RULE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62286							
Grandfathered Individually Underwritten	\$424,230	\$751,342	\$0	0	51	32	83
Grandfathered Conversion	\$4,151	\$0	\$0	0	1	0	1
Transitional Individually Underwritten	\$503,089	\$489,933	\$0	0	96	67	163
Grandfathered Out-of-State Guarantee Issue	\$1,954,684	\$2,760,751	\$0	0	106	16	122
Grandfathered Out-of-State Individually Underwritten	\$99,041,227	\$70,754,047	\$0	0	11,337	10,742	22,079
Transitional Out-of-State Guarantee Issue	\$2,033,170	\$2,503,335	\$0	0	133	23	156
Transitional Out-of-State Individually Underwritten	\$135,590,571	\$92,763,796	\$0	0	23,566	19,737	43,303
Dental	\$6,827,162	\$3,950,933	\$8,915	0	9,264	5,777	15,041
Disability Income	\$27,122	\$0	\$6,818	0	47	1	48
Hospital Indemnity	\$239	\$0	\$0	0	2	0	2
Limited Benefit	\$330,575	\$9,689	\$121,232	0	1,670	169	1,839
Short Term Care	\$17,728,806	\$7,739,585	\$17,728,806	0	9,732	6,338	16,070
Medicare Supplement	\$1,977,496	\$1,479,882	\$0	0	690	0	690
TOTAL	\$266,442,522	\$183,203,293	\$17,865,771	0	56,695	42,902	99,597

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	\$4,916	(\$136)	\$0	0	54	0	54
TOTAL	\$4,916	(\$136)	\$0	0	54	0	54

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	\$901,047	\$822,554	\$171,083	0	316	0	316
TOTAL	\$901,047	\$822,554	\$171,083	0	316	0	316

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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	\$703,540	\$53,134	\$0	1	484	0	484
TOTAL	\$703,540	\$53,134	\$0	1	484	0	484

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	\$35	\$7	\$0	0	7	0	7
Disability Income	\$1,256	(\$25,471)	\$0	0	2	0	2
Hospital Indemnity	\$466	(\$65)	\$0	0	1	0	1
Long Term Care-Comprehensive	\$40,475	(\$158,707)	\$0	0	24	0	24
Medicare Supplement	\$444,049	\$313,271	\$0	0	155	0	155
TOTAL	\$486,281	\$129,035	\$0	0	189	0	189

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	\$221,459	\$21,600	\$0	1	137	0	137
Limited Benefit	(\$217)	\$0	\$0	0	1	0	1
TOTAL	\$221,242	\$21,600	\$0	1	138	0	138

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							
Transitional Out-of-State 2 - 50 Member Groups	\$208,261	\$0	\$0	0	0	0	0
Disability Income	\$105,694	\$226,231	\$0	0	99	0	99
TOTAL	\$313,955	\$226,231	\$0	0	99	0	99

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GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68322							
Disability Income	\$2,314,832	\$2,343,041	\$0	2	1,470	0	1,470
Hospital Indemnity	\$69,135	\$50,259	\$0	1	311	234	545
TOTAL	\$2,383,967	\$2,393,300	\$0	3	1,781	234	2,015

GUARANTEE TRUST LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64211							
Accident Only	\$757,717	\$261,563	\$302,393	5	1,123	8	1,131
Disability Income	\$2,401	\$0	\$0	0	40	0	40
Hospital Indemnity	\$2,161,498	\$712,793	\$13,159	0	3,588	0	3,588
Limited Benefit	\$102,765	\$106,006	\$1,256	0	349	0	349
Long Term Care-Comprehensive	\$366,087	\$674,331	\$413	0	216	0	216
Medicare Supplement	\$687,593	\$518,428	\$8,792	0	249	0	249
TOTAL	\$4,078,061	\$2,273,121	\$326,013	5	5,565	8	5,573

GUARANTY INCOME LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
64238							
Long Term Care-Comprehensive	\$176,097	\$25,659	\$13,754	0	186	0	186
TOTAL	\$176,097	\$25,659	\$13,754	0	186	0	186

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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	\$10,584	\$79,376	\$0	0	20	8	28
Grandfathered Conversion	\$14,424	\$405,882	\$0	0	5	0	5
Accident Only	\$435,549	\$314,981	\$261,970	87	1,720	716	2,436
Accidental Death & Dismemberment	\$11,893,161	\$25,381,899	\$429,342	3,338	146,248	5,796	152,044
Dental	\$163,554,128	\$123,116,600	\$27,912,234	4,620	309,898	167,798	477,696
Disability Income	\$26,702,692	\$12,554,603	\$5,041,580	2,576	96,350	0	96,350
Excess/Stop Loss	\$259,115	\$1,001,562	\$259,115	3	800	396	1,196
Limited Benefit	\$395,319	(\$41,598)	\$239,656	71	2,070	579	2,649
Vision	\$10,459,632	\$7,571,172	\$2,724,663	2,687	91,019	46,566	137,585
TOTAL	\$213,724,604	\$170,384,477	\$36,868,560	13,382	648,130	221,859	869,989

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	\$143	\$0	\$0	0	0	0	0
TOTAL	\$143	\$0	\$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	\$4,497,363	\$4,842,643	\$362,976	320	150,913	11,917	162,830
Blanket Accident/Sickness	\$961,389	\$621,762	\$97,235	1,078	94,254	107,449	201,703
Disability Income	\$80,233,899	\$86,033,622	\$4,818,143	473	326,653	0	326,653
Hospital Indemnity	\$941,122	\$397,063	\$0	0	2,625	594	3,219
Limited Benefit	\$4,488,908	\$2,957,207	\$2,442,641	0	12,230	5,577	17,807
Medicare Supplement	\$1,454,462	\$958,172	\$718,093	7	3,963	1,807	5,770
Champus/Tricare Supplement	\$453,161	\$426,669	\$0	0	1,378	0	1,378
Travel	\$1,460,365	\$15,294	\$10,892	209	359,711	68,344	428,055
TOTAL	\$94,490,669	\$96,252,432	\$8,449,980	2,087	951,727	195,688	1,147,415

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	\$39,966	\$23,959	\$0	201	201	0	201
Limited Benefit	(\$10,333)	\$0	\$0	175	175	0	175
TOTAL	\$29,633	\$23,959	\$0	376	376	0	376

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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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$106,266	\$40,053	\$5,534	0	4,088	466	4,554
Blanket Accident/Sickness	\$6	\$0	\$0	1	7	8	15
Disability Income	\$977,481	\$3,576,927	\$10,971	21	2,875	0	2,875
Excess/Stop Loss	\$9,847	\$0	\$0	0	0	0	0
Hospital Indemnity	\$39,727	\$115,705	\$0	0	184	42	226
Limited Benefit	\$1,056,169	\$796,400	\$718	5	679	304	983
Long Term Care-Comprehensive	\$41,483	\$0	\$0	0	24	0	24
Medicare Supplement	\$401,681	\$303,267	\$271	2	254	116	370
Champus/Tricare Supplement	\$2,402,702	\$1,860,624	\$0	0	5,318	0	5,318
Travel	\$0	\$3,847	\$0	0	0	0	0
TOTAL	\$5,035,362	\$6,696,823	\$17,494	29	13,429	936	14,365

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Disability Income	\$5,103,999	\$718,694	\$6,211,234	0	4	0	4
Excess/Stop Loss	\$23,402,265	\$22,417,325	\$9,124,019	50	40,530	50,165	90,695
TOTAL	\$28,506,264	\$23,136,019	\$15,335,253	50	40,534	50,165	90,699

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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	\$1,484,189	\$2,100,583	\$0	0	326	165	491
Grandfathered Out-of-State 101+ Member Groups	\$148,475,551	\$129,806,226	\$0	2,358	15,511	12,177	27,688
Administrative Services Only (ASO)	\$25,532,109	\$0	\$0	2,088	101,908	110,106	212,014
Dental	\$809,415	\$507,197	\$0	534	1,389	1,216	2,605
Excess/Stop Loss	\$904,636	(\$591,620)	\$0	1	8,339	12,658	20,997
Hospital Indemnity	\$9,910	\$8,664	\$0	1	2	0	2
Medicare Supplement	\$10,417,185	\$9,278,013	\$0	0	3,905	0	3,905
Sickness	\$160,602	\$140,408	\$0	12	102	2	104
TOTAL	\$187,793,597	\$141,249,471	\$0	4,994	131,482	136,324	267,806

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 Guarantee Issue	\$31,964,783	\$26,486,034	\$22,554,959	0	4,881	2,250	7,131
ACA On Exchange 2 - 50 Member Groups	\$431,719	\$269,512	\$218,709	15	58	11	69
ACA Off Exchange Guarantee Issue	\$5,595,712	\$6,467,492	\$2,851,778	0	834	573	1,407
ACA Off Exchange 2 - 50 Member Groups	\$14,126,468	\$9,908,923	\$2,964,860	299	2,185	1,155	3,340
Transitional 2 - 50 Member Groups	\$24,267,090	\$18,636,470	\$0	506	2,908	1,403	4,311
Transitional 51-100 Member Groups	\$18,486,272	\$14,840,919	\$1,940,783	47	2,660	1,187	3,847
Transitional 101+ Member Groups	\$30,092,820	\$24,554,036	\$2,297,519	15	2,821	2,890	5,711
Administrative Services Only (ASO)	\$17,665,502	\$0	\$0	7	38,478	38,732	77,210
Medicare Advantage (Medicare+Choice)	\$297,181,868	\$249,333,388	\$0	0	30,035	0	30,035
Prescription Drug	\$402,889	(\$58,032)	\$0	0	0	0	0
TOTAL	\$440,215,123	\$350,438,742	\$32,828,608	889	84,860	48,201	133,061

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HEALTH FIRST INSURANCE, INC.

NAIC Company Code

14140

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$3,989,565	\$3,914,062	\$404,291	0	440	145	585
ACA On Exchange 2 - 50 Member Groups	\$74,360	\$52,216	\$13,046	2	10	8	18
ACA Off Exchange Guarantee Issue	\$1,397,314	\$1,116,754	\$50,087	0	157	77	234
ACA Off Exchange 2 - 50 Member Groups	\$1,218,421	\$1,251,816	\$360,217	45	193	203	396
Transitional Individually Underwritten	\$1,142,876	\$691,980	\$0	0	187	135	322
Transitional 2 - 50 Member Groups	\$971,099	\$846,886	\$0	15	22	23	45
Transitional 51-100 Member Groups	\$1,651,956	\$1,566,510	\$75,241	18	136	170	306
Medicare Supplement	\$115,036	\$169,250	\$0	0	37	0	37
TOTAL	\$10,560,627	\$9,609,474	\$902,882	80	1,182	761	1,943

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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	\$486,893,921	\$423,405,032	\$96,404,072	0	49,777	22,000	71,777
ACA Off Exchange Guarantee Issue	\$85,710,639	\$83,819,921	\$43,626,715	0	10,376	5,227	15,603
ACA Off Exchange Self-Employed or Sole Proprietor	\$43,372	\$8,003	\$0	5	6	3	9
ACA Off Exchange 2 - 50 Member Groups	\$72,779,321	\$48,869,343	\$13,973,629	1,683	11,044	4,544	15,588
ACA Off Exchange 51-100 Member Groups	\$1,219,151	\$665,858	\$138,983	15	191	63	254
ACA Off Exchange 101+ Member Groups	\$88,093	\$58,723	\$10,219	1	6	1	7
Grandfathered Individually Underwritten	(\$7,246)	(\$48,899)	\$0	0	0	0	0
Grandfathered Self-Employed or Sole Proprietor	\$122,506	\$123,125	\$0	9	9	6	15
Grandfathered 2 - 50 Member Groups	\$8,448,929	\$7,831,706	\$0	223	738	492	1,230
Grandfathered 51-100 Member Groups	\$1,864,786	\$1,343,709	\$0	13	302	125	427
Grandfathered 101+ Member Groups	\$34,118,917	\$27,316,463	\$0	20	3,329	2,965	6,294
Grandfathered Conversion	\$508,145	\$0	\$0	0	0	0	0
Transitional Guarantee Issue	(\$19,889)	\$73	\$0	0	0	0	0
Transitional Individually Underwritten	(\$4,955,248)	(\$19,658)	\$0	0	0	0	0
Transitional Self-Employed or Sole Proprietor	\$53,140	\$630,073	\$0	2	2	6	8
Transitional 2 - 50 Member Groups	\$135,670,225	\$89,027,387	\$0	2,397	17,148	8,192	25,340
Transitional 51-100 Member Groups	\$154,746,377	\$130,888,812	\$0	869	27,137	12,394	39,531
Transitional 101+ Member Groups	\$505,770,363	\$386,751,371	\$0	909	89,486	41,851	131,337
Medicare Advantage (Medicare+Choice)	\$534,120,981	\$501,974,161	\$240,354,442	0	63,871	0	63,871
TOTAL	\$2,017,176,483	\$1,702,645,203	\$394,508,060	6,146	273,422	97,869	371,291

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11532							
Medicare Advantage (Medicare+Choice)	\$879,260,268	\$754,617,293	\$71,850,445	0	51,393	0	51,393
TOTAL	\$879,260,268	\$754,617,293	\$71,850,445	0	51,393	0	51,393

HEALTHSUN 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
10122							
Medicare Advantage (Medicare+Choice)	\$695,673,043	\$617,623,684	\$0	0	31,033	0	31,033
TOTAL	\$695,673,043	\$617,623,684	\$0	0	31,033	0	31,033

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66214							
Hospital Indemnity	\$2,746,123	\$862,953	\$424,248	0	4,003	0	4,003
Limited Benefit	\$26	\$0	\$0	0	0	0	0
Medicare Supplement	\$79,002	\$110,370	\$0	0	48	0	48
TOTAL	\$2,825,151	\$973,323	\$424,248	0	4,051	0	4,051

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93440							
Excess/Stop Loss	\$12,289,832	\$7,488,974	\$1,401,837	14	28,223	28,223	56,446
Limited Benefit	\$284,758	\$25,742	\$0	3	113	19	132
Vision	\$13,890,495	\$10,184,463	\$1,972,502	149	39,312	31,967	71,279
TOTAL	\$26,465,085	\$17,699,179	\$3,374,339	166	67,648	60,209	127,857

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

HORACE MANN LIFE INSURANCE COMPANY

NAIC Company Code

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Accidental Death & Dismemberment	\$849	\$0	\$0	0	24	0	24
Disability Income	\$118,062	\$47,663	\$3,101	9	240	0	240
Hospital Indemnity	\$43	(\$3)	\$0	0	0	0	0
Limited Benefit	(\$5)	(\$1)	\$0	0	6	5	11
TOTAL	\$118,949	\$47,659	\$3,101	9	270	5	275

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69671							
ACA Off Exchange Guarantee Issue	\$7,932,703	\$7,816,363	\$1,103,626	0	1,279	784	2,063
ACA Off Exchange Self-Employed or Sole Proprietor	\$72,997	\$70,019	\$0	6	6	0	6
ACA Off Exchange 2 - 50 Member Groups	\$2,090,751	\$1,188,599	\$0	51	241	141	382
Grandfathered Self-Employed or Sole Proprietor	\$324,279	\$166,980	\$0	15	15	6	21
Grandfathered 2 - 50 Member Groups	\$1,948,306	\$906,302	\$0	24	83	60	143
Grandfathered 51-100 Member Groups	\$2,260	\$18,044	\$0	1	5	5	10
Grandfathered 101+ Member Groups	\$73,047	\$163,955	\$0	1	5	3	8
Grandfathered Conversion	(\$789)	(\$442)	\$0	0	0	0	0
Transitional Individually Underwritten	\$49,228,322	\$44,152,421	\$0	0	9,217	6,807	16,024
Transitional Self-Employed or Sole Proprietor	\$125,506	\$72,788	\$0	4	4	0	4
Transitional 2 - 50 Member Groups	\$979,258	\$373,162	\$0	11	55	21	76
Transitional 51-100 Member Groups	\$259,073	\$125,248	\$0	3	12	14	26
Transitional 101+ Member Groups	\$1,986,481	\$465,175	\$0	0	0	0	0
Transitional Conversion	\$31	\$0	\$0	0	0	0	0
Grandfathered Out-of-State Self-Employed or Sole Pro	\$14	\$8	\$0	0	0	0	0
Transitional Out-of-State 51-100 Member Groups	\$838	\$0	\$0	0	0	0	0
Transitional Out-of-State 101+ Member Groups	\$7,351,220	\$0	\$0	0	0	0	0
Excess/Stop Loss	\$5,387,454	\$3,074,811	\$0	0	22,064	21,933	43,997
Medicare Supplement	\$10,918,255	\$7,472,595	\$0	0	5,838	0	5,838
Medicare Advantage (Medicare+Choice)	\$176,795,994	\$154,163,175	\$0	10,121	15,551	0	15,551
TOTAL	\$265,476,000	\$220,229,203	\$1,103,626	10,237	54,375	29,774	84,149

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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	\$971,458	\$331,955	\$0	0	0	0	0
Grandfathered Individually Underwritten	(\$1,375,965)	\$509,950	\$0	0	0	0	0
Administrative Services Only (ASO)	\$1,876,650	\$0	\$0	0	1,060	835	1,895
Accident Only	\$0	\$140,313	\$0	0	114	86	200
Dental	\$52,929,381	\$36,708,933	\$0	2,953	104,869	64,989	169,858
Disability Income	\$82,235	\$115,215	\$0	0	169	0	169
Limited Benefit	\$33,863	\$55,744	\$0	0	160	159	319
Medicare Advantage (Medicare+Choice)	\$1,155,485,675	\$986,092,766	\$222,225,517	0	128,806	0	128,806
Prescription Drug	\$284,278,229	\$234,960,709	\$0	0	320,537	0	320,537
Vision	\$15,484,199	\$7,676,277	\$0	3,557	117,366	79,210	196,576
TOTAL	\$1,509,765,725	\$1,266,591,862	\$222,225,517	6,510	673,081	145,279	818,360

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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	\$941,607,172	\$865,737,435	\$756,633,390	0	159,245	66,206	225,451
ACA Off Exchange Guarantee Issue	\$124,198,189	\$141,390,786	\$113,725,031	0	24,617	14,260	38,877
ACA Off Exchange Self-Employed or Sole Proprietor	\$1,859,048	\$1,545,756	\$0	0	130	130	260
ACA Off Exchange 2 - 50 Member Groups	\$179,746,249	\$149,454,903	\$0	0	26,575	12,274	38,849
ACA Off Exchange 101+ Member Groups	\$470,479,735	\$391,193,161	\$0	0	57,414	28,769	86,183
ACA Off Exchange Conversion	\$52,284,022	\$43,472,971	\$0	0	9,715	4,344	14,059
Grandfathered Individually Underwritten	\$456,576	\$379,634	\$0	0	35	4	39
Grandfathered Self-Employed or Sole Proprietor	\$3,935,854	\$3,272,573	\$0	629	370	142	512
Grandfathered 2 - 50 Member Groups	\$6,523,231	\$5,423,918	\$0	1,029	605	179	784
Grandfathered 101+ Member Groups	\$9,241,362	\$7,683,981	\$0	2	669	455	1,124
Transitional Individually Underwritten	\$15,199	\$405,531	\$0	0	1	2	3
Transitional Self-Employed or Sole Proprietor	\$1,389,122	\$1,155,023	\$0	221	130	65	195
Transitional 2 - 50 Member Groups	\$89,975,382	\$74,812,477	\$0	2,791	11,469	4,798	16,267
Transitional 101+ Member Groups	\$2,545,376	\$2,116,422	\$0	0	17	4	21
Grandfathered Out-of-State Individually Underwritten	\$70	\$59	\$0	0	0	1	1
Grandfathered Out-of-State Self-Employed or Sole Pro	\$58,695	\$48,803	\$0	9	5	0	5
Grandfathered Out-of-State 2 - 50 Member Groups	(\$748,621)	(\$622,461)	\$0	17	10	10	20
Grandfathered Out-of-State 101+ Member Groups	\$20,998	\$17,460	\$0	0	33	38	71
Medicare Advantage (Medicare+Choice)	\$4,928,458,505	\$3,818,970,455	\$1,051,998,054	31	347,292	0	347,292
TOTAL	\$6,812,046,166	\$5,506,458,887	\$1,922,356,475	4,729	638,332	131,681	770,013

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HUMANADENTAL 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>
70580							
Administrative Services Only (ASO)	\$592,429	\$0	\$0	0	13,580	14,435	28,015
Limited Benefit	\$14,101	\$25,367	\$0	0	51	0	51
Medicare Supplement	\$135,190	\$118,363	\$0	0	52	0	52
TOTAL	\$741,720	\$143,730	\$0	0	13,683	14,435	28,118

IA AMERICAN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
91693							
Accidental Death & Dismemberment	\$63	\$0	\$0	0	3	0	3
Hospital Indemnity	\$145	\$0	\$0	0	2	0	2
Limited Benefit	\$2,187	\$39,927	\$0	0	47	0	47
TOTAL	\$2,395	\$39,927	\$0	0	52	0	52

IDEALIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97764							
Medicare Supplement	\$462,975	\$391,027	\$0	0	96	0	96
TOTAL	\$462,975	\$391,027	\$0	0	96	0	96

IDS PROPERTY CASUALTY INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
29068							
Accidental Death & Dismemberment	\$281	\$0	\$151	0	0	0	0
TOTAL	\$281	\$0	\$151	0	0	0	0

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ILLINOIS MUTUAL LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
64580							
Grandfathered Individually Underwritten	\$142,515	\$34,182	\$0	0	9	1	10
Accident Only	\$27,622	\$16,032	\$1,570	0	97	41	138
Disability Income	\$3,682,907	\$3,950,764	\$46,115	0	4,549	0	4,549
Hospital Indemnity	\$1,315	(\$216)	\$0	0	3	2	5
Limited Benefit	\$299	\$0	\$0	0	2	0	2
TOTAL	\$3,854,658	\$4,000,762	\$47,685	0	4,660	44	4,704

IMPERIUM INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
35408							
Excess/Stop Loss	\$0	(\$173,276)	\$0	0	0	0	0
TOTAL	\$0	(\$173,276)	\$0	0	0	0	0

INDEPENDENCE AMERICAN INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
26581							
Grandfathered Individually Underwritten	\$0	(\$9,247)	\$0	0	0	0	0
Dental	\$28,641	\$9,190	\$28,641	1	37	69	106
Hospital Indemnity	\$762,775	\$240,406	\$762,775	1	208	372	580
Limited Benefit	\$105,059	(\$9,730)	\$105,059	1	71	103	174
TOTAL	\$896,475	\$230,619	\$896,475	3	316	544	860

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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	\$249,995	\$55,000	\$94,237	0	1,431	0	1,431
Disability Income	\$1,219	\$9,600	\$0	0	13	0	13
TOTAL	\$251,214	\$64,600	\$94,237	0	1,444	0	1,444

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	\$74,172	\$0	0	0	0	0
TOTAL	\$0	\$74,172	\$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	\$0	(\$7,204)	\$0	0	0	0	0
TOTAL	\$0	(\$7,204)	\$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							
Accident Only	\$127,335	\$17,727	\$127,335	251	251	1	252
Accidental Death & Dismemberment	\$7,381	\$454	\$7,381	6	1,829	7	1,836
Excess/Stop Loss	\$534,276	\$325,831	\$406,321	11	805	421	1,226
Limited Benefit	\$1,262,043	\$486,038	\$1,262,043	11	2,971	745	3,716
TOTAL	\$1,931,035	\$830,050	\$1,803,080	279	5,856	1,174	7,030

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$1	\$0	0	1	0	1
Disability Income	\$457	\$2,945	\$0	0	2	0	2
Hospital Indemnity	\$337	\$31	\$0	0	2	0	2
Limited Benefit	\$88	\$3	\$0	0	1	0	1
TOTAL	\$916	\$2,980	\$0	0	6	0	6

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	\$3,913	\$0	\$0	0	45	0	45
Accident Only	\$17,249	\$2,674	\$0	0	638	0	638
Dental	\$16,896	\$12,617	\$0	0	46	0	46
Disability Income	\$1,229,716	\$9,082,280	\$0	0	1,337	0	1,337
Hospital Indemnity	\$27,926	\$968	\$0	0	185	0	185
Limited Benefit	\$691,442	\$674,453	\$0	0	2,853	0	2,853
Long Term Care-Comprehensive	\$1,312,672	\$3,943,892	\$0	0	676	0	676
Sickness	\$1,152	\$0	\$0	0	66	0	66
TOTAL	\$3,300,966	\$13,716,884	\$0	0	5,846	0	5,846

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JEFFERSON NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

64017

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Individually Underwritten	\$184	(\$7)	\$0	0	1	0	1
Accident Only	\$46	\$22	\$0	0	1	0	1
Disability Income	\$28,497	\$236,294	\$0	0	18	0	18
Hospital Indemnity	\$1,078	\$552	\$0	0	3	0	3
Limited Benefit	\$2,887	(\$288)	\$0	0	27	0	27
Medicare Supplement	\$7,722	\$7,823	\$0	0	4	0	4
TOTAL	\$40,414	\$244,396	\$0	0	54	0	54

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JOHN ALDEN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65080							
ACA Off Exchange 2 - 50 Member Groups	\$83,693	\$33,048	\$0	1	2	1	3
Grandfathered Conversion	\$25,575	\$70,164	\$0	0	2	0	2
Transitional 2 - 50 Member Groups	\$65,683	\$92,153	\$0	1	3	3	6
Grandfathered Out-of-State Individually Underwritten	\$654,600	\$178,817	\$0	0	78	31	109
Grandfathered Out-of-State Conversion	\$44,097	\$112,248	\$0	0	2	2	4
Transitional Out-of-State Individually Underwritten	\$196,839	\$279,764	\$0	0	30	21	51
Accident Only	\$9,869	\$3,542	\$0	0	38	48	86
Accidental Death & Dismemberment	\$29	\$3	\$0	0	2	0	2
Dental	\$43,059	\$10,336	\$0	2	41	47	88
Disability Income	\$110,670	\$84,540	\$0	0	169	7	176
Hospital Indemnity	\$2,463	(\$34)	\$0	0	5	1	6
Limited Benefit	\$23,163	\$27,703	\$0	0	49	40	89
Long Term Care-Comprehensive	\$453,687	\$2,372,090	\$0	0	276	0	276
Medicare Supplement	\$361,229	\$263,964	\$0	0	114	0	114
TOTAL	\$2,074,656	\$3,528,338	\$0	4	811	201	1,012

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	\$14,100,510	\$10,971,884	\$0	21	3,404	0	3,404
TOTAL	\$14,100,510	\$10,971,884	\$0	21	3,404	0	3,404

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JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65838							
Disability Income	\$507,826	\$3,112,320	\$0	0	258	0	258
Long Term Care-Comprehensive	\$130,113,863	\$98,554,281	\$1,066,122	402	62,306	0	62,306
TOTAL	\$130,621,689	\$101,666,601	\$1,066,122	402	62,564	0	62,564

KANAWHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65110							
Other Prepaid Health Services	\$97,595	\$23,574	\$20,623	0	1,550	1,163	2,713
Accident Only	\$809,835	\$205,581	\$83,711	0	6,468	0	6,468
Accidental Death & Dismemberment	\$563,273	\$777,750	\$8,287	0	2,642	0	2,642
Disability Income	\$1,862,619	\$1,531,883	\$94,472	0	9,132	0	9,132
Hospital Indemnity	\$741,698	\$1,024,113	\$0	0	2,902	0	2,902
Limited Benefit	\$1,096,679	\$845,315	\$99,883	0	6,101	6,101	12,202
Long Term Care-Comprehensive	\$2,682,066	\$3,703,315	\$0	0	8,468	0	8,468
Medicare Supplement	\$250,175	\$345,434	\$0	0	88	0	88
TOTAL	\$8,103,940	\$8,456,965	\$306,976	0	37,351	7,264	44,615

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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	\$14,941	\$0	0	2	0	2
Dental	\$157,327	\$75,185	\$31,884	20	248	180	428
Disability Income	\$306,139	\$211,459	\$116,637	43	801	0	801
Hospital Indemnity	\$16,866	\$13,047	\$7,139	3	49	0	49
Limited Benefit	\$28	\$1,490	\$0	0	1	0	1
Vision	\$2,521	\$82	\$0	2	21	25	46
TOTAL	\$485,800	\$316,204	\$155,661	68	1,122	205	1,327

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	\$181	(\$27)	\$0	0	1	0	1
Disability Income	\$73,032	(\$41,432)	\$18,979	0	145	0	145
Hospital Indemnity	\$8,919	\$1,426	\$0	0	29	3	32
Long Term Care-Comprehensive	\$2,284,071	\$725,532	\$95,310	0	1,521	0	1,521
Long Term Care-Facility Only	\$372,134	\$253,826	\$34,047	0	428	0	428
TOTAL	\$2,738,337	\$939,325	\$148,336	0	2,124	3	2,127

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	\$22,470	\$23,596	\$0	0	7	0	7
TOTAL	\$22,470	\$23,596	\$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)	\$24,850,309	\$0	\$0	0	0	0	0
TOTAL	\$24,850,309	\$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	\$6,832	\$69,050,870	\$0	0	51	8	59
TOTAL	\$6,832	\$69,050,870	\$0	0	51	8	59

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	\$32,324,588	\$39,354,399	\$214,992	40	170,550	0	170,550
TOTAL	\$32,324,588	\$39,354,399	\$214,992	40	170,550	0	170,550

LIBERTY NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65331							
Accident Only	\$1,607,070	\$967,433	\$260,171	0	32,369	20	32,389
Dental	\$7,560	\$1,250	\$0	0	18	0	18
Disability Income	\$712	\$0	\$0	0	2	0	2
Hospital Indemnity	\$564,596	\$126,825	\$715	0	3,315	0	3,315
Limited Benefit	\$10,509,460	\$6,461,969	\$793,240	0	26,907	4,538	31,445
Medicare Supplement	\$585,498	\$312,609	\$30,700	0	374	0	374
Vision	\$37,062	\$18,105	\$0	0	213	0	213
TOTAL	\$13,311,958	\$7,888,191	\$1,084,826	0	63,198	4,558	67,756

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LIFE INSURANCE COMPANY OF ALABAMA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65412							
Accident Only	\$10,017	\$2,667	\$948	0	30	4	34
Accidental Death & Dismemberment	\$712	\$0	\$6	0	17	0	17
Disability Income	\$3,988	\$0	\$822	0	7	0	7
Hospital Indemnity	\$25,251	\$2,250	\$4,226	0	30	13	43
Limited Benefit	\$299,979	\$28,881	\$13,390	0	383	289	672
Sickness	\$152	\$0	\$13	0	4	0	4
TOTAL	\$340,099	\$33,798	\$19,405	0	471	306	777

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							
Accident Only	\$8,725,472	\$5,646,618	\$0	21	320,283	0	320,283
Accidental Death & Dismemberment	\$20,686	\$250,000	\$0	37	892	0	892
Disability Income	\$89,884,200	\$87,748,250	\$0	72	394,107	0	394,107
Hospital Indemnity	\$1,414,480	\$1,072,913	\$0	4	4,673	0	4,673
Limited Benefit	\$62	\$40,354	\$0	1	1	0	1
TOTAL	\$100,044,900	\$94,758,135	\$0	135	719,956	0	719,956

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	2	4
TOTAL	\$211	\$0	\$0	0	2	2	4

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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	\$21,453	\$5,631	\$21,453	0	86	0	86
Accidental Death & Dismemberment	\$665	(\$16)	\$665	0	28	0	28
Hospital Indemnity	(\$49)	\$8	(\$49)	0	4	0	4
Limited Benefit	\$12,536	(\$2,168)	\$12,536	0	52	0	52
TOTAL	\$34,605	\$3,455	\$34,605	0	170	0	170

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							
Accident Only	\$3,040	(\$1,606)	\$0	0	6	3	9
Disability Income	\$484	\$6,289	\$0	0	4	0	4
Hospital Indemnity	\$362,559	\$51,210	\$26,827	0	673	0	673
Limited Benefit	\$4,622	\$27,046	\$0	0	62	0	62
Long Term Care-Comprehensive	\$2,871,978	\$162,072	\$596,243	0	2,149	0	2,149
TOTAL	\$3,242,683	\$245,011	\$623,070	0	2,894	3	2,897

LIFESHIELD NATIONAL 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
99724							
Administrative Services Only (ASO)	\$6,633	\$0	\$6,633	0	50	10	60
TOTAL	\$6,633	\$0	\$6,633	0	50	10	60

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LINCOLN BENEFIT LIFE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65595							
Long Term Care-Comprehensive	\$3,353,114	\$9,320,753	\$0	0	2,100	910	3,010
Long Term Care-Facility Only	\$113,367	\$300,370	\$0	0	71	26	97
Long Term Care-Non-Facility Only	\$911,727	\$2,124,265	\$0	0	571	115	686
TOTAL	\$4,378,208	\$11,745,388	\$0	0	2,742	1,051	3,793

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	\$805	\$0	\$0	0	6	0	6
Medicare Supplement	\$579,341	\$441,402	\$0	0	188	0	188
TOTAL	\$580,146	\$441,402	\$0	0	194	0	194

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	\$177	\$4,949	\$0	0	0	0	0
Accidental Death & Dismemberment	\$49,771	\$0	(\$64)	0	2,439	0	2,439
Dental	\$52,569	\$44,379	(\$796)	0	0	0	0
Disability Income	\$582,019	\$34,343	(\$189)	0	1,801	0	1,801
TOTAL	\$684,536	\$83,671	(\$1,049)	0	4,240	0	4,240

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LINCOLN NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65676							
Grandfathered Conversion	\$10,245	\$56,731	\$0	0	2	2	4
Accident Only	\$2,038,306	(\$846,063)	\$1,022,460	65	4,866	0	4,866
Accidental Death & Dismemberment	\$3,836,957	\$2,079,296	\$613,456	1,556	298,239	0	298,239
Dental	\$12,471,806	\$8,303,480	\$2,958,172	263	18,485	0	18,485
Disability Income	\$80,671,806	\$77,744,882	\$8,992,884	2,379	313,731	0	313,731
Excess/Stop Loss	\$3,622,361	\$3,170,242	\$0	0	0	0	0
Limited Benefit	\$1,486,202	(\$441,926)	\$733,412	55	2,994	0	2,994
Long Term Care-Non-Facility Only	\$243,201	\$666,198	\$0	0	115	0	115
TOTAL	\$104,380,884	\$90,732,840	\$14,320,384	4,318	638,432	2	638,434

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	\$1,024	\$0	0	1	0	1
TOTAL	\$891	\$1,024	\$0	0	1	0	1

LOYAL AMERICAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65722							
Accident Only	\$232,457	\$214,857	\$24,335	0	673	153	826
Disability Income	\$10,803	\$120,702	\$0	0	25	0	25
Hospital Indemnity	\$36,450	\$13,591	\$0	0	59	1	60
Limited Benefit	\$445,052	\$176,814	\$203,696	0	2,997	293	3,290
Long Term Care-Comprehensive	\$3,978	\$0	\$0	0	0	0	0
Medicare Supplement	\$549,360	\$456,387	\$94,681	0	205	0	205
TOTAL	\$1,278,100	\$982,351	\$322,712	0	3,959	447	4,406

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MADISON NATIONAL LIFE INSURANCE COMPANY INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65781							
ACA Off Exchange 51-100 Member Groups	\$627,727	\$145,345	\$0	2	44	0	44
Accident Only	\$109,034	\$64,900	\$78,564	3	1,195	635	1,830
Dental	\$451,886	\$210,560	\$99,605	21	1,001	597	1,598
Disability Income	\$363,273	\$101,830	\$0	5	2,563	0	2,563
Excess/Stop Loss	\$0	(\$21,451)	\$0	0	0	0	0
Hospital Indemnity	\$1,019,541	\$285,513	\$20,173	6	1,029	136	1,165
Limited Benefit	\$119,223	\$51,292	\$75,257	1	1	0	1
Vision	\$4,705	\$1,560	\$0	1	10	3	13
TOTAL	\$2,695,389	\$839,549	\$273,599	39	5,843	1,371	7,214

MAGNA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61018							
Limited Benefit	\$821,144	\$585,263	\$821,144	0	1,838	0	1,838
TOTAL	\$821,144	\$585,263	\$821,144	0	1,838	0	1,838

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	\$89,352	\$27,864	\$7,946	0	1,012	652	1,664
TOTAL	\$89,352	\$27,864	\$7,946	0	1,012	652	1,664

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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	\$390,352	\$141,091	\$86,969	0	442	1	443
Limited Benefit	\$750	\$0	\$165	0	5	8	13
Medicare Supplement	\$29,043	\$315,922	\$9,080	0	62	0	62
TOTAL	\$420,145	\$457,013	\$96,214	0	509	9	518

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	\$191	\$0	\$0	0	1	0	1
Long Term Care-Comprehensive	\$128,089	\$112,107	\$0	0	294	11	305
TOTAL	\$128,280	\$112,107	\$0	0	295	11	306

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	\$3,052	\$0	\$0	0	29	10	39
Hospital Indemnity	\$2,249	\$0	\$0	0	12	1	13
TOTAL	\$5,301	\$0	\$0	0	41	11	52

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
38970							
Accident Only	\$1,912,050	\$475,451	\$134,564	0	536,654	0	536,654
Blanket Accident/Sickness	\$32,776	\$30,065	\$0	0	1,984	0	1,984
Disability Income	\$58,046	\$5,444	\$0	0	0	0	0
TOTAL	\$2,002,872	\$510,960	\$134,564	0	538,638	0	538,638

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
65935							
Disability Income	\$16,967,419	\$14,168,736	\$1,132,029	0	6,377	0	6,377
Long Term Care-Comprehensive	\$8,565,210	\$3,658,080	\$690,044	0	3,311	0	3,311
TOTAL	\$25,532,629	\$17,826,816	\$1,822,073	0	9,688	0	9,688

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
12967							
Long Term Care-Accelerated Benefit Rider	\$4,245,612	\$892,427	\$0	40	2,381	0	2,381
TOTAL	\$4,245,612	\$892,427	\$0	40	2,381	0	2,381

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	(\$2,548)	\$1,260	\$0	0	0	0	0
ACA Off Exchange 2 - 50 Member Groups	\$0	\$2,558	\$0	0	0	0	0
TOTAL	(\$2,548)	\$3,818	\$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)	\$523,122,361	\$457,781,856	\$97,812,183	35,810	35,810	0	35,810
TOTAL	\$523,122,361	\$457,781,856	\$97,812,183	35,810	35,810	0	35,810

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MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52008							
Other Prepaid Health Services	\$1,274,047	\$244,141	\$46,250	0	6,584	0	6,584
TOTAL	\$1,274,047	\$244,141	\$46,250	0	6,584	0	6,584

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	\$48,621	\$72,863	\$0	0	88	0	88
TOTAL	\$48,621	\$72,863	\$0	0	88	0	88

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							
Accidental Death & Dismemberment	\$12	\$0	\$0	0	0	0	0
Dental	\$737,525	\$463,722	\$173,710	0	2,011	0	2,011
Disability Income	\$15,137	\$3,764	\$0	0	23	0	23
Hospital Indemnity	\$580,411	\$70,815	\$294,127	0	1,076	0	1,076
Limited Benefit	\$227,020	\$403,975	\$0	0	871	344	1,215
Long Term Care-Comprehensive	\$535	\$0	\$0	0	1	0	1
Short Term Care	\$1,984	\$0	\$0	0	2	0	2
Medicare Supplement	\$6,866,124	\$6,457,895	\$0	0	2,346	0	2,346
TOTAL	\$8,428,748	\$7,400,171	\$467,837	0	6,330	344	6,674

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MEMBERS LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
86126							
Disability Income	\$6	\$0	\$0	0	0	0	0
TOTAL	\$6	\$0	\$0	0	0	0	0

MERIT LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
65951							
Accidental Death & Dismemberment	\$1,067,182	\$102,461	\$1,067,182	3	29,488	5,245	34,733
TOTAL	\$1,067,182	\$102,461	\$1,067,182	3	29,488	5,245	34,733

METLIFE INSURANCE COMPANY USA

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(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>
87726							
Disability Income	\$497,894	\$2,184,945	\$0	0	350	0	350
Hospital Indemnity	\$49,165	\$148,526	\$0	0	71	13	84
Long Term Care-Accelerated Benefit Rider	\$24,193,811	\$77,377,244	\$0	0	9,768	0	9,768
TOTAL	\$24,740,870	\$79,710,715	\$0	0	10,189	13	10,202

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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	\$268,271	\$652,718	\$0	0	112	51	163
Accident Only	\$13,771	\$340,112	\$0	3	12,319	0	12,319
Accidental Death & Dismemberment	\$11,034,348	\$3,290,189	\$716,509	1,125	1,394,072	0	1,394,072
Dental	\$184,933,126	\$212,314,114	\$16,879,880	2,527	1,623,885	3,572,547	5,196,432
Disability Income	\$126,026,768	\$107,419,552	\$10,466,871	16,984	1,284,432	2	1,284,434
Hospital Indemnity	\$7,075	\$60	\$0	0	530	4	534
Limited Benefit	\$1,509,828	\$1,026,837	\$0	38	100,622	0	100,622
Long Term Care-Comprehensive	\$31,645,461	\$21,049,025	\$0	16,353	30,120	0	30,120
Long Term Care-Facility Only	\$1,632,314	\$2,565,273	\$0	168	2,162	0	2,162
Vision	\$7,158,061	\$7,183,606	\$89,370	247	212,651	467,832	680,483
TOTAL	\$364,229,023	\$355,841,486	\$28,152,630	37,445	4,660,905	4,040,436	8,701,341

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	(\$38)	(\$251,682)	\$0	0	0	0	0
TOTAL	(\$38)	(\$251,682)	\$0	0	0	0	0

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	\$12	\$0	\$0	1	1	0	1
Disability Income	\$4,164	\$5,611	\$0	1	1	0	1
TOTAL	\$4,176	\$5,611	\$0	2	2	0	2

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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	\$1,843,895	\$2,466,949	\$0	0	0	0	0
Grandfathered Out-of-State Conversion	\$15,485	\$0	\$0	0	0	0	0
Transitional Out-of-State Individually Underwritten	\$0	(\$75)	\$0	0	0	0	0
Accident Only	\$27,294	\$732	\$0	0	82	18	100
Dental	\$50,941	\$19,842	\$0	0	203	140	343
Disability Income	\$85,869	\$14,806	\$0	0	267	0	267
Hospital Indemnity	\$176,578	\$103,695	\$0	0	435	201	636
Limited Benefit	\$465,985	\$197,676	\$0	0	1,403	525	1,928
Medicare Supplement	\$2,061	\$3,943	\$0	0	2	0	2
Prescription Drug	\$1,591	\$830	\$0	0	0	0	0
Vision	\$91,491	\$40,848	\$0	0	1,585	1,143	2,728
TOTAL	\$2,761,190	\$2,849,246	\$0	0	3,977	2,027	6,004

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	\$18,682,069	\$5,859,716	\$1,443,538	8	181,022	0	181,022
Disability Income	\$1,983,288	(\$1,193,428)	\$0	0	767	0	767
Long Term Care-Comprehensive	\$48,589	\$0	\$0	0	9	6	15
TOTAL	\$20,713,946	\$4,666,288	\$1,443,538	8	181,798	6	181,804

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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	\$403,643,727	\$273,754,828	\$402,922,484	0	97,532	35,667	133,199
Medicare Advantage (Medicare+Choice)	\$17,118,602	\$14,310,815	\$6,338,203	0	1,603	0	1,603
TOTAL	\$420,762,329	\$288,065,643	\$409,260,687	0	99,135	35,667	134,802

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	\$153	\$0	\$0	0	0	0	0
Limited Benefit	\$1,447,141	\$834,809	\$138,730	90	1,317	693	2,010
TOTAL	\$1,447,294	\$834,809	\$138,730	90	1,317	693	2,010

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	\$25,765	\$67,529	\$0	0	15	2	17
Accidental Death & Dismemberment	\$20	\$0	\$0	0	1	0	1
Disability Income	\$2,960,048	\$5,543,474	\$0	0	1,560	0	1,560
Hospital Indemnity	\$2,216	\$1,225	\$0	0	16	0	16
TOTAL	\$2,988,049	\$5,612,228	\$0	0	1,592	2	1,594

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
88668							
Disability Income	\$81,753	\$368,802	\$0	16	274	0	274
TOTAL	\$81,753	\$368,802	\$0	16	274	0	274

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MUTUAL OF OMAHA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
71412							
Grandfathered Guarantee Issue	\$53,043	\$9,920	\$0	0	146	17	163
Grandfathered Conversion	\$721	(\$1,305)	\$0	0	1	0	1
Accident Only	\$6,920,743	\$5,087,464	\$173,817	358	466,289	153	466,442
Accidental Death & Dismemberment	\$2,525,218	\$490,152	\$1,373,167	13	17,848	6,909	24,757
Dental	\$6,292	\$27,574	\$0	0	51	54	105
Disability Income	\$1,720,150	\$972,648	\$86,415	12	2,421	1	2,422
Hospital Indemnity	\$398,476	\$301,825	\$0	0	1,299	227	1,526
Limited Benefit	\$1,702,776	\$619,757	\$21,343	0	13,238	3,592	16,830
Long Term Care-Comprehensive	\$11,157,080	\$7,711,285	\$996,571	8	5,675	0	5,675
Long Term Care-Facility Only	\$597,742	\$1,357,349	\$0	0	443	0	443
Long Term Care-Non-Facility Only	\$1,214,540	\$4,351,501	\$0	0	755	0	755
Medicare Supplement	\$31,288,629	\$20,142,589	\$814,638	0	9,400	1	9,401
Travel	\$27,428	\$3,724	\$0	0	1,538	38	1,576
TOTAL	\$57,612,838	\$41,074,483	\$3,465,951	391	519,104	10,992	530,096

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	\$1,699	\$0	\$0	0	98	0	98
Hospital Indemnity	\$3,212	\$0	\$0	0	68	0	68
Limited Benefit	\$15,839	\$24,633	\$0	0	189	0	189
TOTAL	\$20,750	\$24,633	\$0	0	355	0	355

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MUTUAL TRUST LIFE INS CO, A PAN-AMERICAN LIFE INS GROUP STOCK 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
66427							
Disability Income	\$31,940	\$193,162	\$0	0	25	0	25
TOTAL	\$31,940	\$193,162	\$0	0	25	0	25

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	\$10,665	\$0	\$0	0	26	13	39
Accident Only	\$18	\$0	\$0	0	1	0	1
Disability Income	\$299	(\$7,060)	\$0	0	2	0	2
Hospital Indemnity	\$24,566	\$18,378	\$0	0	152	0	152
TOTAL	\$35,548	\$11,318	\$0	0	181	13	194

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	\$39,546	\$3,729	\$1,662	9	204	207	411
Dental	\$108,389	\$21,768	\$0	0	598	203	801
Disability Income	\$38	\$0	\$0	0	0	0	0
Hospital Indemnity	\$155	\$0	\$0	0	1	1	2
Limited Benefit	\$148	\$0	\$0	0	2	2	4
Long Term Care-Non-Facility Only	\$656	\$15,893	\$0	0	5	5	10
TOTAL	\$148,932	\$41,390	\$1,662	9	810	418	1,228

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NATIONAL GUARDIAN LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66583							
Accident Only	\$785,718	\$123,479	\$785,718	37	9,556	0	9,556
Dental	\$2,390,220	\$1,630,603	\$2,390,220	35	3,972	2,680	6,652
Disability Income	\$20,625	\$20,164	\$0	2	137	0	137
Limited Benefit	\$0	\$246	\$0	0	0	0	0
Student	\$4,786,390	\$2,305,499	\$4,786,390	7	5,459	0	5,459
Vision	\$13,057,851	\$7,929,828	\$13,057,851	559	101,810	87,584	189,394
TOTAL	\$21,040,804	\$12,009,819	\$21,020,179	640	120,934	90,264	211,198

NATIONAL LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66680							
Disability Income	\$1,782,736	\$8,082,089	\$11,391	0	672	0	672
TOTAL	\$1,782,736	\$8,082,089	\$11,391	0	672	0	672

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
87963							
Accident Only	\$974,055	\$432,055	\$599,200	0	2,682	3,139	5,821
Disability Income	\$602,997	\$320,508	\$650,899	0	1,072	0	1,072
Limited Benefit	\$1,788,106	\$907,729	\$398,764	0	3,517	3,279	6,796
TOTAL	\$3,365,158	\$1,660,292	\$1,648,863	0	7,271	6,418	13,689

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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	\$8,940,225	\$4,571,536	\$291,187	0	530,225	0	530,225
Accidental Death & Dismemberment	\$3,040,364	\$199,045	\$0	18	15,085	0	15,085
Excess/Stop Loss	\$3,336,760	\$3,184,392	\$3,257,324	5	13,552	10,603	24,155
Hospital Indemnity	\$1,547,160	\$596,180	\$0	0	4,909	0	4,909
Limited Benefit	\$1,692,407	\$4,657,029	\$235,272	72	219,278	1,826	221,104
Student	\$1,129,431	\$732,487	\$0	0	825	0	825
Travel	\$2,613,887	\$1,646,039	\$2,613,887	0	19,947	15,994	35,941
Vision	\$0	\$109	\$0	0	0	0	0
TOTAL	\$22,300,234	\$15,586,817	\$6,397,670	95	803,821	28,423	832,244

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	\$2,548	\$3,929	\$0	0	25	0	25
TOTAL	\$2,548	\$3,929	\$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							
Disability Income	\$417	\$0	\$0	0	5	5	10
TOTAL	\$417	\$0	\$0	0	5	5	10

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NATIONWIDE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66869							
Grandfathered Out-of-State 51-100 Member Groups	\$2,581	\$55,878	\$0	0	0	0	0
Accident Only	\$3,886,523	\$1,370,311	\$3,429,144	71	3,487	1,827	5,314
Blanket Accident/Sickness	\$94,642	\$117,388	\$0	0	373	42	415
Dental	\$294,127	\$176,973	\$70,337	16	857	593	1,450
Disability Income	\$9,910	\$9,612	\$0	40	97	14	111
Excess/Stop Loss	\$1,476,777	\$856,557	\$278,373	6	2,314	222	2,536
Hospital Indemnity	\$1,231,422	\$761,087	\$0	6	2,616	723	3,339
Limited Benefit	\$1,325	\$2,219	\$0	0	6	0	6
Medicare Supplement	\$1,000,401	\$854,750	\$0	0	400	346	746
TOTAL	\$7,997,708	\$4,204,775	\$3,777,854	139	10,150	3,767	13,917

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	\$23,347,289	\$29,007,169	\$4,006,734	1,496	8,098	4,414	12,512
ACA Off Exchange 51-100 Member Groups	\$77,182,149	\$62,720,926	\$9,213,602	734	13,522	5,786	19,308
ACA Off Exchange 101+ Member Groups	\$273,649,716	\$222,377,375	\$29,619,984	1,455	44,112	21,455	65,567
Grandfathered 2 - 50 Member Groups	\$6,554,012	\$4,536,294	\$0	53	311	173	484
Grandfathered 51-100 Member Groups	\$2,031,696	\$1,157,100	\$0	7	232	168	400
Grandfathered 101+ Member Groups	\$2,395,079	\$1,358,495	\$0	9	267	124	391
Grandfathered Conversion	(\$802)	(\$16,784)	\$0	0	0	0	0
Transitional 2 - 50 Member Groups	\$143,378,860	\$91,089,352	\$0	2,038	10,913	6,458	17,371
Transitional Conversion	\$1,065	(\$956)	\$0	0	0	0	0
TOTAL	\$528,539,064	\$412,228,971	\$42,840,320	5,792	77,455	38,578	116,033

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
91626							
Disability Income	\$186,744	\$39,034	\$0	0	184	0	184
TOTAL	\$186,744	\$39,034	\$0	0	184	0	184

NEW ERA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
78743							
Grandfathered Individually Underwritten	\$104,117	\$455,567	\$0	0	36	21	57
Accident Only	\$30	\$7	\$0	0	1	0	1
Disability Income	\$220,150	\$111,109	\$0	0	927	0	927
Hospital Indemnity	\$2,591	\$27,221	\$0	0	4	0	4
Limited Benefit	\$15,020	\$578	\$0	0	83	28	111
Medicare Supplement	\$1,522,208	\$1,586,805	\$0	0	448	8	456
TOTAL	\$1,864,116	\$2,181,287	\$0	0	1,499	57	1,556

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
66915							
Grandfathered Individually Underwritten	\$21,665	(\$63,851)	\$0	0	10	2	12
Transitional Out-of-State 101+ Member Groups	\$5,827	(\$29,842)	\$0	0	0	0	0
Accidental Death & Dismemberment	\$720,784	\$425,323	\$52,384	56	27,213	649	27,862
Disability Income	\$7,184,985	\$13,904,145	\$561,973	54	5,832	21	5,853
Hospital Indemnity	\$693,878	\$383,186	\$26,107	19	1,041	284	1,325
Long Term Care-Comprehensive	\$12,072,799	\$7,645,468	\$502,549	2	5,667	0	5,667
Long Term Care-Facility Only	\$151,481	\$409,004	\$462	0	92	0	92
Medicare Supplement	\$224,593	\$145,232	\$0	0	56	1	57
TOTAL	\$21,076,012	\$22,818,665	\$1,143,475	131	39,911	957	40,868

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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	\$535	\$0	\$0	1	1	0	1
Disability Income	\$4,068	(\$8,897)	\$0	1	1	0	1
TOTAL	\$4,603	(\$8,897)	\$0	2	2	0	2

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69000							
Long Term Care-Comprehensive	\$30,815,738	\$8,049,024	\$2,447,119	0	13,442	0	13,442
TOTAL	\$30,815,738	\$8,049,024	\$2,447,119	0	13,442	0	13,442

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	\$73,053,494	\$92,851,730	\$13,855,495	14,607	37,716	0	37,716
TOTAL	\$73,053,494	\$92,851,730	\$13,855,495	14,607	37,716	0	37,716

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	\$5,955	\$2,589	\$0	0	17	0	17
Disability Income	\$2,372	\$3,770	\$0	0	12	0	12
Hospital Indemnity	\$408	\$0	\$0	0	3	0	3
Limited Benefit	\$35,770	\$30,827	\$0	0	153	187	340
TOTAL	\$44,505	\$37,186	\$0	0	185	187	372

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OHIO NATIONAL LIFE ASSURANCE CORPORATION

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89206							
Disability Income	\$979,878	\$1,711,428	\$166,481	0	578	0	578
TOTAL	\$979,878	\$1,711,428	\$166,481	0	578	0	578

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	\$609,104	\$394,428	\$0	0	250	0	250
TOTAL	\$609,104	\$394,428	\$0	0	250	0	250

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	\$5,392	\$1,983	\$0	0	172	0	172
Hospital Indemnity	\$2,322	\$3,723	\$0	0	52	0	52
Limited Benefit	\$497	(\$309)	\$0	0	32	0	32
Long Term Care-Comprehensive	\$9,903	\$60,225	\$0	0	6	0	6
Short Term Care	\$99,594	\$887,546	\$0	0	72	0	72
Medicare Supplement	\$0	(\$70)	\$0	0	0	0	0
TOTAL	\$117,708	\$953,098	\$0	0	334	0	334

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	\$129,405	\$125,215	\$129,405	0	50	0	50
TOTAL	\$129,405	\$125,215	\$129,405	0	50	0	50

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OPTIMUM HEALTHCARE, 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
12259							
Medicare Advantage (Medicare+Choice)	\$418,626,916	\$347,439,039	\$73,480,954	0	39,584	0	39,584
TOTAL	\$418,626,916	\$347,439,039	\$73,480,954	0	39,584	0	39,584

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	\$6,231	\$91	\$1,150	0	73	12	85
Dental	\$12,361	\$16,309	\$486	0	30	0	30
Disability Income	\$17,101	\$143	\$0	0	93	0	93
Hospital Indemnity	\$2,615	\$4,407	\$0	0	14	12	26
Medicare Supplement	\$3,352,392	\$3,044,698	\$4,765	0	1,240	0	1,240
Sickness	\$1,387	\$5,964	\$0	0	4	0	4
TOTAL	\$3,392,087	\$3,071,612	\$6,401	0	1,454	24	1,478

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	\$4,309,027	\$4,444,831	\$0	1	1,444	0	1,444
TOTAL	\$4,309,027	\$4,444,831	\$0	1	1,444	0	1,444

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	\$1,833	\$0	\$0	0	33	22	55
TOTAL	\$1,833	\$0	\$0	0	33	22	55

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PACIFIC LIFE & ANNUITY COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
97268							
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

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
70785							
Medicare Supplement	\$658,973	\$476,369	\$0	249	249	0	249
TOTAL	\$658,973	\$476,369	\$0	249	249	0	249

PAN-AMERICAN LIFE INSURANCE COMPANY

<i>NAIC Company Code</i>	<i>(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS</i>	<i>(B) DIRECT LOSSES INCURRED</i>	<i>(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</i>	<i>(D) EMPLOYER or GROUPS</i>	<i>(E) PRIMARY INSUREDS</i>	<i>(F) COVERED DEPENDENTS</i>	<i>(H) COVERED LIVES</i>
67539							
Grandfathered Guarantee Issue	\$2,105	\$0	\$0	0	4	0	4
Accident Only	\$114,666	\$174,137	\$0	9	84	0	84
Accidental Death & Dismemberment	\$8,538	\$0	\$0	0	0	0	0
Dental	\$5,187	\$10,025	\$5,187	0	0	0	0
Disability Income	\$571,320	\$1,858,832	\$1,246	0	268	0	268
Excess/Stop Loss	\$2,600,368	\$2,034,440	\$0	16	421	249	670
Limited Benefit	\$4,180,556	\$3,327,304	\$456,860	73	1,296	737	2,033
Prescription Drug	\$124,112	\$57,595	\$0	0	0	0	0
Student	\$0	\$12,646	\$0	0	0	0	0
TOTAL	\$7,606,852	\$7,474,979	\$463,293	98	2,073	986	3,059

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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	\$1,515,879	\$1,387,497	\$1,029,232	4	12,999	7,009	20,008
TOTAL	\$1,515,879	\$1,387,497	\$1,029,232	4	12,999	7,009	20,008

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	\$16,015	\$859	\$919	0	43	0	43
Accidental Death & Dismemberment	\$1,846	\$0	\$0	8	152	0	152
Disability Income	\$12,906,300	\$52,926,804	\$0	48	8,070	0	8,070
Hospital Indemnity	\$65,689	\$43,507	\$1,014	19	237	0	237
Limited Benefit	\$18,359	\$1,780	\$1,054	6	35	0	35
TOTAL	\$13,008,209	\$52,972,950	\$2,987	81	8,537	0	8,537

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	\$368	\$0	\$0	1	34	0	34
TOTAL	\$368	\$0	\$0	1	34	0	34

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	\$1,115,816	\$5,342,099	\$0	530	530	0	530
TOTAL	\$1,115,816	\$5,342,099	\$0	530	530	0	530

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PENNSYLVANIA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67660							
Accident Only	\$30,124	\$7,456	\$0	0	283	0	283
Dental	\$27,975	\$8,745	\$0	0	89	0	89
Disability Income	\$483,834	\$601,571	\$0	0	1,427	0	1,427
Hospital Indemnity	\$40,161	\$62,291	\$0	0	138	0	138
Limited Benefit	\$10,840	\$351	\$0	0	39	0	39
Long Term Care-Comprehensive	\$44,257	\$107,296	\$0	0	12	0	12
Long Term Care-Accelerated Benefit Rider	\$1,516	\$0	\$0	0	11	0	11
Medicare Supplement	\$75,252	\$0	\$0	0	17	0	17
Prescription Drug	\$0	(\$1,106,682)	\$0	0	0	0	0
TOTAL	\$713,959	(\$318,972)	\$0	0	2,016	0	2,016

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							
Grandfathered Individually Underwritten	\$33,209	(\$27,018)	\$0	0	40	14	54
Grandfathered Conversion	\$64,532	\$38,103	\$0	0	58	0	58
Accident Only	\$8,713	\$20,000	\$0	0	0	0	0
Accidental Death & Dismemberment	\$6,158	\$415	\$0	0	47	0	47
Disability Income	\$11,369	\$106,048	\$0	0	26	0	26
Hospital Indemnity	\$335,885	\$231,033	\$0	0	7	1	8
Limited Benefit	\$1,667,745	\$3,256,664	\$0	0	1,670	763	2,433
Long Term Care-Comprehensive	\$1,723	\$4,458	\$0	0	2	0	2
Medicare Supplement	\$15,788	\$26,314	\$0	0	12	1	13
TOTAL	\$2,145,122	\$3,656,017	\$0	0	1,862	779	2,641

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PHOENIX LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67814							
Grandfathered Individually Underwritten	\$0	\$9,174	\$0	0	0	0	0
Disability Income	\$127,710	\$799,340	\$0	0	167	0	167
TOTAL	\$127,710	\$808,514	\$0	0	167	0	167

PHYSICIANS MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80578							
Accident Only	\$1,430	\$230	\$0	0	6	1	7
Dental	\$2,823,176	\$1,221,648	\$1,417,210	0	7,059	1,261	8,320
Disability Income	\$1,895	(\$334)	\$0	0	5	0	5
Hospital Indemnity	\$1,395,926	\$1,010,049	\$33,869	0	3,708	734	4,442
Limited Benefit	\$63,937	\$56,902	\$0	0	432	118	550
Long Term Care-Comprehensive	\$1,031,764	\$673,356	\$0	0	542	0	542
Short Term Care	\$3,166	\$2,117	\$0	0	8	0	8
Medicare Supplement	\$2,098,459	\$1,571,918	\$29,576	0	709	16	725
TOTAL	\$7,419,753	\$4,535,886	\$1,480,655	0	12,469	2,130	14,599

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
11176							
Medicare Advantage (Medicare+Choice)	\$731,674,391	\$613,222,731	\$56,501,707	0	59,585	0	59,585
TOTAL	\$731,674,391	\$613,222,731	\$56,501,707	0	59,585	0	59,585

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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	\$176,966,199	\$139,245,592	\$12,969,407	0	29,079	15,624	44,703
ACA Off Exchange Guarantee Issue	\$244,385	\$203,590	\$144,472	0	44	69	113
Grandfathered Guarantee Issue	\$127,509	\$45,534	\$0	0	33	5	38
Grandfathered Individually Underwritten	\$14,865,336	\$13,194,876	\$0	0	1,529	594	2,123
Grandfathered 51-100 Member Groups	\$281,251	\$924,332	\$70,837	2	65	19	84
Grandfathered 101+ Member Groups	\$3,648,510	\$2,793,984	\$375,923	5	749	447	1,196
Transitional Guarantee Issue	\$184,092	\$190,512	\$0	0	35	0	35
Transitional Individually Underwritten	\$5,227,714	\$4,566,959	\$0	0	720	176	896
Medicare Advantage (Medicare+Choice)	\$34,370	(\$1,319,681)	\$0	0	0	0	0
TOTAL	\$201,579,366	\$159,845,698	\$13,560,639	7	32,254	16,934	49,188

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	\$5,369	(\$1,172)	\$0	0	1	0	1
Disability Income	\$7,863	\$20,985	\$0	29	29	0	29
Hospital Indemnity	\$13,116	\$3,830	\$0	21	21	0	21
Long Term Care-Comprehensive	\$17,692	\$84,210	\$0	23	23	0	23
TOTAL	\$44,040	\$107,853	\$0	73	74	0	74

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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	(\$151)	\$0	0	0	0	0
ACA Off Exchange Conversion	\$1,347	\$771,133	\$0	0	1	0	1
Dental	\$36,445,312	\$22,546,668	\$3,830,204	1,702	56,561	45,567	102,128
Disability Income	\$40,322,570	\$24,204,754	\$5,433,917	1,733	67,969	0	67,969
Limited Benefit	\$22,836	\$1,272	\$22,836	2	217	0	217
Long Term Care-Comprehensive	\$25,579	\$5,280	\$0	0	64	0	64
Medicare Supplement	\$10,251,855	\$8,558,690	\$0	0	2,939	271	3,210
Vision	\$1,215,345	\$513,184	\$344,980	1,238	11,627	5,006	16,633
TOTAL	\$88,284,844	\$56,600,830	\$9,631,937	4,675	139,378	50,844	190,222

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	\$14,140	\$563	\$0	29	29	13	42
Disability Income	\$2,096,323	\$937,699	\$0	2,920	2,920	440	3,360
Hospital Indemnity	\$767,794	\$517,611	\$0	2,344	2,344	1,197	3,541
Limited Benefit	\$255,580	\$313,289	\$0	1,249	1,249	730	1,979
TOTAL	\$3,133,837	\$1,769,162	\$0	6,542	6,542	2,380	8,922

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	\$1,415	\$15,903	\$0	0	5	5	10
TOTAL	\$1,415	\$15,903	\$0	0	5	5	10

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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	\$396,997	(\$109,094)	\$0	0	89	0	89
Hospital Indemnity	\$142	\$0	\$0	0	5	0	5
Limited Benefit	\$6,084,212	\$6,418,090	\$0	0	4,346	2,135	6,481
Medicare Supplement	\$5,401	\$14,270	\$0	0	5	0	5
TOTAL	\$6,486,752	\$6,323,266	\$0	0	4,445	2,135	6,580

PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67903							
Medicare Supplement	\$41,774	\$31,920	\$0	0	10	0	10
TOTAL	\$41,774	\$31,920	\$0	0	10	0	10

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	\$4,757,163	\$2,331,518	\$544,444	0	16,538	0	16,538
Disability Income	\$41,552,204	\$114,426,730	\$4,707,618	16	31,315	0	31,315
Hospital Indemnity	\$527	\$747	\$0	0	3	0	3
Limited Benefit	\$3,285,070	\$1,750,999	\$376,026	20	12,163	0	12,163
Long Term Care-Comprehensive	\$5,065,732	\$3,103,908	\$5,414	0	4,909	0	4,909
TOTAL	\$54,660,696	\$121,613,902	\$5,633,502	36	64,928	0	64,928

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$250,991	\$596,954	\$0	0	381	69	450
Accidental Death & Dismemberment	\$5,814,712	\$7,834,750	\$102,664	76	66,552	0	66,552
Dental	\$14	\$69	\$0	0	0	0	0
Disability Income	\$36,827,144	\$46,506,684	\$1,173,200	213	77,999	0	77,999
Hospital Indemnity	\$1,905	\$1,430	\$0	0	24	1	25
Limited Benefit	\$76,954	\$96,732	\$0	3	198	0	198
Long Term Care-Comprehensive	\$18,271,078	\$11,946,681	\$0	11	3,272	0	3,272
Long Term Care-Facility Only	\$77,383	\$119,302	\$0	0	61	0	61
Medicare Supplement	\$855	\$423	\$0	0	1	0	1
TOTAL	\$61,321,036	\$67,103,025	\$1,275,864	303	148,488	70	148,558

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	\$56,928	\$58,083	\$0	0	13	0	13
TOTAL	\$56,928	\$58,083	\$0	0	13	0	13

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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	\$57,527	\$139,148	\$0	0	4	0	4
Dental	\$3,460	\$4,181	\$0	0	13	0	13
Disability Income	\$43	\$0	\$0	0	1	0	1
Hospital Indemnity	\$3,811	\$8,651	\$0	0	4	0	4
Limited Benefit	\$74,235	\$117,828	\$0	0	166	0	166
Long Term Care-Comprehensive	\$159,987	\$194,471	\$0	0	59	0	59
Long Term Care-Facility Only	\$7,616	\$7,566	\$0	0	6	0	6
Long Term Care-Non-Facility Only	\$64,531	\$485,025	\$0	0	32	0	32
Medicare Supplement	\$1,028,298	\$1,014,065	\$0	0	323	0	323
Medicare Advantage (Medicare+Choice)	\$0	(\$365)	\$0	0	0	0	0
TOTAL	\$1,399,508	\$1,970,570	\$0	0	608	0	608

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	\$523,466	\$62,515	\$523,466	383	56,451	0	56,451
Excess/Stop Loss	\$765,749	\$548,138	\$765,749	2	268	25	293
TOTAL	\$1,289,215	\$610,653	\$1,289,215	385	56,719	25	56,744

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	\$5,475,484	\$6,015,212	\$0	311	458	442	900
Transitional Out-of-State 51-100 Member Groups	\$4,139,418	\$3,352,972	\$0	119	414	352	766
Transitional Out-of-State 101+ Member Groups	\$20,133,147	\$16,366,577	\$0	147	2,040	1,491	3,531
TOTAL	\$29,748,049	\$25,734,761	\$0	577	2,912	2,285	5,197

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68357							
Accidental Death & Dismemberment	\$107	\$0	\$0	0	7	0	7
Limited Benefit	\$25	\$0	\$0	0	2	0	2
TOTAL	\$132	\$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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68381							
Accident Only	\$9,759	\$0	\$300	0	0	0	0
Accidental Death & Dismemberment	\$648,243	\$298,900	\$117,427	120	32,879	0	32,879
Dental	\$7,811,273	\$5,328,544	\$1,418,910	183	13,316	0	13,316
Disability Income	\$35,954,183	\$30,632,673	\$6,516,221	929	107,669	0	107,669
Excess/Stop Loss	\$49,695	\$79,916	\$8,807	0	0	0	0
Limited Benefit	\$4,239,466	\$1,106,763	\$787,740	144	8,059	0	8,059
Student	\$4,073,239	\$1,356,001	\$739,790	0	0	0	0
Vision	\$1,082,596	\$779,637	\$196,690	92	12,651	0	12,651
TOTAL	\$53,868,454	\$39,582,434	\$9,785,885	1,468	174,574	0	174,574

RELIASTAR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
67105							
Accident Only	\$1,389,295	\$543,857	\$227,536	81	8,004	14,659	22,663
Disability Income	\$4,294,060	\$4,634,499	\$435,226	147	19,485	0	19,485
Excess/Stop Loss	\$35,077,364	\$10,948,122	\$13,155,901	584	87,267	94,871	182,138
Limited Benefit	\$1,060,488	\$765,727	\$170,111	97	6,245	4,355	10,600
TOTAL	\$41,821,207	\$16,892,205	\$13,988,774	909	121,001	113,885	234,886

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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	\$241	\$0	(\$2)	1	0	0	0
Disability Income	\$17,966	\$78,957	\$0	2	107	0	107
Excess/Stop Loss	\$1,841,202	\$0	\$601,772	40	5,146	6,553	11,699
Hospital Indemnity	\$213	\$0	\$0	0	1	0	1
Limited Benefit	\$182,175	\$356,716	\$0	0	225	62	287
TOTAL	\$2,041,797	\$435,673	\$601,770	43	5,479	6,615	12,094

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	\$6,017,940	\$4,842,489	\$49,597	72	13,541	2,536	16,077
Vision	\$13,088	\$9,365	\$13,088	15	156	102	258
TOTAL	\$6,031,028	\$4,851,854	\$62,685	87	13,697	2,638	16,335

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	\$92,995	\$17,503	\$0	0	10	13	23
Accident Only	\$5,314	\$783	\$0	0	18	20	38
Hospital Indemnity	\$23,570	\$25,285	\$0	0	4	6	10
Limited Benefit	\$13,056	\$26,927	\$0	0	24	26	50
Short Term Care	\$27,099	\$16,079	\$0	0	16	16	32
Medicare Supplement	\$443,013	\$263,048	\$0	0	104	105	209
TOTAL	\$605,048	\$349,626	\$0	0	176	186	362

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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	\$8,071,735	\$3,814,339	\$197,883	0	5,876	0	5,876
Long Term Care-Comprehensive	\$10,856,255	\$10,886,654	\$0	0	7,459	0	7,459
TOTAL	\$18,927,990	\$14,700,993	\$197,883	0	13,335	0	13,335

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	\$319,447	\$197,255	\$0	0	88	0	88
TOTAL	\$319,447	\$197,255	\$0	0	88	0	88

S.U.S.A 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	\$6,177	\$0	\$0	81	81	0	81
TOTAL	\$6,177	\$0	\$0	81	81	0	81

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	\$19,353,949	\$12,420,662	\$440,435	1,060	74,740	62,221	136,961
TOTAL	\$19,353,949	\$12,420,662	\$440,435	1,060	74,740	62,221	136,961

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	\$352,614	\$141,784	\$41,680	130	7,721	5,398	13,119
TOTAL	\$352,614	\$141,784	\$41,680	130	7,721	5,398	13,119

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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	\$1,613	\$0	\$0	0	3	0	3
TOTAL	\$1,613	\$0	\$0	0	3	0	3

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
93742							
Accidental Death & Dismemberment	\$1,048,591	\$836,402	\$19,981	0	19,519	0	19,519
Dental	\$49,200	\$37,841	\$0	9	47	39	86
TOTAL	\$1,097,791	\$874,243	\$19,981	9	19,566	39	19,605

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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68721							
Dental	\$990,820	\$560,465	\$349,451	1,756	1,935	966	2,901
Disability Income	\$1,301	\$57,117	\$0	0	4	0	4
Limited Benefit	\$1,306	\$27,304	\$0	0	1	0	1
Vision	\$51,083	\$22,805	\$26,303	439	524	260	784
TOTAL	\$1,044,510	\$667,691	\$375,754	2,195	2,464	1,226	3,690

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SECURITY LIFE OF DENVER INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
68713							
Accident Only	\$194	\$0	\$0	0	9	0	9
Disability Income	\$2,469	\$0	\$0	0	7	0	7
Hospital Indemnity	\$2,411	\$0	\$0	0	58	0	58
Limited Benefit	\$4,065	(\$238)	\$0	0	21	10	31
TOTAL	\$9,139	(\$238)	\$0	0	95	10	105

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	\$6,025	\$0	\$1,844	10	285	0	285
Disability Income	\$49,121	\$356,499	\$0	1	61	41	102
Sickness	\$606	\$0	\$0	0	1	0	1
Student	\$0	\$4,036	\$0	0	0	0	0
TOTAL	\$55,752	\$360,535	\$1,844	11	347	41	388

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	\$2,912	\$2,813	\$0	0	206	0	206
Accidental Death & Dismemberment	\$9	\$0	\$0	0	2	0	2
Limited Benefit	\$5,817	\$0	\$0	0	20	0	20
TOTAL	\$8,738	\$2,813	\$0	0	228	0	228

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SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
76325							
Long Term Care-Comprehensive	\$8,101,594	\$43,498,419	\$0	0	4,326	0	4,326
Long Term Care-Facility Only	\$3,000,671	\$15,480,939	\$0	0	3,776	0	3,776
Long Term Care-Non-Facility Only	\$852,798	\$2,145,652	\$0	0	459	0	459
TOTAL	\$11,955,063	\$61,125,010	\$0	0	8,561	0	8,561

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	\$15,810	\$14,400	\$1,170	0	0	0	0
TOTAL	\$15,810	\$14,400	\$1,170	0	0	0	0

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	\$12,644	\$7,180	\$3,470	31	820	0	820
Disability Income	\$456	\$39,658	\$0	0	0	0	0
Hospital Indemnity	\$493	(\$8)	\$0	2	2	0	2
Long Term Care-Comprehensive	(\$1,271,782)	\$855,339	\$0	7	190	0	190
TOTAL	(\$1,258,189)	\$902,169	\$3,470	40	1,012	0	1,012

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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							
Accident Only	\$205	\$15,566	\$0	0	32	0	32
Dental	\$46,516	\$15,038	\$1,796	14	75	13	88
Disability Income	\$95,800	\$1,023,346	\$15,215	28	420	0	420
Hospital Indemnity	(\$1)	\$588	\$0	0	0	0	0
Long Term Care-Comprehensive	\$1,506	\$18,474	\$0	5	12	0	12
TOTAL	\$144,026	\$1,073,012	\$17,011	47	539	13	552

SIERRA HEALTH AND 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
71420							
Medicare Advantage (Medicare+Choice)	\$65,223,320	\$55,652,013	\$65,223,320	67	4,632	0	4,632
TOTAL	\$65,223,320	\$55,652,013	\$65,223,320	67	4,632	0	4,632

SIMPLY 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
13726							
Medicare Advantage (Medicare+Choice)	\$379,038,325	\$309,830,353	\$0	0	24,914	0	24,914
TOTAL	\$379,038,325	\$309,830,353	\$0	0	24,914	0	24,914

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							
Accidental Death & Dismemberment	\$1,250	\$0	\$1,250	1	500	0	500
Excess/Stop Loss	\$749,079	\$275,814	\$749,079	4	331	302	633
TOTAL	\$750,329	\$275,814	\$750,329	5	831	302	1,133

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SKYMED INTERNATIONAL (FLORIDA) INC.

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
52038							
Other Prepaid Health Services	\$573,089	\$17,324	\$203,984	0	1,345	1,084	2,429
TOTAL	\$573,089	\$17,324	\$203,984	0	1,345	1,084	2,429

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	\$16,056,858	\$12,609,412	\$4,929,486	284	104,355	91,650	196,005
Vision	\$651,059	\$389,759	\$144,751	427	7,075	5,647	12,722
TOTAL	\$16,707,917	\$12,999,171	\$5,074,237	711	111,430	97,297	208,727

SOLSTICE HEALTHPLANS, 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	\$4,829,373	\$2,122,780	\$4,829,373	1,127	61,290	16,995	78,285
TOTAL	\$4,829,373	\$2,122,780	\$4,829,373	1,127	61,290	16,995	78,285

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	\$2,979	\$0	\$0	0	8	0	8
Limited Benefit	\$126	\$0	\$0	0	3	1	4
TOTAL	\$3,105	\$0	\$0	0	11	1	12

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$41,311	\$41,581	\$0	0	248	0	248
Hospital Indemnity	\$1,761	\$0	\$0	0	32	6	38
Limited Benefit	\$16,762	\$22,898	\$0	0	602	366	968
Long Term Care-Comprehensive	\$239,395	\$308,875	\$0	0	649	0	649
TOTAL	\$299,229	\$373,354	\$0	0	1,531	372	1,903

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	\$3,567,936	\$1,998,609	\$361,674	607	202,753	9,639	212,392
Dental	\$7,892,985	\$5,178,546	\$989,466	260	13,544	10,396	23,940
Disability Income	\$63,570,424	\$48,215,953	\$4,122,116	673	119,104	0	119,104
Vision	\$1,377,132	\$789,445	\$328,204	133	10,747	9,230	19,977
TOTAL	\$76,408,477	\$56,182,553	\$5,801,460	1,673	346,148	29,265	375,413

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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	\$4,045	\$650	\$0	0	4	0	4
Grandfathered Out-of-State Individually Underwritten	\$1,486	\$0	\$0	0	0	0	0
Accident Only	\$3,292	\$3,185	\$0	0	1,525	6	1,531
Dental	\$19,830	\$2,049	\$0	1	37	16	53
Disability Income	\$100	(\$65)	\$0	0	1	0	1
Hospital Indemnity	\$153,256	(\$3,695)	\$62,787	0	223	63	286
Limited Benefit	\$452,792	\$56,004	\$13,240	7	493	172	665
Long Term Care-Comprehensive	\$36,130	(\$7,434)	\$0	0	21	2	23
Short Term Care	\$145,678	\$32,655	\$138,107	0	95	21	116
Medicare Supplement	\$7,059,900	\$5,269,923	\$1,795	0	2,140	0	2,140
TOTAL	\$7,876,509	\$5,353,272	\$215,929	8	4,539	280	4,819

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	\$18	\$0	\$0	0	1	0	1
Hospital Indemnity	\$3,554	\$1,326	\$0	0	3	0	3
Limited Benefit	\$158	\$0	\$0	0	1	0	1
Medicare Supplement	\$548	\$0	\$0	0	1	0	1
TOTAL	\$4,278	\$1,326	\$0	0	6	0	6

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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	(\$47,647)	\$52,394	\$0	0	0	0	0
Dental	\$64,155	\$35,824	\$64,155	2	64	58	122
Disability Income	\$3,617	\$76,350	\$0	0	15	0	15
Excess/Stop Loss	\$2,916,780	\$921,984	\$2,916,780	17	2,264	2,779	5,043
Hospital Indemnity	\$19,574	\$93,729	\$0	1	128	0	128
Limited Benefit	\$273,111	\$91,785	\$273,111	2	469	137	606
Student	\$0	\$55,360	\$0	0	0	0	0
Vision	\$0	\$6,002	\$0	0	0	0	0
TOTAL	\$3,229,590	\$1,333,428	\$3,254,046	22	2,940	2,974	5,914

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	\$21,284	\$0	\$0	0	185	0	185
Dental	\$426,163	\$102,328	\$0	19	949	150	1,099
Vision	\$229,472	\$55,100	\$0	10	401	42	443
TOTAL	\$676,919	\$157,428	\$0	29	1,535	192	1,727

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	\$17,324	\$546	\$0	0	500	0	500
TOTAL	\$17,324	\$546	\$0	0	500	0	500

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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	\$380,226	\$10,015	\$51,214	0	3,310	28	3,338
TOTAL	\$380,226	\$10,015	\$51,214	0	3,310	28	3,338

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	\$250	(\$100)	\$0	0	0	0	0
TOTAL	\$250	(\$100)	\$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	\$1,121,994	\$1,104,384	\$0	0	116	23	139
Grandfathered Conversion	\$38,715	\$50,569	\$0	0	5	0	5
Grandfathered Out-of-State 101+ Member Groups	\$11,573,298	\$11,622,050	\$0	1	714	1,184	1,898
Accidental Death & Dismemberment	\$138,993	(\$1,069)	\$0	2	2,562	3,886	6,448
Disability Income	\$4,684,538	\$2,204,572	\$103,896	0	8,367	0	8,367
Hospital Indemnity	\$12,037,060	\$9,903,631	\$507,968	0	46,699	6,030	52,729
Long Term Care-Comprehensive	\$1,142,408	\$9,581,205	\$112,060	0	6,743	0	6,743
Medicare Supplement	\$14,658,572	\$11,408,626	\$279,487	0	4,438	3	4,441
TOTAL	\$45,395,578	\$45,873,968	\$1,003,411	3	69,644	11,126	80,770

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STATE LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69116							
Grandfathered Individually Underwritten	\$1,860	\$49,896	\$0	0	3	0	3
Disability Income	\$7,993	\$2,591	\$0	0	18	0	18
Long Term Care-Accelerated Benefit Rider	\$535,954	\$592,789	\$0	0	258	0	258
TOTAL	\$545,807	\$645,276	\$0	0	279	0	279

STATE MUTUAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69132							
Limited Benefit	\$312	\$0	\$0	0	6	0	6
Long Term Care-Comprehensive	\$3,844	\$10,248	\$0	0	4	0	4
Medicare Supplement	\$3,156,268	\$2,454,081	\$0	0	1,074	0	1,074
TOTAL	\$3,160,424	\$2,464,329	\$0	0	1,084	0	1,084

STERLING INVESTORS LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
89184							
Limited Benefit	\$1,613	\$0	\$0	0	1	0	1
Medicare Supplement	\$624,244	\$427,854	\$0	0	208	0	208
TOTAL	\$625,857	\$427,854	\$0	0	209	0	209

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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							
Limited Benefit	\$69	\$58	\$0	0	3	3	6
Long Term Care-Comprehensive	\$2,199	\$1,289	\$0	0	1	1	2
Medicare Supplement	\$232,695	\$163,727	\$0	0	84	84	168
Prescription Drug	\$199,166	\$142,210	\$0	0	0	0	0
TOTAL	\$434,129	\$307,284	\$0	0	88	88	176

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	\$161,096	\$97,198	\$0	32	153	112	265
Disability Income	\$737,424	\$2,018,468	\$30,176	167	1,765	0	1,765
TOTAL	\$898,520	\$2,115,666	\$30,176	199	1,918	112	2,030

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	\$89,366	\$9,771	\$59,103	19	852	1,363	2,215
Dental	\$11,185,970	\$8,555,318	\$2,568,933	314	16,970	14,278	31,248
Disability Income	\$28,560,069	\$23,342,246	\$14,006,275	832	118,420	0	118,420
Excess/Stop Loss	\$52,448,615	\$33,730,769	\$14,771,577	105	135,530	131,341	266,871
Limited Benefit	\$178,425	\$30,046	\$108,688	23	1,441	951	2,392
TOTAL	\$92,462,445	\$65,668,150	\$31,514,576	1,293	273,213	147,933	421,146

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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	\$37,594,509	\$25,333,433	\$0	0	10,788	3,913	14,701
Medicare Advantage (Medicare+Choice)	\$7,912,331	\$5,730,575	\$0	0	546	336	882
TOTAL	\$45,506,840	\$31,064,008	\$0	0	11,334	4,249	15,583

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	\$8,293	\$13,130	\$0	0	10	0	10
TOTAL	\$8,293	\$13,130	\$0	0	10	0	10

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							
Accidental Death & Dismemberment	\$246,834	\$53,815	\$57,520	38	19,198	963	20,161
Dental	\$659	\$10,190	\$0	0	0	0	0
Disability Income	\$2,487,794	\$1,869,970	\$336,922	24	4,908	0	4,908
Excess/Stop Loss	\$55,614,053	\$31,485,161	\$8,602,314	95	151,876	155,369	307,245
Hospital Indemnity	\$2,076,090	\$858,793	\$249,376	12	1,984	767	2,751
Limited Benefit	\$3,902	\$0	\$699	0	772	378	1,150
TOTAL	\$60,429,332	\$34,277,929	\$9,246,831	169	178,738	157,477	336,215

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							
Long Term Care-Comprehensive	\$932,934	\$2,470,404	\$0	0	433	0	433
TOTAL	\$932,934	\$2,470,404	\$0	0	433	0	433

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

THE 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	\$37	\$0	\$0	0	3	0	3
TOTAL	\$37	\$0	\$0	0	3	0	3

THE 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	(\$199,321)	\$0	0	0	0	0
TOTAL	\$0	(\$199,321)	\$0	0	0	0	0

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	\$597,032	\$2,795,062	\$0	0	16	4	20
Accident Only	\$30	\$0	\$0	0	0	0	0
Disability Income	\$955,537	(\$1,400,168)	\$25,448	0	1,235	1	1,236
Hospital Indemnity	\$8,188	\$3,691	\$0	0	65	13	78
Long Term Care-Comprehensive	\$3,169,685	\$4,210,583	\$182,300	0	1,472	334	1,806
Long Term Care-Facility Only	\$2,013,409	\$4,126,912	\$0	0	1,410	102	1,512
Medicare Supplement	\$513,898	\$136,631	\$0	0	159	0	159
TOTAL	\$7,257,779	\$9,872,711	\$207,748	0	4,357	454	4,811

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	\$879,296	\$855,824	\$0	0	446	0	446
TOTAL	\$879,296	\$855,824	\$0	0	446	0	446

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TIME INSURANCE COMPANY

NAIC Company Code

69477

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
ACA On Exchange Guarantee Issue	\$225,320,576	\$298,282,533	\$225,320,576	0	20,665	11,380	32,045
ACA Off Exchange Guarantee Issue	\$119,199,140	\$129,596,786	\$22,453,459	0	11,314	6,626	17,940
ACA Off Exchange 2 - 50 Member Groups	\$1,137,295	\$943,947	\$704,913	27	125	56	181
Grandfathered Individually Underwritten	\$568	(\$159,920)	\$0	0	1	0	1
Grandfathered Conversion	\$2,222	\$1,550	\$0	0	1	0	1
Transitional 2 - 50 Member Groups	\$46,211	\$32,206	\$0	2	4	0	4
Transitional 51-100 Member Groups	\$74,607	\$1,419	\$0	1	7	1	8
Grandfathered Out-of-State Individually Underwritten	\$7,568,656	\$3,940,820	\$0	0	914	511	1,425
Transitional Out-of-State Individually Underwritten	\$15,057,802	\$11,109,313	\$0	0	2,971	2,155	5,126
Accident Only	\$2,046,220	\$241,773	\$532,533	0	7,844	4,847	12,691
Accidental Death & Dismemberment	\$105	\$20	\$0	3	6	0	6
Dental	\$4,292,857	\$1,994,421	\$665,487	27	11,043	3,886	14,929
Disability Income	\$18,493	\$5,715	\$0	0	25	2	27
Excess/Stop Loss	\$299,757	\$227,625	\$190,213	8	216	102	318
Hospital Indemnity	\$7,923,743	\$3,872,936	\$0	0	2,518	634	3,152
Limited Benefit	\$635,217	\$220,580	\$213,858	0	388	102	490
Long Term Care-Comprehensive	\$4,774,760	\$23,140,583	\$0	0	3,270	0	3,270
Long Term Care-Facility Only	\$873,260	\$4,232,199	\$0	0	855	0	855
Long Term Care-Non-Facility Only	\$2,671,058	\$12,945,120	\$0	0	1,391	0	1,391
TOTAL	\$391,942,547	\$490,629,626	\$250,081,039	68	63,558	30,302	93,860

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

NAIC Company Code

70688

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$14,041	\$8,127	\$1,519	5	189	77	266
Accidental Death & Dismemberment	\$2,305,845	\$110,277	\$0	0	73,848	3,588	77,436
Disability Income	\$15,567	\$19,196	\$1,342	3	11	12	23
Hospital Indemnity	\$419,121	\$295,314	\$0	0	347	55	402
Limited Benefit	\$131,591	\$70,030	\$1,330	6	74	43	117
Long Term Care-Comprehensive	\$60,520	\$699	\$0	0	28	0	28
Medicare Supplement	\$20,043	\$1,328,825	\$0	0	4	0	4
Champus/Tricare Supplement	\$15,068	\$2,244	\$0	0	11	7	18
TOTAL	\$2,981,796	\$1,834,712	\$4,191	14	74,512	3,782	78,294

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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 INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
Grandfathered Out-of-State Individually Underwritten	\$9,649	\$80,431	\$0	0	22	10	32
Grandfathered Out-of-State Self-Employed or Sole Pro	\$0	\$15,171	\$0	0	0	0	0
Accident Only	\$2,811,359	\$446,661	\$740,525	536	95,312	108,843	204,155
Accidental Death & Dismemberment	\$11,227,171	\$2,530,189	\$90,657	690	11,290	9,756	21,046
Dental	\$1,882,242	\$247,952	\$769,652	19	3,436	1,467	4,903
Disability Income	\$571,487	\$131,537	\$318,776	76	1,191	1,213	2,404
Excess/Stop Loss	\$860,786	\$318,897	\$860,786	28	2,735	3,086	5,821
Hospital Indemnity	\$6,638,046	\$4,066,278	\$5,931,105	228	4,788	3,788	8,576
Limited Benefit	\$18,126,194	\$10,718,098	\$6,609,606	1,950	32,184	31,790	63,974
Long Term Care-Comprehensive	\$20,334,114	\$23,802,804	\$702,025	0	10,967	53	11,020
Long Term Care-Facility Only	\$1,077,717	\$2,430,217	\$0	0	905	42	947
Long Term Care-Non-Facility Only	\$543,686	\$3,838,276	\$0	0	529	3	532
Medicare Supplement	\$17,096,814	\$18,112,649	\$1,525,101	0	6,297	0	6,297
TOTAL	\$81,179,265	\$66,739,160	\$17,548,233	3,527	169,656	160,051	329,707

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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	\$0	\$0	0	1	0	1
Accident Only	\$28,388	\$735,244	\$0	146	2,250	92	2,342
Accidental Death & Dismemberment	\$19,204,659	\$5,946,078	\$101,066	0	963,321	8,812	972,133
Dental	\$272	\$19,789	\$0	0	1	1	2
Disability Income	\$18,323	\$12,633	\$0	0	299	6	305
Excess/Stop Loss	\$811,585	\$436,801	\$811,585	22	673	747	1,420
Hospital Indemnity	\$5,643,932	\$3,155,271	\$99,688	154	8,963	2,996	11,959
Limited Benefit	\$7,475,559	\$3,719,954	\$1,265,021	19	25,753	8,805	34,558
Long Term Care-Comprehensive	\$5,553,499	\$9,873,263	\$0	0	3,658	7	3,665
Long Term Care-Facility Only	\$641	\$0	\$0	0	2	0	2
Medicare Supplement	\$5,834,167	\$7,668,795	\$1,186,882	9	3,647	0	3,647
Champus/Tricare Supplement	\$4,817,482	\$2,687,892	\$337,777	0	5,396	3,862	9,258
TOTAL	\$49,388,611	\$34,255,720	\$3,802,019	350	1,013,964	25,328	1,039,292

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	\$3,510	\$0	\$0	0	24	0	24
TOTAL	\$3,510	\$0	\$0	0	24	0	24

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	\$1,367	\$755	\$0	0	91	0	91
TOTAL	\$1,367	\$755	\$0	0	91	0	91

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TRUASSURE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92525							
Dental	\$268,837	\$300,775	\$268,837	0	542	128	670
TOTAL	\$268,837	\$300,775	\$268,837	0	542	128	670

TRUSTMARK INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
61425							
Grandfathered Individually Underwritten	\$316,599	\$336,435	\$0	0	33	7	40
Grandfathered Conversion	\$44,871	\$16,847	\$0	0	6	2	8
Grandfathered Out-of-State Individually Underwritten	\$29,903	\$30,216	\$0	0	1	0	1
Grandfathered Out-of-State Self-Employed or Sole Pro	\$2,043	\$0	\$0	1	1	0	1
Accident Only	\$11,058,207	\$5,081,400	\$2,935,668	2	36,420	33,806	70,226
Disability Income	\$3,023,739	\$3,990,738	\$351,112	3	4,871	0	4,871
Excess/Stop Loss	\$0	(\$39,014)	\$0	0	0	0	0
Hospital Indemnity	\$17,903	\$33,643	\$0	0	54	9	63
Limited Benefit	\$11,353,357	\$4,184,878	\$883,508	12	23,814	8,615	32,429
Long Term Care-Comprehensive	\$2,324	\$0	\$0	0	4	0	4
Medicare Supplement	\$6,641	\$15,165	\$0	0	7	0	7
TOTAL	\$25,855,587	\$13,650,308	\$4,170,288	18	65,211	42,439	107,650

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TRUSTMARK LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
62863							
Transitional Out-of-State 2 - 50 Member Groups	\$0	\$1,897	\$0	0	0	0	0
Accidental Death & Dismemberment	\$14,630	\$0	\$0	11	1,684	0	1,684
Dental	\$0	\$4,834	\$0	0	0	0	0
Disability Income	\$490	\$43,354	\$0	2	3	0	3
Excess/Stop Loss	\$2,511,667	\$1,857,156	\$506,791	41	952	534	1,486
Limited Benefit	\$0	\$98,676	\$0	0	0	0	0
Student	\$0	\$5,979	\$0	0	0	0	0
TOTAL	\$2,526,787	\$2,011,896	\$506,791	54	2,639	534	3,173

U.S. SPECIALTY INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
29599							
Accident Only	\$0	\$754,725	\$0	0	0	0	0
TOTAL	\$0	\$754,725	\$0	0	0	0	0

ULTIMATE 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
14243							
Medicare Advantage (Medicare+Choice)	\$39,229,631	\$31,375,374	\$0	0	4,462	0	4,462
TOTAL	\$39,229,631	\$31,375,374	\$0	0	4,462	0	4,462

UNICARE LIFE & HEALTH INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
80314							
Dental	\$5,839	\$4,951	\$0	0	24	13	37
TOTAL	\$5,839	\$4,951	\$0	0	24	13	37

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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	\$23,439	\$49,598	\$0	0	27	0	27
Accident Only	\$48,150	\$0	\$35,097	0	442	30	472
Dental	\$0	\$226	\$0	0	0	0	0
Disability Income	\$15,741	\$8,733	\$0	0	147	0	147
Hospital Indemnity	\$6,860	\$15,025	\$0	0	34	3	37
Limited Benefit	\$1,267,815	\$642,179	\$277,228	1	1,614	537	2,151
Short Term Care	\$15,841	\$83,664	\$0	0	22	0	22
Medicare Supplement	\$137,473	\$174,777	\$0	0	72	0	72
TOTAL	\$1,515,319	\$974,202	\$312,325	1	2,358	570	2,928

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	\$146,020	\$116,427	\$0	9	578	353	931
Excess/Stop Loss	\$2,292,203	\$886,218	\$139,831	219	21,658	22,156	43,814
TOTAL	\$2,438,223	\$1,002,645	\$139,831	228	22,236	22,509	44,745

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UNION 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
62596							
Grandfathered Individually Underwritten	\$1,780	\$0	\$0	0	2	0	2
Accident Only	\$212,674	\$32,620	\$0	0	3,073	1,883	4,956
Accidental Death & Dismemberment	\$146,519	\$121,151	\$0	0	1,802	1,958	3,760
Disability Income	\$0	\$16,932	\$0	0	0	0	0
Hospital Indemnity	\$53,947	\$43,345	\$0	0	267	59	326
Limited Benefit	\$587,492	\$299,854	\$0	0	3,207	1,145	4,352
Short Term Care	\$1,247	\$0	\$0	0	5	0	5
Medicare Supplement	\$59,894	\$51,193	\$0	0	23	0	23
Champus/Tricare Supplement	\$842	\$539	\$0	0	1	0	1
TOTAL	\$1,064,395	\$565,634	\$0	0	8,380	5,045	13,425

UNION LABOR LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69744							
Grandfathered Conversion	\$34,748	\$13,691	\$0	0	18	0	18
Accident Only	\$1,332	\$332	\$0	0	16	2	18
Accidental Death & Dismemberment	\$125,737	\$43,103	\$884	90	13,962	715	14,677
Dental	\$4,001	\$2,659	\$0	4	14	21	35
Disability Income	\$1,799	(\$982)	\$0	2	12	0	12
Hospital Indemnity	\$38,955	\$19,722	\$0	0	119	29	148
Limited Benefit	\$8,844	\$10,601	\$0	1	829	147	976
Long Term Care-Comprehensive	\$131,134	\$822,235	\$0	0	53	0	53
Medicare Supplement	\$28,767	\$121,718	\$0	5	22	0	22
TOTAL	\$375,317	\$1,033,079	\$884	102	15,045	914	15,959

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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	\$67	\$0	0	2	0	2
Hospital Indemnity	\$12	\$0	\$0	0	1	0	1
Limited Benefit	\$206	\$0	\$0	0	1	0	1
TOTAL	\$484	\$67	\$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 Conversion	\$1,344	\$1,190	\$0	0	1	0	1
Accident Only	\$1,072,130	\$183,202	\$343,995	90	4,663	1,906	6,569
Accidental Death & Dismemberment	\$635,483	\$2,575	\$0	38	3,719	2,831	6,550
Dental	\$33,786,244	\$20,566,286	\$1,930,986	1,621	75,384	71,401	146,785
Disability Income	\$12,886,280	\$7,165,048	\$1,384,571	770	37,071	0	37,071
Hospital Indemnity	\$330	\$0	\$0	0	0	0	0
Limited Benefit	\$988,884	\$229,397	\$316,357	127	4,553	1,991	6,544
Long Term Care-Comprehensive	\$7,820,162	\$15,469,402	\$0	0	5,313	0	5,313
Long Term Care-Facility Only	\$216,422	\$428,114	\$0	0	212	0	212
Vision	\$1,971,606	\$1,110,483	\$484,861	450	16,018	14,416	30,434
TOTAL	\$59,378,885	\$45,155,697	\$4,460,770	3,096	146,934	92,545	239,479

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UNITED AMERICAN INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
92916							
Grandfathered Guarantee Issue	\$6,594	\$101	\$0	0	1	0	1
Grandfathered Individually Underwritten	\$2,430,676	\$1,460,107	\$0	0	1,483	476	1,959
Grandfathered Out-of-State 101+ Member Groups	\$10,263	\$7,406	\$0	1	4	0	4
Accidental Death & Dismemberment	\$6,556	\$2,245	\$4,533	0	1,744	0	1,744
Disability Income	\$287	\$635	\$0	0	5	0	5
Hospital Indemnity	\$23,288	\$18,551	\$0	0	35	2	37
Limited Benefit	\$1,040,558	\$471,685	\$43,297	0	2,810	1,092	3,902
Long Term Care-Comprehensive	\$128,760	\$113,309	\$0	0	73	0	73
Long Term Care-Facility Only	\$82,151	(\$17,062)	\$0	0	70	0	70
Medicare Supplement	\$91,560,615	\$52,408,544	\$15,181,268	0	40,665	0	40,665
Prescription Drug	\$1,942,587	\$1,825,730	\$817,129	0	1,305	0	1,305
TOTAL	\$97,232,335	\$56,291,251	\$16,046,227	1	48,195	1,570	49,765

UNITED CONCORDIA INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSUREDS	(F) COVERED DEPENDENTS	(H) COVERED LIVES
85766							
Dental	\$13,197,134	\$9,742,456	\$3,915,918	524	22,535	20,098	42,633
Vision	\$2,252	\$519	\$0	4	12	19	31
TOTAL	\$13,199,386	\$9,742,975	\$3,915,918	528	22,547	20,117	42,664

UNITED 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
63983							
Disability Income	\$11,798	\$5,451	\$0	2	34	0	34
TOTAL	\$11,798	\$5,451	\$0	2	34	0	34

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

UNITED INSURANCE COMPANY OF AMERICA

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69930							
Accident Only	\$455,654	\$42,375	\$45,502	0	5,205	257	5,462
Disability Income	\$44,919	\$15,704	\$0	0	554	0	554
Hospital Indemnity	\$217,679	\$74,088	\$0	0	2,033	0	2,033
Limited Benefit	\$443,384	\$153,609	\$68,485	0	2,735	2,057	4,792
TOTAL	\$1,161,636	\$285,776	\$113,987	0	10,527	2,314	12,841

UNITED LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69973							
Disability Income	\$2,964	\$0	\$2,964	0	5	0	5
TOTAL	\$2,964	\$0	\$2,964	0	5	0	5

UNITED OF OMAHA LIFE INSURANCE COMPANY

NAIC Company Code

	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69868							
Administrative Services Only (ASO)	\$55,554	\$0	\$329	37	2,281	4,652	6,933
Accident Only	\$17,706	\$49,688	\$0	3	9,240	0	9,240
Accidental Death & Dismemberment	\$2,554,455	\$1,405,894	\$282,946	1,316	193,524	20,294	213,818
Dental	\$8,866,170	\$6,150,072	\$2,091,525	236	14,017	10,541	24,558
Disability Income	\$35,800,740	\$25,436,270	\$4,898,308	1,806	149,231	0	149,231
Hospital Indemnity	\$15,493	\$54,839	\$0	0	43	0	43
Limited Benefit	\$51,674	\$18,535	\$45,301	7	550	1,376	1,926
Long Term Care-Comprehensive	\$2,839,858	\$486,153	\$3,055	0	1,387	0	1,387
Medicare Supplement	\$5,892,842	\$3,655,061	\$0	0	2,179	0	2,179
TOTAL	\$56,094,492	\$37,256,512	\$7,321,464	3,405	372,452	36,863	409,315

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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	\$24,446	\$350	\$5,008	0	5	0	5
Long Term Care-Comprehensive	\$2,226,535	\$811,894	\$84,289	0	685	0	685
Long Term Care-Non-Facility Only	\$676,419	(\$89,485)	\$37,746	0	408	0	408
Short Term Care	\$79,549	\$19,125	\$606	0	113	0	113
TOTAL	\$3,006,949	\$741,884	\$127,649	0	1,211	0	1,211

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	\$171,885	\$197,708	\$0	0	4	0	4
Accidental Death & Dismemberment	\$1,131,061	\$352,982	\$0	0	972	1,534	2,506
Blanket Accident/Sickness	\$4,237,635	\$1,664,423	\$0	0	62,940	1,288	64,228
Dental	\$0	\$2,377	\$0	0	0	0	0
Excess/Stop Loss	\$2,026,636	\$1,896,374	\$0	0	3,632	1,085	4,717
Hospital Indemnity	\$669,608	\$874,470	\$0	0	519	0	519
TOTAL	\$8,236,825	\$4,988,334	\$0	0	68,067	3,907	71,974

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	\$95,357	\$112,908	\$0	0	301	0	301
Hospital Indemnity	\$33,938	\$17,799	\$0	0	280	115	395
TOTAL	\$129,295	\$130,707	\$0	0	581	115	696

CY2015 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	\$3,498,578	\$2,575,288	\$0	48	5,405	3,225	8,630
Accident Only	\$828	\$0	\$0	3	3	0	3
Accidental Death & Dismemberment	\$1,237,944	\$1,692,558	\$0	35	14	26,865	26,879
Dental	\$715,685	\$372,445	\$0	12	2,222	2,000	4,222
Disability Income	\$3,924,849	\$3,721,789	\$0	30	6,702	2	6,704
Hospital Indemnity	\$34,276	\$61,911	\$0	13	297	258	555
Long Term Care-Comprehensive	\$93,760	\$268,204	\$0	24	30	0	30
Vision	\$0	\$4,703	\$0	0	0	0	0
TOTAL	\$9,505,920	\$8,696,898	\$0	165	14,673	32,350	47,023

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 Out-of-State Individually Underwritten	\$34,639	\$8,648	\$0	0	87	13	100
Accident Only	\$649	\$342	\$0	0	4	4	8
Disability Income	\$91,326	\$220,604	\$0	0	272	34	306
Hospital Indemnity	\$155,701	(\$7,081)	\$0	0	53	11	64
Limited Benefit	\$627,568	\$412,581	\$0	0	1,626	540	2,166
Long Term Care-Comprehensive	\$3,233,743	\$1,896,553	\$0	0	1,808	0	1,808
Long Term Care-Non-Facility Only	\$225	\$644	\$0	0	0	0	0
Medicare Supplement	\$5,680,798	\$4,396,713	\$0	0	1,563	0	1,563
TOTAL	\$9,824,649	\$6,929,004	\$0	0	5,413	602	6,015

CY2015 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	\$10,498,862	\$7,179,871	\$0	0	3,432	0	3,432
TOTAL	\$10,498,862	\$7,179,871	\$0	0	3,432	0	3,432

CY2015 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	\$62,351,825	\$50,523,038	\$4,195,714	2,024	7,529	5,157	12,686
ACA Off Exchange 51-100 Member Groups	\$10,193	\$7,556	\$10,193	1	11	0	11
Grandfathered 2 - 50 Member Groups	\$26,356,628	\$21,027,831	\$58,438	374	2,160	1,564	3,724
Grandfathered 51-100 Member Groups	\$184,377,408	\$139,455,262	\$5,187,137	1,369	24,592	17,835	42,427
Grandfathered 101+ Member Groups	\$523,706,756	\$420,419,586	\$33,075,192	1,298	63,966	47,495	111,461
Transitional 2 - 50 Member Groups	\$292,460,313	\$230,230,136	\$15,808,020	5,104	25,464	17,336	42,800
Transitional 51-100 Member Groups	\$2,288,683	\$1,713,426	\$0	11	238	187	425
Transitional 101+ Member Groups	\$442,088	\$326,969	\$0	3	30	19	49
Grandfathered Out-of-State 2 - 50 Member Groups	\$18,931,954	\$14,638,064	\$827,451	1,272	2,232	2,245	4,477
Grandfathered Out-of-State 51-100 Member Groups	\$30,864,643	\$24,004,184	\$1,527,082	1,188	3,688	3,252	6,940
Grandfathered Out-of-State 101+ Member Groups	\$379,048,767	\$304,510,086	\$14,912,582	1,881	44,328	38,397	82,725
Grandfathered Out-of-State Conversion	\$137,384	\$110,187	\$0	0	3	2	5
Transitional Out-of-State 2 - 50 Member Groups	\$14,429,701	\$9,051,888	\$2,006,628	612	1,189	1,123	2,312
Transitional Out-of-State 51-100 Member Groups	\$6,027	\$6,256	\$0	0	0	0	0
Dental	\$89,005,667	\$69,500,498	\$10,789,786	6,523	154,306	122,484	276,790
Disability Income	\$6,221,965	\$4,991,195	\$153,906	664	22,315	0	22,315
Excess/Stop Loss	\$38,469,230	\$31,160,076	\$10,238,849	515	56,464	54,604	111,068
Hospital Indemnity	\$9,800,698	\$7,742,551	\$301,824	1	33,431	0	33,431
Medicare Supplement	\$1,043,054,943	\$830,834,249	\$90,433,991	1	433,858	0	433,858
Medicare Advantage (Medicare+Choice)	\$1,598,492,830	\$1,307,522,132	\$76,675,698	170,747	170,747	0	170,747
Student	\$37,782,303	\$28,797,851	\$5,396,841	28	32,646	0	32,646
Vision	\$21,395,361	\$15,575,052	\$1,825,024	6,380	212,604	147,166	359,770
TOTAL	\$4,379,635,367	\$3,512,148,073	\$273,424,356	199,996	1,291,801	458,866	1,750,667

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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	\$88,544,117	\$116,242,822	\$57,445,010	0	10,582	6,356	16,938
Grandfathered Out-of-State Individually Underwritten	\$5,821,184	\$4,500,554	\$0	0	394	269	663
Accident Only	\$27,087	\$176	\$27,087	404	404	80	484
Dental	\$3,470,946	\$1,415,855	\$2,971,295	7,969	7,969	3,217	11,186
TOTAL	\$97,863,334	\$122,159,407	\$60,443,392	8,373	19,349	9,922	29,271

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 On Exchange Guarantee Issue	\$555,698,788	\$614,827,481	\$555,698,788	0	88,176	40,313	128,489
ACA On Exchange 2 - 50 Member Groups	\$936,546	\$233,239	\$936,546	0	202	75	277
ACA Off Exchange 2 - 50 Member Groups	\$62,198,880	\$42,202,740	\$13,239,680	1,794	11,600	6,153	17,753
ACA Off Exchange 51-100 Member Groups	\$112,075,862	\$90,434,280	\$15,783,589	964	18,939	10,530	29,469
ACA Off Exchange 101+ Member Groups	\$106,589,308	\$80,695,331	\$3,368,126	141	10,829	6,836	17,665
ACA Off Exchange Conversion	\$82,369	\$409,054	\$0	0	0	0	0
Grandfathered 2 - 50 Member Groups	\$970,600	\$3,473,649	\$0	13	61	38	99
Grandfathered 51-100 Member Groups	\$153,198	\$2,835,347	\$0	1	11	1	12
Grandfathered 101+ Member Groups	\$0	\$110,945	\$0	0	0	0	0
Transitional 2 - 50 Member Groups	\$162,221,198	\$112,396,709	\$0	3,090	19,476	10,277	29,753
Transitional 51-100 Member Groups	\$167,923	\$1,852,674	\$0	2	33	16	49
Medicare Advantage (Medicare+Choice)	\$339,648,574	\$281,626,441	\$43,397,103	3	34,653	0	34,653
TOTAL	\$1,340,743,246	\$1,231,097,890	\$632,423,832	6,008	183,980	74,239	258,219

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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	\$4,361,107	\$389,786	\$627,451	148	17,260	0	17,260
Accidental Death & Dismemberment	\$4,739,793	\$1,031,830	\$674,758	1,880	298,554	14,341	312,895
Disability Income	\$117,769,413	\$101,588,211	\$13,872,007	2,731	240,039	0	240,039
Hospital Indemnity	\$1,400,518	\$224,433	\$201,498	150	4,558	0	4,558
Limited Benefit	\$3,915,612	\$262,820	\$0	339	11,000	0	11,000
Long Term Care-Comprehensive	\$18,209,617	\$27,522,646	\$0	395	37,880	2,807	40,687
TOTAL	\$150,396,060	\$131,019,726	\$15,375,714	5,643	609,291	17,148	626,439

USAA LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
69663							
Accident Only	\$12,751	\$0	\$0	1	83	0	83
Disability Income	\$272,532	\$212,228	\$0	0	244	0	244
Hospital Indemnity	\$13,636	\$13,275	\$0	0	31	0	31
Medicare Supplement	\$28,270,245	\$22,217,424	\$2,387,089	0	10,220	0	10,220
TOTAL	\$28,569,164	\$22,442,927	\$2,387,089	1	10,578	0	10,578

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	\$2,272,985	\$459,842	\$500,822	116	8,816	0	8,816
Disability Income	\$6,621	(\$111,288)	\$0	1	26	0	26
Hospital Indemnity	\$410,608	\$167,737	\$153,712	66	826	0	826
Limited Benefit	\$1,361,069	\$412,455	\$246,228	107	6,982	2,053	9,035
TOTAL	\$4,051,283	\$928,746	\$900,762	290	16,650	2,053	18,703

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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	\$51,572,140	\$41,404,484	\$1,842,187	903	560,061	519,510	1,079,571
TOTAL	\$51,572,140	\$41,404,484	\$1,842,187	903	560,061	519,510	1,079,571

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	\$986	\$0	0	1	0	1
Limited Benefit	\$1,167	\$0	\$0	0	167	0	167
TOTAL	\$1,304	\$986	\$0	0	168	0	168

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							
Grandfathered Individually Underwritten	\$269	(\$103)	\$0	0	1	0	1
Long Term Care-Comprehensive	\$15,167	\$37,130	\$0	0	19	0	19
Medicare Supplement	\$6,476	\$5,626	\$0	0	2	0	2
TOTAL	\$21,912	\$42,653	\$0	0	22	0	22

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WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) DIRECT LOSSES INCURRED	(C) DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY	(D) EMPLOYER or GROUPS	(E) PRIMARY INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
70319							
Grandfathered Individually Underwritten	\$9,352	(\$48,938)	\$0	0	8	1	9
Accident Only	\$5,123,009	\$2,294,447	\$669,001	3	15,103	1,573	16,676
Disability Income	\$22,507	\$33,618	\$0	1	43	0	43
Hospital Indemnity	\$54,713	\$159,590	\$1,377	2	516	61	577
Limited Benefit	\$17,868,023	\$19,760,750	\$1,027,611	6	37,457	13,615	51,072
Long Term Care-Comprehensive	\$2,245,231	\$12,265,779	\$0	10	1,621	28	1,649
Medicare Supplement	\$2,748,613	\$2,526,009	\$0	0	989	8	997
Champus/Tricare Supplement	\$46,027	\$50,526	\$0	0	39	0	39
TOTAL	\$28,117,475	\$37,041,781	\$1,697,989	22	55,776	15,286	71,062

WELLCARE 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
95081							
Medicare Advantage (Medicare+Choice)	\$1,249,058,350	\$1,067,391,634	\$206,130,235	0	106,693	0	106,693
TOTAL	\$1,249,058,350	\$1,067,391,634	\$206,130,235	0	106,693	0	106,693

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 INSURED	(F) COVERED DEPENDENTS	(H) COVERED LIVES
25011							
Accidental Death & Dismemberment	\$86	(\$140)	\$0	0	0	0	0
TOTAL	\$86	(\$140)	\$0	0	0	0	0

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$0	\$0	0	3	0	3
TOTAL	\$375	\$0	\$0	0	3	0	3

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	\$117,735	\$42,000	\$11,381	0	1,136	1,016	2,152
Limited Benefit	\$1,512,224	\$1,955,101	\$67,745	0	2,710	1,016	3,726
TOTAL	\$1,629,959	\$1,997,101	\$79,126	0	3,846	2,032	5,878

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	\$478	\$4,343	\$0	0	6	8	14
TOTAL	\$478	\$4,343	\$0	0	6	8	14

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	\$2,096,214	\$1,434,571	\$429,649	7	11,941	14,807	26,748
TOTAL	\$2,096,214	\$1,434,571	\$429,649	7	11,941	14,807	26,748

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$51,194	(\$59,834)	\$0	0	6	0	6
Disability Income	\$37,142	\$106,790	\$0	0	17	0	17
TOTAL	\$88,336	\$46,956	\$0	0	23	0	23

WILCO LIFE INSURANCE COMPANY

NAIC Company Code	(A) DIRECT PREMIUMS EARNED FOR NEW AND RENEWAL BUSINESS	(B) 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	\$4,675	\$55,617	\$0	0	2	0	2
Accident Only	\$1,173	\$14	\$0	0	24	0	24
Disability Income	\$8,392	\$21,673	\$0	0	13	0	13
Hospital Indemnity	\$65,868	\$383,572	\$0	0	123	0	123
Limited Benefit	\$268,220	\$454,355	\$0	0	722	0	722
Long Term Care-Comprehensive	\$7,632	\$142,707	\$0	0	11	0	11
Medicare Supplement	\$183,826	\$260,040	\$0	0	103	1	104
TOTAL	\$539,786	\$1,317,978	\$0	0	998	1	999

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	\$265	\$0	\$0	0	3	0	3
Hospital Indemnity	\$402	\$6,985	\$0	0	4	0	4
TOTAL	\$667	\$6,985	\$0	0	7	0	7

CY2015 Accident and Health Report of Gross Annual Premium and Enrollment List of Companies and all Health Business

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	\$51	\$0	\$0	1	1	0	1
Accidental Death & Dismemberment	\$127	\$263	\$0	3	3	1	4
Hospital Indemnity	\$487	\$0	\$0	5	5	0	5
Travel	\$2,881	\$48,376	\$0	9	9	0	9
TOTAL	\$3,546	\$48,639	\$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	\$6,854,424	\$1,908,087	\$909,419	215	457,972	4,179	462,151
Accidental Death & Dismemberment	\$4,522	\$0	\$1,738	63	321,197	39	321,236
Excess/Stop Loss	\$6,371,226	\$6,769,754	\$1,047,849	10	9,153	7,322	16,475
TOTAL	\$13,230,172	\$8,677,841	\$1,959,006	288	788,322	11,540	799,862

ZURICH 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
90557							
Disability Income	\$103,475	\$64,287	\$103,475	4	219	0	219
TOTAL	\$103,475	\$64,287	\$103,475	4	219	0	219

**CY2015 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

NAIC Company Code

1	ACCENDO INSURANCE COMPANY	63444
2	ACE FIRE UNDERWRITERS INSURANCE COMPANY	20702
3	ACE INSURANCE COMPANY OF THE MIDWEST	26417
4	ACE LIFE INSURANCE COMPANY	60348
5	ACE PROPERTY AND CASUALTY INSURANCE COMPANY	20699
6	AETNA HEALTH INSURANCE COMPANY	72052
7	AETNA INSURANCE COMPANY OF CONNECTICUT	36153
8	AIG PROPERTY CASUALTY COMPANY	19402
9	ALFA LIFE INSURANCE CORPORATION	79049
10	ALLIED INSURANCE COMPANY OF AMERICA	10127
11	ALLSTATE INSURANCE COMPANY	19232
12	ALTERRA AMERICA INSURANCE COMPANY	21296
13	AMERICAN COMMERCE INSURANCE COMPANY	19941
14	AMERICAN FIDELITY LIFE INSURANCE COMPANY	60429
15	AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY	26247
16	AMERICAN INSURANCE COMPANY (THE)	21857
17	AMERICAN MATURITY LIFE INSURANCE COMPANY	81213
18	AMERICAN RELIABLE INSURANCE COMPANY	19615
19	AMERICAN SECURITY INSURANCE COMPANY	42978
20	AMERICAN SENTINEL INSURANCE COMPANY	17965
21	AMERICAN SOUTHERN HOME INSURANCE COMPANY	41998
22	AMERICAN SOUTHERN INSURANCE COMPANY	10235
23	AMERICAN SPECIALTY HEALTH INSURANCE COMPANY	84697
24	AMERICAN ZURICH INSURANCE COMPANY	40142
25	ANTHEM LIFE INSURANCE COMPANY	61069
26	ASSOCIATED INDEMNITY CORPORATION	21865
27	ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK	68039
28	ATLANTIC COAST LIFE INSURANCE COMPANY	61115
29	AURIGEN REINSURANCE COMPANY OF AMERICA	74900
30	AURORA NATIONAL LIFE ASSURANCE COMPANY	61182
31	AVEMCO INSURANCE COMPANY	10367
32	AXIS REINSURANCE COMPANY	20370
33	AXIS SPECIALTY INSURANCE COMPANY	15610
34	BALBOA INSURANCE COMPANY	24813
35	BANKERS INSURANCE COMPANY	33162
36	BANKERS STANDARD INSURANCE COMPANY	18279
37	BAPTIST LIFE ASSOCIATION	57223

**CY2015 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

		<i>NAIC Company Code</i>
38	BENCHMARK INSURANCE COMPANY	41394
39	BERKLEY INSURANCE COMPANY	32603
40	BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY	22276
41	BEST MERIDIAN INSURANCE COMPANY	63886
42	BROTHERHOOD MUTUAL INSURANCE COMPANY	13528
43	BUPA INSURANCE COMPANY	81647
44	CAROLINA CASUALTY INSURANCE COMPANY	10510
45	CATHOLIC HOLY FAMILY SOCIETY	57770
46	CENTRE INSURANCE COMPANY	34649
47	CENTURY INDEMNITY COMPANY	20710
48	CHEROKEE INSURANCE COMPANY	10642
49	CHURCH LIFE INSURANCE CORPORATION	61875
50	CINCINNATI INDEMNITY COMPANY	23280
51	CINCINNATI INSURANCE COMPANY	10677
52	CLARENDON NATIONAL INSURANCE COMPANY	20532
53	CONTINENTAL INSURANCE COMPANY	35289
54	CORVESTA LIFE INSURANCE COMPANY	78301
55	COTTON STATES LIFE INSURANCE COMPANY	62537
56	CSA FRATERNAL LIFE	56138
57	CSI LIFE INSURANCE COMPANY	82880
58	CUMIS INSURANCE SOCIETY, INC.	10847
59	DAILY UNDERWRITERS OF AMERICA	35483
60	DIRECT GENERAL INSURANCE COMPANY	42781
61	DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY	36463
62	EDUCATORS LIFE INSURANCE COMPANY OF AMERICA	62790
63	ELCO MUTUAL LIFE AND ANNUITY COMPANY	84174
64	EMPIRE FIRE AND MARINE INSURANCE COMPANY	21326
65	EMPLOYERS REASSURANCE CORPORATION	68276
66	ENVISION INSURANCE COMPANY	12747
67	EPIC LIFE INSURANCE COMPANY	64149
68	EVEREST REINSURANCE COMPANY	26921
69	FEDERATED MUTUAL INSURANCE COMPANY	13935
70	FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.	25879
71	FINANCIAL AMERICAN PROPERTY AND CASUALTY INSURANCE COMPANY	21075
72	FIREMAN'S FUND INSURANCE COMPANY	21873
73	FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE CO	64696
74	FIRST LIBERTY INSURANCE CORPORATION (THE)	33588

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Carriers Reporting No Activity**

NAIC Company Code

75	FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	67652
76	FIRST PROFESSIONALS INSURANCE COMPANY, INC	33383
77	FLORIDA HEALTH PARTNERS, INC.	
78	FLORIDA MHS, INC	14447
79	FLORIDA TRUE HEALTH, INC.	14378
80	FMH AG RISK INSURANCE COMPANY	36781
81	FRESENIUS HEALTH PLANS INSURANCE COMPANY	85286
82	GENERAL FIDELITY LIFE INSURANCE COMPANY	93521
83	GENERATION LIFE INSURANCE COMPANY	73504
84	GRANITE STATE INSURANCE COMPANY	23809
85	GREAT DIVIDE INSURANCE COMPANY	25224
86	GREAT MIDWEST INSURANCE COMPANY	18694
87	GREENWICH INSURANCE COMPANY	22322
88	GUARDIAN INSURANCE & ANNUITY COMPANY, INC.	78778
89	GUIDEONE MUTUAL INSURANCE COMPANY	15032
90	HAMILTON INSURANCE COMPANY	26611
91	HARTFORD ACCIDENT AND INDEMNITY COMPANY	22357
92	HARTFORD CASUALTY INSURANCE COMPANY	29424
93	HARTFORD FIRE INSURANCE COMPANY	19682
94	HARTFORD UNDERWRITERS INSURANCE COMPANY	30104
95	HCSC INSURANCE SERVICES COMPANY	78611
96	HEALTH FIRST COMMERCIAL PLANS, INC.	15882
97	HEALTH FIRST HEALTH PLANS, INC	15880
98	HEALTH NET LIFE INSURANCE COMPANY	66141
99	HEALTHMARKETS INSURANCE COMPANY	92908
100	HEALTHPLEX DENTAL SERVICES, INC.	
101	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	12902
102	HEALTHY PALM BEACHES, INC.	95827
103	HISCOX INSURANCE COMPANY INC.	10200
104	HORACE MANN INSURANCE COMPANY	22578
105	HUDSON INSURANCE COMPANY	25054
106	INDEPENDENCE LIFE AND ANNUITY COMPANY	64602
107	INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT	81779
108	INSURANCE COMPANY OF THE WEST	27847
109	INTEGRITY LIFE INSURANCE COMPANY	74780
110	INVESTORS HERITAGE LIFE INSURANCE COMPANY	64904
111	IRONSHORE INDEMNITY INC.	23647

**CY2015 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
112 LAMORAK INSURANCE COMPANY	20621
113 LIBERTY BANKERS LIFE INSURANCE COMPANY	68543
114 LIBERTY INSURANCE UNDERWRITERS INC.	19917
115 LIBERTY MUTUAL INSURANCE COMPANY	23043
116 LM INSURANCE CORPORATION	33600
117 LOMBARD INTERNATIONAL LIFE ASSURANCE COMPANY	60232
118 LONGEVITY INSURANCE COMPANY	68446
119 LYNDON SOUTHERN INSURANCE COMPANY	10051
120 MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC.	
121 MARKEL AMERICAN INSURANCE COMPANY	28932
122 MARYLAND CASUALTY COMPANY	19356
123 MEDCO CONTAINMENT LIFE INSURANCE COMPANY	63762
124 MIDWESTERN UNITED LIFE INSURANCE COMPANY	66109
125 MML BAY STATE LIFE INSURANCE COMPANY	70416
126 MONY LIFE INSURANCE COMPANY OF AMERICA	78077
127 NATIONAL FIRE INSURANCE COMPANY OF HARTFORD	20478
128 NATIONAL INDEMNITY COMPANY	20087
129 NATIONAL SECURITY INSURANCE COMPANY	66788
130 NATIONAL SPECIALTY INSURANCE COMPANY	22608
131 NATIONAL SURETY CORPORATION	21881
132 NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	26093
133 NATIONWIDE MUTUAL INSURANCE COMPANY	23787
134 NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST	69698
135 NEW HAMPSHIRE INSURANCE COMPANY	23841
136 NIPPON LIFE INSURANCE COMPANY OF AMERICA	81264
137 NORTH AMERICAN SPECIALTY INSURANCE COMPANY	29874
138 NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.	
139 NORTHERN INSURANCE COMPANY OF NEW YORK	19372
140 NYLIFE INSURANCE COMPANY OF ARIZONA	81353
141 OHIO CASUALTY INSURANCE COMPANY	24074
142 OHIO STATE LIFE INSURANCE COMPANY (THE)	67180
143 OPTUM INSURANCE OF OHIO, INC.	69647
144 PACIFIC INDEMNITY COMPANY	20346
145 PACIFIC LIFE INSURANCE COMPANY	67466
146 PARK AVENUE LIFE INSURANCE COMPANY	60003
147 PARKER CENTENNIAL ASSURANCE COMPANY	71099
148 PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO.	12262

**CY2015 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
149 PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO	14990
150 PHL VARIABLE INSURANCE COMPANY	93548
151 PHOENIX LIFE AND ANNUITY COMPANY	93734
152 PIONEER AMERICAN INSURANCE COMPANY	67873
153 PREMIER ACCESS INSURANCE COMPANY	60237
154 PROTECTIVE INSURANCE COMPANY	12416
155 PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION	86630
156 PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	93629
157 QBE REINSURANCE CORPORATION	10219
158 R.V.I. AMERICA INSURANCE COMPANY	23132
159 REGENT INSURANCE COMPANY	24449
160 RIVERPORT INSURANCE COMPANY	36684
161 RLI INSURANCE COMPANY	13056
162 SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY	64688
163 SEABRIGHT INSURANCE COMPANY	15563
164 SEARS LIFE INSURANCE COMPANY	69914
165 SECURITY BENEFIT LIFE INSURANCE COMPANY	68675
166 SENTRY CASUALTY COMPANY	28460
167 SENTRY SELECT INSURANCE COMPANY	21180
168 SHELTERPOINT INSURANCE COMPANY	89958
169 SILVERSCRIPT INSURANCE COMPANY	12575
170 SMART INSURANCE COMPANY	80055
171 SOUTHERN LIFE AND HEALTH INSURANCE COMPANY	88323
172 SOUTHLAND NATIONAL INSURANCE CORPORATION	79057
173 SPARTA INSURANCE COMPANY	20613
174 ST. PAUL FIRE & MARINE INSURANCE COMPANY	24767
175 ST. PAUL MERCURY INSURANCE COMPANY	24791
176 STAR INSURANCE COMPANY	18023
177 STATE FARM LIFE INSURANCE COMPANY	69108
178 SUNSET LIFE INSURANCE COMPANY OF AMERICA	69272
179 SWISS RE LIFE & HEALTH AMERICA INC.	82627
180 THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT	19062
181 THE STANDARD FIRE INSURANCE COMPANY	19070
182 THE TRAVELERS CASUALTY COMPANY	41769
183 TRANSPORTATION INSURANCE COMPANY	20494
184 TRAVELERS CASUALTY AND SURETY COMPANY	19038
185 TRAVELERS CASUALTY COMPANY OF CONNECTICUT	36170

**CY2015 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity**

	<i>NAIC Company Code</i>
186 TRAVELERS COMMERCIAL CASUALTY COMPANY	40282
187 TRAVELERS COMMERCIAL INSURANCE COMPANY	36137
188 TUFTS INSURANCE COMPANY	60117
189 U.S. FINANCIAL LIFE INSURANCE COMPANY	84530
190 UBS LIFE INSURANCE COMPANY USA	67423
191 ULLICO LIFE INSURANCE COMPANY	86371
192 UNITED NATIONAL SPECIALTY INSURANCE COMPANY	41335
193 UNITED STATES FIDELITY AND GUARANTY COMPANY	25887
194 UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY	70173
195 UNUM INSURANCE COMPANY	67601
196 VALLEY FORGE INSURANCE COMPANY	20508
197 VIGILANT INSURANCE COMPANY	20397
198 VIRGINIA SURETY COMPANY, INC.	40827
199 WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	83445
200 WELLCARE PRESCRIPTION INSURANCE, INC.	10155
201 WESTERN-SOUTHERN LIFE ASSURANCE COMPANY	92622
202 ZALE LIFE INSURANCE COMPANY	71323
203 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@flor.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@flor.com

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

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

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

(1) Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents , OIR-B2-1094

(2) Individual Health Coverage Policy Forms Issued/Renewed in Florida , OIR-B2-1386

The 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> <ul style="list-style-type: none"> (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).] (ii) Private Fee for Service Plans [42 C.F.R. §422.4(a)(3).] and (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).] 	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 INSURED 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 INSURED 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.

CY2015 Accident & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Section 624.316, Florida Statutes

Includes health insurers, prepaid limited health services organizations, and health maintenance organizations.

Scope Period: January 1, 2015 through December 31, 2015

If you need any assistance during the filing process,
please contact the Office at

AnnualA&HReporting 1094-1386@flair.com



FLORIDA OFFICE OF
INSURANCE REGULATION

Reports are due no later than Friday, April 1, 2016 at 11:59pm

2015 Accident & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Section 624.316, Florida Statutes

Scope Period January 1, 2015 through December 31, 2015

The Florida Office of Insurance Regulation (Office) is conducting an examination of the Florida Accident & Health market pursuant to Section 624.316, Florida Statutes. This communication is being sent to your company's last GAP filer and the company financial statement contact.

Compliance reports are to be submitted on an individual company basis. Group reports will not be accepted.

The items indicated below are to be submitted to the Office no later than 11:59 PM ET, Friday, April 1, 2016.

Additionally, the following item is required to be included in your company's submission:

- Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is true and correct.

Please note: Additional underlying documentation shall be available upon request of the Office.

The Data Collection and Analysis Modules (DCAM) application located at <https://apps.fldfs.com/DCAM/Logon.aspx> is required to be used to submit your data.

The required data reporting template may be downloaded from within DCAM beginning Friday, January 1, 2016.

The user's guide for DCAM is located at <https://apps.fldfs.com/DCAM/Help/DCAMUserGuide.pdf>

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 to include greater breakdown in ACA Major Medical reporting (ACA, Grandfathered, Transitional where applicable to in-state and out-of-state) and to Line 31.1 which now includes Medicare Advantage (Medicare+Choice). Medicare (all titles) and Medicare+Choice no longer occurs on Line 37 (Other); these changes have been necessitated under Federal Healthcare laws. Form 1094 also satisfies Long Term Care reporting under Section 627.9407, F.S. Form OIR-B2-1386 and the 1386 Supplemental Form both remain the same as the CY2013 data collection.

The required filers include the following Florida Certification of Authority Categories:

- FRATERNAL BENEFIT SOCIETY
- PROPERTY AND CASUALTY INSURER
- HEALTH MAINTENANCE ORGANIZATION (HMO)
- PRE-PAID LIMITED HEALTH SERVICE ORGANIZATION
- LIFE AND HEALTH INSURER

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

- FRATERNAL HEALTH
- ACCIDENT AND HEALTH
- DENTAL SERVICE PLAN CORPORATION (PREPAID DENTAL)
- AMBULANCE SERVICE
- OPTOMETRIC SERVICES
- PHARMACEUTICAL SERVICES
- HEALTH MAINTENANCE ORGANIZATIONS
- PREPAID LIMITED HEALTH SERVICE ORGANIZATION
- MENTAL HEALTH SERVICES
- SUBSTANCE ABUSE SERVICES
- CHIROPRACTIC SERVICES
- PODIATRIC CARE SERVICES
- 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 690-137.004 and 690-154.112(3), Florida Administrative Code.

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

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

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

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

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

IF YOU HAVE ADDITIONAL QUESTIONS CONTACT THE MARKET DATA COLLECTION SECTION AT 850-413-3147 OR EMAIL TO:

AnnualA&HReporting_1094-1386@flor.com

Section A: Contact Information Please provide company and individual contact information on this worksheet		VALIDATION CHECKS
		Required Data Field Complete?
Reporting Period - Year	<i>CY2015</i>	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 INSUREDS 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 -- On Exchange Only												
1.A	Guarantee Issue (HIPAA, FS 627.6487(3))									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 -- Off Exchange												
1.B	Guarantee Issue (HIPAA, FS 627.6487(3))									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												
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												
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	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	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.	<i>Plan Name</i>		TRUE
9		<i>Form Number(s)</i>		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.	<i>Primary insured</i>		TRUE
14		<i>Dependents</i>		TRUE
15		<i>HIPAA-eligibles</i>		TRUE
16	What is the total direct premium earned for the reporting calendar year for the two products identified above?			TRUE
For the two policy forms identified above and using the UPLOAD feature of the "Supplementary Information" function of the "Filing Component List" section of the iPortal Please UPLOAD a copy of each form (and any options, riders, endorsement, etc.) Please UPLOAD all marketing materials to be provided to eligible individuals (HIPAA-eligible). Please 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